



Gesundheitsdepartement des Kantons Basel-Stadt

Medizinische Dienste

Medical insurance the smart way

INFORMATION TO HELP YOU CHOOSE THE RIGHT PLAN



HEALTH COMPASS

Everyone living in Switzerland must take out insurance against illness and accident. Basic health insurance is compulsory for everyone, regardless of age, place of origin or residential status. The registration deadline for this is three months after birth or taking up residence in Switzerland.

Switzerland has numerous health insurance providers through which basic health insurance can be taken out.

The federal government’s platform www.priminfo.ch lists a comparison of the insurance offers from every health insurance provider in Switzerland.

The benefits provided by basic insurance are stipulated in the Health Insurance Act [KVG]. In addition to this mandatory basic health insurance, there are also voluntary supplementary insurances that are regulated by the Insurance Contracts Act [VVG].

Basic and supplementary health insurance differ in three important aspects:

	BASIC HEALTH INSURANCE (KVG)	SUPPLEMENTARY HEALTH INSURANCE (VVG)
Benefits	All health insurance providers offer the same basic health insurance benefits and to the same level. Insured persons can opt for an insurance plan that imposes restrictions (so-called alternative plans), which usually also result in lower insurance premiums. This is explained on the following pages.	If the benefit is not one of the mandatory benefits provided by basic health insurance, the costs will only be covered if you have supplementary health insurance that also covers this benefit specifically (i.e. glasses, medicines not covered by basic health insurance, alternative medical treatments, dental treatment for children).
Acceptance	The health insurance provider is freely selectable – insurers are obligated to provide insurance to all applicants without imposing restrictions (obligation to accept).	Health insurance providers can decide whether to offer or decline insurance to an interested party (no obligation to accept). A health check will frequently be carried out by the health insurance provider. Acceptance, but with restrictions, is also possible.
Notice period	Policy cancellation, followed by an insurance switch is possible in the event of a change to the agreed insurance conditions (i.e. an increase in the premium). Health insurance providers must notify their new premiums by the end of October. Insured persons then have until 30 November to submit their notice of insurance cancellation.	Persons should only cancel their existing supplementary health insurance if they have already taken out new cover – or wish to do without this insurance permanently in future. That’s because there is no obligation to provide supplementary health insurance. If the insurance premium does not change, there will usually be a notice period of three months, i.e. the cancellation notice deadline for supplementary insurance is usually the end of September. However, this may vary depending on the insurance provider.

Incidentally, supplementary health insurances and basic health insurance do not need to be taken out with the same insurance provider. This means that you can change your insurance provider for your basic health insurance, but still retain your supplementary health insurance policy with your existing provider.

WHAT BENEFITS WILL MY BASIC HEALTH INSURANCE PROVIDE ME WITH?

The key benefits are:

- **Outpatient treatments** Treatment by officially approved service providers (i.e. family doctors)
- **Inpatient treatments** Treatment and stays in the general ward (multibed room) of a hospital included on an official list (Hospitals list)
- **Emergencies** Emergency treatments, contributions towards transport and rescue costs
- **Medicines and laboratory tests** Medicines, dressing materials and laboratory tests prescribed by physicians that are on an official list (Federal List of Special Pharmaceutical Products and Off-The-Shelf Medicines, Federal List of Analyses, Federal List of Medical Aids and Appliances)
- **Pregnancy and childbirth** Check-ups, birth costs, birth preparation courses, breastfeeding advice, abortion (without cost sharing, i.e. without a deductible or a retention fee)
- **Medical prevention** Basic health insurance covers certain preventive healthcare measures like gynaecological check-ups, vaccinations, medical check-ups for children before the beginning of school
- **Rehabilitation** Inpatient rehabilitation after surgery or severe illness, physiotherapy and occupational therapy, if prescribed by a doctor
- **Illness abroad** Emergency treatments abroad during a limited stay (i.e. holidays)
- **Complementary medicine** Anthroposophical medicine, homeopathy, neural therapy, phytotherapy and traditional Chinese medicine provided the attending physician is appropriately qualified

Detailed information about the individual benefits can be found in the summary of benefits provided by your health insurance provider.

BASIC HEALTH INSURANCE PLANS

Mandatory basic health insurance (KVG) has various plans; these are so-called alternative insurance plans. They are offered by all health insurance providers. Depending on the insurer's offer and plan, the premium will be reduced by 5 to 25 per cent compared to the premium in the standard plan for the same level of medical care. In 2018, over six million insured persons in Switzerland opted for an alternative insurance plan, while in the canton of Basel-Stadt, the figure was just under 67 per cent.

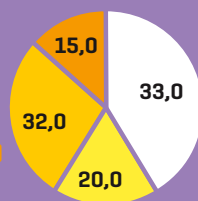
HEALTH INSURANCE PLANS IN 2018 (PERCENTAGE BREAKDOWN)

Standard basic insurance

HMO plan

Family doctor plan

Other plans (no-claims bonus insurance, telemedicine)



Source: SASIS – Data Pool

STANDARD PLAN

The standard plan offers you a free choice of doctor.

In the event of illness the choice of whether to go to a primary care physician [e.g. a family doctor, a specialist for internal medicine, a general practitioner] or directly to a specialist, is entirely up to you.

PREMIUM SAVINGS: With the standard plan, you must pay the full premium amounts and will not benefit from any savings.

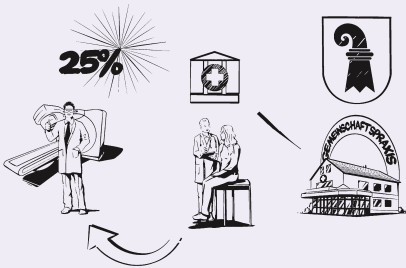


HMO PLANS

In the case of the Health Maintenance Organisation (HMO) plan, the insured persons undertake to firstly consult a doctor at an HMO centre in the event of illness. HMO centres are designated group practices in Basel-Stadt.

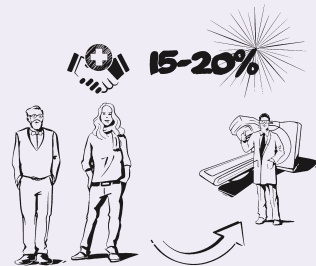
FAMILY DOCTOR PLANS

Insured persons in the family doctor plan do not have a free choice of doctor and agree to always consult their regular family doctor in the event of illness. While some health insurance funds keep detailed lists of eligible family doctors, others will allow a free choice of family doctor within an insurance-fund-specific catchment area.



In the event of illness, you simply go to an HMO centre where you will be examined and advised by a doctor and, if necessary, be referred to a specialist.*

PREMIUM SAVINGS: Depending on the health insurance provider, premiums for HMO insurances will be up to 25 per cent lower than premiums for the standard plan.

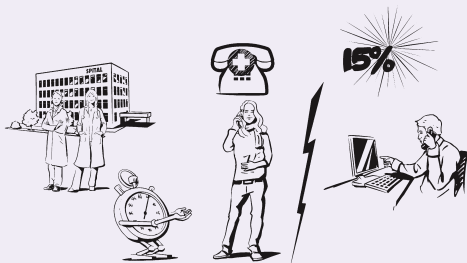


In event of illness go to your family doctor who will examine you, advise you and, if necessary, refer you to a specialist.*

PREMIUM SAVINGS: The premiums for family doctor insurance products will be 15 to 20 per cent cheaper than those for the standard model, depending on the health insurance provider.

TELME PLANS

In the event of a new health problem, the insured persons must always telephone a medical helpline before their first visit to a doctor. Medical specialists on the helpline will provide information, advise on recommended actions or refer the insured person to a doctor, a hospital or a therapist.

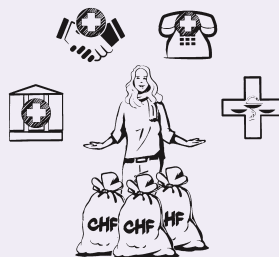


In the event of illness telephone the medical helpline of your health insurance provider and, if necessary, you will be referred to a specialist.*

PREMIUM SAVINGS: Depending on the health insurance provider, insured persons on a Telmed plan will receive a premium discount of up to 15 per cent, compared to the standard plan.

OTHER PLANS

The market for alternative insurance plans is evolving constantly. Several pharmacies are now also offering insurance plans in partnership with individual health insurance providers as a low-threshold and cost-effective market offering.



If you are on a pharmacy plan and become ill, go to a pharmacy listed in your insurance contract where you will be advised in a separate consultation room. Your symptoms will be recorded with the help of a set questionnaire and you will often be able to receive all the required treatment there and then.

If necessary, a doctor will be consulted by telephone or you will be referred directly to a doctor. The costs for the consultation will be covered by your health insurance provider.

PREMIUM SAVINGS: Depending on the health insurance provider, insured persons will receive a premium discount of up to 16 per cent compared to the standard plan.

ALSO SEE OUR YOUTUBE
VIDEO ENTITLED
"CLEVER KRANKENVERSICHERT".

*For emergencies, annual gynaecological check-ups and regular check-ups with your ophthalmologist, you can consult the relevant specialist directly.

COSTS FOR BASIC HEALTH INSURANCE

Health insurance premiums

A monthly premium is payable to receive health insurance. Although the basic health insurance offered by all health insurers offers identical benefits, the premiums may vary. Children will have lower premiums until they reach 18 years of age.

Cost sharing (deductible, retention fee and hospital contribution)

The first CHF 300 per year towards the cost of doctors, hospitals or medication must be paid directly by the insured persons themselves, regardless of the health insurance provider. This amount is called a **deductible**. The annual deductible can be changed (from 300 to 2,500 francs) to suit your personal circumstances when taking out health insurance. Depending on the selected deductible, the insured person will pay a correspondingly lower monthly insurance premium.

If the medical bills exceed the deductible during a year, the health insurance fund will cover the additional costs, however 10 per cent of these costs must be borne by the insured person. This share is called the **retention fee** and is limited to a maximum of CHF 700 per year for adults and a maximum of CHF 350 for children. The costs for maternity (pregnancy and childbirth) are covered in their entirety, without a deductible element, by the insurance fund. If there are hospital costs, a **hospital contribution** of 15 francs per day of a hospital stay must be paid.



ADVICE OF THE CANTONAL PHARMACIST

When choosing a health insurance plan, one's personal needs should come first and foremost. Since all basic health insurance plans provide exactly the same benefits, it comes down to a question of what you are most comfortable with. For example, do you attach considerable importance to personal contact? If so, the family doctor plan would be best for you. Would you prefer to have the initial consultation by phone? If so, then a Telmed plan would suit you. Would you prefer to see a specialist directly and under your own initial assessment of the medical seriousness? If so, then opt for the standard plan. And if you generally like to go to a pharmacy first of all, then one of the new partnership plans with pharmacies could be a good option for you.



It is important to know that your choice of plan will have no influence on the quality of the healthcare that is provided. In other words, you will always see doctors with the same level of training and receive the same medicines. Especially in the case of medicines, the patient can always help decide whether a brand-name medicine or a cheaper generic is preferred – it will not matter whether the person is insured on the standard plan, on an HMO plan or on another plan.

For straightforward conditions like eye or bladder infections, fungal skin infections or back pain, the netCare services offered by pharmacies are often helpful. NetCare combines the initial consultation in pharmacies, by way of a standardised triage, with the option of a medical consultation. The customer is treated and receives the required medication depending on the initial consultation, or is referred to a doctor or an Accident & Emergency Department. This service can prevent an unnecessary trip to an Accident & Emergency Department.

The netCare solutions at pharmacies are available to all customers during the opening hours of pharmacies; depending on the selected insurance plan, the health insurance fund will cover the expenses of around 60 francs per consultation.

MONEY-SAVING TIPS

The premium level is just one of many criteria to consider when choosing a new health insurance fund. Service quality and customer satisfaction are equally important considerations.

If you are satisfied with your health insurance fund and do not wish to change provider, savings can still be made:

Choose an alternative basic insurance plan

Health insurance providers offer various alternative plans that you are free to choose: HMO plans, family doctor plans, Telmed plans, etc. This allows you to save up to 25 per cent of the premium for the same range of benefits.

Increased deductible

Some health insurance funds offer the option of an increased deductible. Having a higher deductible means that you automatically lower your monthly premiums, giving savings of up to 1,000 francs per year. This savings option is particularly useful if you rarely see a doctor and, in the event of an emergency, have the amount of the deductible at your disposal.

Exclusion of accident insurance

If you work for the same employer for at least eight hours a week, you will be automatically insured for occupational and non-occupational accidents.

If this is the case, exclude accident insurance from your insurance policy and save 6.5 per cent on your insurance premium.

Take advantage of discounts

If you settle your premium invoice in a single payment every year, some health insurance providers will grant you a discount of up to 2 per cent.

Being insured as a family

Many health insurance providers offer premium discounts for children. For a first child, premium discounts on basic health insurance plans can be 75 per cent, for each additional child even 80 per cent.

Income-based premium reductions

People on a low income are entitled to receive a reduction in their health insurance premium. Check whether you are entitled to receive a reduction in premiums based on your income. Further information can be found at: www.asb.bs.ch/krankenversicherung/praemienverbilligung.html

Source: santésuisse

Legal information

Gesundheitsdepartement des Kantons
Basel-Stadt, Medizinische Dienste

Malzgasse 30, 4001 Basel

E-Mail: md@bs.ch
T 061 267 90 00

Further information can be found at:
www.gesundheit.bs.ch