

Mutual benefits assistance in Switzerland

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

This information sheet concerns

- Pensioners and their non active family members

*



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

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*KVG = Krankenversicherungsgesetz = Swiss 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, have a claim to mutual benefits assistance if they need medical treatment because of illness, recreational accident or maternity while staying 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 and their non-employed family members 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 according to Swiss law. 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 claim extends itself to all benefits provided by the Swiss health insurance system – with the exception of cash benefits – which become necessary during your stay in Switzerland. The same applies to your non active family members.

3. Registration for mutual benefits assistance

If you wish to register yourself for mutual benefits assistance, you have to present a valid certificate of claim (form E 121) issued by your health insurance to GE KVG. Subsequently, we will send you a questionnaire. The information you submit on the questionnaire will help us to clarify whether a registration is possible or whether an obligation to be insured in Switzerland exists. This is e.g. the case if an employment in Switzerland exists or if you draw a pension from Switzerland (please see item 4). Children are obliged to be insured in Switzerland even if only one parent has to have Swiss insurance. In this case, mutual benefits assistance is impossible.

Once you have been registered for mutual benefits assistance, you will receive an insurance card from GE KVG. This serves as proof of your claim towards medical service providers in Switzerland. Medical service providers are e.g. hospitals, doctors, physiotherapists and so on. If, for one of the above-mentioned reasons, registration for mutual benefits assistance has to be denied, the authorities of your Canton of domicile will be informed. Basically, the cantonal authorities are responsible for controlling the obligation for health insurance in Switzerland (Art. 6 KVG).

4. Residence in Switzerland before reaching the age of 64 or 65

Not gainfully employed persons, who change their official domicile to Switzerland before the official Swiss pension age (64 for women and 65 for men), are obliged to make contributions to the Swiss AHV (old age-, widow/er's and orphan's insurance scheme). Payments into this scheme generate a claim to a pension. The amount of the pension is dependent on the length of time of the contributions. More information in this respect can be obtained at your local AHV/AVS offices. As mentioned under item 3, even a small pension can result in the obligation to be insured with a Swiss health insurance. The amount of the pension does not have an influence on the necessity for being covered by a Swiss health insurance.

5. 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.

Medical benefit	Comments
Ambulatory treatment in respect of school medicine	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.
Ambulatory treatment in respect of alternative healing methods (complementary medicine)	Acupuncture administered by physicians with recognised further education (FMH) in the respective fields of treatment.
Medication	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).
Aids and appliances	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.
Spectacles and lenses	Up to the completed age of 18 years: Sfr. 180.00 per year From the age of 19: Sfr. 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.
Dental treatment (only exceptionally)	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

	<p>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.</p>
Congenital infirmity	<p>Payment is made for the same benefits as for illness if not covered by the Swiss Invalidity Insurance.</p>
Psychotherapy	<p>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).</p>
Laboratory analysis	<p>Analysis ordered by a physician according to the analysis list.</p>
Hospital in-patient treatment	<p>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.</p>
Medical rehabilitation	<p>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.</p>
Nursing home	<p>Payment of costs for nursing measures and other ambulatory measures (treatment by a physician, physiotherapy etc.) as well as medication and laboratory analyses.</p>
Spa treatment prescribed by a doctor	<p>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.</p>
Recuperation (e.g. after a hospital stay)	<p>No costs are accepted for in-patient benefits (no automatic liability or cover); only payment for doctor's fees, prescribed medication and therapies.</p>
Home care (Spitex)	<p>Home care by approved Spitex organisations or nurses.</p>
Maternity	<ul style="list-style-type: none"> • examinations by physicians or midwives (7 examinations within a normal pregnancy and one after-birth examination). • Ultra sonic scans by physicians (2 scans within a normal pregnancy) • 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. • 3 breast-feed consultations by midwives or by nurses with a special training for giving advice on breast feeding • a contribution of CHF 100.00 to pre-natal preparatory courses provided by midwives <p>Courses for pregnancy exercises are not paid for.</p>

Prescribed prevention measures	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: <ul style="list-style-type: none"> • precautionary check-ups for newly-born babies • 8 precautionary check-ups for children • examination of the skin in case of higher risk for melanomas (e.g. skin cancer of a near relative) • 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. • vaccinations for children and adults according to article 12 KLV
Precautionary examination including cancer smear test by a gynaecologist	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
Cost participation for medically required transport to an approved health care provider	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.
Cost participation for rescue	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.

6. Choice of health care providers

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.

Information regarding the purchase of prescription medicines:

If you buy prescribed medicines from a chemist on a regular basis, we would like to recommend the MediService Pharmacy to you. MediService will deliver your medicines discreetly and conveniently to your home – and, further, you can take advantage of lower prices. You will find more details if you read the enclosed brochure.

7. Applicable tariff

For ambulatory treatment, GE KVG will at the most pay or refund the costs according to the tariff of your place of domicile and its surroundings. For hospital in-patient treatment, GE KVG will at the most pay or refund the costs to the maximum of the tariff of your Canton of domicile.

If, for medical reasons, you have to use a health care provider outside your Canton of domicile, costs will be paid according to the tariff which applies to the respective health care provider. Such medical reasons refer to emergencies or to necessary treatment which cannot be carried out in your town or Canton of domicile. If you choose a health care provider outside your town or Canton of domicile without a medical reason as described, then you will have to accept the excess costs.

8. 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 to us (see item 10) for reimbursement.

We 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, we will request additional medical reports from the medical service providers for the attention of our medical adviser.

9. Out-patient hospital treatment

The same rules apply as mentioned under item 7 "Out-patient doctor's treatment".

10. 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 us. We 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 private hospital or in a semi-private or private ward of a public hospital, you will have to pay for the difference.

Public and private hospitals will send their invoices direct to us for payment. We 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 11).

11. 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 7 - 9) will be deducted.

As soon as you receive a bill for medical treatment, we would like to ask you to pay it and then send it to us for refunding. 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.

12. 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.

This participation includes a fixed amount of currently CHF 300.00 per year, known as the “franchise”, plus 10% of the cost exceeding the amount of the franchise. The maximum annual amount of the 10% share currently amounts to CHF 700.00 for adults and CHF 350.00 for children up to the completed age of 18. For children no franchise is required.

If an original medicine is prescribed which can be replaced by a generic drug which appears in the speciality list, the patient is responsible for 20% of the costs.

Exception: The doctor expressly prescribes an original drug for medical reasons.

No cost participation is required for maternity benefits. Please inform us in good time in the event of a pregnancy.

13. 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 for the attention of its medical advisor. All GE KVG employees are subject to professional discretion.

14. Temporary stay in an EU-/EFTA country

In case you intend to stay temporarily in the country where you are insured or in another EU-/EFTA state, please use the insurance card issued by GE KVG. On the reverse side you will find your European health insurance card (EHIC) which serves as proof of your insurance coverage. The extent of your claim to medical benefits in the state you are visiting depends on the reason and the planned duration of your stay. Please note that the EHIC does not cover treatment which was planned before entering the respective state. You will also find useful information on our home page ([www.kvg.org/Ferien im Ausland](http://www.kvg.org/Ferien%20im%20Ausland)).

The EHIC will be sent to you automatically after your registration with us. Should you not have received the EHIC yet but need it urgently, please contact us so that we can issue a form for you which will provisionally replace the EHIC. This contains the same information as the EHIC.

Please note that the EHIC issued by your competent health insurance becomes invalid from the beginning of your registration with GE KVG.

15. Temporary stay in a third country

For journeys to a country outside the EU- or EFTA, it might be necessary to take out a holiday- or travel insurance. Please contact your competent health insurance for further information.

16. Questions, Ombudsman, legal process

Please do not hesitate to contact our staff 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
Internet: 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
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.