Special Terms and Conditions for BasicPlus insurance

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Art. 1 Insurance model

BasicPlus insurance is a special form of compulsory health insurance offering a limited choice of healthcare providers within the meaning of Article 41(4) of the Federal Health Insurance Law (LAMal/KVG) and Articles 99 to 101 of the Ordinance on Health Insurance (OAMal/KVV).

Art. 2 Insurance principles

1. BasicPlus insurance is based on the principle of a primary care doctor. The primary care doctor belongs to a healthcare network and provides treatment, coordinates treatment follow-up and guides the insured where necessary to the appropriate care provider.
2. Through the care and guidance provided to the insured, the relationship of trust that prevails between doctor and patient, as well as personal responsibility, are strengthened.
3. The healthcare network is made up of a range of service providers who work together closely to ensure quality medical care while keeping costs under control.
4. Treatment costs are reimbursed by the Insurer, less any co-payment within the meaning of Article 64 LAMal/KVG.

Art. 3 Eligibility

1. Anyone who is domiciled in an area where BasicPlus is offered by the Insurer can suscribe to it.
2. Coverage may be contracted at any time, effective on the first day of the month, providing that there is no legal deadline for changing insurance models.

Art. 4 Termination and end of insurance coverage

1. It is possible to switch to another form of coverage or to a new insurer at the end of each calendar year, subject to the notice period stipulated in Article 7(1) and (2) LAMal/KVG. In the event of the premiums being paid late, the provisions of Article 105l OAMal/KVV are reserved in case of a request to change insurers.
2. Coverage under BasicPlus ends when:
   1. the insured transfers his domicile to an area where BasicPlus is not offered by the Insurer;
   2. the primary care doctor chosen by the insured can no longer coordinate the treatment required by the insured's medical condition (in particular if the treatment is given by a doctor from the nursing home in which the insured is staying);
   3. the primary care doctor chosen by the Insurer is no longer in a contractual relationship with the Insurer.

   In these cases, the insured is transferred, depending on his deductible, to an ordinary health insurance plan or to a plan with an optional deductible, effective the first day of the month and subject to 30 days' notice.
   Insureds concerned by items 2.2 and 2.3 above can choose a new primary care doctor in the network within 30 days of the Insurer's notification.

Art. 5 Obligations of the insured

1. Choice of the primary care doctor
   When contracting BasicPlus coverage, the insured shall choose a primary care doctor among the doctors recognised by the Insurer within BasicPlus insurance.

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2. Contacting the primary care doctor
   In the event of a health problem, the insured shall first contact his primary care doctor.
3. Contacting another healthcare provider
   The insured needs the prior consent of his primary care doctor (referral certificate) before seeing another healthcare provider (doctor, chiropractor, hospital, etc.).
4. Procedure in case of an emergency
   In case of an emergency, the insured shall contact his primary care doctor (where necessary, his representative appointed by the latter). However, cases for which immediate assistance by a third-party (doctor or emergency services) is required for medical reasons or because a timely response is necessary, remain reserved; in this case, the insured shall inform his primary care doctor as soon as possible and send to him a certificate or medical report. It is imperative that the primary care doctor carries out the remainder of the emergency treatment.
5. Change of primary care doctor
   A change of primary care doctor is possible. Any change of primary care doctor shall be justified in writing and subject to the prior authorisation of the Insurer. The Insurer can provide of list of primary care doctors who are part of BasicPlus insurance.

Art. 6 Specialist treatment

1. In the case of medical treatment given by a specialist, the primary care doctor needs to establish a referral certificate.
2. The insured remains free to contact the specialists hereunder. A referral certificate is therefore not required in the following cases:
   1. ophthalmologists (for diagnostic and therapeutic eye exam);
   2. gynaecologists (for preventive gynaecological check-up);
   3. obstetricians (for pregnancy check-up).

Art. 7 Hospitalisation

Any request for hospitalisation or semi-inpatient treatment, as well as for marine and relaxation cures, shall be discussed beforehand with the primary care doctor, who shall give his consent (referral certificate).

Art. 8 Transmission and use of personal data

1. Within the limits prescribed by law, the insured authorises the Insurer to transfer any invoice-related data to his primary care doctor or to third parties appointed by the latter to process data electronically or to manage the network. Similarly, within the limits prescribed by law, the insured agrees that his data is used by his primary care doctor, by third parties appointed by the latter to process data electronically or to manage the network, and by his Insurer.
2. In any event, access to data is strictly limited to information relevant only to the proper functioning of the network, in particular for checking observance of the insurance principles.

Art. 9 Premiums

Within BasicPlus insurance, a discount may be given compared with normal health insurance or insurance with an optional deductible.

Art. 10 Consequences of failing to comply with the insurance principles

1. If the insured breaches more than twice in a calendar year the obligations provided for in Article 5 (paras. 2 to 5) and Article 6 (para. 1), he will be excluded from BasicPlus coverage effective the end of a month, subject to 30 days' notice.
2. The insured will then be transferred, depending on the level of his deductible, to a normal health insurance or insurance with an optional deductible.

Art. 11 Invoices and referral certificates

1. Referral certificates (see Art. 5) are sent to the Insurer by the primary care doctor, the insured himself or a third person in his place.
2. Invoices guaranteed by a third party from doctors, hospitals or other service providers shall be forwarded by the insured to the Insurer for reimbursement, no later than 30 days after the date on which the invoice was made out, along with the relevant referral certificates.
3. The date on which the benefit was paid by the Insurer is decisive for the attribution of any penalty points to the reference period.

Art. 12 Withdrawal of insurance model

The Insurer may decide to withdraw the BasicPlus insurance model. In that case, the insured will be transferred, depending on the level of his deductible, to an ordinary health insurance or to a health insurance with an optional deductible.

Art. 13 Effective date

These Special Terms and Conditions, supported by the enforcement provisions supplementing the compulsory health insurance within the meaning of LAMal/KVG (CGA), are effective from 1 January 2016. The Insurer may amend them at any time.