

Health insurance

All Swiss residents must take out their own basic health insurance plan. New arrivals in Switzerland have three months to take out a policy. If you fall ill during this time, the costs are covered retroactively.

Basic health insurance

Basic health insurance is offered by numerous private health insurance providers. The monthly premiums vary according to canton, place of residence, age and provider, as well as the excess and insurance models. It is therefore worth comparing the offers before you make your choice. Health insurance providers must accept all Swiss residents who apply for basic health insurance. Policyholders may change their health insurance provider only once a year and by the end of the termination period in November. The benefits provided by basic health insurance are regulated by law. It not only covers the costs arising from illness, but also costs arising from pregnancy and childbirth. Please note: Costs for dental treatment or glasses are usually paid for by the patient or covered by supplementary insurance.

Brochure: "Compulsory health insurance in a nutshell"

Supplementary insurance

In addition to compulsory basic insurance, various supplementary insurance policies can be taken out voluntarily for services such as dental costs, glasses, alternative medicine, transport costs or various medicines. Supplementary insurance is offered by almost all health insurance providers. Here, health insurance providers are free to choose whether or not they accept someone; they are also free to impose conditions.

Excess modell

With basic health insurance, you can choose between different excess models. This means that you cover the costs up to your selected excess, and the health insurance provider only begins covering costs from this point onwards (minus coinsurance). For adults, excess is offered in increments ranging between CHF 300 and CHF 2500. The higher the excess, the lower the premium. However, with a high excess you should always ensure you have savings to cover unplanned doctor's visits and hospital stays, which can sometimes be extremely costly.

Premium reductions

Health insurance providers offer premium reductions if certain conditions are met. With the general practitioner model, you commit to consulting your general practitioner first in the event of illness. The HMO model works similarly, in that the customer first turns to a Health Maintenance Organisation practice (a kind of group practice) in the event of illness. Another possibility for cheaper premiums is the Telmed model. In this case, you must first contact a medical hotline before visiting a doctor. Emergencies, gynaecological treatment and the annual ophthalmologist's check-up are not governed by these models.

People who cannot afford health insurance premiums may be entitled to a premium reduction for basic health insurance. The Compensation Office of the Canton of Valais provides information on individual premium reductions (IPV) and accepts applications.

Additional information / www.ch.ch Official premium calculator / www.priminfo.admin.ch Individual premium reduction / www.vs.ch Comparison portal / www.comparis.ch Valais Hospital / www.hopitalduvalais.ch

Reference: www.hallo-aargau.ch