

## Mutual benefits assistance in Switzerland

### Information sheet for persons who are staying temporarily in Switzerland and are insured with an official health insurance in an EU-\* or EFTA-state (Iceland, Liechtenstein, Norway)

This information sheet concerns

- Tourists
- Students
- Delegated workers
- Travellers on business
- Employees in international traffic
- Persons looking for work and
- Persons who have entered Switzerland for the purpose of medical treatment, if they are only staying temporarily in Switzerland and intend to return to their home country after the planned duration of their stay.

\*



Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom

## Glossary

	Page
1. General information	3
2. Extent of claim to benefits	3
3. Registration for mutual benefits	3
4. Summary of medical benefits according to KVG*	4
5. Choice of medical service provider	6
6. Out-patient doctor treatment	6
7. Out-patient hospital treatment	6
8. In-patient treatment	6
9. Reimbursement of costs	7
10. Cost participation	7
11. Duty of participation, request for information, professional discretion, data protection	7
12. Questions, Ombudsman, legal action	8

\*KVG = Krankenversicherungsgesetz = Health Insurance Law

### Notes:

The details given in this information sheet do not establish a legal claim. Legally binding are the competent legal regulations (the Swiss Federal Health Insurance Law and the adherent decree in respect of the execution and the dispensation of justice).

## 1. General information

Persons, who are part of an official health insurance system of an EU-state or Iceland, Norway or Liechtenstein, have a claim to mutual benefits assistance if they need medical treatment because of illness, accident or maternity during a temporary stay in Switzerland. Mutual benefits assistance is granted by the Gemeinsame Einrichtung KVG (GE KVG) in Solothurn for the whole of Switzerland.

Persons with insurances abroad will receive the same health insurance benefits as persons who are insured in Switzerland. Cash benefits are not included in the mutual benefits assistance but have to be claimed direct from the appropriate health insurance abroad. GE KVG is responsible for the costs for medical treatment which takes place in Switzerland. These costs will be charged at a later date to the competent health insurance in the country of domicile via the liaison office abroad.

## 2. Extent of claim

The extent of claims for benefits depends on the purpose and the planned duration of your stay. Persons who need to claim mutual benefits assistance, have to present a valid certificate of claim, issued by their health insurance, to GE KVG. Valid certificates are e.g. the European Health Insurance Card (EHIC), the form which is temporarily replacing the EHIC (PRC) or the form E 112.

Tourists, students, delegated workers, business travellers, employees in international traffic and persons looking for work who are temporarily staying in Switzerland have a claim to all medical benefits which become necessary during their stay and which cannot wait until the intended return to their home country and which are provided for by the Swiss health insurance system

For persons who have entered Switzerland for the purpose of medical treatment, benefits are defined in advance (see item 3).

## 3. Registration for mutual benefits assistance

Basically, it is sufficient to present the European Health Insurance Card to prove the claim to mutual benefits assistance in Switzerland. However, GE KVG is authorised to clarify the duration of the stay in Switzerland in cases where treatment continues over a long period of time or if it exceeds the nature and extent to which persons with a temporary stay are entitled to. Especially, it can clarify whether the person in question has entered Switzerland for the purpose of medical treatment.

If you wish to travel to Switzerland for the purpose of receiving treatment, the approval of your official health insurance has to be obtained in advance. If your health insurance approves the planned treatment in Switzerland, a form E 112 will be issued by them. In this case, the claim only exists for the treatment described on the form E 112.

## 4. Summary of medical benefits according to the Swiss health insurance law (KVG)

The following list gives you a summary of the benefits in kind which are covered by the compulsory health insurance. The list is not final.

<b>Benefit</b>	<b>comment</b>
<b>Ambulatory treatment in respect of school medicine</b>	Payment is made for costs resulting from approved physicians, chiropractors and midwives. Further, if prescribed, also for logopaedists, physio- and ergotherapists, nurses or organisations of healthcare and home care as well as nutrition advisers.
<b>Ambulatory treatment in respect of alternative healing methods (complementary medicine)</b>	Acupuncture administered by physicians with recognised further education (FMH) in the respective fields of treatment.
<b>Medication</b>	Medication handed out or prescribed by a physician if this appears in the approved list of medicines or speciality list for the considered purpose (other medication will not be paid for, not even in part).
<b>Aids and appliances</b>	Devices prescribed by a physician, for examination purposes or treatment e.g. neck supports, crutches, insulin injections, incontinence aids, appliances for inhalation and so on, according to the list of specialities.
<b>Spectacles and lenses</b>	Up to the completed age of 18 years: CHF 180.00 per year From the age of 19: CHF 180.00 every 5 years. A doctor's prescription is only necessary for the first spectacles/lenses. Higher benefits are possible for special medical cases.
<b>Dental treatment (only exceptionally)</b>	Payment is made for the treatment of injuries to the masticatory system caused by an accident (if not covered by any other accident insurance), or serious and unavoidable disease of the masticatory system, or if it is due to any other serious illness or its after-effects according to the cases listed in the decree (KLV). Please let us know if you wish to receive this list. No payment is made for teeth corrections.
<b>Congenital infirmity</b>	Payment is made for the same benefits as for illness if not covered by the Swiss Invalidity Insurance.
<b>Psychotherapy</b>	Payment is made for treatment by an approved physician or if treatment is delegated by an approved physician to a psychologist/psychotherapist (however only under supervision and in the consulting room of the delegating physician).

<b>Laboratory analysis</b>	Analysis ordered by a physician according to the analysis list.
<b>Hospital in-patient treatment</b>	Payment is made for medically required treatment in a public ward (multi-bed) of an approved hospital according to the hospital list of the Canton of your stay.
<b>Medical rehabilitation</b>	Payment is made for medical rehabilitation if prescribed or carried out by a physician (if in-patient, only in approved hospitals according to the hospital list and in a public ward) and only after having been approved by the GE KVG medical examiner.
<b>Nursing home</b>	Payment of costs for nursing measures and other ambulatory measures (treatment by a physician, physiotherapy etc.) as well as medication and laboratory analyses.
<b>Spa treatment prescribed by a doctor</b>	CHF 10.00 per day (overall) for a maximum of 21 days per calendar year as well as doctors fees, medication and physiotherapies in an approved therapeutic bath.
<b>Recuperation (e.g. after a hospital stay)</b>	No costs are accepted for in-patient benefits (no automatic liability or cover); only payment for doctor's fees, prescribed medication and therapies.
<b>Home care (Spitex)</b>	Home care by approved Spitex organisations or nurses.
<b>Maternity</b>	<ul style="list-style-type: none"> <li>• examinations by physicians or midwives (7 examinations within a normal pregnancy and one after-birth examination).</li> <li>• Ultra sonic scans by physicians (2 scans within a normal pregnancy)</li> <li>• fees for delivery at home, in a hospital (public ward) or in a semi-hospital establishment as well as delivery assistance by physicians and/or midwives.</li> <li>• 3 breast-feed consultations by midwives or by nurses with a special training for giving advice on breast feeding</li> <li>• a contribution of CHF 100.00 to pre-natal preparatory courses provided by midwives</li> </ul> <p>Courses for pregnancy exercises are not paid for.</p>
<b>Prescribed prevention measures</b>	<p>Payment is made for certain examinations for the early recognition of illnesses as well as preventive measures for the benefit of persons who are considered to be at increased risk:</p> <ul style="list-style-type: none"> <li>• precautionary check-ups for newly-born babies</li> <li>• 8 precautionary check-ups for children</li> <li>• examination of the skin in case of higher risk for melanomas (e.g. skin cancer of a near relative)</li> <li>• mammography (breast-scan) for women of over 50 every two years; if mother, daughter or sister has been affected by breast cancer, one precautionary examination per year.</li> <li>• vaccinations for children and adults according to article 12 KLV</li> </ul>

<b>Precautionary examination including cancer smear test by a gynaecologist</b>	Payment is made for the first two examinations and afterwards for one examination every three years. This applies to normal cases, otherwise examination intervals as per clinical requirement
<b>Cost participation for medically required transport to an approved health care provider</b>	50% of the costs, at the most CHF 500.00 per calendar year, if transport is not feasible by public or private means of transport.
<b>Cost participation for rescue</b>	In Switzerland: 50% of the costs, at the most CHF 5'000.00 per calendar year. No payment is made for search and recovery costs.

## 5. Choice of health care providers and responsibility for costs

The Swiss Health Insurance Law allows the insured person to choose from the approved health care providers, who are qualified for the treatment in question.

## 6. Out-patient doctor's treatment

If you have to use the services of a GP, please contact an approved doctor in your vicinity and present your certificate of claim to him. The certificate of claim guarantees you so-called tariff protection. The doctor will, as a rule, send you his invoice for direct payment. Please pay the invoiced amount and send the original bill either to your appropriate health insurance or to GE KVG (see item 9) for reimbursement.

GE KVG will check the invoices in respect of compatibility with the legal requirements of the KVG, the attached decrees and the correct tariffs. If in doubt, GE KVG will request additional medical reports from the medical service providers for the attention of their medical adviser.

## 7. Out-patient hospital treatment

The same rules apply as mentioned under item 6 "Out-patient doctor's treatment".

## 8. In-patient hospital treatment

In case in-patient hospital treatment becomes necessary, please present your certificate of claim to the hospital staff. This certificate grants you tariff protection. The hospital will request a cost-guarantee from GE KVG. GE KVG will grant cost-guarantees within the framework of the compulsory benefits according to the Swiss health insurance law and will pay for the costs for medical treatment in a public hospital ward according to the current tariffs. If you choose to stay in a semi-private or private ward, you will have to pay for the difference.

Public and private hospitals will send their invoices direct to GE KVG for payment. GE KVG will examine the invoices and pay the amount due to the hospital. The cost participation will be charged to the patient at the same time (please also see item 10).

## 9. Reimbursement of costs

According to Swiss law, the health care providers will send their invoices to the insured persons, if nothing else has been arranged. In this case, the insured persons have a claim to reimbursement of the treatment costs by GE KVG. The cost participation (please see items 6 and 7) will be deducted.

If you have received a bill for medical treatment, we would like to ask you to pay it and then send it to your health insurance for refunding. Deductions from the reimbursement amount will be made either according to the cost participation regulations which apply to your health insurance or according to the current tariffs and cost participation regulations of Switzerland.

You have the choice to request a reimbursement direct from GE KVG by sending the paid invoices to their offices. Payments can only be made based on the original detailed invoices.

To enable us to proceed with a money transfer, please let us have your complete bank details:

- **IBAN (International Bank Account Number)**
- **BIC (Bank Identifier Code)**
- **Name and address of bank**
- **Name and address of account holder**

Please note that a prompt and cost-free transfer is only possible if we have these details.

## 10. Cost participation

Persons who are insured in Switzerland participate in the costs the insurance pays for them. Therefore, persons who claim mutual benefits assistance in Switzerland also have to contribute to their costs.

For persons staying temporarily in Switzerland a lump sum is charged. This amounts at present to CHF 92.00 for adults and CHF 33.00 for children up to the age of 18 for each and every period of 30 days. In case the invoice is less than the lump sums, then only the amount of the invoice is charged. The 30 day period always starts on the day of the first treatment. No cost participation is required for maternity benefits.

## 11. Duty of participation, request for information, professional discretion, data protection

The GE KVG is subject to the legal regulations of the general part of the social insurance law (ATSG) and the health insurance law (KVG) in respect of professional discretion and data protection. If the clarification of your claim demands further information, you are obliged to answer truthfully. The GE KVG is entitled in this connection to request a detailed diagnosis as well as additional medical information from your doctors. All GE KVG employees are subject to professional discretion.

## 12. Questions, Ombudsman, legal process

Please do not hesitate to contact the staff of GE KVG if you have any questions regarding this information sheet:

Telephone: +41 (0) 32 625 30 30  
(Monday to Friday 08.00 – 11.30 and 14.00 – 16.00)  
Fax: +41 (0) 32 625 30 29  
Address: Gibelinstrasse 25, Postfach, 4503 Solothurn, Switzerland  
E-Mail: [info@kvg.org](mailto:info@kvg.org)  
Internet: [www.kvg.org](http://www.kvg.org)

Should you have any problems which cannot be solved, you have the possibility to contact the Ombudsman of the Social Health Insurance. He will deal with your queries or problems by letter or telephone:

Ombudsman Krankenversicherung  
Morgartenstrasse 9  
6003 Luzern  
Switzerland

Telephone: German +41 (0)41 226 10 10  
French +41 (0)41 226 10 11  
Italian +41 (0)41 226 10 12  
Fax +41 (0)41 226 10 13  
E-mail [info@om-kv.ch](mailto:info@om-kv.ch)  
Internet <https://secure.om-kv.ch/>

Further, you are free to legally dispute any decision. For disputes concerning mutual benefits assistance, an appeal can be lodged which will lead to an administrative court procedure. You can obtain an official statement from the offices of GE KVG in Solothurn and lodge a protest against it with GE KVG. Decisions resulting from such objection may then be challenged by an appeal in the civil courts. Such an appeal must be lodged with the Insurance Court of the Canton Solothurn.

GE KVG will inform you about your legal action and process.

We wish you a pleasant stay in Switzerland, good health and a safe return to your home country.