

Foreign Student Health Insurance Switzerland



Insurance product information document | IPID

Company : Europäische Reiseversicherung

Product : SPSS

The risk carrier for the present insurance is: Helvetia Swiss Insurance Company Ltd, Dufourstrasse 40, CH-9001 St. Gallen. The insurance lies with: Europäische Reiseversicherung (entitled ERV), a branch of Helvetia Swiss Insurance Company Ltd, headquartered at St. Alban-Anlage 56, P.O, CH-4002 Basel. The company is registered with the Swiss Financial Market Supervisory FINMA.

This document provides a summary of the main coverage and exclusions. It is not personalized to your specific individual needs. Complete information about this product is provided in the certificate of insurance and policy terms and conditions.

What is this type of insurance?

This health insurance is aimed at foreign students, interns, au pairs who live temporarily in Switzerland from 3 months up to 6 years.

The insurance plan will cover the benefits, as stated in the Swiss national health insurance scheme (KVG-LAMal), in the case of illness and accident, which is called the basic health insurance. The plan is composed of 3 levels of coverage: standard, comfort, and premium, which can be chosen by the insured person; each level provides different maximum sums insured as well as different supplementary benefits.



What is insured?

The basic health insurance covers the following benefits without limitations on the maximum sum insured:

- ✓ Comprehensive and emergency treatments
- ✓ Sickness & accident
- ✓ Pregnancy & childbirth
- ✓ In- & out-patient treatments
- ✓ Prescribed medication
- ✓ Repatriation
- ✓ Search and rescue
- ✓ Ambulance transport
- ✓ Assistance 24/7

The annual deductibles are CHF 300.-/CHF 500.-/CHF 1000.-/CHF 1500.- and can be chosen by the insured person. A co-payment of 10% up to CHF 700 per the calendar year is charged with every claim.



What else is insured?

There are three levels of coverage; depending on the chosen plan, the following benefits are available:

- ✓ Psychological treatments
- ✓ Dental treatments
- ✓ Hospital visit of a family member
- ✓ Accidental capital
- ✓ Exam protection

The complete benefits list of the extended insurance cover and the maximum sums insured is available at the end of the terms and conditions **SPSS-10.2021**.



What is not insured?

- ✗ Medication not covered in the KVG-LAMal and related laws, e.g., contraceptive pill, homeopathy
- ✗ Non **prescribed** treatments & drugs
- ✗ Dental illness treatments as well as glasses and contact lenses in the standard plan
- ✗ Accident if covered by an employer



Are there restrictions on the cover?

- ! In-patient treatments are limited to public and university hospitals.
- ! **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.



Where am I covered?

- ✓ The insurance is valid in Switzerland.
- ✓ The insurance is valid outside Switzerland in the case of an emergency, limited to double the cantonal tariffs



What are my obligations?

- You must notify us in the case of a hospital admission (if you stay more than a night in the hospital) by contacting the phone number stated on your insurance card.
- You must provide any information we require to assess your claim, including all necessary documentation, proof of payments, medical reports, a detailed invoice, and the completed claim form to get a medical refund.
- You must notify us if you have another insurance that covers the same risk.
- The insurance premiums must be paid in full and within the payment deadline.
- As soon as there are changes to the insured risks, this change must be communicated immediately in order to review if the conditions of the contract are still fulfilled by the insured, e.g., in the cases of the end of the educational purpose, the definite departure from Switzerland, marriage to a Swiss citizen or other factors that can have an effect on the eligibility.
- By accepting the general insurance conditions, you release all doctors and (para-) medical staff who have examined you before and after the claim from your obligation to maintain medical confidentiality towards the insurer.



When and how do I pay?

Depending on the insurance contract, premiums can be paid monthly every two, three, four, six months, or on a yearly basis.

E-invoices are sent to the email of the insured. Clients can use the E-Invoice to pay the insurance premium with e-banking, or they can print out and go to the post office desk and pay in cash.



When does the cover start and end?

The contract commences and ends on the date stated in the insurance application and in the certificate. After the agreed contract period's expiration, the contract will be tacitly renewed for successive terms of one year unless one of the contracting parties gives three months' prior written notice of termination. If the term of the contract is less than one year, it terminates on the expiry date stated in the certificate.



How do I cancel the contract?

The insurance can be resigned if the written notice (postal mail) has been given by September 30th of the running year to effect a termination effective on the 31st of December of the same year.

Cancellations outside of the regular delays are possible if one of the following situations occur and the necessary documentation as mentioned below, has been scanned and emailed :

- **In the event you leave Switzerland definitively:**
 - departure letter from the cantonal or communal city hall
- **If you are no longer eligible based on a decision from the cantons concerning the exemption or you have been exempted for more than six years:**
 - proof of new insurance and
 - confirmation letter from the cantonal authorities
- **If you are no longer a student:**
 - confirmation from the university
- **If you are married to a Swiss citizen and/or your resident permit status changed:**
 - confirmation of the university
 - marriage certificate and/or new residency permit