

The compulsory health insurance system

Guide



Contents

Definitions	2
Preface	3
Insurance coverage	4
Benefits	5
Premiums and co-payment	13
Ways of reducing costs	15
What can I do if a dispute arises?	19
Addresses	20
Sample letters	25
Further information	27
Keywords / Index	28

Definitions

Health insurance fund: An organisation that provides basic health insurance under the compulsory health insurance system. Health insurance funds are non profit organisations and have to be recognised by the Federal Office of Public Health (FOPH). They may also offer supplementary insurance.

Compulsory health insurance under the Health Insurance Act: This insurance – explained in this booklet – ensures universal access to comprehensive, high quality healthcare. It offers the same range of services and benefits to all insured people.

Supplementary insurance: This optional insurance covers a higher level of comfort (e.g. care in a semi-private or private hospital ward) or additional services and benefits (naturopathy, osteopathy, routine dental treatment, etc.). Premiums are risk-based. 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.

Dear Reader,

This booklet answers the questions most frequently asked about compulsory health insurance. It provides a general overview of the legal requirements as of 1 January 2023. For specific queries, please contact your health insurer.

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 have a Swiss residence permit valid for three months or longer;
- if you are working in Switzerland for less than three months and do not have equivalent insurance cover from another country;
- 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, or the UK, are working in Switzerland and are resident in a member state of the EU, in Iceland, in Norway or in the UK. 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 or the UK whose only source of income is a Swiss pension or unemployment benefit and you are resident in a member state of the EU, in Iceland, in Norway or in the UK. This also applies to any members of your family who are not employed;
- if you are an employee and are temporarily posted abroad by your Swiss employer. This also applies to any members of your family who are not employed.

→ However, there are certain exceptions from the requirement to take out compulsory health insurance, or situations where you may be exempted.

In some cases, you do not need health insurance even though you are resident in Switzerland, e.g.:

- if you work in an EU/EFTA state or in the UK;
- if you exclusively receive a pension from an EU/EFTA state or from the UK;
- if you are a member of a diplomatic or consular mission, or if you are an employee of an international organisation enjoying privileges under international law.

Furthermore, some people may request exemption from compulsory health insurance if they have equivalent insurance cover, e.g.:

- if you come to Switzerland temporarily to study;
- if you are a cross-border commuter or a pensioner resident, for example, in Germany, France, Italy or Austria, and therefore have the option of taking out health insurance in your country of residence.

Applications for exemption from compulsory health insurance must be sent to the cantonal authority responsible (see pp. 22–23) within three months after the requirement begins. Pensioners resident in an EU/EFTA member state or in the UK should contact the Common

Institution (www.kvg.org).

(A practical guide to social insurance for SMEs is available online in French, German and Italian: <https://www.bsv.admin.ch/bsv/de/home/publikationen-und-service/broschueren.html>)

Where can I obtain insurance?

Compulsory health insurance can be obtained from any of the roughly 50 health insurance funds operating in Switzerland. Not all of these health insurers can offer insurance to people who are resident in an EU country, in Iceland, Norway or the UK. The cantonal authorities responsible can provide further information on the requirement to take out health insurance, as well as possible exemptions (for addresses, see p. 22).

When do I have to take out insurance?

Provided that you take out health insurance in good time (i.e. within three months after taking up residence or after the birth of a child in Switzerland), the health insurer will reimburse you retrospectively for expenses incurred from the starting date onwards. Premiums will also have to be paid retrospectively from the start of coverage.

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

What will my health insurance cover?

→ Services provided by a physician

Compulsory health insurance will generally cover all treatments carried out by a physician. However, physicians must inform their patients whether services to be provided are covered.

Also covered are services prescribed by a physician and provided by other health professionals [physiotherapy, nursing care at home (Spitex) or in a nursing home, advice on nutrition or diabetes management, speech therapy, occupational therapy, neuropsychology and podiatry], as well as examinations (e.g. analyses, X-rays) ordered by a physician. The reimbursement of psychotherapeutic services provided by doctors and psychotherapeutic services prescribed by doctors and provided by psychologists (since 1 July 2022) is subject to more stringent conditions. If you are in any doubt about whether a particular treatment is covered, you should ask your physician or health insurer.

→ Complementary medicine

- acupuncture
- anthroposophical medicine
- traditional Chinese medicine (TCM) pharmacotherapy
- classical homeopathy
- phytotherapy

The above treatments will be covered if they are provided by a qualified medical specialist who has also been trained in the relevant discipline of complementary medicine.

Appropriately qualified physicians are listed in the Register of Medical Professions (MedReg) at: www.medregom.admin.ch/EN.

The medicines prescribed will be reimbursed if they are included in the List of Pharmaceutical Specialties or the List of Medicines with Tariffs (see p. 7).

Further information is available online in French, German and Italian: <https://www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Aerztliche-Leistung-in-der-Krankenversicherung/Aerztliche-Komplementaermedizin.html>

→ Hospital treatment

You can choose a hospital from the Hospital List of your canton of residence, or of the canton where you wish to be treated (listed hospital). The Hospital List can be obtained from your health insurer or from the cantonal health department. If you wish to be treated at a listed hospital not included in the Hospital List of your canton of residence, the costs of accommodation and treatment on the general ward will be covered only up to the amount that would be charged at a hospital on the Hospital List of your canton of residence. However, if the treatment has to be carried out at a hospital not included in the Hospital List of your canton of residence for medical reasons (emergency, specialised treatment), the costs of accommodation and treatment on the general ward of that hospital will be fully covered under compulsory health insurance.

You will be liable for additional expenses arising from admission to a private or semi-private ward unless you have taken out appropriate supplementary insurance.

→ Medicines

Compulsory health insurance covers the costs of all medicines prescribed by a physician which are included in the List of Pharmaceutical Specialties (see p. 27). Around 2,500 medicines are currently covered, and this list is continuously updated. Also covered are extemporaneous preparations (usually produced at the pharmacy), as long as the ingredients are included in the List of Medicines with Tariffs (see p. 27). Pharmacists may dispense generic products instead of branded medicines unless the physician has specifically prescribed a branded product. Generics are copies of branded products which are of equivalent quality, contain the same active ingredients and are generally less expensive (see p. 27).

→ Preventive measures

Compulsory health insurance covers the costs of the following preventive measures:

- **Various vaccinations**, as specified in the Swiss Vaccination Plan <https://www.bag.admin.ch/bag/de/home/gesund-leben/gesundheitsfoerderung-und-praevention/impfungen-prophylaxe/richtlinien-empfehlungen-impfungen-prophylaxe.html>, e.g. for:
 - Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Haemophilus influenzae type B and chickenpox, as well as measles, mumps and rubella (MMR).
 - Hepatitis B and – for certain risk groups – hepatitis A.
 - Influenza, for people aged 65 or over and for those at increased risk of complications in the event of infection.
 - Tick-borne encephalitis.
 - Cervical cancer, for girls and young women up to the age of 27 and against other types of cancer caused by the human papillomavirus for boys and men between the ages of 11 and 27, if provided as part of a cantonal vaccination programme, no deductible is payable for this vaccination.
 - COVID-19 (first, second and booster doses) during a COVID-19 epidemic, for persons at increased risk (currently all vaccinations for persons in accordance with COVID-19 vaccination recommendations). No deductible or retention fee is payable for these vaccinations.
 - Not covered, however, are travel-related vaccinations or preventive measures, such as yellow fever or malaria prophylaxis.
- Eight examinations to monitor the **health and development of children** of preschool age.
- **Gynaecological screening examinations** (including Pap smears): examinations are covered for the first two years, and subsequently (if the results are normal) once every three years; otherwise as required.
- **Mammography** to detect breast cancer:
 - Digital mammography, breast MRI in women with a moderate to high familial or personal risk of breast cancer.
 - Screening mammography once every two years for women over

50, when the examination is carried out under a cantonal or regional screening programme that meets certain quality assurance requirements. Further information may be obtained from your doctor or online at: www.swisscancerscreening.ch). No deductible is payable for screening mammography.

- **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 programmes.

Important

All these measures are designed to prevent illness and are covered by compulsory health insurance even if no disease is currently suspected. If signs of disease are detected, your physician is free to carry out any examinations deemed necessary, and these will be covered by the health insurer.

→ Maternity

- **Pregnancy:** Compulsory health insurance covers the costs of seven routine antenatal and two ultrasound examinations (between the 12th and 14th week and between the 20th and 23rd week of pregnancy) carried out by a physician or midwife. In high risk pregnancies, insurance will cover as many examinations (including ultrasound) as are necessary.
- Also covered is the first-trimester test to assess the risk of Down's, Edwards' or Patau's syndrome (trisomy 21, 18 or 13) based on ultrasound measurement of nuchal translucency (between the 12th and 14th week), the determination of certain factors in the mother's blood, and other fetal and maternal factors (such as age).
- Non-invasive prenatal testing (NIPT) will be covered from the 12th week of pregnancy if the fetus has an elevated risk (at least 1:1000) of Down's, Edwards' or Patau's syndrome. Positive NIPT results should be confirmed by amniocentesis.
- Compulsory health insurance pays CHF 150 towards the costs of individual or group **antenatal classes** run by a midwife or midwives' association, or towards the costs of a consultation with a midwife or midwives' association.
- **Childbirth:** Compulsory health insurance covers the costs (including the services of a physician or midwife) of a birth at home, or at a hospital or birthing centre, provided that the latter institutions are included in the Hospital List of your canton of residence (see p. 8 on hospital treatment).
- **After childbirth,** compulsory health insurance covers:
 - one check-up carried out by a physician or midwife between the 6th and 10th week after childbirth;
 - three breastfeeding consultations provided by a midwife or midwives' association or specially trained nursing staff;
 - the aftercare provided by a midwife or midwives' association

and consisting of home visits to provide care and monitor the mother's and baby's health. Up to 16 home visits are covered during the 56 days following a premature, multiple or first birth, or a Caesarean section, and up to 10 home visits in all other cases. In the 10 days following the birth, the midwife or midwives' association may additionally make a second home visit on a maximum of 5 days. A medical prescription is required for other additional home visits during the 56 days after childbirth, or thereafter.

- One check-up after miscarriage or medically indicated termination of pregnancy from the 13th to the completed 23rd week of pregnancy.

→ Hospital care for the newborn

The hospital and routine care costs incurred for a healthy newborn during the mother's hospital stay are included in maternity benefits, i.e. they are covered by the mother's health insurance (no co-payment). However, if the newborn is ill, the costs are covered by the baby's insurance (with co-payment).

→ Physiotherapy

Compulsory health insurance covers physiotherapy if it is prescribed by a physician and carried out by a registered physiotherapist. The physician can prescribe up to 9 sessions, with the first taking place within five weeks after being prescribed. Further therapy can be prescribed if necessary.

In contrast to physiotherapy, treatment provided by a chiropractor is covered even if it is not prescribed by a physician.

→ Spectacles and contact lenses

Compulsory health insurance will contribute up to CHF 180 per year towards spectacle and contact lenses prescribed by an ophthalmologist for children and adolescents up to the age of 18.

In the case of serious visual impairment or certain illnesses (e.g. disease-related refraction abnormalities, postoperative alterations or corneal disease), compulsory health insurance will, regardless of age, make higher contributions towards medically prescribed spectacle and contact lenses. Further information can be provided by your health insurer or your ophthalmologist.

Like any other benefits, these contributions are subject to co-payment requirements (see p. 13).

→ Aids and appliances

Medically prescribed aids and appliances (e.g. bandages, dressings, inhalers and respiratory therapy devices or incontinence aids) which

are included in the Aids and Appliances List (*MiGeL*, see p. 27) are covered up to a specified limit. Like any other benefits, these contributions are subject to co-payment requirements (see p. 13).

→ Dental treatment

Compulsory health insurance only covers dental treatment if it is necessitated by a serious disorder of the masticatory system, if such treatment is required to support and ensure the success of medical treatment for a severe general disorder (e.g. leukaemia, heart-valve replacement), or if it is required after an accident and treatment costs are not covered by another insurance. Compulsory health insurance does not cover the costs of, for example, fillings for decayed teeth or orthodontic treatment (e.g. braces).

→ Accidents

- If you work at least 8 hours per week for the same employer, you are covered by that employer against work-related and non-work-related accidents under the Accident Insurance Act. In the event of an accident, benefits will be provided under this insurance.
- If you do not have compulsory accident insurance (under the Accident Insurance Act), you will need to take out accident insurance with your health insurer. Your premium will therefore be slightly higher. In the event of an accident, your health insurer will then provide the same benefits as in the case of illness.

→ Spa treatments

Compulsory health insurance contributes CHF 10 per day (for up to 21 days per year) if a spa treatment is prescribed by a physician and is carried out at a registered spa (ask your health insurer for more information). Additional costs for medical treatment, physiotherapy or medication are reimbursed separately.

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

If, because of an operation or illness, you require nursing care at home or in a nursing home, compulsory health insurance will contribute towards the costs of physician-prescribed care (e.g. injections, changing dressings, cleaning and treating wounds, checking pulse and blood pressure, advice on taking medication and using medical devices, foot care for diabetics).

You usually have to bear a limited amount of the care costs yourself, with any remaining costs being covered by the canton or commune. Further information may be obtained from the local authorities or your Spitex organisation or nursing home.

Like any other benefits, contributions to the costs of nursing care are

subject to co payment requirements (see p. 13).

However, compulsory health insurance does not cover the costs of domestic help (cooking, cleaning, shopping), nor does it cover board and lodging in a nursing home; these costs are to be borne by 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 Compensation Office or online at: <https://www.ahv-iv.ch/de/Merkblätter-Formulare/Merkblätter/Ergänzungsleistungen-zur-AHV-und-IV>).

→ Medical transport and rescue

- Special transport (e.g. an ambulance) may be needed so that you can access treatment. Compulsory health insurance covers half the costs of this kind of transport, up to a maximum of CHF 500 per year.
- Compulsory health insurance also covers half the costs of rescue in the event of a risk to life (e.g. after a mountaineering accident or a heart attack), up to a maximum of CHF 5,000 per year (in Switzerland only).

→ Essential treatment in an EU/EFTA country and the UK

In EU/EFTA countries and in the UK, insured persons presenting a European Health Insurance Card are entitled to reimbursement for any medical treatment considered essential in view of the type of service and the expected length of their temporary stay. Compulsory health insurance will cover the same medical (e.g. physician, hospital, transport) services as would be provided for a resident of the country in question.

Depending on the country, either the treatment costs will be paid for by the local organisation and then invoiced to your health insurer in Switzerland, or you will be asked to pay for treatment and can subsequently request reimbursement:

<https://www.bag.admin.ch/bag/en/home/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, in Norway or in the UK can find more information online at: <https://www.bsv.admin.ch/bsv/en/home/informations-for/faq.html?faq-url=/en>

—> Emergency treatment in a country outside the EU/EFTA and the UK

If you require emergency treatment in a country that is not the UK or is not a member of the EU or EFTA – for example, if you become ill while on holiday – compulsory health insurance will cover costs up to twice the amount that would be reimbursed for the same treatment in Switzerland. However, in the case of inpatient treatment, this means that the insurer will only cover up to 90% of the costs that would have arisen for hospitalisation in Switzerland (this is because, for hospital treatment in Switzerland, at least 55% of the costs are borne by the cantons, which is not the case for hospitalisation abroad). Additional travel in-

surance may be necessary for certain countries (e.g. the US, Australia and certain Asian countries) where treatment and medical transport is more expensive than in Switzerland. More information can be obtained from your health insurer.

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

—> If you live in an EU/EFTA member state or the UK

If you are insured in Switzerland and are resident in an EU/EFTA member state or in the UK, then 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 mentioned above are covered by compulsory health insurance, with no need for supplementary insurance. This list of benefits and service providers is not exhaustive: to find out whether treatments not included in this list are covered, please ask your health insurer.

What costs do I have to bear myself?

—> Premiums

Premiums are paid per capita and do not depend on income. They are generally payable monthly, in advance.

According to a Federal Supreme Court ruling (valid from 3 December 2015), premiums are to be calculated on a daily (not monthly) basis for the beginning and end of insurance cover.

Health insurance funds offer reduced premiums for children and adolescents (up to the age of 18) and for young adults (aged 19–25). Premiums are not dependent on income, but they may vary from one health insurance fund to another, from canton to canton, and from country to country for people resident in an EU country, in Iceland, in Norway or in the UK. Health insurance funds may apply up to three different regional levels within a single canton, within a single EU/EFTA country or within the UK. All insurance providers are bound by the standard definition of cantonal premium regions determined by the Federal Office of Public Health.

Individuals on a low income are entitled to health insurance premium subsidies (see p. 20).

—> Co-payment

A proportion of treatment costs is paid by the insured. This co-payment consists of two elements:

- a standard deductible of CHF 300 per year, from which children and adolescents up to the age of 18 are exempt;
- a retention fee of 10% 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% for medicines if an equivalent medicine exists which costs less (by a defined margin). Branded products or generics may be subject to an increased retention fee. Your physician or pharmacist can provide further information.

The standard co-payment is therefore a maximum of CHF 1,000 per year for adults and CHF 350 for children and adolescents.

N.B.

This amount will vary if an optional deductible is selected.

Example

The total cost of the treatment you receive in the course of a year (physician, hospital, medicines, etc.) is CHF 2,000. You pay a deductible of CHF 300 plus 10% of the remaining amount, i.e. CHF 470 in total (CHF 300 + 10% of CHF 1,700 = CHF 470). CHF 1,530 is reimbursed by your health insurer.

Maternity

Co-payment is not applicable to maternity-related services (see p. 8). In addition, from the 13th week of pregnancy until 8 weeks after childbirth, women are exempt from co-payment for general medical services. This includes the costs of treatment for non-pregnancy-related illness.

Mammography

No deductible is payable for mammography carried out under a cantonal or regional breast cancer screening programme (see p. 8). Ask your physician or health insurer for more details.

Screening for cancer of the colon

No deductible is payable if the examination is carried out under a cantonal screening programme (see p. 8).

Hospitalisation

A contribution of CHF 15.00 is payable for each day spent in hospital. As of 1.1.2022, no contribution is payable for the final day of the hospital stay or for days during hospitalisation on which the patient is away from the hospital. This does not apply to children under 18, young adults (up to the age of 25) in training, or women receiving maternity services. No ceiling is defined for these contributions.

Important

Services provided in an EU country, in Iceland, in Norway or in the UK are subject to the local co-payment requirements.

How can I save on insurance premiums?

→ Compare health insurance funds

As all health insurers provide the same benefits under compulsory health insurance, you will not suffer any disadvantages if you change from one health insurance fund to another that is better suited to your needs. There may be differences in the quality of service they provide. In addition, some health insurers require policyholders to pay for medication themselves before obtaining reimbursement. No health insurance fund can refuse to insure you.

Overview of premiums

Every October, the FOPH publishes an Overview of premiums for compulsory health insurance in the following year, for each canton, for EU countries, and for Iceland and Norway. The Overview is available free of charge from the FOPH or can be downloaded from the website (see p. 27).

Notice periods

- If you have a basic health insurance policy with the standard deductible of CHF 300, you can cancel it with three months' notice at the end of June or December. This means that your health insurer must receive your notice of cancellation by 31 March or 30 September (see *sample letter, text 1, p. 26*).
- If you have a basic health insurance policy with a higher deductible, or with a restricted choice of physicians/hospitals (e.g. HMO/GP model), it can only be cancelled at the end of the year, with three months' notice; i.e., your health insurer must receive your notice of cancellation by 30 September (see *sample letter 1, text 1, p. 26*).
- If your health insurer notifies you of a new premium, you can cancel your policy and change to another insurance provider with just one month's notice, with effect from the end of the month preceding the month in which the new premium applies. This is possible irrespective of whether the new premium approved by the FOPH is more expensive, or whether you have an insurance policy with an HMO/GP or telemedicine model, or an optional deductible. Your health insurer must inform you of the new premium at least two months in advance, also indicating your right to cancel the policy (see *sample letter, text 1, p. 26*).
- You can only change to a different deductible or to a different type of insurance (HMO/GP model or telemedicine) with effect from the beginning of the year (see *sample letter, text 2, p. 26*).

Example

If you wish to change to a different health insurer with effect from 1 January, your existing health insurer must receive your notice of cancellation by 30 November, irrespective of whether your premium has been increased, or whether you have a particular type of insurance (health network, HMO/GP model, telemedicine, optional deductible, bonus insurance). Your health insurer must, however, have notified you by 31 October of the new premium approved by the FOPH.

N.B.

Make sure you cancel your existing insurance in good time (see *sample letter, text 1, p. 26*). Irrespective of the postmark, your notice of cancellation must be received by your insurer by the specified deadline. It is advisable to send your notice by mid-March or mid-November by registered mail. Your insurance will not be transferred until the new insurer has informed the existing insurer that coverage will be continued without interruption; only then will the change take effect.

→ **Review your supplementary insurance**

Compulsory health insurance ensures comprehensive, high-quality healthcare for everyone. So compare what your supplementary insurance offers with the benefits to which you are automatically entitled under compulsory health insurance.

Important

Never cancel a supplementary insurance policy without first obtaining detailed information from other health insurers about the conditions under which they would offer supplementary insurance. Insurers can refuse to provide such insurance, set premiums on the basis of age and sex, or impose restrictions according to your state of health. Compare the range of benefits offered under supplementary insurance; they can differ significantly from one health insurer to another.

Notice period

Check the terms and conditions of your policy. In general, the notice period for supplementary insurance differs from that for compulsory health insurance.

→ **Choose a special type of insurance**

If you choose one of the following types of insurance, your premium will be reduced (see *the Overview of premiums issued by the FOPH, p. 27*).

Restricted choice of physicians and hospitals

You can save on premiums by opting for an HMO model (Health Maintenance Organisation), or for a GP model, whereby you always first consult your GP, who will decide whether or not to refer you for specialist or hospital treatment. You thus give up the right to a free choice of physicians and hospitals (except in an emergency). For more information, please consult the terms and conditions of insurance (see *the list of insurance providers in the Overview of premiums issued by the FOPH, p. 24*).

Reductions apply to the premium for standard insurance with accident cover. If this is combined with an optional deductible, reductions may be limited because of the regulations concerning the minimum premium (see *below*).

Optional deductible

Your premium will be reduced if you choose a deductible higher than the standard CHF 300. The deductible can only be increased with effect from 1 January and for at least one year. The reduction depends on the level of the deductible and is limited by law.

For adults, the optional deductibles are CHF 500, 1000, 1500, 2000 and 2500; for children, they are CHF 100, 200, 300, 400, 500 and 600. Health insurers are not obliged to offer all these levels. They may offer different deductibles for young adults (aged 19–25).

Premium reductions for optional deductibles

- Health insurers must charge a minimum premium amounting to 50% of the standard premium, including accident cover, applicable for the policyholder’s age group and premium region. The premium must not be less than this amount, even if the insurance excludes accident cover or if the optional deductible is combined with a model restricting the choice of service provider.
- In addition, the reduction must not exceed 70% of the risk additionally assumed by the policyholder, as shown in the table below. The full reduction can only be offered if the resulting premium does not fall below the minimum premium.

	Adults					Children					
Deductible (CHF)	500	1000	1500	2000	2500	100	200	300	400	500	600
Maximum annual reduction (CHF)	140	490	840	1190	1540	70	140	210	280	350	420

Bonus insurance

Premiums are progressively reduced for each year in which no claims for reimbursement are submitted. The initial premium is 10% higher than the standard premium. After 5 years, the reduction can reach 50% of the initial premium.

Other insurance models

Several insurers offer other insurance models (e.g. telemedicine or combined insurance). For further details, please contact the health insurers concerned.

N.B.

The special types of insurance are not available to individuals resident in an EU country, in Iceland, in Norway or in the UK.

→ **Exclusion of accident cover**

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 Act. You can therefore request exclusion of accident cover (see *sample letter, text 3, p. 26*).

→ **Refund of health insurance premiums during extended military service**

Health insurance can be suspended for periods of military, civilian or civil protection service lasting more than 60 consecutive days. During these periods, illness and accident risks are covered by military insurance.

What can I do if a dispute arises?

→ **Ask for an explanation**

Health insurers have a legal obligation to answer any queries you may have.

→ **Contact the ombudsperson**

The health insurance ombudsperson or a consumer advice organisation may be able to help you (*for addresses, see p. 24*).

→ **Ask for a decision in writing**

You can ask your health insurer to send you a written decision, including a justification and information on your right of objection (see *sample letter, text 4, p. 26*).

→ **Consider an objection**

You can lodge an objection to the health insurer's decision within 30 days (*preferably in writing; see sample letter, text 5, page 26*). The health insurer is then required to send a response to the objection, including a justification and information on your right of appeal.

→ **Consider an appeal**

You can lodge a written appeal against the health insurer's response to the objection with the Cantonal Insurance Court within 30 days. You can also appeal if the health insurer fails to send a written decision or a response to the objection.

N.B.

For disputes relating to benefits, this procedure is free of charge. You can only appeal to the Cantonal Insurance Court if you have already formally objected (orally or in writing) to the health insurer.

→ **As a last resort ...**

If you are not satisfied with the decision of the Cantonal Insurance Court, you can lodge a written appeal, within 30 days, with the Social Law Division of the Federal Supreme Court in Lucerne. The decision of the Federal Supreme Court is final.

Addresses

Institutions responsible for premium subsidies

1. Cantonal offices

Canton	Address	Contact
AG Aargau	SVA Aargau Kyburgstrasse 15 5001 Aarau	T 062 836 81 81 F 062 836 81 99 info@sva-ag.ch www.sva-ag.ch/pv
AI Appenzell Innerrhoden	Gesundheitsamt Hoferbad 2 9050 Appenzell	T 071 788 92 50 info@gsd.ai.ch www.ai.ch
AR Appenzell Ausserrhoden	Sozialversicherungen Appenzell Ausserrhoden Neue Steig 15 9100 Herisau	T 071 354 51 51 info@sovar.ch www.sovar.ch
BE Bern	Amt für Sozialversicherungen Prämienverbilligung Forelstrasse 1 3072 Ostermundigen	T 031 636 45 00 asv.pvo@be.ch www.asv.dij.be.ch
BL Basel-Landschaft	SVA Basel-Landschaft Hauptstrasse 109 4102 Binningen	T 061 425 25 25 F 061 425 25 00 info@sva-bl.ch www.sva-bl.ch
BS Basel-Stadt	Kanton Basel-Stadt Amt für Sozialbeiträge Prämienverbilligung Grenzacherstrasse 62 4005 Basel	T 061 267 87 11 F 061 267 86 44 asb-pv@bs.ch www.asb.bs.ch
FR Fribourg	Ausgleichskasse des Kantons Freiburg Impasse de la Colline 1 Case postale 176 1762 Givisiez	T 026 426 77 00 rpi@ecasfr.ch www.caisseavfr.ch
GE Geneva	Service de l'assurance maladie Route de Frontenex 62 1207 Genève	T 022 546 19 00 sam@etat.ge.ch www.ge.ch
GL Glarus	Kantonale Steuerverwaltung Abteilung IPV Hauptstrasse 11 8750 Glarus	T 055 646 61 50 steuerverwaltung@gl.ch www.gl.ch
GR Graubünden	SVA Graubünden Ottostrasse 24 7000 Chur	T 081 257 41 11 F 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	T 032 952 11 11 F 032 952 11 01 mail@ccju.ch www.caisseavsjura.ch
LU Lucerne	WAS Wirtschaft Arbeit Soziales Ausgleichskasse Luzern Würzenbachstrasse 8 Postfach 6000 Luzern 15	T 041 375 05 05 ipv@was-luzern.ch www.was-luzern.ch/ak
NE Neuchâtel	Service de l'action sociale Espace de l'Europe 2 Case postale 752 2002 Neuchâtel	T 032 889 85 02 F 032 889 60 89 Service.ActionSociale@ne.ch www.ne.ch
NW Nidwalden	Ausgleichskasse Nidwalden Stansstadterstrasse 88 Postfach 6371 Stans	T 041 618 51 00 F 041 618 51 01 info@aknw.ch www.aknw.ch
OW Obwalden	Gesundheitsamt St. Antonistrasse 4 Postfach 1243 6061 Sarnen	T 041 666 63 05 praemienverbilligung@ow.ch www.ow.ch

SG St Gallen	SVA St. Gallen Brauerstrasse 54 9016 St. Gallen	T 071 282 65 50 www.svasg.ch/kontakt-ipv www.svasg.ch/ipv
SH Schaffhausen	SVA Schaffhausen Oberstadt 9 8200 Schaffhausen	T 052 632 61 11 info@svash.ch www.svash.ch
SO Solothurn	Ausgleichskasse des Kantons Solothurn Allmendweg 6 4528 Zuchwil	T 032 686 22 00 info@akso.ch www.akso.ch
SZ Schwyz	Ausgleichskasse Schwyz Abteilung Leistungen (KVG) Postfach 53 6431 Schwyz	T 041 819 04 25 ipv@aksz.ch www.aksz.ch
TG Thurgau	Commune of residence or Amt für Gesundheit Promenadenstrasse 16 8510 Frauenfeld	T 058 345 68 40 gesundheit@tg.ch www.gesundheit.tg.ch
TI Ticino	Ufficio delle prestazioni Servizio sussidi assicurazione malattia Viale Stazione 28a 6500 Bellinzona	T 091 821 93 11 F 091 821 92 99 sussidi@ias.ti.ch www.ti.ch
UR Uri	Amt für Gesundheit Klausenstrasse 4 6460 Altdorf	T 041 875 22 42 praemienverbilligung@ur.ch www.ur.ch/praemienverbilligung
VD Vaud	Office vaudois de l'assurance-maladie Ch. de Mornex 40 1014 Lausanne	T 021 557 47 47 www.vd.ch
VS Valais	Ausgleichskasse des Kantons Wallis Av. Pratiferi 22 1950 Sitten	T 027 324 91 11 subvention@avs.vs.ch www.avs.vs.ch
ZG Zug	Ausgleichskasse Zug Baarerstrasse 11 Postfach 6302 Zug	T 041 560 47 00 info.ipv@akzug.ch www.akzug.ch/ipv
ZH Zurich	SVA Zürich Röntgenstrasse 17 Postfach 8087 Zürich	T 044 448 53 75 info-ipv@svazurich.ch www.svazurich.ch/ipv

2. Common Institution under the Federal Health Insurance Act

The Common Institution is responsible for premium subsidies for policyholders who are resident in a member state of the EU, in Iceland, Norway or in the UK, and who receive a Swiss pension, and for members of their family who are insured in Switzerland (Art. 66a KVG).

Institution	Address	Contact
Gemeinsame Einrichtung KVG	Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org

Cantonal offices responsible for exemption from compulsory insurance.

Canton	Address	Contact
AG Aargau	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
AI Appenzell Innerrhoden	Gesundheits- und Sozialdepartement Hoferbad 2 9050 Appenzell	T 071 788 92 50 info@gsd.ai.ch www.ai.ch
AR Appenzell Ausserrhoden	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
BE Bern	Amt für Sozialversicherungen Forelstrasse 1 3072 Ostermundigen	T 031 636 45 00 asv.vp@be.ch www.asv.dij.be.ch
BL Basel-Landschaft	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 F 032 625 30 90 info@kvg.org www.kvg.org
BS Basel-Stadt	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
FR Fribourg	Commune of residence or work (cross border commuters) Frontier commuters: Amt für Gesundheit Route des Cliniques 17 1700 Fribourg	T 026 305 29 13 F www.fr.ch/ssp
GE Geneva	Service de l'assurance maladie Route de Frontenex 62 1207 Genève	T 022 546 19 13 sam@etat.ge.ch www.ge.ch
GL Glarus	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
GR Graubünden	Commune of residence or work (cross border commuters)	
JU Jura	Caisse de compensation du Jura Rue Bel-Air 3 Case postale 368 2350 Saignelégier	T 032 952 11 11 F 032 952 11 01 mail@ccju.ch www.caisseavsjura.ch
LU Lucerne	WAS Wirtschaft Arbeit Soziales Ausgleichskasse Luzern Würzenbachstrasse 8 Postfach 6000 Luzern 15	T 041 375 05 05 ipv@was-luzern.ch www.was-luzern.ch/ak
NE Neuchâtel	Office de l'assurance maladie Espace de l'Europe 2 Case postale 716 2002 Neuchâtel	T 032 889 66 30 F 032 722 03 66 ocab@ne.ch www.ne.ch
NW Nidwalden	Ausgleichskasse Nidwalden Stansstaderstrasse 88 Postfach 6371 Stans	T 041 618 51 00 F 041 618 51 01 info@aknw.ch www.aknw.ch
OW Obwalden	Gesundheitsamt St. Antonistrasse 4 Postfach 1243 6061 Sarnen	T 041 666 64 58 gesundheitsamt@ow.ch www.ow.ch
SG St Gallen	Commune of residence or work (cross border commuters)	
SH Schaffhausen	SVA Schaffhausen Oberstadt 9 8200 Schaffhausen	T 052 632 61 11 info@svash.ch www.svash.ch

SO Solothurn	Gesundheitsamt Ambassadorshof Riedholzplatz 3 4509 Solothurn	T 032 627 93 71 gesundheitsamt@ddi.so.ch www.so.ch
SZ Schwyz	Ausgleichskasse Schwyz Abteilung Leistungen (KVG) Postfach 53 6431 Schwyz	T 041 819 04 25 info@aksz.ch www.aksz.ch
TG Thurgau	Commune of residence or work (cross border commuters) Amt für Gesundheit Promenadenstrasse 16 8510 Frauenfeld	T 058 345 68 40 gesundheit@tg.ch www.gesundheit.tg.ch
TI Ticino	Ufficio dei contributi Settore obbligo assicurativo Via Ghiringhelli 15a 6500 Bellinzona	T 091 821 91 11 F 091 821 92 99 obbligo@ias.ti.ch www.ti.ch
UR Uri	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
VD Vaud	Office vaudois de l'assurance-maladie Ch. de Mornex 40 1014 Lausanne	T 021 557 47 47 www.vd.ch
VS Valais	Commune du lieu de domicile, de résidence ou de travail (frontalier/ière)	
ZG Zug	Gemeinsame Einrichtung KVG Industriestrasse 78 4609 Olten	T 032 625 30 30 info@kvg.org www.kvg.org
ZH Zürich	Gesundheitsdirektion Kanton Zürich Versicherungsobligatorium Stampfenbachstrasse 30 8090 Zürich	T 043 259 24 38 F 043 259 52 10 kvg@gd.zh.ch www.gd.zh.ch

List of health insurers

The current Overview of premiums issued by the Federal Office of Public Health includes a list of registered health insurers (see p. 27); the list is also available online at www.priminfo.ch.

List of HMO centres/GP network areas

The current Overview of premiums issued by the Federal Office of Public Health includes a list of HMO centres and GP network areas (see p. 27).

Other useful addresses

- **Office of the health insurance ombudsperson**, Postfach 519, 6002 Luzern; phone 041 226 10 10 (German), 041 226 10 11 (French) and 041 226 10 12 (Italian) (advice and mediation in disputes; no general advice on insurance). Website: www.om-kv.ch.
- **SPO Patientenorganisation** (Swiss Patients' Organisation), Häringstrasse 20, 8001 Zürich; phone 044 252 54 22). Website: www.spo.ch.
- **Stiftung für Konsumentenschutz (SKS)** (Foundation for Consumer Protection), Nordring 4, 3001 Bern; advice hotline for non-members 031 370 24 24. Website: www.konsumentenschutz.ch.
- **Schweizerisches Konsumentenforum** kf (Swiss Consumer Forum), Belpstrasse 11, 3007 Bern; advice hotline for members 031 380 50 34. Website: www.konsum.ch.
- **Dachverband Schweizerischer Patientenstellen** (Association of Swiss Patient Representation Offices), Hofwiesenstrasse 3, Postfach, 8042 Zürich; phone 044 361 92 56. Website: www.patienstenstelle.ch.

Sample letters

- 1 Maria Everywoman
Spitalweg 6
3000 Bern
- 2 Insurance number: 12.3456789.0

By registered post

- 3 Krankenkasse Sanissima
Postfach
3000 Bern

Bern, 15 October [year]

Re: Compulsory health insurance: change of insurer.

Dear Sirs,

- 4 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 Act by a different insurance provider.

Yours faithfully,

M. Everywoman

Enclosures: ...

- 1 Your name and your address
- 2 insurance number (shown on your health insurance card)
- 3 Name/address of your health insurer
- 4 Use text 1 to 5 as required

Use text 1 to 5 as required:

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 Act by a different insurance provider.

2 Compulsory health insurance: change of deductible e

Please note that from 1 January *[year]* I would like to change the deductible for my compulsory health insurance to CHF *[amount]*.

3 Request to cancel accident cover (according to Art. 8 Health Insurance Act)

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 Act.
Enclosure: Confirmation from employer

4 Request for written decision

Further to your letter dated *[date]* I would be grateful if you could send me a written decision in accordance with Art. 51 para. 2 of the Federal Act on the General Part of Social Insurance Law (ATSG).
Enclosure: Copy of the letter *[not essential]*

5 Objection

I hereby object to your written decision dated *[date]* in accordance with Art. 52 para. 1 of the Federal Act on the General Part of Social Insurance Law (ATSG). The reasons are as follows: *[list your arguments]*.
Enclosures:
– Copy of the decision *[not essential]*
– If available: evidence in support of your case

Further information

Overview of premiums

Every October, the FOPH publishes an Overview of premiums for compulsory health insurance in the following year, for each canton, for EU countries, and for Iceland and Norway. You can obtain this Overview free of charge by sending a self-addressed adhesive label (no envelopes please!) to the following address:

Bundesamt für Gesundheit
Prämien-Service
3003 Bern

The Overview of premiums is also available online at: www.priminfo.ch.

Health Insurance Act

The Federal Health Insurance Act and the associated Ordinances are available online in French, German or Italian: <https://www.bag.admin.ch/bag/de/home/gesetze-und-bewilligungen/gesetzgebung/gesetzgebung-versicherungen/gesetzgebung-krankenversicherung/kvg.html>.
The Act can also be ordered from the Federal Office for Buildings and Logistics (FOBL) at the following address (order no. 832.10.F, D or I):
FOBL, Publications, 3003 Bern. Website: www.bundespublikationen.admin.ch

“List of Pharmaceutical Specialties” including generics and List of Medicines with Tariffs

The lists of medicines covered by compulsory health insurance (“List of Pharmaceutical Specialties” including generics, and the “List of Medicines with Tariffs”) are available online <https://www.bag.admin.ch/bag/en/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Arzneimittel.html>

Aids and Appliances List

The Aids and Appliances List is available online in French, German or Italian: <https://www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Mittel-und-Gegenstaendeliste.html>

Index/keywords

- Abroad** 4, 12
Accident cover 17, 18, 26
Accidents 10
Aids and appliances 10, 27
Antenatal classes 8
Appeal 19
- Birth** 5, 8, 9
Bonus insurance 16, 18
Breastfeeding consultations 8
- Chiropractor** 9
Compulsory health insurance 5, 6, 7, 8, 9, 10, 11, 12, 15, 16
Contact lenses 9
Co-payment 13
- Deductible** 7, 8, 13, 15, 17
Dental treatment 10
Doctor 8
- Emergency treatment** 6, 12
Essential treatment 11
EU/EFTA/UK 4, 11, 12, 13
- Generics** 7, 13, 27
GP model 15, 17
- Health Insurance Act** 27
HMO 15, 16, 17, 24
Hospital 6, 8, 9, 11, 12, 14, 15, 17
- List of Pharmaceutical Specialties** 6, 7, 27
- Mammography** 7, 8, 14
Maternity 8, 9, 14
Medicines 6, 7, 13, 14, 27
- Newborn** 9
Notice period 15, 16
Nursing home 5, 10, 11
- Objection** 19, 26
- Physician** 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17
Physiotherapy 5, 9, 10
Postnatal check-up 8, 9
Premiums 5, 13, 15, 16, 17, 18
 Overview of premiums 15, 17, 24, 27
 Premium reductions 17
 Premium subsidies 13, 20
Prevention 7, 8
Psychotherapy 5
- Rescue** 11
Retention fee 13
- Spa treatment** 10
Spitex 5, 10, 11
Supplementary insurance 6, 12, 16
- Transport** 11, 12
- Vaccinations** 7

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Division Insurance Supervision

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