

# Calculation of the co-payment for Multimed.

## Co-payment under 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, and a daily contribution towards the cost of any stay in hospital.

### Deductible

All insured persons are responsible for a portion of the costs they incur under their basic insurance plan. The statutory minimum deductible (standard deductible) for adults is CHF 300 per calendar year. The standard deductible does not apply to children under the age of 18.

Instead of the standard deductible, adults and children can opt to pay a higher deductible in return for lower premiums.

The following selectable deductibles are available:

	Selectable annual deductibles in CHF	Max. premium reduction per month in CHF	Max. premium reduction per year in CHF
Adults	500	11.60	139.20
	1000	40.80	489.60
	1500	70.00	840.00
	2000	99.10	1189.20
	2500	128.30	1539.60
Children	100	5.80	69.60
	200	11.60	139.20
	300	17.50	210.00
	400	23.30	279.60
	600	35.00	420.00

### Retention fee

Insured persons will also pay a retention fee of 10% on the costs that exceed the deductible. With Multimed, the maximum annual retention fee is set at CHF 200 for children up to the age of 18 and at CHF 400 for adults.

### Daily contributions for hospital stays

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 calendar year. This contribution is not set off against the deductible or retention fee.

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

## Exceptions to the duty to pay the deductible and co-payment

### Exceptions

The list maintained by the Federal Office of Public Health (FOPH), entitled "New list of generic medicine with differentiated retention fees for original preparations and generic medicines" (Neue Generikaliste mit differenziertem Selbstbehalt bei Originalen und Generika) applies to both original preparations and generic medicines. If the insured person chooses a medicine from the list of generic medicine maintained by the FOPH that is subject to a higher retention fee and for which a more economical alternative is available, they will be reimbursed only 50% of the costs of the original medicine. This rule does not apply if the insured person is dependent for medical reasons on the original preparation with the higher retention fee.

### Maternity

No co-payments are due for statutory maternity benefits. If a pregnant woman falls ill or complications set in during pregnancy, it counts as illness until the end of the twelfth week. The deductible, retention fee and contribution to hospital costs are charged during the first twelve weeks.

### Sample benefit statement for those insured under Multimed

Adult with a deductible of CHF 300

Benefit	Annual deductible CHF 300	10% retention fee (max. CHF 400 per calendar year)	Contribution to hospital costs CHF 15 per day	Health insurer benefits
Outpatient medical bill CHF 850	300	55		495
Hospital bill, five days, CHF 2,000		*192.50	75	1732.50
Outpatient medical bill CHF 750		75		675
Hospital bill, ten days, CHF 6,500		**77.50	150	6272.50
<b>Total co-payment</b>	<b>300</b>	<b>400</b>	<b>225</b>	<b>9175</b>

\* 10%, max. CHF 2,000 less contribution to hospital costs

\*\* Remainder up to retention fee limit of 10%, max. CHF 400 per calendar year

## Maximum co-payment for several children in the same family

Maximum co-payment for one, two or more children in the same family **with various models**.

Deductible	Max. co-payment 1 child Multimed, further children different model				
	Max. co-pay for 1 <sup>st</sup> child Multimed	Max. co-pay for 2 <sup>nd</sup> child not Multimed	Max. co-pay for 3 <sup>rd</sup> child not Multimed	Co-pay per KVG	Co-pay per KVG Max. co-pay, all children in family
0	200	350	350	900	600
100	300	450	450	1200	600
200	400	550	550	1500	600
300	500	650	650	1800	650
400	600	750	750	2100	750
600	800	950	950	2700	950

If only two children are insured, the co-payments per child are added together.

All children are insured **with Multimed**.

Franchise	Max. co-payment under Multimed				
	Max. co-pay for 1 <sup>st</sup> child Multimed	Max. co-pay for 2 <sup>nd</sup> child Multimed	Max. co-pay for 3 <sup>rd</sup> child Multimed	Co-pay per KVG	Max. co-pay, all children in family
0	200	200	200	600	600
100	300	300	300	900	600
200	400	400	400	1200	600
300	500	500	500	1500	650
400	600	600	600	1800	750
600	800	800	800	2400	950

If only two children are insured, the co-payments per child are added together.

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