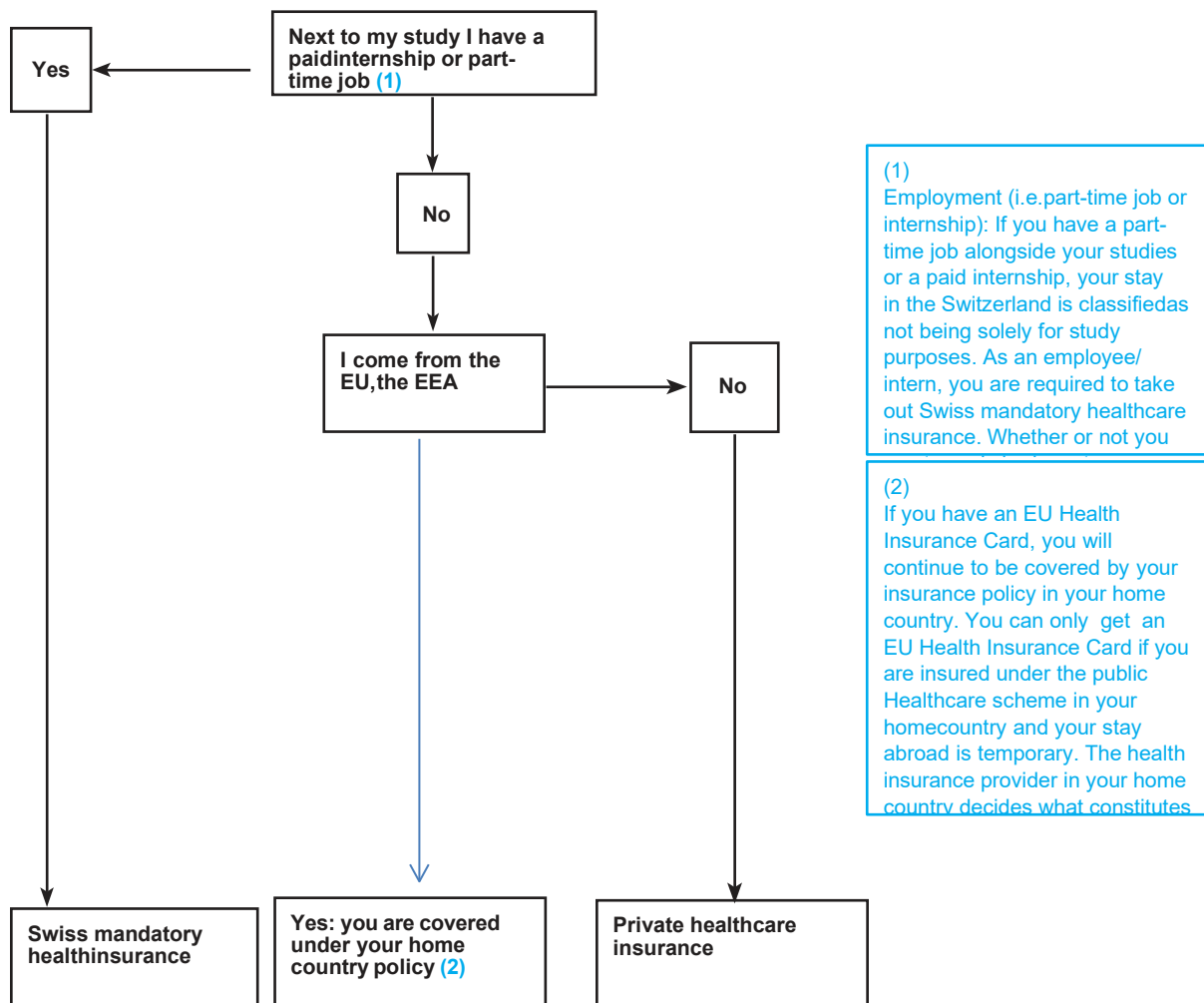


Healthcare insurance for international students in Switzerland

This factsheet explains what international students in Switzerland must do to be properly insured. For some students, this means that they are obliged to take out a public healthcare insurance policy (mandatory health insurance specified in the Health Insurance Act*(KVG/LAMal)). For the others, there are alternative, less expensive options



Students

Students who are in Switzerland solely for study purposes (and are not in a part-time job or paid internship) are exempt from the general requirement to take out Swiss mandatory healthcare insurance. They will have to make alternative arrangements for healthcare insurance. Perhaps you are covered under a public healthcare insurance plan at home. If this is the case make sure this provides adequate coverage during your stay in Switzerland. If you are from an EU country, your insurance company can provide you with an EU Health Insurance Card.

Otherwise you will have to make other arrangements, for example by taking out a private insurance policy. There are

private packages on the market especially for international students. Ask at the international office of your higher education institution which insurance package they recommend.

Insurance position investigation

If you have doubts about your specific situation and you want to be sure where you stand, you can always submit your case to **Evasan**.

Basic insurance benefits

The cover provided under basic insurance is specified in the Health Insurance Act (KVG/LAMal) and is therefore the same from all health insurers. http://www.admin.ch/ch/d/sr/c832_102.html (not available in English).

Out-of-pocket expenses under basic health insurance

The annual maximum out-of-pocket amount consists of a fixed annual amount – the so-called deductible (or “franchise”) – and the coinsurance. Up to the amount of the selected deductible, policyholders have to pay the cost of medical services out of their own pocket.

1. General benefits

1.1 Hospital stays in a general ward of a recognized hospital in the canton of residence

Exception: Should policyholders be compelled for medical reasons to undergo treatment not performed in their canton of residence (complex operations such as organ transplants, etc.) or if they need to undergo emergency treatment outside their canton of residence, the resulting costs will also be covered by the canton of residence. Policyholders must contribute CHF 15 per day to the costs of staying in hospital.

For more privacy in a 1-bed or 2-bed room, the right to choose your doctor freely or for a general ward cover throughout Switzerland, you can apply for the relevant supplemental insurance

1.2 Outpatient hospital treatment

This includes semi-inpatient eye clinics and psychiatric day clinics. In these cases, patients stay in the clinic for a few hours after treatment, but not overnight.

1.3 Examinations, treatment and nursing care performed on an outpatient basis, at the patient's home, in hospitals or nursing homes by:

- physicians
- chiropractors

1.4 Cover abroad

Outside Switzerland, only emergency treatment is covered. Basic health insurance will only pay up to twice the amount the same treatment would cost in Switzerland. Basic cover is sufficient for travel within Europe, but for

certain overseas areas – notably the USA, Canada, Australia and Japan – it is highly recommended to buy additional insurance. Usually, basic health insurance will not cover transportation costs back to Switzerland (repatriation). It only covers 50% of the total cost of emergency transportation to the nearest hospital abroad (no more than 500 francs per year).

1.5 Transport and rescue missions

Basic health insurance pays for 50% of the cost of medically necessary rescue missions (up to CHF 5,000 per year). For transportation in non-life threatening situations, 50% of costs, but no more than CHF 500 per year will be paid. However, transportation costs due to hospital transfers are fully covered by basic health insurance.

1.6 Spa therapies

Contribution of up to CHF 10 per day towards the cost of balneo therapy in a health resort or spa for up to 21 days per calendar year if prescribed by a doctor. The cost of medical examinations, medication and recognized forms of therapy are covered by basic health insurance minus the policyholder's out-of-pocket amount.

1.7 Nursing services

Contribution towards treatment costs in a recognized nursing home. Cover of fees for nursing care at home (Spitex) and in nursing homes by basic health insurance varies from canton to canton. Doctors may generally prescribe up to 60 hours of home care (Spitex) per quarter, but this must be approved by the insurer. The scope of the required benefits influences the amount the patient must pay out of pocket for care in a nursing home. However, the patient must therapy the cost of room and board in full.

1.8 Medical rehabilitation treatment performed or prescribed by a doctor

1.9 Alternative medicine

Since August 2017, five treatment methods (anthroposophic medicine, homeopathy, neuraltherapy, phytotherapy and traditional Chinese medicine) may be reimbursed under certain conditions. Based on the Federal Council's decision of 16 June 2017, basic compulsory healthcare insurance will continue to reimburse these types of complementary medicine indefinitely. Services will be covered if performed by doctors having obtained a qualification in the listed therapies.

1.10 Analyses and medicines

Cover is based on the list of analyses, the list of medicines and the specialities list. The list of analyses and medicines can be found in the Health Insurance Benefits Ordinance (KLV/OPAS, Art. 28, Appendix 3 and Art. 29, Appendix 4). Orders may be placed at: EDMZ, 3003 Bern

NB: *The complete texts can be found in the [Health Insurance Act \(KVG/LAMal\)](#), in the [Health Insurance Ordinance \(KVV/OAMal\)](#) and in the [Health Insurance Benefits Ordinance \(KLV/OPAS\)](#) (not available in English).

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