



GENERAL INSURANCE CONDITIONS OF INDIVIDUAL HEALTH PLAN

"INFINITY"

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GENERAL CONDITIONS OF INFINITY
INDIVIDUAL HEALTH INSURANCE

A. GENERAL FEATURES	
<p>Article 1 General requirements</p> <p>The Group supplementary health insurance coverage is intended exclusively for Insured subject to federal health insurance law from 18th March 1994 (LAMal) and whose residence is in Switzerland..</p> <p>The basis of the health insurance is composed of:</p> <p>a) Terms and Conditions "T&Cs.", any special conditions, as well as the provisions of the policy and any amendments;</p> <p>b) The Federal Law on Insurance Contracts "L.C.A." of 2nd April 1908, as modified on 19th June 2020 for issues which are not regulated in paragraph a).</p> <p>c) the written statements or by any other means making it possible to establish proof thereof by means of a text performed by the applicant in the proposal and possibly in other documents.</p>	<p>impairs the physical, mental or psychological health or which causes death.</p> <p>Maternity Maternity includes pregnancy and delivery.</p> <p>Physician Any person who has graduated from a medical school as listed in the World List of Medical Schools recognised by the World Health Organisation and who is authorised to practice in the countries where the care is provided.</p> <p>Insurance company The Insurance company defined herein as UNIQA Österreich Versicherungen AG, Vienna, branch office in Zurich, which underwrites the risks covered by the insurance programme.</p> <p>Hospital Any medical, surgical or functional rehabilitation facility, under the permanent supervision or direction of a physician with full-time qualified staff, and:</p> <p>a) mainly providing inpatient treatment of the sick and wounded;</p> <p>b) disposing of the necessary equipment and facilities for the treatment;</p> <p>c) maintaining a medical file for each case.</p> <p>d) recognised by the competent authority of the country in which it is established.</p> <p>Hospitalisation Any stay of more than 24 consecutive hours in a hospital facility and prescribed by a physician is considered hospitalisation.</p> <p>Treatment Any care recognised as economical, rapid and scientific and which is provided for the restoration or preservation of health.</p> <p>Medicines Pharmaceutical treatment prescribed by a physician and usually covered by the LAMal or by the social security of the country of treatment. In the absence of a reference in the legislation of the country of treatment, the treatment will be performed pursuant to the list of medicines usually covered by the LAMal.</p>
<p>Article 2 Purpose of the insurance</p> <p>Within the limits of these T&Cs, UNIQA shall bear the costs of outpatient and inpatient treatment in the event of illness or accident. These General Terms and T&Cs to the insurance product "INFINITY" which applies as a supplement to the Swiss compulsory insurance LAMal, however, also as international insurance coverage for elective care not covered by the LAMal health insurance.</p>	
<p>Article 3 Definitions</p> <p>Sickness</p> <p>a) sickness refers to any damage to physical, mental or psychological health which is not the result of an accident and which requires a medical examination or treatment, or which causes inability to work.</p> <p>b) any disease present at the child's completed birth shall be referred to as a congenital disease.</p> <p>Accident An accident is defined as any harmful, sudden and unintentional damage to the human body caused by an extraordinary external cause that</p>	



Thermal and convalescence cures

A spa or convalescent course of treatment is provided when the Insured spends a temporary period outside of his home in a spa recognised by the competent authorities. The Insured submits, under medical supervision, to the curative treatment prescribed by the attending physician.

Medical provider

Any professional holding a legally recognised title in the establishment in which care and treatment are provided and which enables him to exercise his profession, acting on a medical prescription and providing assistance pursuant to the medical profession in the care and treatment he provides to the victims of diseases or accidents.

Insurance programme

Within the limits defined in the policy, the ordinary and reasonable hospitalisation and ambulatory expenses are covered by the insurance programme to the extent that these expenses are the result of illness, accident or pregnancy.

Policyholder

- a) The natural person who has entered into a contract with the Insurance company.
- b) The Policyholder is required to report any changes to personal data to UNIQA.

The Insured

Any person named in the insurance policy.

Country of residence

The Insured's principal country of residence. In case of doubt, the country of residence defined by the Insurer LAMal shall prevail.

B. SCOPE OF THE INSURANCE PROGRAMME

Article 4 Insurance coverage

The Insurance coverage is defined in the insurance policy.

Article 5 Territorial scope

The insurance coverage is valid worldwide, except for the United States, but treatments carried out in the event of an emergency are covered in the United States. There is an emergency when the insured, who is temporarily staying in the United States, needs medical treatment and a return to Switzerland is not appropriate. There is no urgency when the insured goes abroad for the purpose of undergoing this treatment. To avoid

misunderstandings: In the United States, coverage will only occur in addition to the LAMal.

Article 6 Age limits

The maximum age of membership is sixty (60) years. The age limit is lifted for any membership resulting from a free transfer of a collective contract.

Article 7 Restriction in the scope of the warranty

a) If the Insurance company deems the cost of the provided treatment to exceed the reasonable and customary rate for such benefit, it may limit the reimbursement to the customary and reasonable rate in the medical provider's region.

The following are excluded from the insurance:

b) Any treatment performed by a plastic surgeon to improve the Insured's appearance even if such treatment is prescribed by a physician. The only exception is reconstructive surgery for the restoration of functions or the improvement of appearance following accidental disfigurement or cancer surgery, provided that the illness or accident occurred during the Insured's membership period.

c) Any disease that results from or is aggravated or which treatment has been rendered ineffective as a result of excessive alcohol consumption or taking of illegal substances.

d) Care or treatment against drug or alcohol dependence and for stopping smoking.

e) Any form of artificial insemination, including in vitro reproduction.

f) Gender reassignment.

g) Any surgical act against obesity and its medical consequences.

h) Any sterilisation treatment and its possible consequences, as well as any contraceptive measures.

i) In the event of pregnancy, a waiting period of twelve (12) months from the start of the contract and the date of the delivery shall apply. The waiting period is lifted for any membership resulting from a free transfer of a collective contract.

j) Illnesses or accidents from which mobilised or voluntary Insured may suffer in time of war,

whereby their insurance coverage is suspended during such periods.

k) Activities considered to be reckless ventures, known to be dangerous and without reasonable measures to mitigate the assumed risk, including certain dangerous sports.

l) The consequences of injuries resulting from participation in any professional sporting activity.

m) Sports aviation, flight or jumping accidents (aeroplane, glider, hang-glider, paraglider, microlight, parachute, or other similar apparatus or equipment) when such flights or jumps are undertaken contrary to the authorities' instructions, or without the prior obtaining of official permits and certificates.

n) Air navigation accidents are only covered if the Insured or beneficiary is on board an aircraft holding a valid certificate of airworthiness and operated by a pilot holding a valid certificate and licence for the respective type of aircraft, the pilot himself being the Insured.

o) The consequences of insurrection or riot if the Insured, by taking part therein, has breached the laws in force; likewise, the consequences of brawls are excluded, except in cases of self-defence.

p) Illnesses or accidents as a direct consequence of crimes or offences intentionally committed. In particular, accidents caused by driving while drunk or as a result of the use of illegal substances are excluded.

q) Illnesses or accidents occurring during military assignments abroad.

r) The consequences of war events, unless the insurance case occurs within 30 days of the outbreak of hostilities in the country in which the Insured is staying and he was thus surprised by the events.

s) Damage to health caused by ionising radiation and to the dangers of atomic energy in the event of major accidents. However, the effects resulting from radiation treatments prescribed by the physician for insured illnesses are covered.

t) The consequences of acts of terrorism.

Article 8 Other insurance policies

a) If the Insured is a social security holder, any claim for reimbursement must first be submitted to the social security before being forwarded to the Insurance company.

b) In cases in which the costs are covered by several private insurances governed by the Insurance Contract Law (LCA), the costs covered by this contract are only covered in proportion to the benefits jointly covered by all the respective Insurance company. A reduction performed by another Insurance company is not refundable.

C. BENEFITS

Article 9 List and amount of the benefits

The list and amount of benefits are defined in the "list of benefits" in section H of these T&Cs.

Article 10 Hospitalisation costs

The guarantee includes the reimbursement of:

a) room and board expenses in a hospital or clinic in a semi-private or private ward (daily fee);

b) medical fees;

c) the costs of scientifically recognised diagnostic and therapeutic procedures;

d) expenses for the services of qualified nursing staff prescribed by the physician;

e) the cost of medicines, treatment and narcosis equipment, operating room costs;

Article 11 Direct payment of hospitalisation costs

In the event of a hospital stay, the costs are paid directly by UNIQA to the hospital, provided that the latter has previously contacted UNIQA for this purpose.

Article 12 Outpatient treatment

Insured have complete freedom in their choice of physicians and medical service providers. In the event of a medical necessity, the costs incurred by the intervention of several physicians for a treatment can be covered by the Insurance company.

Article 13 Thermal and convalescence cures

a) Cures are subject to UNIQA's prior approval pursuant to the terms of Article 16.

b) In the event of a convalescence cure, the Insured must submit the medical prescription indicating the establishment, duration and reason for prior approval by UNIQA at the latest five calendar days prior to the start of the convalescence period. Convalescent cures

must be performed in establishments recognised by the competent authorities of the country in which the establishment is located and provided that the patient is admitted to the hospital with a surgery or without a surgery for at least ten days, provided that the course of treatment begins within seven calendar days of the end of the hospitalisation.

c) In the case of a thermal cure, the request for prior consent for a cure must be supported by a medical prescription indicating the establishment, duration and reason, at the latest ten calendar days before the scheduled start of the spa treatment.

d) The medical prescription must be supplemented by medical history, specifying the results obtained by the medical treatment preceding the request for the course of treatment, the medical treatment schedule of the course of treatment and the expected results, with regard to the cure or consolidation of the state of health of the Insured. Spa treatments must be performed in establishments recognised by the competent authorities of the country in which the establishment is located.

e) In the event that the spa or convalescence cure is prescribed outside of the country of residence or the host country, the physician must confirm that there is no equivalent local facility.

f) The frequency of cures is limited to 28 days within a 2-year period.

g) Cures at altitudes, rejuvenation, rest, fitness and changes of air are not considered as cures within the meaning of these T&Cs.

h) In the absence of a response from UNIQA prior to the start of the treatment, the approval is presumed to have been established.

Article 14 Dental costs

The dental expenses included in the coverage include all dental services provided by a dental physician, recognised pursuant to Article 3 of these T&Cs.

Article 15 Maternity and delivery

Pregnancy and delivery are covered in semi-private or private wards.

In the event of delivery covered by the Insurance company, the latter shall only be liable for payment of the usual costs of standard care for the new-born for as long as the mother remains hospitalised. The Insurance company therefore does not cover

the cost of the child's medical care unless the child has been integrated into the insurance programme from birth.

Delivery expenses are covered only if the delivery takes place in Switzerland or in the Insured's country of residence or host country.

Article 16 Prior approval

a) Benefits subject to prior approval are displayed in the list of benefits in Section H.

b) The prior approval procedure requires the Insured to submit the medical prescription indicating the name of the care provider, the estimated duration of the treatment, the estimated cost and the medical reason in a confidential envelope to UNIQA's medical officer, to enable the latter to verify the medical necessity and efficiency of the treatment.

c) The request for prior approval must be submitted to UNIQA at the latest within the time limits indicated for the respective services.

d) UNIQA shall provide a written response or by any other means making it possible to establish proof thereof by means of a text to the Insured before the scheduled date of care.

e) In the absence of a response from UNIQA prior to the scheduled treatment date, the approval shall be deemed to have been obtained.

f) In the event of absence of a request for prior approval by the Insured, the Insurance company is entitled to refuse reimbursement of the benefit unless

- It follows from the circumstances that the absence of a request for prior agreement is not attributable to the insured or the beneficiary.
- The insured provides proof that the absence of a request for prior agreement had no impact on the claim and on the scope of the benefits owed by the Insurance company.

D. PREMIUMS

Article 17 Calculation of the premium

Unless otherwise agreed, the premium is due monthly at the beginning of each month.

Article 18 Non-payment of premiums

a) If the premium is not paid in due time, the Insurance company shall summon the Policyholder to pay it within 14 days, reminding him of the consequences of the delay.

b) If the summons remains unanswered, the Insurance company's obligation to provide benefits is suspended as soon as the payment deadline expires.

c) If the premium charged by the Insurance company is subsequently accepted, the contract shall resume effect, as soon as the overdue premium, including the default interest and costs, has been paid.

Article 19 Modification of the premium rate

a) The Insurance company may alter the premium rate. In the event of a change in the premium rate, the Insurance company shall notify the Policyholder of the new premiums no later than 90 days before the end of the insurance year.

b) The Policyholder shall then be entitled to cancel the contract at the end of the current insurance year. To acquire validity, the cancellation must be received by the Insurer no later than the last day of the insurance year. In the absence of cancellation, the Policyholder is deemed to have accepted the contract amendment.

c) An insured person who reaches the maximum age for his or her age group during the year is automatically transferred to the next age group at the beginning of the following calendar year. If the change in age group results in an increase in the premium, paragraphs (a) and (b) shall apply accordingly.

E. CLAIMS

Article 20 Claim notification

The Insured undertakes to do everything in his power to help determine the nature and causes of the illness, as well as the consequences of an accident. He is required to undergo an examination by an Insurance company's medical officer whenever the Insurer so requests, as well as to remain interned in a hospital facility if this is indispensable for his recovery.

Article 21 Duty to inform

a) The Insured undertakes to provide the Insurance company with all information which may support the assessment of an insurance case. The Insurance company is entitled to request information regarding the state of health of the Insured Entity from the physicians who treat or have treated the Insured Entity, provided that this information is used to determine the extent of his entitlement to benefits. In particular, the Insurance company may request medical

certificates and other documents; it is entitled to have the Insured examined by one or more physicians of its choice.

b) The Insurance company is entitled to request a translation into English or French of any evidence or other document related to the Insured which justifies the cost of the treatment.

Article 22 Withholding information

If the Insured breaches the obligations mentioned in Article 21, he forfeits the right to his benefits until the moment he fulfils them again. The Insurance company sets an additional period of formal notice of 14 days for the fulfilment of all these obligations. After this period, the benefits shall cease, subject to the provision of Article 45 paragraph 1 lit a) and b) of the LCA (i.e. the violation is not attributable to the insured or to the beneficiary; or the insured provides proof that the violation did not affect the scope of benefits). Pursuant to Art. 45 paragraph 3 LCA, the Insured who is notified without fail, may as soon as the impediment has been removed, provide the Insurer with the necessary information.

Article 23 Economic Clause

In the event of any claim, the Insured has the obligation to undertake everything within his power to mitigate the damages.

Article 24 Communications and address

To acquire validity, all notifications for which the Policyholder is responsible, must be made in writing or by any other means allowing proof to be established by a text, directly to UNIQA Österreich Versicherungen AG, Vienna, Zurich Branch, C/O Representative Office Geneva, Avenue de la Praille 26, 1227 Carouge Switzerland (contact@uniqa.ch).

The Insurance company shall send any notification to the last address provided to it by the Policyholder made in writing or by any other means allowing proof to be established by a text.

F. EFFECTIVE DATE, DURATION AND CANCELLATION

Article 25 Duration and cancellation

a) The contract shall enter into effect as soon as the Insurance company has issued the policy to the Policyholder or confirmed the acceptance of his application, however, not before the day agreed and indicated in the policy (start of the contract).

b) The contract is concluded for an initial period of at least one calendar year.

c) The policyholder is entitled to terminate the contract ordinarily after an uninterrupted period of insurance of one year, observing a notice period of three months, for the end of a calendar year. Termination is presented in time if it reaches UNIQA no later than the last day of the month preceding the start of the termination period.

d) In addition, UNIQA does not have the right of ordinary termination or termination in the event of a claim. UNIQA reserves the right to terminate the contract only in the cases mentioned in art. 27 of these T&Cs.

Article 26 Individual insurance coverage

a) The Insurer decides whether to admit the insurer under normal or aggravated conditions, or to refuse the insurance. The Insurer determines itself on the basis of the records at its disposal, in particular the medical questionnaire completed by the applicant. He is entitled to make his decision dependent on additional information to be provided by the policyholder or on a medical examination which the insurer has carried out at his expense when he considers it necessary. The candidate is required to answer the questions asked accurately and truthfully and must not conceal any fact that could influence the insurer's decision regarding his or her state of health.

b) Upon receipt of the requested information, the insurer undertakes to inform the insurance applicant of its decision to cover it or not within ten (10) working days. In the event of a positive decision by the insurer, the affiliation is retroactively validated on the day of the insured's application for coverage, but with a maximum effect from the first day of the current month. The policyholder then receives his insurance policy as well as the general terms and conditions of insurance.

When the membership is made following a transfer from a collective contract, the terms and conditions for the transfer of the collective INFINITY T&C apply.

Article 27 End of insurance coverage

The insurance coverage ends:

- a) upon termination by the policyholder.
- b) upon termination by the insurer in the event of default of payment by the policyholder.

c) when the policyholder is no longer subject to the compulsory social insurance LAMal.

d) when the policyholder's domicile is transferred abroad.

UNIQA waives its right of ordinary and damage termination (Art. 42 para. 1 LCA). However, UNIQA reserves the right to terminate the Policy in the event of fraud or attempted fraud as well as in the event of concealment as described in Article 30.

G. MISCELLANEOUS

Article 28 Medical secrecy

The Insured releases all physicians he has consulted before and after his admission to the insurance programme from professional secrecy with regard to the Insurance company and its medical officers.

The Insurance company undertakes to treat all information provided to it, as well as the results of examinations and analyses of which it has become aware, in strict confidence.

Article 29 Assignment of rights

The Insured assigns his rights to the Insurer up to the amount of the benefits paid by the Insurance company.

Subject to the penalty of forfeiture of the claim, the Insured is required to confirm this assignment in writing when requested by the Insurance company.

Article 30 Non-disclosure and its consequences

a) The applicant must declare to the Insurance company, following a questionnaire or in response to any other questions, all the facts which are important for the assessment of the risk, as they are known to him or which he must know.

Questions from the Insurance company and communication from the applicant must be sent in writing or by any other means to establish the proof by a text.

All facts likely to influence the determination of the Insurance company to conclude the contract or to conclude it under the agreed conditions are important.

Facts about which the Insurance company has asked specific and unequivocal questions are deemed to be material.

b) If, when answering the questions referred to in sub-paragraph (a), the person who had the obligation to do so omitted to declare or incorrectly declared a material fact of which he knew or should have known (réticence) and on which it has been questioned, the Insurance company is entitled to terminate the insurance relationship with the insured concerned in writing or by any other means making it possible to establish proof of this by means of a text.

c) Termination takes effect when it reaches the insured concerned.

d) The right of withdrawal expires four weeks after the Insurance company has become aware of the reluctance.

e) If the insurance relationship with the insured person concerned ends by termination pursuant to sub-paragraph c), the obligation of the Insurance company to provide its benefits also lapses for claims which have already occurred in the extent to which the fact which was the subject of the concealment influenced the occurrence or extent of the claim. Insofar as it has already granted a benefit for such a claim, the Insurance company is entitled to its reimbursement.

Article 31 Place of performance and jurisdiction

The obligations resulting from this insurance must be fulfilled on Swiss territory and in Swiss currency.

The place of jurisdiction is Zurich, as the headquarters of the Swiss Branch, or Geneva, as the place of the Insurance company's representative office in Geneva, or the residential address in Switzerland of the Insured or the beneficiary.

Article 32 Final provisions

The publication of the general policy terms and conditions in French has probative force.



H. LIST OF BENEFITS

The list of benefits is an integral part of these T&Cs

LIST OF BENEFITS	CONDITIONS OF PRIOR APPROVAL PURSUANT TO ARTICLE 16 OF THE CGA INFINITY	ANNUAL LIMITS
Maximum coverage limit per calendar year		CHF 3,000,000
LCA coverage		supplementary coverage to the benefits of the LAMal basic insurance
Territorial coverage		Global, excluding the USA and Canada and except in case of a medical emergency
INPATIENT TREATMENTS		
Hospitalisation in a private ward	NO	100%
Psychiatric hospitalisation in a private ward	NO	maximum CHF 25,000
Medical supplies during hospitalisation	NO	100%
Physician's fees	NO	100%
Rehabilitation hospitalisation	NO	100%
Palliative care hospitalisation	NO	30 days during life
OUTPATIENT TREATMENTS		
Outpatient medical treatment by a physician	NO	100%
Pharmaceutical costs	NO	100%
Home nursing care	NO	CHF 2,500
Physiotherapy, speech therapy	NO	CHF 2,500
Medical transport	NO	CHF 2,500
Alternative medicine	NO	12 consultations per year, a maximum of CHF 60 per consultation
Psychiatry and psychotherapy	NO	12 consultations per year, a maximum of CHF 1,200
Orthopaedic appliances	NO	CHF 15,000 per 2-year period
Spa or convalescence treatment	YES pursuant to article 13 CGA	Max. CHF 50/day - max. 28 days per 2-year period
Vaccination	NO	CHF 600
Medical check up		
OPTICAL		
Optics (lenses and frames, contact lenses)	NO	CHF 850 per 2-year period
DENTAL TREATMENTS		
Maximum coverage limit per year		CHF 6,000
Dental treatment	NO	80%, max CHF 3,000
Dental prostheses and orthodontics	NO	80%, max CHF 3,000
MATERNITY		
Delivery in hospital in a private or semi-private ward	NO	100%
Delivery at home	NO	CHF 2,000