

Version dated 1 January 2021

## Insurance Conditions (IC) BASIS – Compulsory Health Insurance

in accordance with the Federal Health Insurance Act (KVG) of 18 March 1994

---

### List of Contents

#### Introduction

- 1 What is the legal basis of this insurance?
- 2 Who is covered by the insurance?
- 3 What conditions apply to notifications and payments?
- 4 What are the rules regarding due dates for benefits?
- 5 What conditions apply to premiums and co-payment of medical costs?
- 6 What are the correct procedures in the event of illness or accident?
- 7 Do special conditions apply to particular types of insurance?
- 8 What rights and obligations must be observed with regard to the insurance card?
- 9 What is the procedure in the event of a dispute?
- 10 When do these Insurance Conditions come into force?

Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.

#### Introduction

All terms used in the text to refer to persons are to be understood as gender-neutral.

The legal entity specified in the policy provides the insurance benefits and is referred to as the “insurer”.

- 1 **What is the legal basis of this insurance?**
  - 1.1 The provisions of the Federal Act on the General Part of Social Insurance Law of 6 October 2000 (ATSG), the Federal Health Insurance Act of 18 March 1994 (KVG) and the provisions governing the implementation of these laws shall be applicable for the execution of this insurance.
  - 1.2 These Insurance Conditions (IC) contain only those provisions which apply supplementarily to the legal provisions mentioned in Section 1.1.

### 2 Who is covered by the insurance?

The insurance covers the persons listed in the insurance policy.

### 3 What conditions apply to notifications and payments?

- 3.1 Notifications to the insurer must be directed to the address stated in the policy. Notifications and payments from the insurer shall be considered valid if sent to the last address or payment address provided by the insured person.
- 3.2 The insurer must be informed immediately in writing of any change of address. If a change in residence leads to a change in premium, the insurer will adjust the premium on the first day of the following month.
- 3.3 The insured person has various options for paying premiums and co-payments without incurring any charges. Any charges arising from payments made at the post office counter may be passed on by the insurer to the insured person.
- 3.4 Payments to a postal or bank account in Switzerland are made free of charge. A charge of CHF 3.00 can be deducted for transfers to accounts abroad. If the person does not have a bank or a post account, payments will be made via outpayment order (OSR) and the accruing charges will be deducted from the amount credited.
- 3.5 Additional information and binding notifications, for example, in relation to amendments to these Insurance Conditions, are published on the insurer’s homepage and issued with the annual policy enclosures.

### 4 What are the rules regarding due dates for benefits?

Entitlement to benefits commences at the time of treatment.

### 5 What conditions apply to premiums and co-payment of medical costs?

- 5.1 If the insurance relationship begins or ends during a calendar month, the premium is charged exactly to the day.

- 5.2 Premiums shall be charged on a monthly basis, shall be payable in advance and shall be due on the first day of each month. If other payment arrangements are made, the premiums shall be due on the first day of the agreed payment period.
- 5.3 If premiums are outstanding, the insured person's attention shall be drawn to this fact by means of a reminder of the consequences of late payment and a deadline shall be set by which the outstanding premiums are to be paid. If payment is not received within this subsequent period, debt enforcement proceedings shall be instituted to recover the premiums.
- 5.4 In the event that payments are made directly by the insurer to the service provider, the insured person shall be obliged to repay any agreed annual deductibles and/or co-payments to the insurer within 30 days of invoicing. If the insured person does not fulfil this obligation to pay, Section 5.3 shall apply accordingly.
- 5.5 Charges such as reminder charges and collection charges arising as a result of outstanding premiums and co-payments of medical costs shall be borne by the insured person.
- 5.6 Where payment in instalments has been agreed, a charge shall be levied in the event that payments are outstanding. The amount of this charge shall be determined according to the amount outstanding and the agreed repayment period.
- 6 What are the correct procedures in the event of illness or accident?**  
The insured person must follow their doctor's orders, and do everything in their power to aid their recovery and refrain from doing anything which would delay it.
- 7 Do special conditions apply to particular types of insurance?**
- 7.1 Choice of annual deductible  
Insured persons may choose to pay higher annual deductibles in return for reduced premiums. Details are regulated in the relevant provisions issued by the Federal Government and are published on the insurer's homepage and issued with the annual policy enclosures.
- 7.2 Bonus insurance  
Bonus insurance is available to all insured persons. Details are regulated in the relevant provisions issued by the Federal Government.
- 7.3 Insurance with restricted choice of service providers  
The insurer offers insurance options with a restricted choice of service providers. The details of these types of insurance can be found in the special insurance conditions.

**8 What rights and obligations must be observed with regard to the insurance card?**

- 8.1 The insured person shall receive an insurance card. This card shall serve as proof of insurance for service providers. If appropriate agreements exist, it shall also entitle the insured person to the receipt of benefits, such as obtaining prescription medicines free of charge from pharmacies.
- 8.2 The insurance card shall remain valid throughout the duration of the insurance cover. It may not be lent or transferred or made accessible to third parties in any manner whatsoever. If the insurance card is lost or is mislaid by the insured person in any other way, the insurer must be informed of this without delay. Upon expiry of the insurance cover, the insured person must destroy the insurance card immediately.
- 8.3 If the insurance card is misused, the person to whom the insurance card was issued shall be liable for any damages incurred by the insurer. In particular, any insurance benefits received without entitlement must be refunded to the insurer and any associated charges paid, with the exception of situations where the insured person is not culpable.

**9 What is the procedure in the event of a dispute?**

If an insured person is not in agreement with a decision made by the insurer, they may request a written ruling. This ruling includes an explanation about their rights of appeal.

**10 When do these Insurance Conditions come into force?**

These Insurance Conditions come into force on 1 January 2021. They replace the Insurance Conditions, version dated 1 January 2016.