

## Dental Care Insurance

### Additional Insurance Terms and Conditions

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II. Insurance Options		Dental Care Insurance is considered to be supplementary insurance to mandatory health care insurance. For all matters not specifically regulated in these Additional Insurance Terms and Conditions, the legal provisions and the General Insurance Terms and Conditions of the supplementary care insurances apply.
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		II. Insurance Options
		<b>3 Categories of Insurance</b>
		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 health care insurance, but no more than CHF 500 per calendar year.
		3.2 Category 2 covers 50% of the amount billed by the dentist and not covered by mandatory health care insurance, but no more than CHF 1,000 per calendar year.
		3.3 Category 3 covers 75% of the amount billed by the dentist and not covered by mandatory health care insurance, but no more than CHF 1,500 per calendar year.
		3.4 Category 4 covers 75% of the amount billed by the dentist and not covered by mandatory health care insurance, but no more than 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 the framework of mandatory health care 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 period of non-availability. Art. 5.2 is excluded.
- 5.2 For dental prosthetics (crowns, pivot teeth, bars, braces, splints, bridges, partial and full dentures, etc., as well as corresponding additions, temporary measures and repairs) and orthodontics, entitlement to benefits begins after a twelve-month period of non-availability.
- 5.3 In the event that the insured person transfers from a lower to a higher category of insurance, the same periods of non-availability apply within the framework of the higher insurance cover.
- 5.4 The start dates of the insurance cover and dental treatments prevail for the calculation of the periods of non-availability.

#### 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

- 7.1 A dentist's certificate stating the condition of the teeth must be attached to the proposal form. The costs of this certificate are borne by the applicant.
- 7.2 No dentist's certificate is required for children up to 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 must be judged poor or if a malposition of teeth exists.

#### 8 Provision of Benefits

In order to assert his right to benefits, the insured person shall submit the detailed, original dental bill without delay. 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.

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