



Compulsory health insurance: General overview for persons newly arrived in Switzerland

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Health insurance in Switzerland

1 Basic health insurance is compulsory under the Swiss Federal Law on Health Insurance (KVG). If you come to live in Switzerland (residence permit), you must take out health insurance within three months of arrival. This deadline also applies to newborn children from birth.

The basic insurance provides the same range of services and benefits to all policyholders. You have a free choice of health insurance fund. Every person liable for insurance must be included. There are no grounds for rejection such as age, a pre-existing condition etc. under the basic insurance. Each person, including children, pays a separate premium (per capita premium unrelated to income, no employer contributions). Under the bilateral agreement with the EU, the compulsory insurance also extends to family members who are not gainfully employed and who reside in an EU or an EFTA country. However, citizens of certain EU countries may choose whether to be insured in Switzerland or in their country of origin.

People on low incomes may apply to the Amt für Sozialbeiträge (ASB) to have their premiums reduced. **It is possible to reduce premiums by increasing the annual excess (called the "Franchise") or by opting for a general practitioner model, health maintenance organization (HMO) or similar.**

If you take out health insurance in due time, the insurer will refund any expenditure relating to insured benefits retroactively from the date on which the cover commenced. **If you fail to comply with the three-month deadline, you will pay a surcharge and any expenses you have already incurred will not be reimbursed.**

Exemptions

2 The following persons are exempted from compulsory insurance:

- Persons (and their family members) who **work exclusively in an EU/EFTA country**
- Persons (and their family members) who draw a **pension from an EU/EFTA country** and do not receive a pension from Switzerland (form E 121 or S1 from the foreign health insurance provider)
- Persons (and their family members) who receive **unemployment benefit from an EU/EFTA country** (form E 303 or U2)
- Persons who are staying in Switzerland solely for the **purpose of medical treatment or convalescence** at a health resort (excludes emergency medical treatment).

Request for exemption (within three months of arrival)

3 If you wish to claim exemption from the Swiss compulsory insurance, you must provide **evidence of the existence of equivalent insurance cover**. You must first submit a written application to the **Gemeinsame Einrichtung KVG**. As of 1 February 2019, a contribution of CHF 75 towards the costs of implementation will be charged for processing an application. **Please address your request directly online on www.kvg.org**. The following persons may be exempted (exhaustive list):

- Persons (**non-EU/EFTA citizens**) who have compulsory health insurance under foreign law if liability to Swiss insurance would impose a **double burden** on them and they have equivalent insurance cover for treatment in Switzerland.
- Persons (and accompanying family members) who are staying in Switzerland for the purposes of **education or training**, such as students, pupils, trainees, stagiaires, postgraduate students or postdoctoral researchers, who are primarily engaged in studies (with limited earned income), provided they have equivalent insurance cover.
- **Company employees posted** to Switzerland and their accompanying family members (exempt from liability to pay Swiss social security contributions).
- Persons with a **residence permit for persons not pursuing an economic activity** under the EU/EFTA agreement on the freedom of movement who have equivalent insurance cover for the entire duration of their stay.
- **Hardship provisions** / restricted exemptions: Persons for whom the terms of a Swiss insurance policy would be significantly worse than their existing insurance cover and who would not be able to obtain comparable supplementary insurance cover, or could only obtain such cover on scarcely acceptable terms due to their age (over 55) or the state of their health (serious illness).

Further information

4 The Amt für Sozialbeiträge **will allocate** persons reported by the Gemeinsame Einrichtung KVG who **are not insured to a health insurance fund**. At this point, therefore, the free choice of insurance provider is no longer available.

This information sheet provides a general overview only. The applicable legislation and treaty obligations shall apply in individual cases.