

Supplementary insurance ECODENTA

Special Conditions Version 2003

All references to persons in this document apply to both genders.

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Art. 1 Scope of insurance

- 1.1 This supplementary insurance covers the cost of treatment provided by a dentist, including the measures he prescribes.
- 1.2 It also includes benefits for the cost of a check-up and scaling by a dentist or a qualified dental hygienist practising under medical supervision.
- 1.3 However, no benefits are granted for orthodontic treatment (correction of malpositioned teeth) or for the treatment of teeth damaged in an accident.
- 1.4 Benefits are provided worldwide, on condition that a qualified dentist carries out the treatment.

Art. 2 Beginning of entitlement to benefits

- 2.1 INTRAS will grant benefits under this supplementary insurance for any dental treatment or check-ups that begin at the earliest six months after this insurance enters into force (waiting period).
- 2.2 Should this supplementary insurance take effect in the course of a calendar year, the maximum amount insured, in accordance with article 3, paragraph 1, is calculated in proportion to the number of months insured in the current year.

Art. 3 Benefits

- 3.1 INTRAS covers 80 % of the costs for
- treatment provided by a dentist, including dental laboratory expenses,
 - medication prescribed by the dentist,
 - medical procedures prescribed by the dentist,
 - accommodation and treatment invoiced by a hospital if the dental treatment takes place as an inpatient in this type of facility,
- up to a maximum amount of
- CHF 1,000 per calendar year (option 1);
 - CHF 2,000 per calendar year (option 2);
 - CHF 3,000 per calendar year (option 3);
 - CHF 5,000 per calendar year (option 4).
- 3.2 The option chosen by the insured person is indicated in the insurance policy.
- 3.3 Additionally, INTRAS will cover 100 % of the cost of check-ups and scaling by a dentist or qualified dental hygienist practising under medical supervision, up to a maximum amount of CHF 150 per calendar year.

Art. 4 Transfer to another option

- 4.1 The insured person may request an increase in the maximum amount insured per calendar year, with effect from 1 January of the following calendar year, subject to at least six months' prior written notice. INTRAS reserves the right to accept or refuse the increase.
- 4.2 The insured person may request a reduction in the maximum amount insured per calendar year, with effect from 1 January of the following calendar year, subject to at least three months' prior written notice and providing he has been insured for at least three years under the current option.

Art. 5 Bonus

- 5.1 The maximum amount of insured benefits per calendar year will be doubled in the year dental treatment takes place if the insured person has claimed no benefits under this supplementary insurance plan during the five previous calendar years.
- 5.2 Benefits paid for the cost of check-ups and scaling are not taken into account when determining the entitlement to a bonus.

Art. 6 Exclusions

- INTRAS pays no benefits of any kind under the present supplementary insurance plan for:
- the replacement of teeth that are missing at the time the present insurance is contracted;
 - dental treatment commenced before the end of the waiting period;
 - treatments that are not necessary to maintain, provide or restore the ability to masticate.

Art. 7 Obligations of the insured person

- 7.1 To claim his entitlement to benefits, the insured person must submit to INTRAS the original bill or invoice for fees.
- 7.2 If the treatment takes place abroad, the insured person must submit the necessary original invoices and supporting documents either in French, German, Italian or English. If documents are written in another language, a translation into one of the four languages above is required.

Art. 8 Supplementary cover

- 8.1 The benefits guaranteed in the present Special Conditions are paid in addition to the benefits provided for in case of illness under the mandatory healthcare insurance in accordance with the KVG taken out with INTRAS or another insurer.
- 8.2 They cannot however be used to compensate the costs related to the deductible and co-payment imposed under the mandatory healthcare insurance in accordance with the KVG or under another supplementary insurance plan.
- 8.3 Entitlement to benefits ceases if the insured person no longer holds the present insurance cover.
- 8.4 In all other respects, the General Conditions for Supplementary Insurance apply, in particular the provisions concerning the determination of premiums based on the age of the insured.

Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.