

Special Terms and Conditions for PrimaCare insurance

RF

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Art. 1 Insurance model

PrimaCare insurance is a special form of compulsory health insurance offering a limited choice of healthcare providers within the meaning of Article 41(4) and Article 62 of the Swiss Federal Health Insurance Law (LAMal/KVG), as well as Articles 99 to 101a of the Ordinance on Health Insurance (OAMal/KVV).

Art. 2 Entitlement to insurance

1. PrimaCare insurance may be contracted by any person domiciled in the areas where it is offered by the insurer.
2. Coverage may be contracted at any time, as long as the legal deadline for changing insurance models is taken into account.

Art. 3 Termination

It is possible to switch to another form of insurance or to a new insurer at the end of each calendar year, subject to the notice period stipulated in Article 7, paragraphs 1 and 2 LAMal/KVG.

Art. 4 Insurance principle

PrimaCare insurance is based on the principle of the general practitioner (hereafter: «GP»). The general practitioner provides basic treatment, coordinates treatment follow-up and guides the insured person where necessary to other healthcare providers.

Art. 5 Duties of the insured person

1. When joining PrimaCare insurance, the insured person is free to choose his/her GP from among the doctors licensed to practice in Switzerland under LAMal/KVG compulsory health insurance. The details of the GP are to be sent to the insurer.
2. In the event of a health problem, the insured person undertakes to see the GP first.

3. For any consultation with another doctor or healthcare provider, the insured person must send a certificate (or referral voucher) to the insurer to confirm that the appointment was prescribed by the GP.
4. Any change in GP must be notified to the insurance company by the insured person prior to the first appointment with the new GP.

Art. 6 Deviations from the insurance principle

The insured person is released from the duties mentioned in Article 5, paragraph 2 of these special terms and conditions:

- in case of emergency
An emergency occurs when the life of the insured person is in danger or his or her state of health requires immediate medical attention. The insured person must notify the GP within 15 days of the emergency consultation;
- for gynaecological check-ups and treatments;
- for check-ups and treatments related to pregnancy and childbirth;
- for eye check-ups and treatments;
- for paediatric check-ups and treatments;
- for dental treatments;
- for the follow-up of a chronic illness, provided that the insured person sends a certificate signed by a doctor to the insurer.

Art. 7 Non-compliance with the duties of the insured person

1. In the event that the insured person breaches more than twice in a calendar year the duties mentioned in Article 5 of these special terms and conditions, the cost of subsequent treatments shall remain entirely payable by the insured person.

2. In the event of repeated breaches of duty by the insured person, the insurer may exclude the insured person from PrimaCare coverage with effect at the end of a month, subject to 30 days' notice.
The insured person will then be transferred to the standard model of compulsory health insurance with the same deductible amount.

Art. 8 Premiums

Under PrimaCare insurance, a rebate compared to the premium for standard health insurance or with an optional deductible may be granted.

Art. 9 End of entitlement

1. Entitlement to insurance ends when:
 - a. the insured person transfers his/her domicile to an area where PrimaCare insurance is not offered by the insurer;
 - b. the GP chosen by the insured person can no longer coordinate the care required by his/her state of health, particularly if the insured person is staying in a retirement home.
2. In these cases, the insured person will be transferred to a similar insurance model or, failing that, to the standard compulsory health insurance model while maintaining the same deductible amount.

Art. 10 Withdrawal or change in insurance model

1. The insurer can decide to change or withdraw PrimaCare coverage at any time.
2. In case of withdrawal of the insurance, the insured person will be transferred to a similar insurance model or, failing that, to the standard model of compulsory health insurance while maintaining the same deductible amount.

Art. 11 Effective date

These special terms and conditions of insurance come into force on 1 January 2021.