

The compulsory health insurance in a nutshell

Your questions, our answers



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Dear Reader,

This brochure answers the questions most frequently asked about the compulsory health insurance system. It provides a general overview of the legal situation regarding health insurance current on 1 January 2018. The legal provisions in force at any given time are decisive. The insurance providers (health insurance funds) can give you more information on an individual basis.

Definition of terms

Health insurance fund: An organization that provides health insurance under the compulsory health insurance system. The health insurance funds are non-profit organizations and have to be recognized by the Federal Department of Home Affairs. They are able to offer top-up insurance to complement the basic insurance if they wish.

Compulsory health insurance under the Health Insurance Law: This insurance ensures that everyone has access to high-quality, comprehensive health care. It offers the same range of services and benefits to all insured people. This brochure has been designed to inform you about this kind of insurance.

Top-up insurance: This is voluntary and covers a higher level of amenities (e.g. care in a semi-private or private ward in hospital) or additional services and benefits (treatment by naturopaths, routine dental treatment etc.). Premiums may be based on the "risk" that an individual represents to the health insurance fund. The health insurance fund may refuse to insure certain people or may attach conditions to the insurance policy because of the individual's state of health. ■

Do I have to have insurance?

Yes. Health insurance is compulsory in Switzerland

You need health insurance:

- if you are resident in Switzerland, irrespective of your nationality. All the members of your family, both adults and children, require insurance;
- if you are a national of another country and have a Swiss residence permit valid for three months or longer;
- if you are a national of another country, are working in Switzerland for less than three months and do not have comparable insurance cover from another country which is valid in Switzerland;
- if you have come to Switzerland intending to take up residence;
- if you are a Swiss national or a national of an EU/EFTA country, are working in Switzerland and are resident in a member state of the EU, in Iceland or in Norway. This also applies to any members of your family who are not employed;
- if you are a Swiss national or a national of an EU/EFTA country whose only source of income is a Swiss pension or unemployment benefits and are resident in a member state of the EU, in Iceland or in Norway. This also applies to any members of your family who are not employed.
- If you are an employee and are temporarily sent abroad by your Swiss employer. This also applies to any members of your family who are not employed.

No, there are certain exceptions from the obligation to take out compulsory health insurance or situations where you may be exempt

In some instances you do not need health insurance despite the fact that you live in Switzerland, e.g.

- if you work in an EU/EFTA state;
- if you exclusively draw a pension from an EU/EFTA state;
- as a member of a diplomatic or consular mission or if you are employed by an international organization which has a prior claim on the basis of international law.

Furthermore, some people may be exempt from compulsory health insurance if they have equivalent health insurance coverage, e.g.

- if you come to Switzerland temporarily to study;
- if for example you are a cross-border commuter or a pensioner residing in an EU-/EFTA member state and you have the option to be insured in either country. This is possible for people who reside in Germany, France, Italy or Austria

Petitions for exemption from compulsory health insurance should be directed at the competent cantonal authority within three months of the beginning of the compulsory health insurance (the addresses can be found on pages 21 and 22) or if you are a pensioner living in an EU-/EFTA member state, at the Common institution (www.kvg.org/en/exemption-content-1-1036.html).

(See brochure "Social security in Switzerland" which can be downloaded at: www.bsv.admin.ch/bsv/en/home/publications-and-services/publikationen/broschueren.html)

Where can I obtain insurance?

Compulsory health insurance can be obtained from any branch of the approximately 60 health insurance funds operating in Switzerland. Not all of these health insurance funds are able to offer insurance to people who live in an EU country, in Iceland or in Norway. The cantonal authorities (see Addresses on page 21) can provide further information on the requirement for health insurance and exceptions to this requirement.

When do I have to take out insurance?

The health insurance will reimburse you retroactively for any health-related expenses incurred up to the time your insurance coverage began as long as you register yourself or your new born child in due time with an insurance provider within three months of taking up residence or giving birth in Switzerland.

Since expenses are reimbursed retroactively, consequently it is mandatory to pay the premiums retroactively from the beginning of coverage on.

If you wait longer than three months after taking up residence or giving birth in Switzerland, you will have to pay a surcharge, and expenses that you have already incurred will not be reimbursed.

What services and benefits does my health insurance cover?

Services provided by a doctor:

Compulsory health insurance will normally pay for all treatments carried out by a doctor. Before a doctor examines or treats a patient, he/she should inform the patient whether the procedures that he/she is about to perform will be covered.

In addition, your health insurance covers other services (physiotherapy, nursing care on an outpatient basis (SPITEX) or in a nursing home, nutritional advice, advice for diabetic patients, speech therapy, occupational therapy and neuropsychology) provided by health care professionals at a doctor's request. It also covers examinations (e.g. analyses, X-rays) requested by a doctor. Psychotherapy is covered subject to certain conditions. Please ask your doctor or health insurance fund for more information about the level of reimbursement provided by your insurance. You should also talk to your doctor or health insurance fund if you are in any doubt about whether your insurance covers a particular form of medical treatment. Basic insurance does not cover treatment methods whose efficacy or suitability is questionable or whose cost far exceeds any benefit that may be expected or will only cover them under certain conditions.

Complementary medicine:

- acupuncture
- anthroposophical medicine
- traditional Chinese Medicine (TCM) pharmacotherapy
- medical classical homoeopathy
- phytotherapy

These complementary medical treatments are covered if they are administered by an accredited specialist physician who has done further training in the respective discipline of complementary medicine (documents are available online at www.bag.admin.ch/bag/de/home/themen/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Aerztliche-Leistungen-in-der-Krankenversicherung.html).

The drugs used for treatment will be reimbursed provided they are included on the list of pharmaceutical specialities or the list of medicines with tariff (see page 7).

In hospital :

You may choose your hospital from the hospital list kept by the canton in which you live or by the canton where the hospital is located (listed hospital). Hospital lists can be obtained from your health insurance or the cantonal Health Department. If you choose to receive treatment in a listed hospital that is not on the list of your canton of residence, the costs for stay and treatment in the **general ward** will be covered only up to the amount that would be reimbursed for the same treatment in a hospital on the list of your canton of residence. If the treatment in a hospital that is not on the list of your canton of residence is medically necessary (emergency, special treatment), the costs for stay and treatment in the general ward of that hospital are covered in their entirety by compulsory health insurance.

Additional costs for treatment or stays in a private or semi-private ward will be at your own expense or covered by a possible supplementary insurance.

Medicines :

Your health insurance covers the cost of all medicines which are prescribed by a doctor and which appear in the “**List of pharmaceutical specialities**” (see page 26). Around 2,500 medicines are currently covered by the compulsory health insurance system, and the list is constantly being revised in the light of medical progress. Compulsory health insurance also covers medicines prepared (usually at the pharmacy) as so-called extemporaneous preparations, as long as the ingredients are included in the list of medicines with tariff (see page 26).

Pharmacists are permitted to dispense generic products instead of proprietary medicines unless the doctor specifically prescribes a branded product. Generics are “copies” of branded products which are of the same quality but generally less expensive; they contain the same active ingredients (see page 26).

Preventive healthcare:

Your health insurance covers the cost of various procedures and examinations designed to protect your health (preventive healthcare), such as in particular:

- **Various vaccinations** in accordance with the guidelines and recommendations of the Swiss Vaccination Plan (cf. www.bag.admin.ch/bag/de/home/service/publikationen/broschueren/publikationen-uebertragbare-krankheiten/ch-impfplan.html) for example against:
 - Vaccinations against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, type-B Haemophilus Influenzae and chickenpox, and against measles, mumps and rubella (German measles) (MMR).
 - Vaccination against hepatitis B and – for certain risk groups – hepatitis A
 - Vaccination against influenza for people aged 65 or over and people at increased risk of complications in the event of an influenza infection
 - Vaccination against tick-borne encephalitis (TBE).
 - Vaccination against cervical cancer for school-age girls and young women up to the age of 26 and against other types of cancer caused by the human papillomavirus for boys and men between the ages of 11 and 26, if provided as part of a cantonal vaccination programme. No deductible is due for this vaccination.
 - Your insurance does not cover special travel-related vaccinations or prophylactic medicines required for travel, such as yellow fever vaccination or malaria prophylaxis.
- Eight examinations to monitor the health and normal **development of children** of pre-school age.
- **Gynaecological screening examinations** (including pap smears): once every three years if the two preceding annual check-ups were normal, otherwise as required.
- **Mammography** to detect breast cancer:
 - digital mammography of the breast (MRI of the breast) for women with a moderate to high risk of breast cancer based on their or their family's medical history;
 - screening mammography once every two years for women from their 50th birthday, when the examination is carried out under a cantonal or regional screening program that meets certain quality assurance requirements. These programs are operating in the cantons of Bern, Basel Stadt, Fribourg, Geneva, Jura, Neuchâtel, Vaud, Valais, Ticino, Grisons, St. Gall and Thurgau (further information may be obtained from your doctor or online at www.swisscancerscreening.ch).
- **Screening for cancer of the colon** in men and women aged 50 to 69. Examinations to detect the presence of faecal occult blood once every two years, including the necessary laboratory analyses, or a colonoscopy every ten

years. No deductible is payable if the examination is carried out as part of early-detection programs in the cantons of Geneva, Jura, Neuchâtel, Uri or Vaud or in the Bernese Jura administrative district.

Important: All these measures are designed to prevent illness and are paid for by the compulsory health insurance program even if no disease is currently suspected. If your doctor finds evidence of disease, he or she can carry out examinations as he or she deems necessary, and these will be paid for by the health insurance program.

Maternity:

- **Pregnancy:** Your compulsory health insurance covers the cost of seven routine antenatal examinations carried out by a doctor or a midwife and two ultrasound examinations (one between the 12th and 14th weeks of pregnancy and one between the 20th and 23rd weeks). In high-risk pregnancies your insurance will cover as many examinations and ultrasound examinations as necessary.
- The prenatal test in the first trimester to detect the risk of Down's, Edwards and Patau syndrome by measuring the nuchal translucency using ultrasound (between the 12th and 14th weeks), by determining the level of certain factors in the mother's blood and on the basis of other factors linked to the foetus and the mother (such as her age).
- A non-invasive prenatal diagnosis (NIPD) test will be covered to detect Down's, Edwards or Patau syndrome from the 12th week of pregnancy if there is an elevated risk of Down's, Edwards or Patau syndrome. Elevated risk is defined as a risk of at least 1:1000. A positive result from the NIPD should be confirmed by amniocentesis.
- Your compulsory health insurance pays CHF 150 towards the cost of individual or group antenatal classes held by midwives or a consultation with a midwife.
- **Birth:** Your compulsory health insurance pays for the birth of your baby at home, in a hospital or a birth centre, provided the latter two institutions are listed on the hospital list of your canton of residence (cf. p. 7 on hospitalisation). Care by a doctor or a midwife are included in the benefits.
- After the birth, your insurance covers
 - one post-natal examination between the 6th and 10th weeks after the baby is born carried out by a doctor or a midwife:
 - three breast-feeding advice sessions provided by midwives or specially trained nursing staff.
 - the follow-up carried out by a midwife and consisting of home visits to monitor the mother's and the baby's health and to care for them. A maximum of 16 home visits are paid for during the 56 days following a premature birth, multiple birth, the first baby or following a caesarean section, or a maximum of 10 home visits in all other cases. In the 10 days following the birth, the midwife may organise a second visit the same day on up to 5 occasions. A prescription is required for additional visits beyond the period of 56 days following the birth.

Hospital care for your new born baby:

The hospital and nursing costs incurred for a healthy new born baby while its mother is still in hospital are part of the mother's maternity benefits, i.e. they are covered by the mother's health insurance (there is no cost-sharing). However, if the baby is or becomes ill, the associated costs are covered by the baby's insurance (with cost-sharing).

Physiotherapy:

Your compulsory health insurance covers physiotherapy if it is prescribed by a doctor and carried out by a registered physiotherapist. Your doctor can prescribe up to 9 sessions, wherein the first treatment must be carried out within five weeks of the doctor's order. If necessary, your doctor can write a prescription for the therapy to be continued.

In contrast to physiotherapy, the cost of treatment provided by a **chiropractor** is covered even if it is not prescribed by a doctor.

Glasses and contact lenses:

The compulsory health insurance will pay an amount up to CHF 180 per year towards lenses for glasses and contact lenses for children and adolescents up to the age of 18 (if prescribed by an ophthalmologist).

In the case of serious visual impairment or certain illnesses, for example illness related refraction anomalies, post-surgical adjustments or corneal disease, the compulsory health insurance will cover, regardless of the age of the insured, a higher amount towards lenses for glasses and contact lenses. Further information can be provided by your health insurance or your ophthalmologist.

Like the other benefits provided by your health insurance, the patient is required to pay a contribution towards the cost of lenses for glasses and contact lenses (see page 12).

Medical aids and devices:

Your health insurance covers medically prescribed aids and appliances, such as bandages, fixed dressings, inhalers and respiratory therapy devices or incontinence aids, which appear in the published list of aids and devices (see page 26) up to a certain maximum amount.

Like the other benefits provided by your health insurance, the patient is required to pay a contribution towards the cost of aids and devices (see page 12).

Dental treatment:

The compulsory health insurance program only covers dental treatment for patients who develop a serious mouth or jaw disorder or in connection with a severe generalized disorder (e.g. leukaemia, heart-valve replacement) if this treatment is necessary to support and ensure the success of medical treatment being given, or if dental treatment is required after an accident and the patient has no other insurance that will cover the costs. The insurance does not cover the cost of conventional fillings in decayed teeth or the correction of misaligned teeth (braces for children).

Accidents:

- If you work at least 8 hours per week, you are insured through your employer against work-related and non-work-related accidents under the Accident Insurance Law. If you have an accident, this insurance will provide benefits.
- If you do not have compulsory accident insurance, you will need to take out accident insurance with the company that provides your health insurance. This will increase your insurance premium slightly. If you have an accident, your health insurance must then provide the same benefits as it would if you were ill.

Spa treatments:

Your health insurance fund pays CHF 10 per day (for up to 21 days per year) if the spa treatment is prescribed by a doctor and is carried out at a registered medicinal spa centre (ask your health insurance fund for more information). Additional costs for medical treatment, physiotherapy or medication, for example, are reimbursed separately.

Nursing care at home (Spitex) or in a nursing home:

If you need nursing care at home or in a nursing home after an operation or because of a medical condition, your compulsory health insurance will make a contribution to the cost of physician-prescribed care services that are based on an established need of care (e.g. injections, changing dressings, cleaning and treating wounds, checking pulse and blood pressure, counselling on taking medications and using medical devices, foot care for diabetics).

You usually have to cover a certain, limited amount of nursing care costs yourself; the remaining costs that need to be covered will be handled by the canton or community in which you live. Further information may be obtained from the community in which you live, your Spitex organisation or nursing home.

Like the other benefits provided by your health insurance, the patient is required to pay a contribution towards the cost of nursing care (see page 12).

However, the health insurance does not cover the cost of home helps (who cook, clean or shop for you, for example), nor does it cover board and accommodation in a nursing home; these costs are the responsibility of the insured person.

Pensioners on a low income can apply for supplementary benefits (see leaflets 5.01 and 5.02 issued by the AHV/IV Information Office, available from your benefits office or online at

www.ahv-iv.ch/de/Merkblätter-Formulare/Merkblätter/Ergänzungsleistungen-zur-AHV-und-IV).

Medical transport and rescue:

- Special transport may be needed to take you for treatment (e.g. an ambulance, taxi). Your compulsory health insurance covers half the cost of this kind of transport up to a maximum amount of CHF 500 per year.
- Health insurance also covers half the cost of rescuing you if you are in mortal danger (e.g. after a mountaineering accident or a heart attack) up to an annual maximum amount of CHF 5,000 (applies only in Switzerland).

Necessary treatment in an EU/EFTA country:

In EU/EFTA countries, the European Health Insurance Card issued by your health insurer entitles you to any medical services that are considered essential, taking account of the type of service and the proposed length of your stay (e.g. doctor, hospital, transport). Your medical insurance will cover the costs of the same medical services as would be provided to a resident of the country in question.

Depending on the country, the treatment costs will either be paid by the local organization and then invoiced to your health insurer in Switzerland for reimbursement, or you will be asked to pay for the treatment and can later request reimbursement from your health insurance fund

(www.bag.admin.ch/bag/de/home/themen/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Leistungen-im-Ausland/Behandlungen-im-Ausland-fuer-Versicherte-mit-Wohnsitz-in-der-Schweiz.html).

Insured people who are resident in an EU country, in Iceland or in Norway can find more information at www.bsv.admin.ch/bsv/en/home/informations-for/versicherte/int.html.

Emergency treatment in a country outside the EU/EFTA:

If you require emergency treatment in a country that is not a member of the EU or EFTA, for example if you become ill while on holiday, your health insurance fund will cover costs up to twice the amount that the same treatment would have cost in Switzerland. In case of in-patient treatment the insurer will only reimburse up to 90% of the costs that would have arisen for hospitalization in Switzerland (the reason: in the case of hospital treatment in Switzerland, at least 55% of the costs are borne by the cantons, which is not the case for hospital stays abroad). Additional travel insurance may be necessary for certain countries (e.g. the USA, Australia, and Asia) in which treatment and medical transport is more expensive. Enquire with your insurer.

Your health insurance will cover 50% of the costs of medically necessary transportation up to a maximum of CHF 1,000 per year.

If I live in an EU-/EFTA member state:

If you are insured in Switzerland and are living in an EU-/EFTA member state, you have the right to choose the place of treatment, i.e. you have the option of being treated in your country of residence or in Switzerland

Important: All the treatments in the above list are covered by your compulsory health insurance; top-up insurance is not required in these cases. However, the list of benefits and benefit providers is not exhaustive. Ask your health insurance fund if you need more information about specific benefits that do not feature in this list. ■

What costs do I have to pay myself?

Premiums

Each person pays his or her own premium, known as a “capitation premium”. Premiums have to be paid generally every month and in advance.

Due to a new ruling by the Federal Court the insurer has to calculate exactly by the day and not by the entire month.

The health insurance funds offer reduced premiums for children and adolescents (from 0 to 18 years) and young adults (19 to 25). The premiums are not dependent on a person’s income, but they do vary from one health insurance fund to another, from canton to canton, and from country to country for people living in an EU country, in Iceland or in Norway. The health insurance funds can employ a maximum of three regional premium levels within a single canton or a single EU/EFTA country. All insurance providers are bound by the standardized definition of cantonal premium regions determined by the Swiss Federal Office of Public Health.

Individuals on a low income are entitled to reduced health insurance premiums (cf. Addresses on page 18).

Cost-sharing

A portion of treatment costs is paid by the insured. This portion consists of:

- a standard **deductible** of CHF 300 per year; children and adolescents up to 18 years of age do not pay a standard deductible;
- a **retention fee** of 10 percent of the remaining invoiced amount up to a maximum of CHF 700 per year (CHF 350 for children and adolescents). Exception (medicines): the retention fee is 20 percent for medicines if an equivalent lower-cost (by a certain margin) medicine exists. These may be proprietary preparations or generics with an increased retention fee. Your doctor or pharmacist can provide you with further information.

The standard direct contribution to costs is therefore a maximum of CHF 1,000 per year for adults and CHF 350 for children and adolescents.

Important: This amount is different if the individual selects a higher optional deductible.

Example:

The cost of the treatment you receive in the course of a year (doctor, hospital, medicines etc.) is CHF 2,000 in total. You pay a deductible of CHF 300 plus 10 percent of the remaining amount, i.e. a total of CHF 470 (CHF 300 + 10 percent of CHF 1,700 = CHF 470). Your health insurance covers the remaining CHF 1,530.

Maternity

Maternity costs (range of benefits, page 9) are exempt from deductible. In addition to that, women will no longer need to pay towards the cost of general medical services and care services in the event of illness from the 13th week of pregnancy until eight weeks after the birth. They must therefore no longer contribute to the cost of treatment, regardless of any diseases occurring during pregnancy.

Mammography

No deductible is payable for mammography carried out for the early detection of breast cancer as part of a cantonal or regional program (see page 7). Ask your doctor or health insurance fund for more details.

Screening for cancer of the colon

No deductible is payable if the examination (see page 7) is carried out as part of early-detection programmes in the cantons of Geneva, Jura, Neuchâtel, Uri or Vaud or in the Bernese Jura administrative district.

Hospital stays

The daily contribution to the costs of the hospital stay is CHF 15.00. Children under 18 years, young adults (up to the age of 25) in training and women receiving maternity services are exempt from the hospital contribution. The contribution to the costs of the hospital is not limited to any specific amount.

Important: Benefits provided in an EU country, in Iceland or in Norway are subject to the cost-sharing regulations in effect in those countries. ■

How can I save on insurance premiums?

Compare health insurance funds

You will not incur any penalty if you change from one health insurance fund to another that is better suited to your needs. The range of benefits provided under the compulsory health insurance program is the same everywhere; the only difference between the health insurance funds is the level of service they provide. Some are faster at reimbursing costs, for example, or provide more comprehensive advice. Certain health insurance funds also require policy holders to pay for medication costs out of pocket before they are reimbursed. All health insurance funds are obliged to accept you as a member.

Overview of premiums

Every October the SFOPH publishes a list of the premiums for basic health insurance in each of the cantons, for the EU countries and for Iceland and Norway. The list is available to everybody and can be obtained free of charge from the SFOPH or downloaded from the Internet (see page 26).

Cancellation periods

- If you have a basic insurance policy with the standard deductible of CHF 300, you can cancel this policy with three months' notice at the end of June or December in any year. This means that your notice of cancellation must reach your health insurance fund by 31 March or 30 September in order to be effective (see sample letter 1, page 24).
- If you have a health insurance policy with a higher deductible or with a restricted choice of doctors/hospitals, you can only cancel it at the end of the year, usually with three months' notice, i.e. your notice of cancellation must reach the health insurance fund by 30 September to be effective (see sample letter 1, page 24).
- If your **health insurance fund notifies you a new premium**, you can change to another insurance provider by giving **just one month's notice** to the end of the month preceding the month in which the new premium will start. This applies no matter whether the new premium approved by the SFOPH has been increased or whether you have an insurance policy with an HMO/general practitioner model, model with prior telephonic advice or an optional deductible. Your health insurance provider must inform you of the new premium at least two months in advance. The health insurance provider is also required to inform you of your cancellation rights when notifying you of the new premium (see sample letter 1, page 24).
- You can only change to a different deductible rate or to a different form of insurance (HMO/general practitioner model, model with prior telephonic advice) at the start of the year (see sample letter 2, page 24).

Example:

If you want to change your previous basic health insurance to a different insurance provider, your previous health insurance must receive your notice no later than 30 November, irrespective of whether the insurer has increased your premium or whether you have taken out an insurance policy (GP network, HMO center, general practitioner model, tele medical services, optional deductible rate or a bonus insurance). The decisive factor is that your health insurance provider must have informed you by 31 October that a new premium approved by the SFOPH will be coming into effect.

Important: Make sure you cancel your existing insurance in good time (see sample letter 1, page 24). The cancellation of the basic health insurance should be received by the insurance provider within the deadline by registered mail. The date on the postmark is of no relevance. It is recommended to send the letter of cancellation by mid-March respectively mid-November. Complete all the necessary paperwork before you join the new health insurance fund. Your insurance will not be transferred until the month in which the new insurer informs the previous insurer that the continuity of your insurance cover will not be interrupted. Without this information, the change will not be effective. ■

Take a critical look at top-up insurance

The basic health insurance program ensures comprehensive, high-quality medical care for everyone. Look carefully at what top-up insurance offers compared with the benefits to which you are automatically entitled under the basic insurance program.

Important: Never cancel a top-up insurance policy without obtaining detailed information from another health insurance fund about its conditions for accepting members. Insurance providers can refuse top-up insurance to certain individuals; they can charge premiums on the basis of age and gender; and they can attach conditions to the insurance policy because of the individual's state of health. Compare the conditions that a new insurance provider is offering for top-up insurance. Pay particular attention to the extent of the benefits being offered; they can differ from one health insurance fund to the next.

Cancellation period: Compare the conditions attached to the policy. In general the cancellation period for the top-up insurances differs from the cancellation period for the basic health insurance. ■

Choose a special form of insurance

If you choose one of the following special forms of insurance your premium will be lower (cf. overview of premiums published by the SFOPH, see page 26).

Restricted choice of doctors and hospitals

You can save on premiums by opting for HMO (Health Maintenance Organization) insurance or a general practitioner model. In return, you give up the right to choose your doctors and hospitals freely and receive treatment at an HMO centre (e.g. a group practice). In the general practitioner model you undertake always to consult your GP first; he or she will then decide whether you need treatment from a specialist. This restriction does not apply in an emergency. Look at the insurance conditions for more information (cf. overview of premiums published by the SFOPH; list of registered insurance providers on page 26).

The discounts are granted on the premium for standard insurance with accident cover. If you combine this form of insurance with an optional deductible rate, you may not be able to take full advantage of these discounts because of the regulations governing the minimum premium (see page 16).

Choose a higher deductible rate

The health insurance fund will offer you a lower premium if you raise the deductible rate, i.e. the fixed annual sum that you pay towards the cost of your treatment, above the compulsory minimum level of CHF 300. The size of the discount is determined by the deductible rate. The optional deductible can only be increased with effect from 1 January in any year and remains in effect for at least one year. The discount depends on the deductible rate, but the maximum discount is regulated by law.

The optional deductible rates for adults are CHF 500, 1,000, 1,500, 2,000 and 2,500; for children they are CHF 100, 200, 300, 400, 500 and 600. The health insurance funds are not obliged to offer all deductible rates. They may offer different deductibles for adults and young adults (from the 18th birthday to the 25th birthday). Premium discounts for optional deductibles:

- The health insurance fund must charge a minimum premium of 50 percent of the standard premium with accident insurance cover applicable to the age group and premium region of the individual in question. The premium must not be less than this amount, not even if the insurance does not provide accident cover or is combined with a policy that restricts the individual's choice of service provider.
- In addition, the discount must not exceed 70 percent of the additional risk accepted by the insured individual. The corresponding amounts (in CHF) are shown in the table below. The first line shows the deductible; the second line shows the maximum annual discount. However, the maximum discount can only be offered if the resulting premium is at least equal to the minimum statutory premium.

Adults					Children					
500	1000	1500	2000	2500	100	200	300	400	500	600
140	490	840	1190	1540	70	140	210	280	350	420

Further forms of insurance

Several insurance providers offer different forms of insurance (e.g. model with prior telephonic advice or combined insurance models). Ask your health insurance provider for further details.

Join a bonus insurance program

Your premium is reduced gradually for every year that you do not submit any invoices to the health insurance fund for reimbursement. The starting premium is 10 percent higher than the standard premium. It can then fall to 50 percent of the starting premium within 5 years.

Important: The special forms of insurance are not available to individuals resident in an EU country, in Iceland or in Norway. ■

Exclude accident insurance cover

... if you work at least 8 hours per week; in this case you are covered against work-related and non-work-related accidents through your employer under the Accident Insurance Law (cf. sample letter 3, page 24).

Ask for your premiums to be refunded during military service

You can suspend your insurance during periods of service lasting longer than 60 consecutive days (e.g. basic military training, community service, protection and support (P&S) service). During these periods, the risk illness and the risk accident are covered by military insurance. Your health insurance fund will refund your premiums. The competent military or community authorities inform you about the procedure.

What can I do if there is a problem?

Ask for an explanation

The health insurance funds have a legal obligation to provide information; they are required to assist you if you have questions or are uncertain about anything.

Contact the ombudsman

or an advice organization. The ombudsman for the social health insurance system or one of the consumer advice organizations may be able to help you (Addresses on page 23).

Ask for a response in writing

You can ask your health insurance fund to send you a written response containing the justification for a decision that has been taken and information on your legal rights (cf. sample letter 4, page 24f.).

Consider appealing

You can lodge a formal appeal against the health insurance fund's decision within 30 days (either orally or, preferably, in writing; cf. sample letter 5, page 24f.). The health insurance fund is then required to send you a response to your appeal with the justification and information on your further legal rights.

Consider a complaint

You can lodge a written complaint against the health insurance fund's response to your appeal with the Cantonal Insurance Court within 30 days. You can also lodge a complaint if the health insurance fund fails to send you the requested decision or response to your appeal.

Important: This procedure is free of charge. You can only lodge a complaint with the Cantonal Insurance Court if you have already appealed formally (orally or in writing) to the health insurance fund. ■

And finally ...

If you do not agree with the Cantonal Insurance Court's verdict, you can lodge a further written complaint with the Division of social legislation of the Federal Court in Lucerne within 30 days. The verdict of the Federal Court is final and not open to appeal.

Cantonal offices responsible for reduced premiums

1. Cantonal offices

Canton	Address	Phone/Fax/E-mail/Internet
AG Aargau	Gemeindezweigstelle der Sozialversicherungsanstalt des Kantons Aargau in der Wohngemeinde	☎ 062 836 81 81 ☎ 062 836 81 99 @ ipv@sva-ag.ch 🌐 www.sva-ag.ch
AI Appenzell- Innerrhoden	Gesundheitsamt des Kantons AI Hoferbad 2 9050 Appenzell	☎ 071 788 94 52 ☎ 071 788 94 58 @ info@gsd.ai.ch 🌐 www.ai.ch
AR Appenzell- Ausserrhoden	Sozialversicherungen Appenzell Ausserrhoden Neue Steig 15 Postfach 9102 Herisau	☎ 071 354 51 51 ☎ 071 354 51 52 @ info@sovar.ch 🌐 www.sovar.ch
BE Bern	Amt für Sozialversicherungen Forelstrasse 1 3072 Ostermundigen	☎ 0844 80 08 84 ☎ 031 633 77 01 @ asv.pvo@jgk.be.ch 🌐 www.jgk.be.ch
BL Basel-Landschaft	Sozialversicherungsanstalt Basel- Landschaft Hauptstrasse 109 4102 Binningen	☎ 061 425 25 25 ☎ 061 425 25 00 @ info@sva-bl.ch 🌐 www.sva-bl.ch
BS Basel-Stadt	Amt für Sozialbeiträge Grenzacherstrasse 62 4005 Basel	☎ 061 267 87 11 @ asb-pv@bs.ch 🌐 www.asb.bs.ch
FR Fribourg	Caisse de compensation du canton de Fribourg Impasse de la Colline 1 Case postale 176 1762 Givisiez	☎ 026 305 52 52 ☎ 026 305 52 62 @ ecasfrppi@fr.ch 🌐 www.caisseavsfr.ch
GE Genève	Service de l'assurance-maladie Route de Frontenex 62 1207 Genève	☎ 022 546 19 00 ☎ 022 546 19 19 @ sam@etat.ge.ch 🌐 www.geneve.ch/sam
GL Glarus	Kantonale Steuerverwaltung Abteilung IPV Hauptstrasse 11/17 8750 Glarus	☎ 055 646 61 50 ☎ 055 646 61 98 @ steuerverwaltung@gl.ch 🌐 www.gl.ch
GR Graubünden	Sozialversicherungsanstalt des Kantons Graubünden Ottostrasse 24 7000 Chur	☎ 081 257 41 11 ☎ 081 257 42 22 @ info@sva.gr.ch 🌐 www.sva.gr.ch
JU Jura	Caisse de compensation du canton du Jura Rue Bel-Air 3 Case postale 368 2350 Saignelégier	☎ 032 952 11 11 ☎ 032 952 11 01 @ mail@ccju.ch 🌐 www.caisseavsjura.ch
LU Luzern	Ausgleichskasse Luzern Würzenbachstrasse 8 Postfach 6000 Luzern 15	☎ 041 375 05 05 ☎ 041 375 05 00 @ info@ahvluzern.ch 🌐 www.ahvluzern.ch
NE Neuchâtel	Service de l'action sociale Espace de l'Europe 2 Case postale 752 2002 Neuchâtel	☎ 032 889 66 00 ☎ 032 889 60 89 @ Service.ActionSociale@ne.ch 🌐 www.ne.ch

NW Nidwalden	Ausgleichskasse Nidwalden Stansstaderstrasse 88 Postfach 6371 Stans	☎ 041 618 51 00 ☎ 041 618 51 01 @ info@aknw.ch 🌐 www.aknw.ch
OW Obwalden	Gesundheitsamt St. Antonistrasse 4 Postfach 1243 6061 Sarnen	☎ 041 666 63 05 ☎ 041 666 61 15 @ praemienverbilligung@ow.ch 🌐 www.ow.ch
SG St. Gallen	AHV-Zweigstelle der Gemeinde oder SVA St. Gallen Brauerstrasse 54 9016 St. Gallen	☎ 071 282 66 33 ☎ 071 282 69 10 @ info@svasg.ch 🌐 www.svasg.ch
SH Schaffhausen	Sozialversicherungsamt Schaffhausen Oberstadt 9 8200 Schaffhausen	☎ 052 632 61 11 ☎ 052 632 61 99 @ info@svash.ch 🌐 www.svash.ch
SO Solothurn	Ausgleichskasse des Kantons Solothurn Allmendweg 6 4528 Zuchwil Postadresse: Postfach 116 4501 Solothurn	☎ 032 686 22 09 @ ipv@akso.ch 🌐 www.akso.ch
SZ Schwyz	Ausgleichskasse Schwyz Abteilung Leistungen (KVG) Postfach 53 6431 Schwyz	☎ 041 819 04 25 ☎ 041 819 05 25 @ ipv@aksz.ch 🌐 www.aksz.ch
TG Thurgau	Commune of residence	@ gesundheit@tg.ch 🌐 www.gesundheit.tg.ch
TI Ticino	Ufficio delle prestazioni Servizio sussidi assicurazione malattia Viale Stazione 28a 6500 Bellinzona	☎ 091 821 93 11 ☎ 091 821 92 99 @ sussidi@ias.ti.ch 🌐 www.ti.ch
UR Uri	Amt für Gesundheit Klausenstrasse 4 6460 Altdorf	☎ 041 875 22 42 ☎ 041 875 21 54 @ praemienverbilligung@ur.ch 🌐 www.ur.ch/praemienverbilligung
VD Vaud	Office vaudois de l'assurance-maladie Ch. de Mornex 40 1014 Lausanne	☎ 021 557 47 47 ☎ 021 557 47 50 @ info.ovam@vd.ch 🌐 www.vd.ch
VS Valais	Caisse de compensation du canton du Valais / Service des Allocations Av. Pratifori 22 1950 Sion	☎ 027 324 91 11 ☎ 027 607 01 51 @ info@avs.vs.ch 🌐 www.avs.vs.ch
ZG Zug	Ausgleichskasse des Kantons Zug Baarerstrasse 11 Postfach 6302 Zug	☎ 041 560 47 00 ☎ 041 560 47 42 @ info@akzug.ch 🌐 www.akzug.ch
ZH Zürich	Sozialversicherungsanstalt des Kantons Zürich Röntgenstrasse 17 Postfach 8087 Zürich For the city of Zurich: Städtische Gesundheitsdienste Walchestrasse 31 Postfach 8021 Zürich	☎ 044 448 50 00 ☎ 044 448 55 55 @ info@svazurich.ch 🌐 www.svazurich.ch ☎ 044 412 11 11 ☎ 044 412 23 93 @ sgd@zuerich.ch 🌐 www.stadt-zuerich.ch

2. Common institution under the federal health insurance act

The Common institution is responsible for reducing premiums for the insured who live in a member state of the European Union, in Iceland or in Norway and who receive a Swiss pension, and for their family members who are insured in Switzerland (Art. 66a KVG).

Institution	Address	Phone/Fax/E-mail/Internet
Gemeinsame Einrichtung KVG	Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org

Cantonal offices which deal with requests for exemption from compulsory insurance

Canton	Address	Phone / Fax / E-mail / Internet
AG Aargau	Gemeinsame Einrichtung KVG Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org
AI Appenzell- Innerrhoden	Gesundheitsamt des Kantons AI Hoferbad 2 9050 Appenzell	☎ 071 788 94 52 ☎ 071 788 94 58 @ info@gsd.ai.ch 🌐 www.ai.ch
AR Appenzell- Ausserrhoden	Gemeinsame Einrichtung KVG Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org
BE Bern	Amt für Sozialversicherungen Forelstrasse 1 3072 Ostermundigen	☎ 031 633 76 55 ☎ 031 633 76 71 @ info.asv@jgk.be.ch 🌐 www.jgk.be.ch
BL Basel-Landschaft	Gemeinsame Einrichtung KVG Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org
BS Basel-Stadt	Gemeinsame Einrichtung KVG Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org
FR Fribourg	Commune of residence or work (frontier commuters)	
GE Genève	Service de l'assurance-maladie Route de Frontenex 62 1207 Genève	☎ 022 546 19 00 ☎ 022 546 19 19 @ sam@etat.ge.ch 🌐 www.ge.ch/sam
GL Glarus	Gemeinsame Einrichtung KVG Gibelinstrasse 25 Postfach 4503 Solothurn	☎ 032 625 30 30 ☎ 032 625 30 90 @ info@kvg.org 🌐 www.kvg.org
GR Graubünden	Commune of residence or work (frontier commuters)	
JU Jura	Caisse de compensation du Canton du Jura Rue Bel-Air 3 Case postale 368 2350 Saignelégier	☎ 032 952 11 11 ☎ 032 952 11 01 @ mail@ccju.ch 🌐 www.caisseavsjura.ch
LU Luzern	Ausgleichskasse Luzern Würzenbachstrasse 8 Postfach 6000 Luzern 15	☎ 041 375 05 05 ☎ 041 375 05 00 @ info@ahvluzern.ch 🌐 www.ahvluzern.ch
NE Neuchâtel	Office cantonal de l'assurance maladie Espace de l'Europe 2 Case postale 716 2002 Neuchâtel	☎ 032 889 66 30 ☎ 032 889 60 92 @ Office.AssuranceMaladie@ne.ch 🌐 www.ne.ch
NW Nidwalden	Ausgleichskasse Nidwalden Stansstaderstrasse 88 Postfach 6371 Stans	☎ 041 618 51 00 ☎ 041 618 51 01 @ info@aknw.ch 🌐 www.aknw.ch
OW Obwalden	Gesundheitsamt St. Antonistrasse 4 Postfach 1243 6061 Sarnen	☎ 041 666 64 58 ☎ 041 666 61 15 @ gesundheitsamt@ow.ch 🌐 www.ow.ch

SG St. Gallen	Commune of residence or work (frontier commuters)	
SH Schaffhausen	Sozialversicherungsamt Schaffhausen Oberstadt 9 8200 Schaffhausen	☎ 052 632 61 11 ☎ 052 632 61 99 @ info@svash.ch 🌐 www.svash.ch
SO Solothurn	Amt für soziale Sicherheit Ambassadorenhof 4509 Solothurn	☎ 032 627 23 11 ☎ 032 627 76 81 @ aso@ddi.so.ch 🌐 www.so.ch
SZ Schwyz	Ausgleichskasse Schwyz Abteilung Leistungen (KVG) Postfach 53 6431 Schwyz	☎ 041 819 04 25 ☎ 041 819 05 25 @ info@aksz.ch 🌐 www.aksz.ch
TG Thurgau	Commune of residence or work (frontier commuters) Amt für Gesundheit Promenadenstrasse 16 8510 Frauenfeld	☎ 058 345 68 40 ☎ 058 345 68 41 @ gesundheit@tg.ch 🌐 www.gesundheit.tg.ch
TI Ticino	Ufficio dei contributi Settore obbligo assicurativo Via Ghiringhelli 15a 6500 Bellinzona	☎ 091 821 91 11 ☎ 091 821 92 99 @ obbligo@ias.ti.ch 🌐 www.ti.ch
UR Uri	Amt für Gesundheit Klausenstrasse 4 6460 Altdorf	☎ 041 875 21 51 ☎ 041 875 21 54 @ ds.gsud@ur.ch 🌐 www.ur.ch
VD Vaud	Office vaudois de l'assurance-maladie Ch. de Mornex 40 1014 Lausanne	☎ 021 557 47 47 ☎ 021 557 47 50 @ info.ovam@vd.ch 🌐 www.vd.ch
VS Valais	Commune of residence or work (frontier commuters)	
ZG Zug	Commune of residence or work (frontier commuters)	
ZH Zürich	Gesundheitsdirektion Kanton Zürich Prämienverbilligung / Versicherungsobligatorium Stampfenbachstrasse 30 8090 Zürich	☎ 043 259 24 38 ☎ 043 259 52 10 @ kvg@gd.zh.ch 🌐 www.gd.zh.ch

List of health insurance providers

The current overview of premiums published by the Swiss Federal Office of Public Health contains a list of registered providers of health insurance (see page 26); the list is also available on the Internet at www.priminfo.ch

List of HMO centres/networks of general practitioners

The current overview of premiums published by the Swiss Federal Office of Public Health contains a list of HMO centres and networks of general practitioners (see page 26).

Other useful addresses

- **Office of the ombudsman for the social health insurance system**, Morgartenstrasse 9, Postfach 3565, 6002 Luzern, phone 041 226 10 10 (German), 041 226 10 11 (French) and 041 226 10 12 (Italian), (advice and mediation in disputes; general advice on insurance not provided). Internet: www.om-kv.ch
- **SPO Patientenschutz** [Swiss Patients' Organisation], Häringstrasse 20, 8001 Zürich, Hotline for non-members 0900 56 70 47 (German), 0900 56 70 48 (French) (CHF 2.90/minute), Internet: www.spo.ch
- **Stiftung für Konsumentenschutz** (SKS) [Foundation for Consumer Protection], Monbijoustrasse 61, 3001 Bern, advice hotline for non-subscribers: 031 370 24 24, Internet: www.konsumentenschutz.ch
- **Konsumentenforum** kf [Swiss Consumer Forum], Belpstrasse 11, 3007 Bern, advice hotline: 031 380 50 30, Internet: www.konsum.ch
- **Dachverband Schweizerischer Patientenstellen** [Association of Swiss Patient Representation Offices], Hofwiesenstrasse 3, 8042 Zürich, Phone 044 361 92 56, Internet: www.patientenstelle.ch

Sample letters

<p>Maria Everywoman Spitalweg 6 3000 Bern Insurance number: 12.3456789.0</p> <p>By registered post</p> <p>Krankenkasse Sanissima Postfach 3000 Bern</p> <p>Bern, 15 October [year]</p> <p>Re: Compulsory health insurance: change of insurer</p> <p>Dear Sirs,</p> <p>I hereby cancel my compulsory health insurance with effect from 31 December [year]; after this date I will be insured in compliance with the Health Insurance Law by a different insurance provider.</p> <p>Yours faithfully,</p> <p>M. Everywoman</p> <p>Enclosures:</p>	<p>◀ Your name + surname</p> <p>◀ Your address</p> <p>◀ Your insurance number (shown on your insurance card)</p> <p>◀ Name/address of your health insurance fund</p> <p>◀ Use text 1 to 5 as appropriate</p>
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Use text 1 to 5 to suit your situation:

- 1 **Compulsory health insurance: change of insurer**
I hereby cancel my compulsory health insurance with effect from [date]; after this date I will be insured in compliance with the Health Insurance Law by a different insurance provider.
- 2 **Compulsory health insurance: change of deductible rate**
Please note that from 1 January [year] I would like to change the deductible rate for my compulsory health insurance to CHF [amount].
- 3 **Request to cancel accident cover** (according to Art. 8 Health Insurance Law)
Please cancel the accident cover in my compulsory health insurance. I am enclosing confirmation from my employer that I am insured against work-related and non-work-related accidents in compliance with the Accident Insurance Law.
Enclosure: Confirmation from employer

4 Request for written justification

In connection with your letter dated [date] I would be grateful if you could send me your decision in the form of a written justification in accordance with Art. 51 para. 2 ATSG.

Enclosure: Copy of the decision sent to you [not essential]

5 Appeal

I hereby appeal against your written justification dated [date] in accordance with Art. 52 para. 1 ATSG. The reasons are as follows: [list your arguments].

Enclosures:

- Copy of the decision sent to you [not essential]
- If available: evidence in support of your case

Further information

Overview of premiums

Every October, the SFOPH publishes a list of the premiums that all the health insurance funds will be charging in the coming year for each of the cantons, the EU countries, Iceland and Norway. You can obtain this list free of charge by sending a self-addressed adhesive label (no envelopes please!) to the following address:

Bundesamt für Gesundheit
Prämien-Service
3003 Bern

You can find the overview of premiums on the Internet at:
www.priminfo.ch

Health Insurance Law

The text of the Health Insurance Law and the associated ordinances is on the Internet at:

www.bag.admin.ch/bag/de/home/service/gesetzgebung/gesetzgebung-versicherungen/gesetzgebung-krankenversicherung.html

(in German, French or Italian). You can also order it from the Federal Office for Buildings and Logistics (BBL) at the following address (order number 832.10.D, F or I):
BBL, Vertrieb Bundespublikationen, 3003 Bern, Internet:
www.bundespublikationen.admin.ch

“List of pharmaceutical specialities” including list of generics and list of medicines with tariff

The lists of medicines which the health insurance funds are required to pay for (“List of pharmaceutical specialities” including the list of generics and the list of medicines with tariff) are available online

(www.bag.admin.ch/bag/de/home/themen/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Arzneimittel/Mitteilungen-zur-Spezialitaetenliste.html respectively) or can be ordered from the SFBL (order number 316.930 and 316.925, respectively):

SFBL, Distribution of Publications, 3003 Bern, Internet:
www.bundespublikationen.admin.ch/de

List of aids and devices

The official list of aids and devices is available on the Internet

(www.bag.admin.ch/bag/de/home/themen/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Mittel-und-Gegenstaendeliste.html) or can be ordered from the BBL (order number 316.940.D, F or I):

BBL, Vertrieb Bundespublikationen, 3003 Bern, Internet:
www.bundespublikationen.admin.ch

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