



“Health is truly individual.
That’s our view too.”

Our aim is to provide you and your family with first-class insurance that matches your needs and requirements.

sanitas
corporate



Sanitas has repeatedly been rated one of Switzerland's best health insurance companies in an annual comparison conducted by amPuls Market Research. And for good reason: we offer you innovative insurance solutions, top-quality service and fair premiums.

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Attractive premium discounts through your employer/association

Advantages for you:

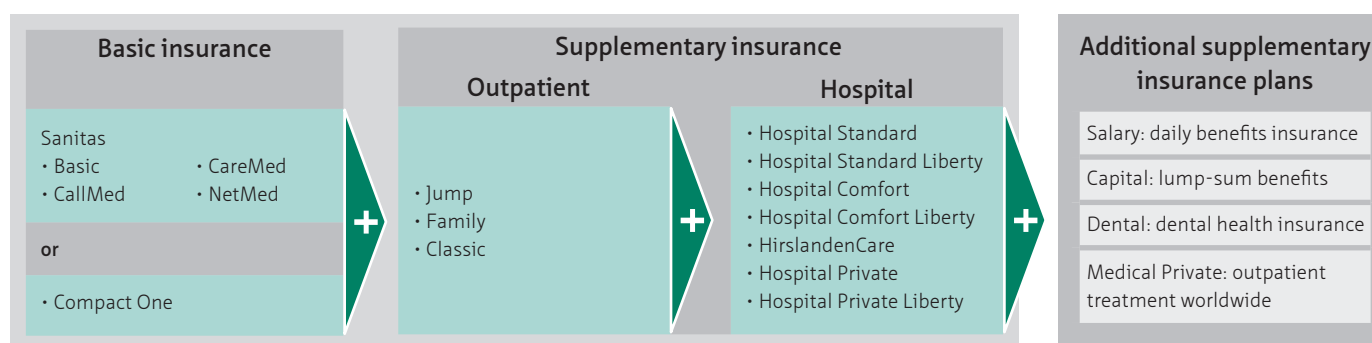
- Group insurance discounts on supplementary plans
- Low-cost basic insurance if you opt for an alternative model
- Premium discounts for young adults
- Free insurance for third child onwards
- Straightforward terms of admission
- Good choice of products

Use the enclosed form to request a quote for you and members of your family (living in the same household), and see for yourself what great value for money we offer.



Sanitas Corporate insurance packages

Sanitas Corporate offers you a complete health insurance package covering mandatory basic health insurance (basic insurance) and supplementary plans for outpatient and hospital benefits. This way you can be sure your needs are covered without having to deal with all the different supplementary insurance options.



Basic insurance plans

Basic (standard plan)

CallMed (telemedicine model, with up to 10% discount)

Phone consultation before medical treatment

CareMed/NetMed (with named family doctor, up to 20% discount)

Free choice of family doctor as per list of doctors (available at Sanitas)

Compact One (low-cost health insurance without the frills, with discounts of up to 20%)

Compulsory telemedicine model with streamlined services

Insurance packages*

Hospital Standard (multi-bed room in a general ward)

Hospital Standard Liberty (multi-bed room in a general ward, with the option of choosing semiprivate or private)

Hospital Comfort (two-bed room in a semiprivate ward)

Hospital Comfort Liberty (two-bed room in a semiprivate ward, with the option of choosing private)

HirslendenCare (single room in a private ward of any Hirslenden private hospital or partner hospital)

Hospital Private (single room in a private ward)

Hospital Private Liberty (single room in a private ward, worldwide)

* These packages include supplementary insurance for both hospital care and outpatient treatment (Classic, Jump or Family).

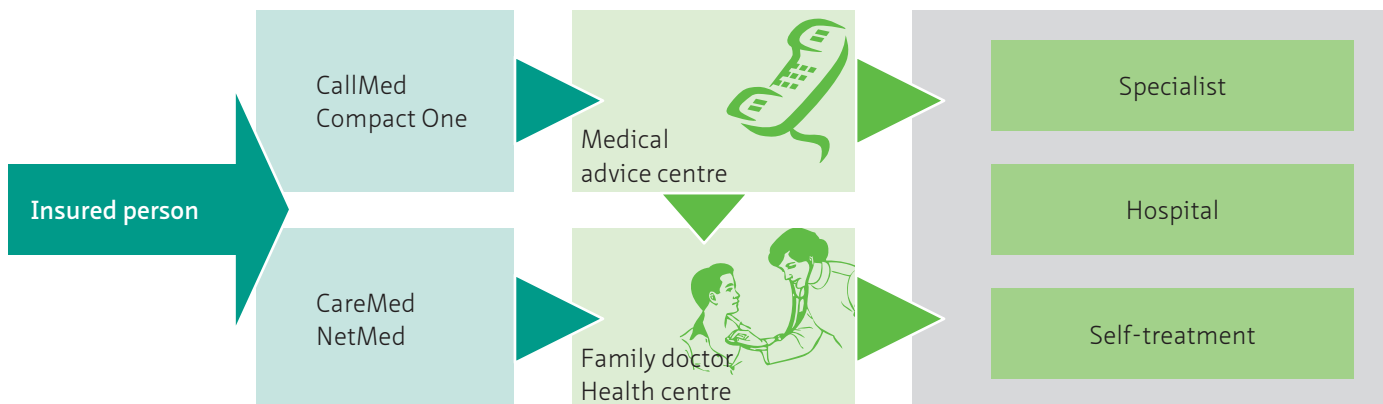
Our basic health insurance plans

You can choose between the various basic health insurance plans offered by Sanitas. And you can also save premiums on your basic

insurance, simply by taking out one of the alternative models: CallMed, CareMed, NetMed or Compact One.

Basic health insurance plans				
Basic Standard model	CallMed Telemedicine model	CareMed Family doctor model	NetMed Family doctor model	Compact One Telemedicine model without the frills
This basic health insurance plan gives you a free choice of family doctors and specialists.	If you have health problems of any kind, first phone the medical hotline on +41 844 124 365. It's available around the clock to give advice and, if necessary, refer you to the appropriate doctor.	If you have health problems of any sort, first you consult your family doctor. They will refer you to a specialist or hospital as required.	Care is provided on the terms of treatment defined by a family doctor who is part of a network of physicians or HMO practice. This person is always your first point of contact, and will refer you to a specialist or hospital as required.	Compact One gives you full basic health insurance cover without the frills. You can benefit from low premiums thanks to easy online administration and a compulsory initial consultation by phone.
No discount	Discount of up to 10%		Discount of up to 20%	

Alternative insurance models: what to do in the event of illness



Sanitas Compact One

Full cover without the frills

Sanitas Compact One is the model for active, price-conscious people. Its low premiums are possible thanks to lean administration, streamlined processes, and your contribution as a customer. Sanitas Compact One is one of the cheapest health insurance plans on offer in Switzerland.

How Sanitas Compact One works: 24-hour medical hotline

You have round-the-clock access to medical services. Our hotline provides expert advice and makes sure you're quickly referred to the right doctor if required.

Online service

You take care of administrative tasks such as changes of addresses and premium payments via our easy-to-use online platform.

Payment of benefits

Claims are paid once a month.

Five good reasons for Sanitas Compact One

- Low premiums
- Basic insurance with compulsory consultation
- 24-hour medical hotline
- Easy online administration
- No multiyear contracts: you retain your flexibility

Procedure in the event of illness

1. Before seeking medical treatment you must call the medical hotline.
2. The hotline defines a binding course of treatment taking account of your individual situation.
3. If medical treatment is indicated, the hotline defines a corresponding window (duration of treatment and number of consultations).
4. If you require hospitalisation, you must agree the further course of treatment with the medical hotline before being admitted.

Discount

Discounts of up to 20% are granted.



🕒 Please see the table on page 12 for details of benefits.

📖 You will find full prospectuses on individual products at www.sanitas-corporate.ch/products.

Supplementary insurance for outpatient care

Benefits under Jump, Family and Classic plans:

- Medical treatment throughout Switzerland
- Outpatient treatment abroad
- Alternative medicine (e.g. homeopathy and traditional Chinese medicine)
- Uninsured drugs
- Maternity care
- Preventive/prophylactic treatment (including up to CHF 200 towards fitness training)
- Glasses and contact lenses
- Dental treatment
- Cosmetic interventions
- Transport costs

Jump

Suitable for:

- Young people aged 19 to 25. You can be insured under Jump up to age 35. After that you will automatically be transferred to a Classic plan.

Bonus

You will receive a CHF 50 bonus for every year without claims under your basic insurance and Jump plans.*

* For every year in which you do not make a claim on either plan, Jump or basic insurance.

Family

Suitable for:

- Parents with children up to age 20. After that the child will be transferred to Jump, and the parents to Classic.

Advantage:

- Flexible benefit account for benefits such as alternative medicine, dental braces and rooming-in. The amount of the benefit account can be set individually for each person (CHF 10,000, CHF 25,000 or CHF 50,000).

Loyalty bonus

When they reach the age of 7, 14 and 18, each child insured receives a loyalty bonus of CHF 50 for every year they have been insured.** Insurance is even free for the third child and any further children insured. And in the event of the death or disability of a parent, basic and supplementary insurance premiums are waived for all children.

** Provided you have taken out Family, including basic insurance.

Classic

Suitable for:

- Couples and singles from age 26.

Advantage:

- Comprehensive cover for outpatient treatment.
- You can transfer to Classic supplementary insurance from Jump or Family at any time without a medical exam.

🕒 Please see the table on page 15 for details of benefits.

📄 You will find full prospectuses on individual products at www.sanitas-corporate.ch/products.

Hospital (inpatient) insurance

Strong benefits

Sanitas offers you classic insurance coverage for the following categories of hospital care throughout Switzerland:

- **Hospital Standard:** general ward
- **Hospital Comfort:** semiprivate ward
- **Hospital Private:** private ward

Hospital Standard Liberty

The full costs of care in a general ward are covered all over Switzerland. You also have the option of choosing the comfort of a semiprivate or private ward. In this case you will pay only part of the additional costs yourself (25% for semiprivate care, 50% for private).

Hospital Comfort Liberty

If you are admitted to hospital you will be eligible for a two-bed room in a private ward. But if at any time you feel you would prefer a single room, you pay only 25% of the extra cost yourself.

Hospital Private Liberty

You have a free choice of hospitals worldwide, with the entire costs covered and a range of very generous extra benefits.

Discount

For every year in which you do not claim on your semiprivate or private hospital insurance, you will receive a 3% discount on the following year's premium (maximum no-claims discount 24%).

🕒 Please see the table on page 13/14 for details of benefits.

📄 You will find full prospectuses on individual products at www.sanitas-corporate.ch/products.

HirslandenCare

Sanitas offers first-class hospital insurance in partnership with the Hirslanden group of private hospitals

HirslandenCare guarantees you preferential treatment in the private ward of any Hirslanden hospital or one of its partner hospitals. A very useful additional service for people with this insurance is the Hirslanden Healthline, which is there to help you choose a specialist who has an agreement with HirslandenCare, and to arrange appointments for doctors and other treatment on your behalf. This reduces waiting times to a minimum.

Free choice of hospital and standard of comfort

If you choose a hospital that is not part of the Hirslanden network, HirslandenCare covers the full costs of care in a semiprivate ward. But in such cases you are also free to opt for private

cover for a 25% share of costs. This way you remain flexible and always get to choose the comfort and convenience that best suit your needs.

"Privé" status in Hirslanden clinics

As a privately insured patient, you automatically have "Hirslanden Privé" status. This gives you a wide range of additional benefits at all Hirslanden hospitals. You'll receive outstanding service in exclusive surroundings, and will be looked after by a guest relation manager who will visit you regularly to personally make sure your needs are taken care of.

Discount

For every year in which you do not claim on HirslandenCare, you will receive a 3% discount on the following year's premium (maximum no-claims discount 24%).

Additional supplementary insurance plans

Medical Private: unlimited choice

This insurance gives you even greater choice: whether you prefer a private doctor in Switzerland or abroad, you receive outpatient treatment from whichever physician you choose. Subject to an annual deductible of 10% (maximum CHF 1,000 per calendar year), the insurance covers costs of up to CHF 100,000 per calendar year.

Dental: reason to smile

This supplementary insurance covers 80% of the costs of outpatient and inpatient dental treatment administered by dentists, medical doctors and dental technicians in Switzerland and abroad. Maximum cover is CHF 5,000 per calendar year for treatment necessitated by illness, and CHF 5,000 per calendar year for treatment resulting from an accident. This includes:

- Restorative dental treatment
- Orthodontic treatment and oral surgery
- Dental prosthetic work
- One preventive treatment per calendar year

Annual deductible: CHF 350 per calendar year for treatment necessitated by illness, and CHF 350 per calendar year for treatment resulting from an accident

Waiting period (does not apply to accidents):

180 days from commencement of coverage

Capital: comfort when you most need it

The insurance pays benefits in the event of disability or death owing to illness or accident. Disability benefits will be paid on the basis of the degree of disablement.

Salary: covers loss of earnings

If you are unable to work as a result of illness or an accident, this daily benefits plan pays up to CHF 500 per day for a maximum of 720 days within a period of 900 days. The Salary plan is ideal for self-employed people or for working people whose employer does not offer group insurance for daily benefits. You can choose the waiting period after which payment of daily benefits will commence.

Short-term insurance cover

Travel: leave your worries at home

Our travel insurance is geared to anyone who does not have supplementary insurance offering worldwide emergency cover. It includes treatment costs and comprehensive cover for transport, rescue and repatriation (transport back to Switzerland).

Guest Care: taking care of guests from abroad

Guest Care is ideal for visitors from abroad who want to ensure they won't have to pay any uninsured expenses in the event of illness or

accident. Guest Care insurance also gives you the confirmation of health insurance required to obtain a visa for Switzerland and the Schengen area.

 You will find full prospectuses on individual products at www.sanitas-corporate.ch/products.



Sanitas Compact One	
Benefit	Mandatory basic health insurance (with compulsory initial consultation by phone) pursuant to the Swiss Federal Health Insurance Act (KVG/LAMal)
Outpatient treatment	
Switzerland	Treatment by medical doctors and chiropractors and medically prescribed therapies administered by other medical personnel, at home or the workplace
EU/EFTA (in emergencies)	Treatment as per the bilateral agreement on the free movement of persons
Other countries (in emergencies)	Up to a maximum of double the costs paid under the tariff for the covered person's place of residence or work
Alternative medicine	Acupuncture if administered by a medical doctor
Glasses/contact lenses	
Under age 19	CHF 180
Age 19 and over	CHF 180 every 5 years
Medical aids	Medical aids as per Department of Health list of aids and equipment (MiGeL)
Drugs	Drugs as per the Department of Health's lists of drugs and special therapies (SL/LS)
Preventive/prophylactic treatment	Preventive measures, e.g. well-child check-ups, gynaecological check-ups (every 3 years), certain vaccinations
Maternity	Check-ups by doctors or midwives, CHF 100 towards prenatal classes, advice on breastfeeding
Acute inpatient treatment	
Switzerland	General ward in hospitals in the canton of residence (as per the cantonal list of hospitals)
Maternity facilities	Confinement in maternity facilities in the canton of residence (as per cantonal list of hospitals)
Psychiatric clinics	General ward in accredited hospitals in the canton of residence (as per cantonal list of hospitals)
EU/EFTA (in emergencies)	Accommodation, care and treatment as per the bilateral agreement on the free movement of persons
Other countries (in emergencies)	Up to a maximum of double the costs paid under the tariff for the covered person's canton of residence
Transport/rescue	
Costs of travel during radiotherapy, chemotherapy or haemodialysis	50%, CHF 500, for transport; 50%, CHF 5,000, for rescue
Transport abroad and repatriation	Up to a maximum of double the benefit paid in Switzerland for transport

These figures are for maximum benefits, and unless specified otherwise are valid for each calendar year. Benefits are granted only in accordance with the Swiss Federal Health Insurance Act (KVG/LAMal) and the corresponding ordinances, and the general terms of insurance for Compact.

Recommended supplementary insurance

Supplementary insurance for outpatient treatment	Jump, Family and Classic
Supplementary insurance for hospital treatment	Hospital Standard Liberty: general ward throughout Switzerland

Hospital benefits

Benefit	Mandatory basic health insurance	General ward	
	Basic*	Hospital Standard	Hospital Standard Liberty
Acute inpatient treatment			
Switzerland	General ward in hospitals in the canton of residence (as per cantonal list of hospitals)	Multi-bed room in contractual hospitals in Switzerland	Multi-bed room in contractual hospitals in Switzerland
Maternity facilities	Confinement in maternity facilities in the canton of residence (as per cantonal list of hospitals)	Confinement in accredited maternity facilities in Switzerland	Confinement in accredited maternity facilities in Switzerland
Psychiatric clinics	General ward in accredited hospitals in the canton of residence (as per cantonal list of hospitals)	Multi-bed room in contractual hospitals in Switzerland, for a total of 180 days	Multi-bed room in contractual hospitals in Switzerland, for a total of 180 days
EU/EFTA (in emergencies)	Accommodation, care and treatment as per bilateral agreement on free movement of persons	100%, max. 180 days, for treatment outside the scope of bilateral agreements	100%, max. 180 days, for treatment outside the scope of bilateral agreements
Other countries (in emergencies)	Up to a maximum of double the costs paid under the tariff for the covered person's canton of residence	100%, max. 180 days	100%, max. 180 days
Outside Switzerland (elective treatment)	–	–	–
Option of choosing category of ward	–	–	Semiprivate: 75%, copayment max. CHF 10,000 Private: 50%, copayment max. CHF 20,000
Nursing care and home help			
Home nursing	Examinations, treatment and care provided by accredited nursing professionals or organisations	–	CHF 20 per day, max. 90 days**, towards care provided by accredited nursing professionals
Home help after hospitalisation	–	–	CHF 10 per day, max. 90 days**, for the person who runs the household
Home help to avoid hospitalisation	–	–	–
Maximum benefit for home nursing and home help	–	–	CHF 1,800
Spa treatments			
Spa treatments in Switzerland and Abano/Montegrotto	CHF 10 per day, max. 21 days, at accredited spas in Switzerland	–	CHF 10 per day, max. 21 days
Rest cures in Switzerland	–	–	CHF 10 per day, max. 21 days
Nursing homes	Contributions to residential care in nursing homes (as per cantonal list of homes)	–	CHF 20 per day, max. 180 days in total, towards costs of accommodation and care in all nursing homes in Switzerland, and CHF 10 per day from the 181 st to 540 th day
Private expenses	–	–	–
Transport/rescue			
Costs of travel during radiotherapy, chemotherapy or haemodialysis	50%, CHF 500, for transport; 50%, CHF 5,000, for rescue	100%, CHF 20,000	100%, CHF 20,000
Transport abroad and repatriation	Up to a maximum of double the benefit paid in Switzerland for transport	100%, provided it is organised by Sanitas Assistance	100%, provided it is organised by Sanitas Assistance
Sanitas Assistance	–	Yes	Yes

These figures are for maximum benefits, and unless specified otherwise are valid for each calendar year. Benefits are granted only in accordance with the Swiss Federal Health Insurance Act (KVG/LAMaI) and the corresponding ordinances, and the general terms of insurance and applicable supplementary terms issued by Sanitas.

* Benefits also apply to alternative models for mandatory basic health insurance in accordance with the Swiss Federal Health Insurance Act (KVG/LAMaI)

** In the event of maternity, max. 14 days within one month after confinement

Semiprivate		HirlandenCare	Private	
Hospital Comfort	Hospital Comfort Liberty		Hospital Private	Hospital Private Liberty
Two-bed room in any hospital in Switzerland	Two-bed room in any hospital in Switzerland (private ward)	Private room in Hirlanden and partner hospitals, semiprivate room or 75% of the costs associated with confinement in a private room in all other Swiss hospitals	Single room in any hospital in Switzerland	Single room in any hospital worldwide
Confinement in accredited maternity facilities in Switzerland	Confinement in accredited maternity facilities in Switzerland	Confinement in accredited maternity facilities in Switzerland	Confinement in accredited maternity facilities in Switzerland	Confinement in accredited maternity facilities in Switzerland
Two-bed room in any hospital in Switzerland, for a total of 180 days	Two-bed room in any hospital in Switzerland, for a total of 180 days (private ward)	Private room in affiliated psychiatric clinics, for a total of 180 days Semiprivate room or 75% of the costs of a private room in all other psychiatric hospitals in Switzerland, for a total of 180 days	Single room in any hospital in Switzerland, for a total of 180 days	Single room in any hospital in Switzerland
100%, max. 180 days, for treatment outside the scope of bilateral agreements	100%, max. 180 days, for treatment outside the scope of bilateral agreements	100%, max. 180 days, for treatment outside the scope of bilateral agreements	100%, max. 180 days, for treatment outside the scope of bilateral agreements	100%, unlimited
100%, max. 180 days	100%, max. 180 days	100%, max. 180 days	100%, max. 180 days	100%, unlimited
-	CHF 1,000 per day up to a maximum of 180 days within a period of 540 days	CHF 1,500 per day up to a maximum of 180 days within a period of 540 days	CHF 1,500 per day up to a maximum of 180 days within a period of 540 days	100%, unlimited
-	Private: 75% of costs of accommodation and care; 100% of treatment costs	-	-	-
-	CHF 50 per day, max. 90 days**, towards care provided by accredited nursing professionals	CHF 70 per day, max. 90 days**, towards care provided by accredited nursing professionals	CHF 70 per day, max. 90 days**, towards care provided by accredited nursing professionals	100%, max. 90 days**, towards care provided by accredited nursing professionals
-	CHF 25 per day, max. 90 days**, for the person who runs the household	CHF 35 per day, max. 30 days**, for the person who runs the household	CHF 35 per day, max. 30 days**, for the person who runs the household	CHF 120 per day, max. 90 days**, for the person who runs the household
-	CHF 25 per day, max. 30 days**, for the person who runs the household	CHF 35 per day, max. 30 days**, for the person who runs the household	CHF 35 per day, max. 90 days**, for the person who runs the household	CHF 120 per day, max. 90 days**, for the person who runs the household
-	CHF 5,000	CHF 7,000	CHF 7,000	
-	CHF 40 per day, max. 21 days	CHF 60 per day, max. 21 days	CHF 60 per day, max. 21 days	CHF 100 per day, max. 21 days
-	CHF 40 per day, max. 21 days	CHF 60 per day, max. 21 days	CHF 60 per day, max. 21 days	CHF 100 per day, max. 21 days
-	CHF 100 per day, max. 180 days in total, towards costs of accommodation and care in all nursing homes in Switzerland, and CHF 50 per day from the 181 st to 540 th day	-	CHF 150 per day, max. 180 days in total, towards costs of accommodation and care in all nursing homes in Switzerland, and CHF 80 per day from the 181 st to 540 th day	CHF 150 per day, max. 180 days in total, towards costs of accommodation and care in all nursing homes in Switzerland, and CHF 80 per day from the 181 st to 720 th day
-	Max. CHF 100 per hospital stay	-	Max. CHF 200 per hospital stay	Max. CHF 500 per hospital stay
100%, CHF 30,000	100%, CHF 30,000	100%, max. total of CHF 50,000	100%, CHF 50,000	100%, unlimited
100%, provided it is organised by Sanitas Assistance	100%, provided it is organised by Sanitas Assistance	100%, provided it is organised by Sanitas Assistance	100%, provided it is organised by Sanitas Assistance	100%, provided it is organised by Sanitas Assistance
Yes	Yes	Yes	Yes	Yes

Supplementary outpatient benefits

Benefit	Basic* Mandatory health insurance under the Federal Health Insurance Act (KVG/LAMal)	Jump For young people aged 19 to 25	Family For families	Classic For singles and couples
Outpatient treatment				
Switzerland	Treatment by doctors and chiropractors and medically prescribed therapies administered by other medical personnel, at home or the workplace	Treatment by doctors and chiropractors and medically prescribed therapies administered by other medical personnel, at home or the workplace	Treatment by doctors and chiropractors and medically prescribed therapies administered by other medical personnel, at home or the workplace	Treatment by doctors and chiropractors and medically prescribed therapies administered by other medical personnel, at home or the workplace
EU/EFTA (in emergencies)	Treatment as per bilateral agreement on free movement of persons	90%, for a maximum of 180 days, for treatment outside the scope of bilateral agreements	90%, for a maximum of 180 days, for treatment outside the scope of bilateral agreements	90%, for a maximum of 180 days, for treatment outside the scope of bilateral agreements
Other countries (in emergencies)	Up to a maximum of double the costs paid under the tariff for the covered person's place of residence or work	90%, for a maximum of 180 days	90%, for a maximum of 180 days	90%, for a maximum of 180 days
Alternative medicine	Acupuncture, if administered by a doctor	80%, CHF 1,500, if treatment administered by doctors, accredited naturopaths and natural health practitioners or other therapists on medical prescription	80% from benefit account if treatment administered by doctors, accredited naturopaths and natural health practitioners or other therapists on medical prescription	80%, CHF 5,000, if treatment administered by doctors, accredited naturopaths and natural health practitioners or other therapists on medical prescription
Glasses/contact lenses				
Under age 19	CHF 180	-	CHF 200	CHF 200
Age 19 and over	CHF 180 every 5 years	CHF 200 every 3 years	CHF 300 every 3 years	CHF 300 every 3 years
Home help if a child or the parent responsible for running the household is hospitalised	-	-	CHF 50 per day, CHF 2,500	-
Medical aids	Medical aids as per Department of Health list of aids and equipment (MiGeL)	-	80%, CHF 500	80%, CHF 500
Cosmetic interventions	-	80% for breast operations, scar correction and correction of protruding ears (otoplasty)	80% from benefit account, e.g. for breast operations, scar correction and correction of protruding ears (otoplasty)	80% for breast operations, scar correction and correction of protruding ears (otoplasty)
Drugs	Drugs as per the Department of Health's list of drugs and special therapies (SL/LS)	90% towards uninsured drugs	90% towards uninsured drugs	90% towards uninsured drugs
Preventive/prophylactic treatment	Preventive measures, e.g. well-child check-ups, gynaecological check-ups (every 3 years), certain vaccinations	80%, CHF 500, e.g. vaccinations, check-ups, gynaecological check-ups (in interim years), stop smoking treatment, fitness training (CHF 200)	80% from benefit account, e.g. vaccinations, check-ups, gynaecological check-ups (in interim years), stop smoking treatment, fitness training (CHF 200)	80%, CHF 1,000, e.g. vaccinations, check-ups, gynaecological check-ups (in interim years), stop smoking treatment, fitness training (CHF 200)
Maternity				
Pregnancy	Check-ups by doctors or midwives, CHF 100 towards prenatal classes, advice on breastfeeding	80%, CHF 500, e.g. pre- and postnatal exercise, additional ultrasound scan	80% from benefit account, e.g. pre- and postnatal exercise, additional ultrasound scan, milk substitute	80%, CHF 1,000, e.g. pre- and postnatal exercise, additional ultrasound scan, milk substitute
Psychotherapy	Treatment by doctors	-	80%, CHF 1,000 towards non-medical psychotherapy	80%, CHF 1,000 towards non-medical psychotherapy
Rooming-in	-	-	80% from benefit account, hospital accommodation for people accompanying infant undergoing inpatient treatment	80%, CHF 2,000, hospital accommodation for people accompanying infant undergoing inpatient treatment
Transport/rescue				
Transport	50%, CHF 500	100%, CHF 1,000	80% from benefit account	100%, CHF 2,000
Rescue	50%, CHF 5,000	-	-	-
Costs of travel during radiotherapy, chemotherapy or haemodialysis	-	100%, CHF 1,000	80% from benefit account	100%, unlimited
Dental treatment				
Orthodontics (under age 19)	-	-	80% from benefit account	50%
Removal of wisdom teeth (beyond scope of compulsory benefits under mandatory basic insurance)	-	CHF 100 per tooth	80% from benefit account	CHF 100 per tooth

These figures are for maximum benefits, and unless specified otherwise are valid for each calendar year. Benefits are granted only in accordance with the Swiss Federal Health Insurance Act (KVG/LAMal) and the corresponding ordinances, and the general terms of insurance and applicable supplementary terms issued by Sanitas.

* Benefits also apply to alternative models for mandatory basic health insurance in accordance with the Swiss Federal Health Insurance Act (KVG/LAMal)

Three good reasons for choosing Sanitas Corporate

1. Excellent value for money

- Discounts on supplementary insurance
- Additional discount of up to 20% if you opt for an alternative insurance model

2. Outstanding service and additional benefits

- 24-hour medical advice hotline
- Expert advice from the service centre
- Prompt settlement of claims

3. Your family also benefits

- People living in the same household – your spouse, partner and children – also qualify for insurance
 - 80% of costs of orthodontic correction are covered for children up to age 18 (with Family plan)
-

Contact

Please contact us if you have any questions or would like a quote for insurance.

Sanitas Corporate

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www.sanitas-corporate.ch