

Foreign insurer's confirmation for the purpose of exemption from compulsory healthcare insurance in Switzerland

Requirement for an exemption of the Health insurance:

The person named below is entitled to full reimbursement of healthcare costs incurred in Switzerland in the terms of the Swiss Federal Health Insurance Act and related orders for the entire duration of his/her stay in Switzerland. The reimbursement according to Article 25 to 31 KVG has to be accepted explicitly and without any restrictions. Indications of the General Conditions of Insurance are not meeting the requirements.

Confirmation of the foreign insurer for:

Last name		First name
Street/no.		Postcode/town
Date of birth		
Duration of the stay in Swi	tzerland	
from	until	
Place / Date		Stamp and signature of the foreign health insurance company

Federal Law on Compulsory Health Care (KVG)

Art. 25 General benefits in the case of sickness

- 1 Compulsory health care insurance covers the costs of diagnosing and treating sickness and its effects.
- 2 These benefits cover:
 - a. examinations, treatment and care of an out-patient, at the residence of the patient, in a hospital, in a semi-hospital establishment or in a medical-social establishment by:
 - 1. doctors,
 - 2. chiropractors,
 - 3. persons providing services prescribed or ordered by a doctor or a chiropractor;
 - b. analyses, medicaments and diagnostic and therapeutic services and equipment prescribed by a doctor or within the limits determined by the Federal Council by a chiropractor;
 - c. a contribution to the costs of spa treatment prescribed by a doctor;
 - d. medical rehabilitation measures carried out or prescribed by a doctor;
 - e. a stay in the general ward of a hospital;
 - fbis.the stay during childbirth in a maternity hospital (Art. 29);
 - g. a contribution to medically necessary transport costs and rescue costs;
 - h. services of pharmacists in dispending the medicaments prescribed in accordance with b above.

Art. 25a Nursing services in the event of illness

- 1 Under compulsory healthcare insurance, a contribution is made to nursing services that are provided on the instructions of a doctor as an outpatient and where there is a clear need for nursing care on an outpatient basis, in day or night structures, or in a nursing home. Article 52 shall apply to the remuneration of means and objects used for examination or treatment and used for nursing services.
- 2 Acute and transitional care services that prove necessary following discharge from hospital and which are prescribed by a doctor in hospital are paid for by the compulsory healthcare insurance and by the insured's canton of residence for a maximum period of two weeks in accordance with the hospital funding regulations (Art. 49a Payment for inpatient services). Insurers and service providers shall agree on flat rate fees.
- 3 The Federal Council shall designate the nursing services and regulate the procedure for ascertaining the need.
- 4 The Federal Council shall specify the contributions in francs and differentiate them based on the level of care required. The decisive factor is the cost according to the need for care of nursing services provided with the required quality and efficiency at a reasonable cost. Nursing services shall be subject to quality control. The Federal Council shall specify the procedures.
- The insured person may be charged a maximum of 20 per cent of the maximum care contribution fixed by the Federal Council for care costs not covered by social insurance. The cantons shall regulate the payment of the remainder of the costs. The canton in which the insured person is resident is responsible for determining and paying the remainder of the costs. In relation to outpatient care, the rules on paying the remainder of the costs in the canton where the service provider is located apply. A stay in a nursing home does not establish a new responsibility. If, at the time of admission to a nursing home, the insured person cannot be provided with a place in a nursing home in the geographical vicinity in his or her canton of residence, the canton of residence shall pay the remainder of the costs in accordance with the rules of the canton in which the service provider is located. The payment of the remainder of the costs and the right of the insured person to stay in the nursing home in question are guaranteed for an unlimited period.

Art. 26 Prophylactic medicine

Compulsory health care insurance covers the costs of certain examinations intended to detect diseases in time as well as prophylactic measures for insured persons particularly at risk. Such examinations and prophylactic measures must be carried out or prescribed by a doctor.

Art. 27 Congenital defects

In the case of congenital defects not covered by the disability insurance scheme, compulsory health care insurance covers the costs of the same benefits as in the case of sickness.

Art. 28 Accidents

In the case of accidents pursuant to Art. 1, para. 2, letter b, compulsory health care insurance covers the costs of the same benefits as in the case of sickness.

Art. 29 Maternity

- 1 In addition to the same costs as in the case of sickness, compulsory health care insurance covers special costs in the case of maternity.
- 2 These benefits cover:
 - a. periodic check-ups carried out by a doctor or a mid-wife or prescribed by a doctor during and after pregnancy;
 - b. delivery at home, in a hospital or in a semi-hospital establishment by a doctor or a mid-wife;
 - c. necessary advice on breast-feeding;
 - d. care and stay of a healthy newborn child staying with its mother in the hospital.

Art. 30 Legal abortion

In case of non-punishable termination of pregnancy pursuant to Article 119 of the Criminal Code compulsory sickness insurance covers the costs of the same benefits as in the case of sickness.

Art. 31 Dental treatment

- 1 Compulsory health care insurance covers the costs of dental treatment:
 - a. if it is caused by a serious and unavoidable disease of the masticatory system; or
 - b. if it is caused by any other serious illness or its after-effects; or
 - c. if it is necessary for the treatment of a serious illness or its after-effects.
- 2 It also covers the costs of treatment of injuries to the masticatory system caused by an accident pursuant to Art. 1, para. 2, letter b.