

FSS Switzerland plan

Foreign Students & Researchers Health insurance Switzerland

International medical and travel insurance



“ For foreign students, researchers, interns, au pairs living temporarily in Switzerland “

GIC2011

www.swisscare-intl.com



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Chapter 1 • Preliminary provisions

1.1 Acceptance and commencement of the insurance:

The benefits of the health insurance are covered by EUROPÄISCHE Reiseversicherungs AG, Margarethenstrasse 38, 4003 Basel in Switzerland, hereinafter “ERV”. The management of the product is delegated to Swisscare Insurance AG, Chemin de Beaulieu 8, 1752 Villars sur Glâne, hereinafter “Swisscare”. The insurance shall enter into force, if ERV has accepted the application and health declaration from the applicant and informed the applicant on which terms the insurance will be issued, and the agreed premium has been paid to ERV in due time.

This insurance package offers benefits that coincide with the Swiss Law (KVG/LAMal).

1.2 Who can take out the insurance?

The insurance can be taken out by anyone not of Swiss nationality and irrespective of country of residence, who is temporarily in Switzerland for educational reasons and has a residence permit. Educational means the person is either a Student, Researcher, Au pair or Intern.

Family members that do not fulfil the criteria of the above cannot be insured.

In case of a change of the civil or residence permit status, that hinders the prolongation of exemption, or definite departure to another country the insurance will expire at the end of the month of stay or change of status. This can only be done before the end of the paid insurance period if written proof by the authorities responsible can be provided for ERV that the insured has left the country or has a new status.

Persons who have attained the age of sixty-five cannot take out the insurance without specific approval by ERV.

1.3 Who is covered by the insurance?

The person(s) listed as covered by the insurance are hereinafter referred to as «the Insured».

1.4 Where does the insurance provide cover?

The insurance provides coverage in Switzerland and abroad as long as the insured has a residence permit valid for Switzerland. The insurance will only cover acute illness/ injury sustained during travel outside of Switzerland. Once ERV’s physician has evaluated, that the medical condition is stable, the cover ceases and further treatment must take place in Switzerland.



1.5 Insurance policy and conditions

The insurance benefits are according to the Swiss law. Singular benefits may go over the requirements of the Swiss law; they will be explicitly mentioned in the General Insurance Conditions (GIC's).

1.6 Deductibles

Benefits (excluding Maternity benefits according to 2.4.2 b) are subjected to a deductible according to the policy agreement. Deductibles change automatically to CHF 500 the year the insured becomes 32 years old.

1.7 What is a claim event?

A claim event is one or several events that occur at the same time or in continuation of each other, and which arise out of the same cause of damage. Expenses incurred by the Insured in a calendar year as a consequence of the same illness or injury are considered one claim event. In case of treatment which continues for longer than the actual calendar year, the claim event is regarded as having been terminated upon expiry of the calendar year or upon expiry of the insurance, if the insurance expires at an earlier date.

The continuation of treatment in a new calendar year is regarded as a new claim event.

1.8 Passing on of information

In the event of a claim ERV may need to disclose information provided by the Insured and the scope of cover to ERV's international network, including alarm centre and global service offices. This is to ensure optimum assistance.

1.9 Premium payment

The first premium is due for payment on the commencement date of the insurance. If the payment has not been received by ERV in due time, ERV will send a reminder. If the premium is still not paid ERV will inform State authorities.

Payment methods: bank transfer. The minimum payment rate is three months.

1.10 Duration and cancellation of the insurance

a) The insurance can be cancelled by the policyholder with three month's notice at the end of the calendar year. The date on the postal stamp of the written cancellation is decisive for the validity.

b) The minimal duration of the insurance is three months and the maximal duration one year



with an automatic annual renewal.

c) ERV can cancel the insurance, if it is found that the policyholder has withheld information important to ERV or disclosed incorrect information at the time of taking out the insurance.

d) ERV can cancel the insurance, if it is found, that the policyholder has committed a fraudulent action in connection with a claim or otherwise supplied incorrect information at the time of the claim.

1.11 Amendment of premium or conditions

a) If ERV's premiums or insurance conditions are changed, the change will be implemented in the forthcoming calendar year. If the policyholder cannot accept an increase of the premium or a change in the insurance conditions, ERV must be notified thereof no later than sixty days before the end of the calendar year.

1.12 Claims procedure - Documentation

It is a condition for ERV's liability to pay damage, that...

a) the Insured in case of in-patient treatment and childbirth informs ERV beforehand and obtains the approval from ERV. In connection with all claims the Insured must forward a completed claim form to ERV along with original receipts for expenses for which compensation is claimed.

b) the Insured grants ERV's physician access to all relevant medical records, including information on previous ailments.

c) the Insured reports the claim no later than one year after the claim incident occurred (commencement of treatment).

Chapter 2 • In and out patient benefits

2.1 Inpatient and day care benefits:

2.1.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.1.2 Which expenses are covered by the insurance?

Somatic diseases: The insurance covers usual, customary and reasonable expenses for...



- a) stay – maximum general ward or public hospital without restrictions of canton,
- b) intensive care unit,
- c) surgery, medical treatment, examinations, lab tests, x-rays and scans carried out by authorised physicians and nurses,
- d) medicine, dressings and nursing,
- e) pacemaker and other medical appliances implanted during surgery,
- f) organ transplants,
- g) treatment of cancer including chemo- and radiation therapy carried out in ambulatory,
- h) dialysis,
- i) physiotherapy prescribed by a physician and solely for the reasons described in the Swiss health insurance law,
- j) emergency room treatment,
- k) HIV/AIDS treatment, irrespective of the nature of the illness or complications,

Mental disorders:

- l) the insurance covers stay and treatment during hospitalisation. It is a condition, that
 - such treatment has been prescribed by the attending specialist in psychiatry,
 - psychologists are generally not covered. The only accepted treatment is delegated psychotherapy according to the KVG/LAMa.

2.2 Patient transport to hospital:

2.2.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.2.2 Which expenses are covered by the insurance?

The insurance covers usual, customary and reasonable expenses for...

a) Transportation



Transportation costs that are due to the fact that an insured must be brought to a Doctor or Hospital and is not capable of using public transportation or to go on foot due to medical reasons will be covered up to a maximum of 50% up to CHF 500 per calendar year.

b) Emergency evacuation

Emergency evacuation will be performed in the case of an emergent situation; a maximum of 50% up to CHF 5000 will be covered in Switzerland per calendar year. Search and rescue is not covered.

c) Relocation

The relocation from one hospital to the next will be covered by the hospital that arranges the relocation.

d) In case of loss of life, transport to the nearest undertaker.

2.3 Outpatient benefits:

2.3.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.3.2 Which expenses are covered by the insurance?

Somatic diseases: The insurance covers usual, customary and reasonable expenses for...

- a) Surgery carried out by authorised physicians including one follow up examination after surgery,
- b) general practitioner/specialist consultations and treatment,
- c) Lab tests, x-rays, scans and endoscopies prescribed by the attending physician,
- d) Accommodation expenses for the insured in case of medical evacuation,
- e) Medicine prescribed by a physician and accepted according to the Swiss health insurance law.

Mental disorders

- f) The insurance covers stay and treatment during hospitalisation. It is a condition, that
 - Such treatment has been prescribed by the attending specialist in psychiatry,
 - Psychologists are generally not covered. The only accepted treatment is delegated psychotherapy according to the KVG/LAMa.

2.4 Pregnancy and birth:



2.4.1 Which expenses are covered by the insurance?

The insurance covers usual, customary and reasonable expenses for childbirths, both normal delivery, complicated delivery, elective caesarean as well as medically prescribed caesarean and outpatient pregnancy check-ups.

2.4.2 Regular pregnancies are not subjected to a deductible. However complications, extra treatment or checkups as well as abortions are subjected to the annual deductible.

a) All treatments according to 2.4.2 b are not subjected to a deductible. Any further necessary treatments (including medication) is subjected to a deductible.

b) In accordance with Swiss standard government-regulated tariffs (KVG/LAMal) , the following maternity costs are covered: a maximum of seven check-ups carried out by a doctor or mid wife or prescribed by a doctor during and after pregnancy, two ultrasound scans, three breastfeeding advice sessions, a contribution of hundred Swiss francs to the cost of attending a delivery preparation course run by midwives, hospital services for hospital births, the postnatal care required by a healthy newborn child and the child's hospital stay while accompanied by its mother. If the newborn is not in good health or born prematurely the newborn's health/prenatal insurance will cover the costs.

2.5 Physiotherapy, chiropractic treatment, acupuncture and speech therapy:

2.5.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.5.2 Which expenses are covered by the insurance?

The insurance covers usual, customary and reasonable expenses for outpatient treatment by a chiropractor, acupuncturist, physiotherapist and speech therapist according to the Swiss health insurance law.

Physiotherapy is only covered if prescribed by a physician that is recognized as such by the responsible cantonal authorities and if the treatment is in connection with illnesses of the musculoskeletal or neurological systems.

The following treatments are covered:

- Active and passive exercise therapy
- Manual therapy
- Detoning physiotherapy
- Pneumophysiotherapy (including Aerosol inhalation)
- Medical training therapy
- Lymphatic physiotherapy





- Movement therapy in the water
- Physiotherapy on a horse in the case of multiple sclerosis
- Cardiovascular physiotherapy
- Pelvic base physiotherapy
- Heat- and Cryotherapy
- Electrotherapy
- Light therapy
- Ultrasound
- Hydrotherapy
- Muscle- and conjunctive tissue massage

Acupuncture is only covered if done by a qualified medical practitioner recognized by the Federal Doctors association of Switzerland (FMH).

2.6 Home nursing:

2.6.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.6.2 Which expenses are covered by the insurance?

The insurance covers usual, customary and reasonable expenses for care and nursing performed by a registered nurse in the insurance takers own home for a maximum of ninety days per insurance year following an illness or injury. Home nursing must be prescribed by a physician and pre-approved by ERV before any treatment is initiated.

2.7 Rehabilitation:

2.7.1 Which claims are covered by the insurance?

The insurance covers claims arising out of illness or injury.

2.7.2 Which expenses are covered by the insurance?

The insurance covers usual, customary and reasonable expenses for medically prescribed rehabilitation following a serious illness or injury at a registered and approved rehabilitation centre. Rehabilitation treatment must be pre-approved by ERV before the treatment is initiated.

2.8 Vaccinations and health checks:

Vaccinations and health checks are generally not covered. The only exceptions are the ones explicitly fulfilling the conditions of the KVG/LAMa.

2.9 Repatriation to residential country:

2.9.1 Sum insured - two and a half million Swiss Francs.

2.9.2 Which claims are covered by the insurance?



The insurance covers claims arising out of illness or injury.

2.9.3 Which expenses are covered by the insurance?

The insurance covers customary and reasonable extra expenses for...

a) Repatriation of the Insured (including transportation of mortal remains) to the Insured's home country following an acute claim event covered under In- and Outpatient benefits. ERV decides whether repatriation should take place and which mean of transportation should be used. In case of repatriation the insurance cover will expire on arrival to the Insured's home country.

2.10 Exclusions:

The insurance does not cover expenses for...

- a) hospitalisation in cases in which outpatient treatment can be provided in a medically acceptable manner,
- b) treatment performed by the Insured or related family members or any enterprise owned by or connected with one of the aforesaid persons,
- c) dental treatment, including dentures and artificial teeth, unless caused by an accident, or in the case of a qualified illness by the KVG/LAMaI,
- d) treatment for childlessness, contraception or induced abortion, nor treatment of sequelae or complications in connection herewith (Except Art. 119 CP/StGB, the Swiss criminal law),
- e) prophylactic investigations, vaccinations, general health tests and check-ups where no specific diagnosis is to be investigated,
- f) plastic and cosmetic surgery or related treatment, unless medically prescribed and approved by ERV,
- g) prosthesis, unless these are acquired for the first time as a consequence of acute illness or injury, which is not caused by age,
- h) medical treatment that is not approved by the Swiss health authorities,
- i) complementary treatments, including herbal medicine, OTC products, EDTA treatment, homoeopathy, kinesiology, Chinese medicine or the like,
- j) congenital diseases/deformities or related conditions who are not covered by the KVG / LAMaI,
- k) psychologists, only exception: delegated psychotherapy.

Chapter 3 • Dental cover

3.1 Which expenses are covered by the insurance?



The insurance covers usual, customary and reasonable expenses for...

a) dental treatment as a consequence of an accident.

3.2 Exclusions:

The insurance does not cover the expenses for...

a) damage sustained while chewing, under section 3.1 a),

b) transport in connection with the treatment.

Chapter 4 • General conditions

4.1 General exclusions:

The insurance does not cover claims...

a) which are not usual, customary and reasonable,

Furthermore the insurance does not cover claims caused/occurred as a direct or indirect consequence of...

a) the Insured's participation in war, civil unrest or comparable high risk activities,

b) strike, lockout, seizure, confiscation or other measure by a public authority,

c) release of nuclear energy, radioactive forces or radiation from radioactive fuel or wastes.

4.2 Double insurance:

The insurance does not cover expenses covered by another insurance. Compensation under the terms of Personal Accident will not, however, be limited by the taking out of another insurance.

4.3 Transfer of rights:

No one can pledge or assign the Insured's rights under this insurance without written confirmation for every transfer, with original signature, place and date.

4.4 Rights of subrogation:

In the event of payments in pursuance of the insurance, ERV shall be fully and completely subrogated to the rights of the Insured.

4.5 Legal venue and choice of law:

Actions against ERV shall be tried at a legal venue in Switzerland and the choice of law is Swiss.



4.6 Definitions:

For the purposes of this insurance the following definitions shall be used in any interpretation of its wording:

- a) Accident: Sudden external event causing personal injury.
- b) Acute illness/injury: Bodily injury or sudden unforeseen illness or justified suspicion of the before-mentioned.
- c) Insurance renewal: The insurance is renewed on the 01.01 of each year.
- d) Close family: Spouse, children, stepchildren, cohabitant, children-in-law, grandchildren, parents, grandparents, parents-in-law, siblings and sister/brothers-in-law.
- e) Country of residence: The country in which the Insured is registered as a resident. The country must appear from the insurance policy.
- f) Day care benefits: Dialysis, treatment of cancer including chemo- and radiation therapy carried out in ambulatory and HIV/AIDS treatment.
- g) Dental treatment: Treatment primarily caused by dental diseases, infections or damages, diseases or infections in the surrounding tissue.
- h) Extra expenses: Expenses solely incurred by the insurance as a consequence of a claim for which compensation can be paid. If such expenses were to have been defrayed irrespective of the claim event, such expenses shall not be considered extra expenses.
- i) Insurance period: The period in which ERV is liable for payment of claims.
- j) Insurance year: The twelve months between each anniversary date. 01.01. – 31.12.
- k) Inpatient: Hospitalisation with minimum one night spent in a hospital.
- l) Occurred: Illness/injury occurred, when the illness/injury in question has been diagnosed by a physician. Complications to the illness/injury or sequelae with another diagnosis are considered as being part of the original illness/injury.
- m) Outpatient: Treatment, which does not include hospitalisation over night.
- n) Prosthesis: Artificial limbs.
- o) Psychotropic substances: Marijuana, cannabis, hash and the like.
- p) Scheduled itinerary: Itinerary that can be documented by prepaid plane, railway or bus tickets or booked accommodation.
- q) General ward: Room with more than two beds. A general ward room is the lowest rate room in a hospital.
- s) Surgery: Surgical treatment/intervention including endoscopies.
- t) Usual, customary and reasonable expenses: Usual and customary fee for the same service in the area, where the treating facility is located or on some other judgement of reasonableness.

