

Press release of 6 February 2024

No misuse of the deductible system by insured persons

On behalf of Groupe Mutuel, the University of St. Gallen has analysed for the first time in Switzerland whether insured persons make more use of medical services after having reached their deductible. The study concluded that the health insurance deductible system does not create any significant financial incentives for overuse of medical care.

“Wealthy people should pay a deductible of CHF 10,000”. “The maximum deductible should be increased from CHF 2,500 to CHF 3,500”. “The minimum deductible should be increased from CHF 300 to CHF 600”. These are just some of the current proposals to reduce health costs and, therefore, health insurance premiums. There is a strong call for insureds to take on personal responsibility. Among other things, it is thought that people insured with the lowest deductible will quickly use up the amount of CHF 300 and undergo unnecessary treatment at the end of the year.

Once the deductible has been used up, how does cost-sharing affect the use of medical services by patients? This question is widely debated in Switzerland. On behalf of Groupe Mutuel, the University of St. Gallen has analysed for the first time in Switzerland whether insured persons make more use of medical services after having reached their deductible.

An increase in medical consumption remains insignificant

The study by the University of St. Gallen is based on anonymised data from Groupe Mutuel and focuses on groups of insured persons with the most frequently chosen deductible amounts of CHF 300 and CHF 2,500. “The results of this study show that, although there is a general trend that indicates greater use of medical services after exceeding the deductible, this trend is not significant. This suggests that **our deductible system does not create any significant financial incentives for overuse of medical care** on the demand side”, explained Alexander Geissler, Professor of Health Care Management at the School of Medicine of the University of St. Gallen.

The main focus of Groupe Mutuel's study is on preventing overuse and improper use. “The study has shown that the deductible system in Switzerland has proven its worth and that it does not create false incentives for over-consumption of medical care, either for insured persons or healthcare providers. This does not mean that we want to put an end to the discussion on the deductible system. On the contrary, the continuous adaptation and improvement of our healthcare system remains an ongoing task”, said Daniel Volken, Head of the General Secretariat of Groupe Mutuel.

You can find the full study here: <https://www.econstor.eu/handle/10419/281167>



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About Groupe Mutuel

With over 2,800 employees throughout Switzerland, Groupe Mutuel is at the service of 1.36 million private customers and 28,000 companies.

As the only comprehensive insurer in Switzerland, Groupe Mutuel is the reference partner in the field of health and pension benefits for its private and corporate customers. Its turnover exceeds CHF 5.3 billion. Thanks to tailored solutions, whether in basic insurance (LAMal/KVG) or supplemental insurance (LCA/VVG), it is the third largest health insurer in Switzerland.

Groupe Mutuel also offers an extensive range of products in individual pension benefits and patrimony insurance. Based in Martigny, the insurer provides companies of all sizes with solutions for loss of earnings in the event of illness, accident insurance (LAA/UVG) and occupational pension plans (LPP/BVG). In the field of corporate health insurance, Groupe Mutuel is ranked fifth nationwide.