

Information sheet

Mutual benefits assistance regarding Health Insurance for insured persons of an EU member state* respectively Iceland, Liechtenstein or Norway

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

Persons staying temporarily in Switzerland

(Tourists, travellers on business, students, delegated workers, unemployed persons, employees in international traffic)

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1. General information

Switzerland has concluded agreements with the EU states as well as the EFTA states Iceland and Norway, which provide for a so-called mutual benefits assistance. The Common Institution under the Federal Sickness Insurance Act (CIFESIA) has been charged to deal with mutual benefits assistance in Switzerland in case of illness, recreational accidents and maternity.

If you are a citizen of Switzerland or one of the EU states and are insured with a recognised health insurance of an EU state, then you and your non-employed family members are entitled to claim comprehensive benefits in kind according to Swiss law. This claim only exists for benefits in kind which cannot wait until the intended return to your home country. The same regulation applies if you or your non-employed family members are citizens of Switzerland, Iceland, Liechtenstein or Norway and are insured with the recognised health insurance of Iceland, Norway or Liechtenstein.

In case of hospital treatment, CIFESIA assists, as a rule, by settling the costs and later charging these to your insurance. In case of ambulatory treatment, you will, as a rule, be expected to pay the doctor's bill yourself and afterwards send the bill to us for refunding. Your share of the cost under Swiss law will have to be settled by you.

CIFESIA is situated in Solothurn and is active throughout Switzerland, accepting costs for benefits in kind regarding illness, accident (as long as no other accident insurance is responsible) and maternity cases.

2. Responsibility for costs of the Comprehensive Health Insurance according to Swiss Health Insurance Law

The following table details the main comprehensive benefits. The enacting decrees are lawfully binding (the Swiss Federal Law concerning the Health Insurance as well as the complementary regulation of execution and accompanying legal verdicts).

You can request assistance from any approved health care providers (doctors, hospitals, chemists). In case a provider of health care is not participating in the system any more, costs will not be settled by CIFESIA. This health care provider has to inform the patient accordingly in advance of treatment. Hospitals have to appear on the hospital lists of the Swiss Cantons. Please call CIFESIA for specific information.

Ambulatory treatment in respect of school medicine	Payment is made for costs resulting from approved physicians, chiropractors, midwives, logopaedists, physio- and ergotherapists, nurses respectively 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).
Devices	Devices prescribed by a physician, which serve the examination 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 masticatory system, or if it is due to any other serious illness or its after-effects. No payment is made for teeth corrections.
Congenital infirmity	Payment is made for the same benefits as for illness if not covered by the Swiss Invalidity Insurance.
Psychotherapy	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).

Laboratory analysis	Analysis ordered by a physician according to the analysis list.
Hospital in-patient treatment	Payment is made for medically indicated treatment in a public ward (multi-bed) of an approved hospital according to the hospital list of the Canton of your stay.
Medical rehabilitation	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, public ward) and only after having been approved by the medical examiner.
Nursing home	Payment of costs for nursing measures and other ambulatory measures (treatment by a physician, physiotherapy etc.) as well as medication and laboratory analyses.
Spa treatment prescribed by a doctor	Sfr. 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.
Recuperation (e.g. after a hospital stay)	No payments for in-patient benefits (no automatic liability or cover); only payment for doctor's fees, medication and therapies.
Home care (Spitex)	Home care by approved Spitex organisations or nurses.
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 education for advice in breast feeding • a contribution of Sfr. 100.00 to pre-natal preparatory courses by midwives Pregnancy exercises are not paid for.
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 melanoms (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 KVV,
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 following clinical judgement.
Cost participation for medically induced transport to an approved health care provider	50% of the costs, at the most Sfr. 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 Sfr. 5'000.00 per calendar year. No payment is made for the search and recovery of the deceased.

3. Cost participation

Because Swiss law demands a cost participation, persons who are insured with a Health Insurance abroad are also obliged to participate in the cost of the benefits which they receive in Switzerland, the same as a person insured with a Swiss Health Insurance.

The cost participation will be charged by CIFESIA.

For persons who are only staying temporarily in Switzerland this participation consists of a fixed amount of Fr. 92.-- for adults and Fr. 33.-- for children up to the completed age of 18 within a period of 30 days.

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

4. 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. For ambulatory treatment CIFESIA will at the most refund the costs according to the tariff of the place of your stay and its surroundings. For hospital in-patient or semi-in-patient treatment CIFESIA will pay or refund the costs to the maximum of the tariff of the Canton of your stay.

If, for medical reasons, you have to use a health care provider outside the town of your stay (ambulatory treatment) or outside the Canton of your stay (in-patient or semi-in-patient hospital treatment) costs will be paid according to the tariff which applies to the respective health care provider.

Such medical reasons refer to emergencies or if the necessary treatment cannot be carried out in the town or Canton of your stay.

If you choose a health care provider outside the town or Canton of your stay without a medical reason as described, then you will have to accept the excess costs.

5. Billing

According to Swiss law, billing will be made by the health care providers to the insured persons, if nothing else has been arranged. The insured persons have a right to a refund of the costs by the insurer. The patient's share of the costs (see item 3) will be deducted.

Health care providers and Insurers can agree by contract, that the insurers are liable to pay the bills. In this case, bills will be made out to CIFESIA direct. This applies, as a rule, to hospital bills.

If you receive a bill for medical treatment, we ask you to pay it and then send it to your health insurance for refunding. You also have the possibility to request reimbursement from CIFESIA by sending us the original invoices together with the details of your bank account (SWIFT Code and IBAN number if account abroad). Otherwise, if a cheque has to be issued, a fee of Fr. 10.00 will be deducted from the reimbursable amount.

6. Claiming benefits, cost guarantee

In case medical treatment becomes necessary, your European Health Insurance Card (EHIC) will prove your claim to mutual benefits assistance. Please always show your EHIC in the event of having to see a doctor or needing hospital treatment or buying medication at the chemist.

In case it becomes necessary for you to enter into hospital care as an in-patient (public ward) please inform the hospital that you are registered with the Common Institution KVG and are entitled to mutual benefits assistance. The hospital will then request a confirmation of liability for the costs from us. If necessary, you can always contact us by telephone during normal office hours. The hospital will charge you personally with additional costs, for instance a stay in a private hospital or in a private or semi-private ward of a public hospital as well as for private expenses like telephone costs etc.

7. Questions, Ombudsman, legal process

We at CIFESIA are pleased to help and inform you should you have any questions concerning your rights to benefits in Switzerland. Please contact the following address:

Gemeinsame Einrichtung KVG
Abteilung internationale Koordination Krankenversicherung
Gibelinstrasse 25
Postfach
CH-4503 Solothurn

Telephone: +41 (0) 32 625 30 30 (08.00 – 11.30 and 14.00 – 16.00)
Fax: +41 (0) 32 625 30 29
Internet: www.kvg.org
E-Mail: info@kvg.org

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

Ombudsman der sozialen
Krankenversicherung
Morgartenstrasse 9
CH-6003 Luzern

Telephone: german +41 (0)41 226 10 10
french +41 (0)41 226 10 11
italien +41 (0)41 226 10 12

Should the Ombudsman not be able to help you, then 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 CIFESIA in Solothurn and lodge a protest with CIFESIA. 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. CIFESIA is obliged to inform you about your legal rights and legal steps.