«Academic Care» Health Insurance

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Practical and legal information pursuant to the Federal Law on Insurance Contracts (LCA/VVG)

This customer information provides clear and precise data on the identity of the Insurer and on the main elements of the insurance contract, as required by Article 3 of the Federal Law on Insurance Contracts (LCA/VVG).

Who is the Insurer?
The Insurer is Groupe Mutuel Assurances GMA SA (hereafter, «the Insurer»), whose headquarters are located at Rue des Cèdres 5, 1920 Martigny.

Who are the insurable persons?
Persons under age 40 who come from abroad and are residing in Switzerland for training or studying purposes may apply for Academic Care coverage provided they are not subject to compulsory health insurance in Switzerland pursuant to LAMal/KVG.

What is the scope of the insurance proposal?
Signing the insurance proposal does not constitute a request for an offer, but is a formal declaration stating that the Applicant wishes to sign up to Academic Care insurance. The Applicant remains bound to the Insurer in accordance with the provisions set out in Article 1 LCA/VVG.

Which risks are covered by the insurance and what is the scope of the insurance benefits?
The scope of the healthcare benefits for illness, accident (provided benefits are covered by no other accident insurance) and maternity is defined according to the Federal Law on Health Insurance (LAMal/KVG), its implementing provisions and the general and special terms and conditions of insurance.

Coverage also includes the following healthcare benefits:
– benefits used in the diagnosis or the treatment of an illness and its sequelae, including outpatient or inpatient exams and treatments carried out by doctors, chiropractors or persons providing healthcare services upon medical prescription or order (nurses, physiotherapists, etc.);
– free choice of a healthcare provider among those recognised by LAMal/KVG and able to treat the illness (or the accident), and free choice of the hospital (or birth centre) able to treat the condition (or accident), among those mentioned on the list of the insured’s canton of residence or the list of the canton where the hospital is located (listed hospital);
– hospitalisation in a general ward in Switzerland, in a recognised hospital according to LAMal/KVG, up to the rate applied in the insured’s canton of residence;
– prescribed medication;
– laboratory costs;
– maternity expenses, including check-ups prescribed by a doctor before and following birth, home births, birth in a hospital (in a general ward) or in a birth centre, etc.

Benefits must be efficient, appropriate and economical.

Other covered benefits (assistance for repatriation in Switzerland, legal protection benefits for patients and lump-sum benefit in case of accidental death occurring in Switzerland) are also included in the Academic Care special terms and conditions of insurance, as well as in the special terms and conditions of the relevant coverage plans.

The insurance is valid in Switzerland.
In case of travel or stays outside of Switzerland, coverage is granted for emergency cases only and up to double the amount which would have been paid should the treatment have taken place in Switzerland. No voluntary treatment outside of Switzerland will be reimbursed.

What is the amount of the premium?
Premium amounts are based on the deductible as well as the actual age of the insured person as provided for in the premium tariff scales.

Who is the debtor of the payment to be made to the healthcare provider?
Generally, the insured person is the debtor of the payment to be made to the healthcare provider. In this case, the insured person is entitled to reimbursement from his Insurer (-third-party guarantor- system). Insurers and healthcare providers may agree to the fact that the Insurer is the debtor of the healthcare provider’s fees (-third party payer- system).
What is the share to be paid by the insured person?
The insured person who chooses an optional deductible will contribute to the cost of received benefits (co-insurance), up to the amount of the deductible.

What happens in the case of non-payment of premiums and co-insurance amounts?
In the event of the non-payment of premiums and co-insurance amounts which have fallen due, the Insurer shall send a summons to pay to the insured person, preceded by at least one written reminder. If, despite the summons to pay, the insured person does not pay the premiums, co-insurance amounts and penalty interests due, within the prescribed deadline, the Insurer shall initiate proceedings.

When does insurance coverage begin?
Insurance coverage begins on the effective date indicated on the insurance policy but not before the date of the insured’s arrival in Switzerland.

When does the insurance contract end?
The policyholder may terminate the insurance:
– for the end of a calendar year, with six months’ advance notice, but not before the end of the minimum insurance term of one year;
– after each insured event for which benefits are due by the Insurer, at the latest within 10 days from the moment the Insurer was aware of the payment of the indemnity. Insurance coverage shall expire 14 days after termination is notified to the Insurer;
– in case of a change in premiums, within 30 days of receiving the policy or from the change having been notified;
– in case the Insurer breaches its duty of information, in accordance with Article 3(a) LCA/VVG.
Coverage ceases automatically at the end of the month in which the insured:
– ends his training, or
– returns permanently to his home country, or
– transfers his usual place of residence abroad, or
– becomes subject to compulsory health insurance in Switzerland in accordance with LAMal/KVG, or
– no longer satisfies the conditions for exemption of coverage according to the Ordinance on Health Insurance (OAMal/KVV).

In the case of a group insurance plan, coverage expires automatically at the end of the month in which the insured departs from the circle of insured persons defined by the framework agreement. Coverage expires in any event at the end of the year coinciding with the insured’s 40th birthday.

Who are the agents of Groupe Mutuel?
Groupe Mutuel authorised agents are issued with an accreditation card that will be presented to you upon each meeting.

How is data handled by the Insurer and its intermediary?
Collected personal and administrative data are necessary for the intermediary and the Insurer to be able to prepare an offer and to finalise the ensuing insurance proposal. Data will be used by the Insurer for administrative, statistical and financial follow-up between the intermediary and the Insurer and/or Groupe Mutuel, Association d’assureurs, in so far as the latter is responsible for a number of administration tasks for its member insurance companies. Personal and administrative data may also be used to define your current and future insurance needs within the context of marketing campaigns.

To that end, the data collected for Academic Care insurance may be processed using mathematical and statistical methods to allow the Insurer, and/or Groupe Mutuel, Association d’assureurs, as well as its member companies, and authorised intermediaries or partners, to prepare offers for products and services which may be of interest to you. These partners are bound by the obligation to abide by professional confidentiality and to comply with the legal provisions related to data protection.

If necessary, the Insurer and/or Groupe Mutuel, Association d’assureurs, reserve the right to disclose the data to third parties involved in performing the contract in Switzerland and abroad, including Groupe Mutuel member insurance companies, as well as co-insurers and reinsurers.
Likewise, when checking benefit statements from foreign healthcare providers, the Insurer and/or Groupe Mutuel may disclose information to their agent(s). By signing the insurance proposal, the Applicant accepts to receive written information (letters, mailing, text messages, etc.) from member insurance companies of Groupe Mutuel or from third parties mandated by them, and/or to be contacted by telephone in order to receive advice on the offers and insurance products which may be of interest to you. These partners are bound by the obligation to abide by professional confidentiality and to comply with the legal provisions related to data protection.

Personal and administrative data is usually held in electronic and/or paper form and/or as scanned files. It is kept as long as is required by law and by the administration of the insurance contract, insured events, rights of appeal, the remuneration of the intermediary and/or possible disputes between the insurer, the insured person or third parties.