

2022 edition



Supplementary insurance

Special Terms and Conditions (STC)
dental

Special Terms and Conditions (STC) dental under the Federal Insurance Contract Act (ICA)

Chapter	Page
1 Insurance fundamentals	4
1.1 Purpose	
1.2 Insurance provider	
1.3 General Terms and Conditions of Insurance (GTC)	
1.4 Conclusion of the policy	
1.5 Benefit conditions	
1.6 Treatment abroad	
2 Insurance possibilities	5
2.1 dental piccolo	
2.1.1 Benefits	
2.1.2 Automatic transfer	
2.2 dental	
2.2.1 Benefit variants	
2.2.2 Preventive dentistry and check-ups	
2.2.3 Benefits/treatment period	
2.2.4 Waiting period	
2.2.5 Submitting claims	
3 Age groups	6

dental

1 Insurance fundamentals

1.1 Purpose

dental pays contributions to the costs of dental treatment. It also encourages preventive measures.

1.2 Insurance provider

The insurance provider is Sympany Versicherungen AG, Basel (henceforth referred to as the insurer).

1.3 General Terms and Conditions of Insurance (GTC)

The General Terms and Conditions of Insurance of Sympany Versicherungen AG are an integral component of the provisions of **dental** insurance. In the event of conflicting provisions, the Special Terms and Conditions of **dental** insurance shall take precedence over the General Terms and Conditions of Insurance.

1.4 Conclusion of the policy

dental may be taken out up to the age of 60. The insurance can only be held or concluded together with at least one of the following insurance departments:

- Basic insurance,
- **plus, premium, general supplement, private supplement, hospita, salto**

Conditions existing at inception such as damaged or missing teeth, poor tooth positions, jaw anomalies, etc. are not covered.

The insured person must have had his last dental check-up or treatment no more than one year before inception.

Newborn and newly affiliated children for whom **plus, premium, general supplement** or **private supplement** cover has also been arranged with the insurer enjoy unlimited cover under **dental piccolo** until their 15th birthday.

1.5 Benefit conditions

Diagnostic and therapeutic measures that are dentally necessary and scientifically recognized are covered, provided that the treatment is also economical.

Reimbursement is based on the SSO tariff for dentists with the social insurance charge point (based on the KVG, UVG, MVG and IVG). The term “dentist” denotes a practitioner who has acquired the appropriate Swiss federal or equivalent diploma or who has been granted authorization to pursue the profession by the canton on the basis of evidence of scientific qualifications.

The benefits of **dental** insurance are provided on a subsidiary basis, i.e. subsequent or in addition to statutory health care or accident insurance and to benefits provided by the cantons and local authorities. If other insurance providers are liable to pay benefits, the insurer shall provide benefits for damages in the same proportion as that of the insured sum to the total amount of the insured sums.

1.6 Treatment abroad

Treatment abroad is covered, provided that the medical personnel concerned have undergone training equivalent to that of their counterparts in Switzerland and the costs do not exceed Swiss costs.

2 Insurance possibilities

The following insurance possibilities exist:

- **dental piccolo** up to the age of 15,
- **dental**.

2.1 dental piccolo

2.1.1 Benefits

For children and young people up to the age of 15, the following sum is payable towards the costs of an examination (including X-ray) if no dental treatment (conservative, prosthetic, etc.) is required at the same time:

Up to CHF 50 per calendar year

2.1.2 Automatic transfer

The insured person is automatically transferred from **dental piccolo** to **dental** on reaching his 15th birthday, the transfer taking effect from the beginning of the following year with no limitation of benefits. However, he has a right of withdrawal within three months of being notified of the transfer.

2.2 dental

2.2.1 Benefit variants

Variant	Maximum benefit claim per calendar year	Exempt sum
dental a	75%, max. CHF 1 000	CHF 500
dental b	50%, max. CHF 500	
dental c	50%, max. CHF 1 000	
dental d	75%, max. CHF 1 000	
dental e	75%, max. CHF 1 500	
dental f	75%, max. CHF 3 000	
dental g	75%, max. CHF 5 000	CHF 500
dental h	75%, max. CHF 5 000	

Where a variant involves an exempt sum, the insurer may reduce it for children up to the age of 15. Where the variant involves a deductible, this is charged as a fixed sum per calendar year. The maximum benefit claim per calendar year is calculated on the residual amount over and above the deductible.

2.2.2 Preventive dentistry and check-ups

If no dental treatment (conservative, prosthetic, etc.) has been provided during the treatment period, **dental** contributes to the costs of a check-up, including an X-ray examination and preventive treatment, as follows:

Up to CHF 100 per calendar year

The cost share under the selected benefit variant does not apply.

2.2.3 Benefits/treatment period

Within the framework of the chosen benefit class, insurance covers all the costs of dental treatment including laboratory costs. No benefits are paid for dental-care products.

Sums insured are paid out once in the calendar year.

2.2.4 Waiting period

Entitlement to **dental** benefits begins:

- after a waiting period of 12 months for prosthetic care (e.g. crowns, bridges, prostheses, pivot teeth, built-up teeth and apparatus to correct incorrect tooth and jaw positions, including temporary measures, repairs and the associated dental treatment and check-ups),
- after a waiting period of 6 months for all other treatment.

The waiting period also applies to any increases in cover. Benefits for preventive treatment and check-ups are not subject to any waiting period.

2.2.5 Submitting claims

To lodge a claim, the insured person must present the detailed original invoice to the health fund immediately (within a maximum of 30 days of the invoice date). The invoice must show the duration of treatment and the individual services performed according to the dental charge scale.

3 Age groups

Age-based rates apply to this insurance category. This means that premiums in this insurance category tend to rise as the insured person progresses to each subsequent higher age group:

years of age							
0-3	6-10	16-18	26-30	36-40	46-50	56-60	71-80
4-5	11-15	19-25	31-35	41-45	51-55	61-70	81+

1044/0/e/02.2022

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