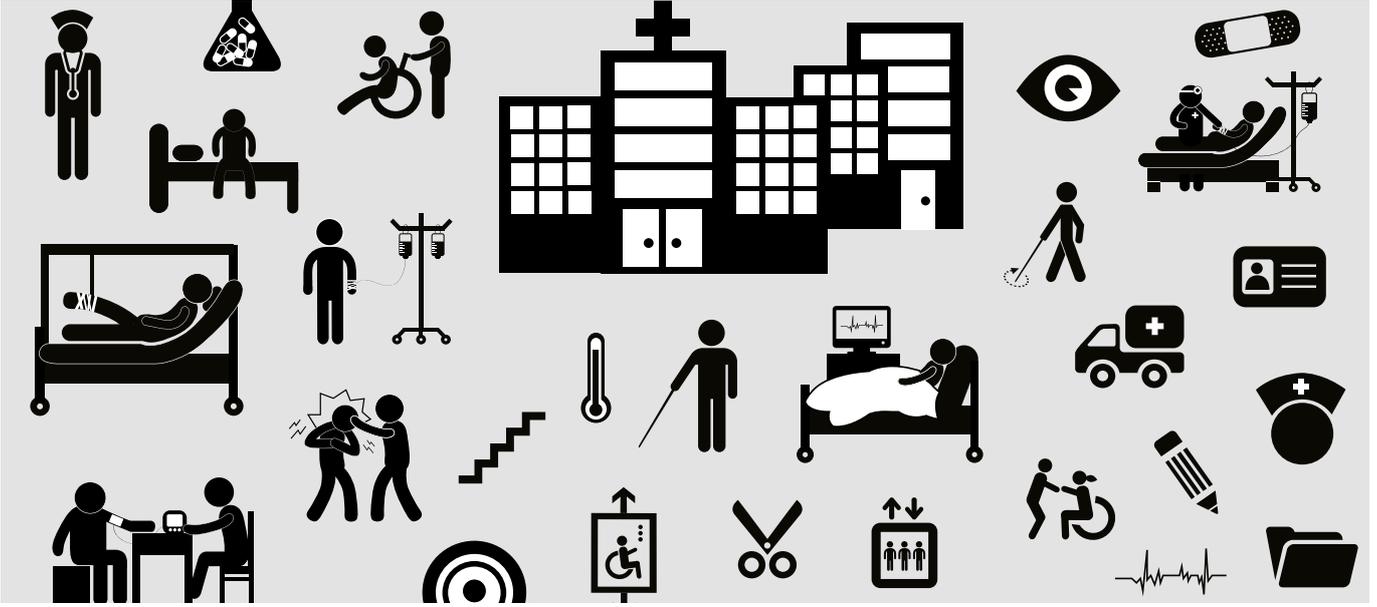


Health insurance: basic insurance



Card 1

**Is basic insurance compulsory
in the health insurance scheme?**



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- In accordance with the Swiss Federal Law on Health Insurance (KVG), basic cover is compulsory for all residents of Switzerland (adults, children and infants).
- Basic insurance cover must be in place 3 months after arrival in Switzerland or the birth of a child.
- It is not permissible for the health insurance company to refuse basic health insurance provision. It is not entitled to raise any questions regarding the customer's state of health.
- These cards only apply to basic insurance provision. Please contact the health insurance company directly for information on supplementary insurance.

Card 2

How do I contact a health insurance company?



Picture: Reto Albertalli

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- Select a health insurance company with an office nearby: if there are questions, problems or difficulties you can go there directly for information or clarification. It is possible to obtain information over the phone but you should also request written confirmation. If there is an issue of conflict: request answers in writing.
 - In the event of difficulties in making payments, please contact the health insurance company immediately and make a written request for a payment agreement or contact a debt or budget counselling service.
- Please remember: Problems do not simply disappear without taking action. The health insurance companies adhere to the legal provisions.

Card 3

Basic services provided under health insurance (KVG)



Picture: ©INTERPRET

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The following list provides a small overview of the services covered by basic health insurance: ask your health insurance provider for a complete list of services.

- outpatient treatment: doctors, chiropractors
- pregnancy, birth, emergencies, home care, nursing homes and care homes, preventive medicine (immunisation).
- medicines are only covered with a doctor's prescription. Health supplements (such as vitamins, supradyn, mebocaina, contraceptives etc.) are not covered.

Card 4

The sick person's contribution to the costs of treatment



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- The following costs must be met by the insured party for one year:
- monthly premium (see card 5)
 - franchise contribution (see card 6)
 - excess (see card 7)
 - contribution to the costs of hospitalisation (see card 8)

Card 5

What do we need to know about our premiums?



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- The premium is a fee that is payable to the health insurance company on a regular basis. Different age categories have different premiums: 0–18 years, 19–25 years, from 26 years.
- The premiums vary according to canton and even according to region. The premiums also differ depending on the health insurance provider.
- The premiums are paid in advance.
- Premium reduction by canton. Request information and make application at the relevant office (information from the municipal office).

Card 6

What is a franchise? What do I need to consider?



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- The franchise is a selectable contribution amount, which the insured party must pay in the event of illness.
- Franchises:
 - Children: CHF 0.- (100.- / 200.- / 300.- / 400.- / 500.- / 600.-)
 - Adults: CHF 300.- (500.- / 1000.- / 1500.- / 400.- / 2000.- / 2500.-)
- Recommendation: choose the lowest franchise amount. If a higher franchise is selected, for instance CHF 500.- (adults) and CHF 200.- (children) an amount of CHF 1,400.-, that insured parties have to be pay themselves, must be available in a savings account.

Card 7

What is the excess?



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- The excess is the amount of the total costs that insured parties have to pay in the event of illness.
- A maximum amount of CHF 700.–/year is payable for adults and CHF 350.–/year for children under the age of 18 (and a maximum of CHF 1,000.– for three or more children).

Card 8

What services are covered by basic insurance in the event of hospitalisation?



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- Cover for the costs in most Swiss hospitals (not private clinics).
- The basic insurance covers the costs in the general ward, which means:
 - Shared rooms
 - No choice of doctor
 - Contribution to the costs of hospitalisation
- The cover is usually for treatment in a public hospital located in the place of residence. From the age of 19, there is an excess of CHF 15.– per day for the hospital stay. Exceptions: mothers and young adults in education (up to 25 years).

Card 9

Does my health insurance provider cover costs in the event of illness abroad?



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- When travelling abroad, always take your (European) health insurance card. (It is usually the same card as the one you need for Switzerland.)
- The cover provided by compulsory health insurance is often insufficient for travelling abroad. It may be worth taking out travel insurance for the holidays.
- It is advisable to clarify the exact services provided by the health insurance company prior to travelling abroad.

Card 10

My mother (or father) is visiting me in Switzerland: what should I do in the event of illness?



Picture: Andreas Schwaiger

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- Take out insurance in the mother's (or father's) country of residence!
- Arrange for your mother (or father) to be insured in Switzerland with your own health insurance company for the number of days that he or she is staying in Switzerland.
- In case of emergency, contact the regional hospital's social services department.

Card 11

I am pregnant! What are my rights and responsibilities?



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Which services do I receive?

- 7 routine examinations and 2 ultrasound scans conducted by a doctor or a midwife. These will be conducted as often as is necessary for high-risk pregnancies. Preparing for birth: CHF 100.– is provided for a midwife. The birth is covered in full. After birth: 1 examination and 3 breast-feeding consultations (no franchise contribution or excess is due).
- It is advisable to arrange insurance for the new born child from around the third month of pregnancy. The premium is payable from the time of birth.

Card 12

Am I insured against accidents?



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- If you work at least 8 hours per week you will be insured by your employer against occupational and non-occupational accidents in accordance with Swiss accident insurance law.
- You are insured against accidents under your health insurance if you do not have an employer.

Card 13

Who pays the dentist?



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- Costs arising from dental care are not covered.
- The insurance only pays the dentist in the event of treatment resulting from an accident or if there is a disease of the mastication system.
- However, it is possible to take out supplementary insurance, which is expensive for adults.
- If required, it is possible to take out supplementary insurance for children from the time of birth. This covers costly corrective work on the position of the teeth, for instance, at little expense.
- Certain types of dental treatment are only covered by the insurance after a period specified under the terms of the contract.

Card 14

Glasses and other exceptions



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- For children up to the age of 19, the basic insurance pays CHF 150.– per year for lenses and contact lenses. No costs are covered for adults under the basic insurance provisions. It is possible to take out supplementary insurance if required.
- Please refer directly to the health insurance company to clarify other forms of support covered by compulsory health insurance.

Card 15

Transport costs (ambulance, helicopter) covered by basic insurance



Picture: ©k_rahny/Fotolia.com

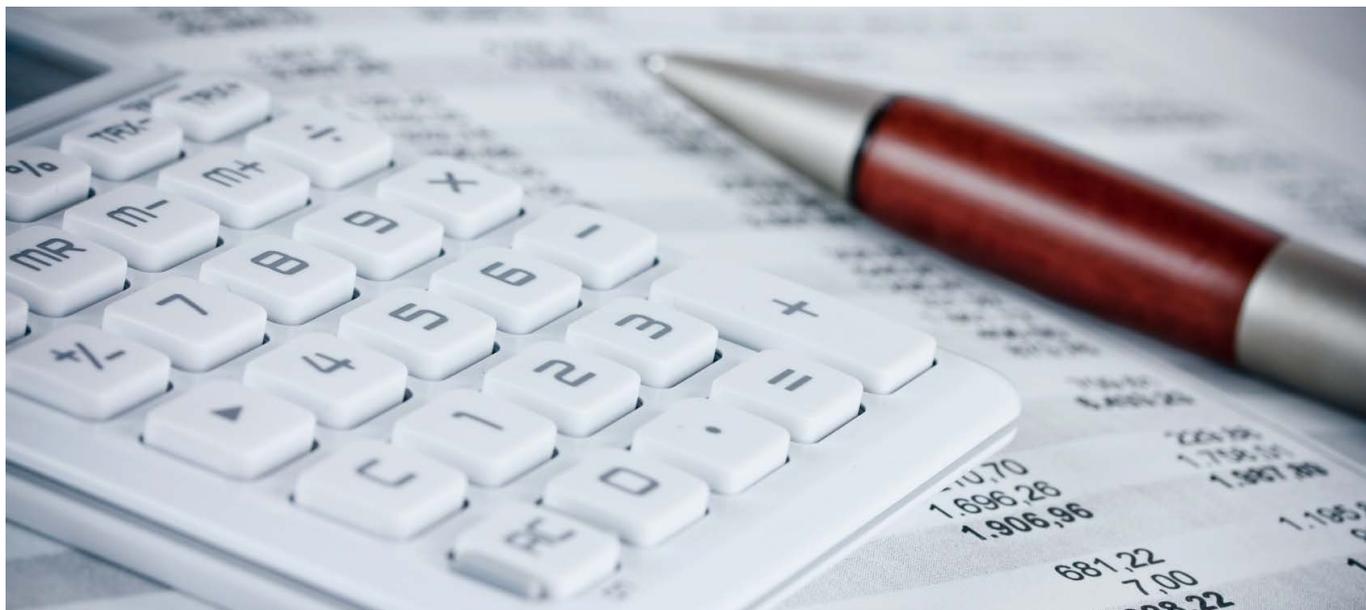
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- Transport: 50 % of the costs, but no more than CHF 500.- per calendar year
- Rescue: 50 % of the costs, but no more than CHF 5,000.- per calendar year
- Tip: Take out supplementary insurance or become a REGA (Swiss air rescue service) sponsor at www.rega.ch).

Card 16

Understanding the doctor's and hospital's invoice How to pay



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- Reimbursement of medical costs
- Franchise and excess invoicing
 - Invoicing documents enclosed
 - Please remember: you must send the original invoices to the health insurance provider immediately
 - Do not forget to keep a copy
- ← See separate plan

Card 17

Changing health insurance provider: when and within which period?



santésuisse

Die Schweizer Krankenversicherer

Les assureurs-maladie suisses

Gli assicuratori malattia svizzeri

- It is always possible to change health provider at the end of the year. You need to provide one month's notice (by 30 November) to the end of December. Please note: the insurer must have received the letter by the last working day of the month at the latest (clarify additional notice deadlines by contacting the health insurance provider directly).
 - You must write two letters: one to serve notice on the agreement with your health insurance provider and a second to inform your new provider that you would like to join their scheme.
- Please note: In order to be able to serve notice on your agreement with the health insurance provider and to change to a new provider, it is essential that you have settled all invoices.