

Dental Care Insurance

Additional Insurance Terms and Conditions

	Article	
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		II. Insurance Options
		3 Categories of Insurance
		Insured persons may choose from the following categories of insurance:
		3.1 Category 1 covers 50% of the amount billed by the dentist and not covered by mandatory healthcare insurance up to a maximum of CHF 500 per calendar year.
		3.2 Category 2 covers 50% of the amount billed by the dentist and not covered by mandatory healthcare insurance up to a maximum of CHF 1,000 per calendar year.
		3.3 Category 3 covers 75% of the amount billed by the dentist and not covered by mandatory healthcare insurance up to a maximum of CHF 1,500 per calendar year.
		3.4 Category 4 covers 75% of the amount billed by the dentist and not covered by mandatory healthcare insurance up to a maximum of CHF 2,000 per calendar year.

III. Benefits

4 Scope of Benefits

The benefits comprise all dental treatments and work within the framework of the present Additional Insurance Terms and Conditions, provided that these are carried out by dentists who are authorised to practise within mandatory healthcare insurance. Exceptions may be made for insured persons living in the external border area.

5 Start of Entitlement to Benefits

- 5.1 Entitlement to benefits begins after a six-month waiting period, except in the cases regulated in Art. 5.2.
- 5.2 For dental prosthetics (e.g. crowns, pivot teeth, bars, braces, splints, bridges, partial and full dentures as well as corresponding additions, temporary measures and repairs) and orthodontics, entitlement to benefits begins after a twelve-month waiting period.
- 5.3 In the event that the insured person transfers from a lower to a higher category of insurance, the same waiting periods apply within the higher insurance cover.
- 5.4 The start date of the insurance cover and of dental treatments determine the waiting periods.

6 Exclusion from Benefits

No benefits are provided by Dental Care Insurance in the event of loss of or culpable damage to dental prostheses or orthodontic appliances.

IV. Miscellaneous Provisions

7 Insurance Proposal Form (Application)

- 7.1 A dentist's certificate stating the condition of the teeth must be enclosed with the application. The costs of this certificate are borne by the applicant.
- 7.2 No dentist's certificate is required for children under the age of five.
- 7.3 The insurance provider may reject applications for Dental Care Insurance or for higher categories of Dental Care Insurance in full or in part. This applies particularly if the condition of the teeth is judged to be poor or if a malposition of teeth exists.

8 Premium Tariff

The following age categories apply in the premium tariff:

- 0–4 years of age
- 5–8 years of age
- 9–15 years of age
- 16–20 years of age
- 21 and over.

The premium increases when the insured person reaches a higher age category.

9 Provision of Benefits

In order to claim benefits, the insured person must submit the detailed dental bill without delay. The insurance provider may request the original bill. It is the responsibility of the insured person to pay the dental bill. The insurance provider provides its benefits to the insured person regardless of whether the latter has already paid the dental bill or not.

If there are differences in content between the English and the German, French or Italian Insurance Terms and Conditions, the Insurance Terms and Conditions in the language in which the policy is written apply.



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