

# Calculation of co-payment

## Deductible and retention fee in basic insurance and supplementary insurance plans.

Valid as of January 2019

### Co-payment in basic insurance

Under the Swiss Federal Health Insurance Act, insured persons must pay a certain share of the benefits they receive from a basic insurance plan. This applies to all insurers. The co-payment consists of the deductible, the retention fee, as well as the daily contribution in the case of hospitalisation.

#### Deductible

All insured persons are responsible for a portion of the cost they incur under their basic insurance plan. The statutory minimum deductible (standard deductible) for adults is CHF 300 per year. The standard deductible does not apply to children (up to the age of 18). Instead of the ordinary deductible, adults and children can opt for a higher deductible and pay a lower premium in exchange.

The following optional deductibles are available:

Optional deductible per year in CHF	Max. premium reduction per month in CHF	Max. premium reduction per year in CHF
<b>Adults</b>		
500	11.60	140.00
1000	40.80	490.00
1500	70.00	840.00
2000	99.10	1190.00
2500	128.30	1540.00
<b>Children</b>		
100	5.80	70.00
200	11.60	140.00
300	17.50	210.00
400	23.30	280.00
600	35.00	420.00

#### Retention fee

Insured persons will also pay a retention fee of 10% on the costs that exceed the deductible. The maximum annual retention fee is set at CHF 350 for children up to the age of 18 and at CHF 700 for adults.

#### Daily contribution in case of hospitalisation

If hospitalised, insured persons must pay an additional contribution of CHF 15 per day. This amount is due for all days in which the person is in hospital. There are no limits per stay or year.

This amount is not offset against the maximum amounts for basic insurance shown in the "Deductible" and "Retention fee" paragraphs.

#### Exceptions

Daily contributions for hospitalisation are not applied to children and young adults who are still in school.

No co-payments are due for statutory maternity benefits. If a pregnant woman falls ill or complications set in during pregnancy, it counts as an illness until the end of the twelfth week of pregnancy, in which case the deductible and retention fee apply.

For drugs on the list of the Federal Office of Public Health (FOPH) "New list of generic medicine with differentiated retention fees for original preparations and generic medicines" the retention fee is 20%. This rule does not apply if an original preparation is prescribed for medical reasons.

In the case of general practitioner and telemedicine models under basic insurance, medicines are subject to the retention fee defined in the regulations.

#### Examples in basic insurance

##### 1. Outpatient treatment; adult with ordinary deductible CHF 300:

Outpatient medical bill	450	
./. ordinary deductible	300	300
Remainder	150	
of which 10% is retention fee		15
<b>Total co-payment billed to the insured person</b>		<b>315</b>

**2. Inpatient and outpatient treatment; adult person (with professional qualification) with optional deductible CHF 500:**

Benefits	Deductible (CHF 500 per year)	10 % retention fee (max. CHF 700 per year)	Daily contribution (CHF 15 per day)
Hospital bill gen. ward 5 days Total CHF 1,550	500	*97.50	75
Medical bill outpatient Total CHF 800		80	
Hospital bill gen. ward 9 days Total CHF 2,610		*247.50	135
Medical bill outpatient Total CHF 1,600		160	
Hospital bill gen. ward 4 days Total CHF 1,430		**115	60
<b>Total co-payment</b>	<b>500</b>	<b>700</b>	<b>270</b>

\* 10% of the hospital bill minus contribution to hospital costs

\*\* Remainder up to the retention fee limit of 10%, max. CHF 700 per year

**Co-payment under supplementary insurance plans**

The statutory deductibles and retention fees apply in supplementary insurance. They are shown in the policy, the General Insurance Conditions, or the supplementary conditions for the products.

Neither the deductible nor the retention fee of supplementary insurance plans is offset against the maximum basic insurance amounts that are mentioned in the "Deductible" and "Retention fee" paragraphs.

The treatment date (Art. 103 para. 3 of the Health Insurance Ordinance (KVV)) is definitive for calculating the annual deductible and retention fee. Co-payments are calculated based on the order in which invoices are received. In all other respects the contractual provisions apply.

We hope that these examples have helped you to understand how benefits are calculated.

We would also like to point out that this overview serves merely an informational purpose.

Your supplementary health insurance provider is in no way bound if information proves to be incorrect because of a change in the law or for any other reason.



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