



**Foreign private insurer's certificate to compulsory health care insurance in Switzerland
(Health Insurance Order Article 2 para. 8)**

Conditions of exemption:

Persons staying in Switzerland are eligible for exemption, provided the person concerned has already an excellent insurance cover with a foreign private insurance company for treatment, if the following two requirements are met:

- The Person needs a foreign private insurance, fully covering private healthcosts worldwide or at least within the EU- and EFTA-area.
- The Person might not be able to conclude a supplementary insurance because of his/her age and/or his state of health or only under hardly acceptable conditions.

Foreign insurer's CONFIRMATION of cover for:

Family name and first name: _____

Date of birth: _____

Address and postal code in Switzerland: _____

The person named above has a foreign private insurance, fully covering private healthcosts within the EU- and EFTA-area. He is entitled to full reimbursement of healthcare costs incurred in Switzerland in the terms of the Swiss Federal Health Insurance Act and related orders (see reverse) for the entire duration of his/her stay in Switzerland.

The Insurer is obliged to inform the local authority (Einwohnergemeinde), should there be any change in the actual and existing coverage.

Date: _____

Insurer's signature and stamp:

Enclosure:

- Copy of medical insurance policy

Federal Health Insurance Act (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 in- and out-patient, at the residence of the patient, in a hospital or in a medical-social establishment by:
 1. doctors,
 2. chiropractors,
 3. persons providing services prescribed or ordered by a doctor;
- 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;
- f. ... (repealed)
- f^{bis}. a stay in a maternity unit for the purpose of childbirth (Art. 29);
- g. a contribution to medically necessary transport costs and rescue costs;
- h. services of pharmacists in dispensing the medicaments prescribed in accordance with letter 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 out-patient and where there is a clear need for nursing care on an outpatient basis, in day or night structures, or in a nursing home.

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 in-patient 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.

⁵ In relation to nursing costs not covered by social insurances, a maximum of 20 per cent of the maximum care contribution fixed by the Federal Council may be passed on to the insured. The cantons shall regulate the payment of the remainder of the costs.

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. 1a, 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 caused by a serious and unavoidable disease of the masticatory system; or
- b. if it 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. 1a, para. 2, letter b*).

*) accident, which is not covered by any other accident insurance