The compulsory health insurance system

Guide
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 2020. 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, working in Switzerland and are resident in a member state of the EU, in Iceland or in Norway. 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 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 or in Norway. 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;
- if you exclusively receive a pension from an EU/EFTA state;
- 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 should contact the Common Institution (www.kvg.org).

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 or in Norway. 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 and neuropsychology], as well as examinations (e.g. analyses, X-rays) ordered by a physician. The reimbursement of psychotherapeutic services 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: www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Aerztliche-Leistungen-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 www.bag.admin.ch/bag/de/home/gesund-leben/gesundheits-foerderung-und-praevention/impfungen-prophylaxe/schweizerischer-impfplan.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 papilloma-virus 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.
  - 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. These programmes are operating in the cantons of Basel-Stadt, Freiburg, Geneva, Graubünden, Jura, Neuchâtel, St. Gallen, Uri, Vaud, Valais or in the administrative
**Benefits**

**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 seven 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;

- **Screening for cancer of the colon** in men and women aged 50 to 89. 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 in the cantons of Basel-Stadt, Freiburg, Geneva, Graubünden, Jura, Neuchâtel, St. Gallen, Uri, Valais or Vaud, or in the Bernese Jura administrative district.

**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.

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**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.

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**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. 73).
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. 12).

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, you are insured through your 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: www.ahv-iv.ch/de/Merkblatter-Formulare/Merkblatter/Erganzungsleistungen-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

In EU/EFTA countries, 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:


Insured people who are resident in an EU country, in Iceland or in Norway can find more information online at: www.bsv.admin.ch/bsv/en/home/informations-fuer/versicherte/int.html.
Emergency treatment in a country outside the EU/EFTA

If you require emergency treatment in a country that 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 insurance 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

If you are insured in Switzerland and are resident in an EU/EFTA member state, 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 or in Norway. Health insurance funds may apply up to three different regional levels within a single canton or a single EU/EFTA country. 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. 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 or in Norway 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).
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, 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.

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.
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 or in Norway.

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). You can also appeal if the health insurer fails to send a written decision or a response to the objection.

N.B.
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.

→ 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.

→ 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

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<thead>
<tr>
<th>Canton</th>
<th>Address</th>
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<tr>
<td>A6 Aargau</td>
<td>SVK Aargau</td>
<td>T 062 836 81 81 F 062 836 81 99 <a href="mailto:info@sva-ag.ch">info@sva-ag.ch</a> <a href="http://www.sva-ag.ch/pv">www.sva-ag.ch/pv</a></td>
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<tr>
<td>AI Appenzell</td>
<td>Appenzell Internheiten</td>
<td>T 071 786 92 50 <a href="mailto:info@gsd.ai.ch">info@gsd.ai.ch</a> <a href="http://www.ai.ch">www.ai.ch</a></td>
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<tr>
<td>AR Appenzell</td>
<td>Aussenhindern</td>
<td>T 071 354 51 51 F 071 354 52 52 <a href="mailto:info@sva.ch">info@sva.ch</a> <a href="http://www.sva.ch">www.sva.ch</a></td>
</tr>
<tr>
<td>BE Bern</td>
<td>Amt für Sozialversicherungen Prämienverbilligung und Obligatorium Foreilstrasse 1 3732 Ostermundigen</td>
<td>T 0844-60 88 84 <a href="mailto:aev.pv@be.ch">aev.pv@be.ch</a> <a href="http://www.be.ch/pvo">www.be.ch/pvo</a></td>
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<tr>
<td>BL Basel-Landschaft</td>
<td>Basel-Landschaft Hauptstrasse 109 4052 Binningen</td>
<td>T 061 425 25 25 F 061 425 25 00 <a href="mailto:info@sva-b.ch">info@sva-b.ch</a> <a href="http://www.sva-b.ch">www.sva-b.ch</a></td>
</tr>
<tr>
<td>BS Basel-Stadt</td>
<td>Kanton Basel-Stadt Amt für Sozialbühnä Prämienverbilligung Eierzachstrasse 62 4005 Basel</td>
<td>T 061 267 86 66 F 061 267 86 14 <a href="mailto:aev-pv@be.ch">aev-pv@be.ch</a> <a href="http://www.sva-b.ch">www.sva-b.ch</a></td>
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<tr>
<td>FR Fribourg</td>
<td>Ausgleichskasse des Kantons Freiburg Impasse de la Clôture 1 Case postale 176 1782 Saignelégier</td>
<td>T 026 305 45 01 <a href="mailto:info@sva.ch">info@sva.ch</a> <a href="http://www.caisseavsfrib.ch">www.caisseavsfrib.ch</a></td>
</tr>
<tr>
<td>GE Genève</td>
<td>Service de l’assurance maladie Ruede de Fronteraz 62 1207 Genève</td>
<td>T 022 546 19 00 F 022 546 19 19 <a href="mailto:sam@etat.ge.ch">sam@etat.ge.ch</a> <a href="http://www.etat.ge.ch">www.etat.ge.ch</a></td>
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<tr>
<td>GL Glarus</td>
<td>Kantonsale Steuerverwaltung Abteilung PVX Hauptstrasse 11/17 8750 Sargans</td>
<td>T 055 646 61 50 <a href="mailto:steuerverwaltung@gl.ch">steuerverwaltung@gl.ch</a> <a href="http://www.gl.ch">www.gl.ch</a></td>
</tr>
<tr>
<td>GR Graubünden</td>
<td>SVK Graubünden Ottocasa 24 7000 Chur</td>
<td>T 081 257 42 11 F 081 257 42 22 <a href="mailto:info@sva.gr.ch">info@sva.gr.ch</a> <a href="http://www.sva.gr.ch">www.sva.gr.ch</a></td>
</tr>
<tr>
<td>JU Jura</td>
<td>Caisse de compensation du canton du Jura Rue Bel-Air 3 Case postale 368 2350 Saignelégier</td>
<td>T 032 352 11 11 F 032 352 11 01 <a href="mailto:info@sva.ch">info@sva.ch</a> <a href="http://www.caisseavsu.ch">www.caisseavsu.ch</a></td>
</tr>
<tr>
<td>LU Lucerne</td>
<td>WAS Wirtschaft Arbeit Soziales Ausgleichskasse Luzern Wüstenbachstrasse 8 Postfach 6000 Luzern 15</td>
<td>T 041 375 05 05 <a href="mailto:info@was-luzern.ch">info@was-luzern.ch</a> <a href="http://www.was-luzern.ch/ak">www.was-luzern.ch/ak</a></td>
</tr>
<tr>
<td>NE Neuchâtel</td>
<td>Service de l’Office social Espace de l’Europe 2 Case postale 750 2005 Neuchâtel</td>
<td>T 032 889 85 02 F 032 889 85 01 <a href="mailto:ServiceActionSociale@ne.ch">ServiceActionSociale@ne.ch</a> <a href="http://www.ne.ch">www.ne.ch</a></td>
</tr>
<tr>
<td>NW Nidwalden</td>
<td>Ausgleichskasse Nidwalden Stansdorferstrasse 88 Postfach 6371 Stans</td>
<td>T 041 618 51 00 F 041 618 51 01 <a href="mailto:info@hawk.ch">info@hawk.ch</a> <a href="http://www.hawk.ch">www.hawk.ch</a></td>
</tr>
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</table>

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 or in Norway, and who receive a Swiss pension, and for members of their family who are insured in Switzerland (Art. 66a KVG).

<table>
<thead>
<tr>
<th>Institution</th>
<th>Address</th>
<th>Contact</th>
</tr>
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<tr>
<td>DWS BWI</td>
<td>Gesundheitsamt St. Antoninstrasse 4 Postfach 24/4 6061 Sarnen</td>
<td>T 041 686 63 05 <a href="mailto:praemienverbilligung@bow.ch">praemienverbilligung@bow.ch</a> <a href="http://www.oew.ch">www.oew.ch</a></td>
</tr>
<tr>
<td>SG St Gallen</td>
<td>SVK St. Gallen Brauerstrasse 5/4 9018 St. Gallen</td>
<td>T 071 282 61 94 <a href="mailto:info@svash.ch">info@svash.ch</a> <a href="http://www.svash.ch/pv">www.svash.ch/pv</a></td>
</tr>
<tr>
<td>SH Schaffhausen</td>
<td>SVK Schaffhausen Obersteg 9 8290 Schaffhausen</td>
<td>T 052 632 61 11 <a href="mailto:info@svash.ch">info@svash.ch</a> <a href="http://www.svash.ch">www.svash.ch</a></td>
</tr>
<tr>
<td>SO Solothurn</td>
<td>Ausgleichskasse des Kantons Solothurn Allmendweg 6 6208 Zuchwil</td>
<td>T 032 886 22 08 <a href="mailto:ipv@akso.ch">ipv@akso.ch</a> <a href="http://www.akso.ch">www.akso.ch</a></td>
</tr>
<tr>
<td>SZ Schwyz</td>
<td>Ausgleichskasse Schwyz Abteilung Leistungen (KVS) Postfach 53 6435 Schwyz</td>
<td>T 041 819 04 25 <a href="mailto:ipv@szs.ch">ipv@szs.ch</a> <a href="http://www.akz.ch">www.akz.ch</a></td>
</tr>
<tr>
<td>TO Thurgau</td>
<td>Commune of residence or Amt für Gesundheit Promenadenstrasse 16 8530 Frauenfeld</td>
<td>T 058 345 99 61 <a href="mailto:gesundheit@tg.ch">gesundheit@tg.ch</a> <a href="http://www.gesundheit.tg.ch">www.gesundheit.tg.ch</a></td>
</tr>
<tr>
<td>TI Ticino</td>
<td>Ufficio delle prestazioni Servizio sussidi assicurazione malattia Viale Stazione 28A 6550 Bellinzona</td>
<td>T 091 821 93 11 F 091 821 93 99 <a href="mailto:sva@ti.ch">sva@ti.ch</a> <a href="http://www.ti.ch">www.ti.ch</a></td>
</tr>
<tr>
<td>UR Uri</td>
<td>Amt für Gesundheit Klaaenstrasse 4 6480 Altstorf</td>
<td>T 041 875 22 12 <a href="mailto:praemienverbilligung@ur.ch">praemienverbilligung@ur.ch</a> <a href="http://www.ur.ch/praemienverbilligung.ch">www.ur.ch/praemienverbilligung.ch</a></td>
</tr>
<tr>
<td>VD Vaud</td>
<td>Office vaudois de l’assurance-maladie Ch. de Mornex 10 1014 Lausanne</td>
<td>T 021 557 47 47 <a href="mailto:info.ovam@vd.ch">info.ovam@vd.ch</a> <a href="http://www.vd.ch">www.vd.ch</a></td>
</tr>
<tr>
<td>VS Valais</td>
<td>Ausgleichskasse des Kantons Wallis Av. Pratifori 22 1950 Sitten</td>
<td>T 027 527 93 11 F 027 527 93 11 <a href="mailto:subvention@avs.vs.ch">subvention@avs.vs.ch</a> <a href="http://www.avs.vs.ch">www.avs.vs.ch</a></td>
</tr>
<tr>
<td>ZG Zug</td>
<td>Ausgleichskasse Zug Bahnhofstrasse 11 Postfach 6302 Zug</td>
<td>T 041 560 67 00 F 041 560 67 02 <a href="mailto:info@akzg.ch">info@akzg.ch</a> <a href="http://www.akog.ch">www.akog.ch</a></td>
</tr>
<tr>
<td>ZH Zurich</td>
<td>SVK Zürich Rüttengrabenstrasse 17 Postfach 8087 Zürich</td>
<td>T 044 486 55 55 <a href="mailto:info@zvzurich.ch">info@zvzurich.ch</a> <a href="http://www.svazurich.ch/pv">www.svazurich.ch/pv</a></td>
</tr>
</tbody>
</table>

www.kvg.org info@kvg.org F 032 625 30 90 T 032 625 30 90 praemienverbilligung@ow.ch www.oew.ch
Cantonal offices responsible for exemption from compulsory insurance.

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<thead>
<tr>
<th>Canton</th>
<th>Address</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG Aargau</td>
<td>Gemeinsame Einrichtung KVG Industriestraße 78 4609 Olten</td>
<td>T 032 625 30 30 F 032 625 30 90 <a href="mailto:info@kvg.org">info@kvg.org</a> <a href="http://www.kvg.org">www.kvg.org</a></td>
</tr>
<tr>
<td>AI Appenzell Innerhoden</td>
<td>Gesundheits- und Sozialdepartement Hinteralb 2 9050 Appenzell</td>
<td>T 071 789 94 51 <a href="mailto:info@asd.ch">info@asd.ch</a> <a href="http://www.asd.ch">www.asd.ch</a></td>
</tr>
<tr>
<td>AR Appenzell Ausserrhoden</td>
<td>Gemeinsame Einrichtung KVG Industriestraße 78 4609 Olten</td>
<td>T 032 625 30 30 F 032 625 30 90 <a href="mailto:info@kvg.org">info@kvg.org</a> <a href="http://www.kvg.org">www.kvg.org</a></td>
</tr>
<tr>
<td>BE Bern</td>
<td>Amt für Sozialversicherungen Forenstraße 1 3032 Ostermundingen</td>
<td>T 031 633 76 55 <a href="mailto:info.ass@be.ch">info.ass@be.ch</a> <a href="http://www.jgb.be.ch">www.jgb.be.ch</a></td>
</tr>
<tr>
<td>BL Basel-Landschaft</td>
<td>Gemeinsame Einrichtung KVG Industriestraße 78 4609 Olten</td>
<td>T 032 625 30 30 F 032 625 30 90 <a href="mailto:info@kvg.org">info@kvg.org</a> <a href="http://www.kvg.org">www.kvg.org</a></td>
</tr>
<tr>
<td>BS Basel-Stadt</td>
<td>Gemeinsame Einrichtung KVG Industriestraße 78 4609 Olten</td>
<td>T 032 625 30 30 F 032 625 30 90 <a href="mailto:info@kvg.org">info@kvg.org</a> <a href="http://www.kvg.org">www.kvg.org</a></td>
</tr>
<tr>
<td>FR Fribourg</td>
<td>Commune de résidence ou travail (frontalier/ière)</td>
<td>T 026 305 20 13 F <a href="http://www.fr.ch/kvg">www.fr.ch/kvg</a></td>
</tr>
<tr>
<td>GE Genève</td>
<td>Service de l’assurance maladie Route de Frontenex 62 1207 Genève</td>
<td>T 022 546 19 00 F 022 546 19 19 <a href="mailto:sam@fatat.ge.ch">sam@fatat.ge.ch</a> <a href="http://www.ge.ch">www.ge.ch</a></td>
</tr>
<tr>
<td>GL Glarus</td>
<td>Gemeinsame Einrichtung KVG Industriestraße 78 4609 Olten</td>
<td>T 032 625 30 30 F 032 625 30 90 <a href="mailto:info@kvg.org">info@kvg.org</a> <a href="http://www.kvg.org">www.kvg.org</a></td>
</tr>
<tr>
<td>GR Graubünden</td>
<td>Commune de résidence ou travail (frontalier/ière)</td>
<td>T 031 633 76 55 <a href="mailto:info.ass@be.ch">info.ass@be.ch</a> <a href="http://www.jgb.be.ch">www.jgb.be.ch</a></td>
</tr>
<tr>
<td>JU Jura</td>
<td>Caisse de compensation du Jura Rue Bel-Air 3 2500 Saignelégier</td>
<td>T 032 952 11 01 F 032 952 11 11 <a href="mailto:mail@ccju.ch">mail@ccju.ch</a> <a href="http://www.caisseavsjura.ch">www.caisseavsjura.ch</a></td>
</tr>
<tr>
<td>LU Lucerne</td>
<td>Wirtschaftsschutzakzis Ausgleichskasse Luzern Würenlingenstrasse 8 Postfach 8000 Luzern 25</td>
<td>T 041 375 05 05 F <a href="http://www.was-luzern.ch">www.was-luzern.ch</a> <a href="http://www.was-luzern.ch/ak">www.was-luzern.ch/ak</a></td>
</tr>
<tr>
<td>NE Neuchâtel</td>
<td>Office cantonal de l’assurance maladie Espace de l’Europe 2 Case postale 716 2005 Neuchâtel</td>
<td>T 032 889 68 30 F 032 889 60 60 <a href="mailto:info@AssuranceMaladie.ne.ch">info@AssuranceMaladie.ne.ch</a> <a href="http://www.ne.ch">www.ne.ch</a></td>
</tr>
<tr>
<td>NW Niklausen</td>
<td>Ausgleichskasse Niklausen Stanonadenerstrasse 88 Postfach 6771 Chur</td>
<td>T 041 618 51 00 F 041 618 51 00 <a href="mailto:info@aknw.ch">info@aknw.ch</a> <a href="http://www.aknw.ch">www.aknw.ch</a></td>
</tr>
<tr>
<td>OW Olten</td>
<td>Gesundheitsamt St. Antoninistrasse 4 Postfach 1274 9001 Olten</td>
<td>T 041 618 51 00 <a href="mailto:info@aknw.ch">info@aknw.ch</a> <a href="http://www.aknw.ch">www.aknw.ch</a></td>
</tr>
<tr>
<td>SG St. Gallen</td>
<td>Commune de résidence ou travail (frontalier/ière)</td>
<td>T 031 633 76 55 <a href="mailto:info.ass@be.ch">info.ass@be.ch</a> <a href="http://www.jgb.be.ch">www.jgb.be.ch</a></td>
</tr>
</tbody>
</table>

SH Schaffhausen | SVA Schaffhausen Iberstrasse 9 8200 Schaffhausen | T 052 622 62 62 info@sva.ch www.sva.ch |

SO Solothurn | Amt für soziale Sicherheit Ambassadenstrasse Riedholzplatz 3 4609 Solothurn | T 032 627 23 11 info@so.ch www.so.ch |

SZ Schwyz | Ausgleichskasse Schwyz Abteilung Leistungen (KVG) Postfach 53 8431 Schwyz | T 041 318 02 25 F 041 318 02 25 info@aksz.ch www.aksz.ch |

TG Thurgau | Commune de résidence ou travail (frontalier/ière) | T 058 346 44 44 info@nkz.ch www.nkHz.ch |

TI Ticino | ufficio dei contributi Settore obbligo assicurativo Via Strighelli 15a 8500 Bellinzona | T 091 821 91 11 F 091 821 92 89 obbligo@ass.ti.ch www.ti.ch |

UR Uri | Amt für Gesundheit Klausenerstrasse 4 6460 Altstätten | T 041 875 21 51 F www.ur.ch |

VD Vaud | Office vaudois de l’assurance-maladie Ch. de Monex 40 1014 Lausanne | T 021 587 47 07 F info.oam@vd.ch www.vd.ch |

VS Valais | Commune du lieu de domicile, de résidence ou de travail (frontalier/ière) | T 027 621 20 13 F www.vs.ch |

ZH Zurich | Gesundheitsdirektion Kanton Zürich Präsenzverfügung / Versicherungsobligatorium Stämpflistrasse 30 8090 Zürich | T 041 258 24 38 F 041 258 52 00 kvg@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.prininfo.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**, Morgartenstrasse 9, Postfach 3565, 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 Patientenschutz** (Swiss Patients’ Organisation), Häringstrasse 20, 8001 Zürich; hotline for non-members 0900 567 047 (German), 0900 567 048 (French) (CHF 2.90/minute). 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.
- **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, 8042 Zürich; phone 044 361 92 56. Website: www.patientenstelle.ch.

Sample letters

By registered post

Krankenkasse Sanissima
Postfach
3000 Bern

Bern, 15 October [year]

Re: Compulsory health insurance: change of insurer.

Dear Sirs,

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. Maria Everywoman
   Spitalweg 6
   3000 Bern
   Insurance number: 12.3456789.0

2. Your name and your address

3. Name/address of your health insurer

4. insurance number (shown on your health insurance card)

5. 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
   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: 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 number 832.10.F, D or I):
FOBL, Publications, 3003 Bern.
Website: www.bundespublikationen.admin.ch

“List of Pharmaceutical Specialties” including generics

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 www.bag.admin.ch/bag/en/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Arzneimittel.html or can be ordered from the FOBL (order number 316.930 and 318.925): FOBL, Publications, 3003 Bern.
Website: www.bundespublikationen.admin.ch.

Aids and Appliances List

The Aids and Appliances List is available online in French, German or Italian: www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Mittel-und-Genstaendeleiste.html or can be ordered from the FOBL (order number 316.940.F, D or I): FOBL, Publications, 3003 Bern.
Website: www.bundespublikationen.admin.ch.
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Publisher
Federal Office of Public Health FOPH
Division Insurance Supervision

Contact
Federal Office of Public Health FOPH
Mailbox
CH-3003 Berne
KV@bag.admin.ch
www.bag.admin.ch/healthinsurance

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www.bundespublikationen.admin.ch
Order number: 316.950.e

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