

Health Maintenance Organisation Insurance

Regulations (KVG) Version 01.2023

These regulations apply to all insured persons under the Health Maintenance Organisation Insurance. Specific regional peculiarities are set out in the appendix to these regulations.

The doctors in a group practice and the chosen general practitioner in practice networks are designated as the "coordinating doctor".

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I General provisions

Art. 1 Principles

- 1.1 Health Maintenance Organisation Insurance is a special form of mandatory healthcare insurance with a restricted choice of service providers in accordance with the Federal Health Insurance Act of 18 March 1994 (KVG). The coordinating doctor ensures that insured persons receive holistic treatment and care with respect to all health matters.
- 1.2 Insured persons undertake to have all treatment and all examinations carried out by the coordinating doctor or to let themselves be referred to a third party by said doctor. In this way they make a contribution to cost-conscious medical provision.
- 1.3 The benefits guaranteed by the Health Maintenance Organisation Insurance correspond to the scope of benefits of the mandatory healthcare insurance, while taking into consideration the provisions restricting claims for benefits (Art. 7–13). The KVG is applicable, as are the Federal Act of 6 October 2000 on General Aspects of Social Security Law (ATSG) and the corresponding administrative provisions. The provisions of the regulations for insurance in accordance with the KVG of CSS Kranken-Versicherung AG (hereinafter referred to as "CSS") supplement the foregoing.

Art. 2 Scope of application

If a contract for Health Maintenance Organisation Insurance exists, the restrictions as to the choice of service provider also apply by analogy to any supplementary insurance plans taken out with CSS Versicherung AG, inasmuch as such are provided for in the contract.

II Insurance relationship

Art. 3 Concluding the contract

- 3.1 A contract for Health Maintenance Organisation Insurance can be concluded by all persons who have their legal residence in an area where the service is provided. The Health Maintenance Organisation Insurance begins on the first of the month following conclusion of the contract.
- 3.2 On concluding the Health Maintenance Organisation Insurance contract, the insured person chooses a coordinating doctor from the appropriate list of doctors maintained by CSS. A change to another coordinating doctor is possible at a later date (Art. 12). The agency responsible supplies information about the area served and the list of doctors maintained by CSS.

Art. 4 Termination

- 4.1 The Health Maintenance Organisation Insurance can be terminated in writing with effect from the end of a calendar year, subject to a three-month period of notice. If the insured person does not simultaneously transfer to the mandatory healthcare insurance of another insurer, termination of the insurance leads to the insured person being transferred to the mandatory healthcare insurance of CSS Kranken-Versicherung AG.
- 4.2 If the insured person moves away from the area served by the Health Maintenance Organisation Insurance, membership of the Health Maintenance Organisation Insurance ends and the insured person is transferred to the mandatory healthcare insurance on the first day of the month following the move. The provisions of Art. 3.1 remain reserved.
- 4.3 If the coordinating doctor (member of a medical network or group practice, hereinafter the "Practice") leaves their

current Practice, the insured persons may choose another doctor from the same Practice within one month of being asked to do so in writing by CSS Kranken-Versicherung AG. If no doctor can be chosen (because no alternative is available or the alternatives are not accepting any new patients), the insured persons may choose a doctor from another practice within the Health Maintenance Organisation model. If there is no alternative Practice within the Health Maintenance Organisation model available at the insured person's place of residence, the insured person may change to a different insurance model which offers a restricted choice of doctor, or to the mandatory healthcare insurance offered by CSS Kranken-Versicherung AG. **Failure to exercise this right to change within the deadline of one month leads to automatic transferral to the mandatory healthcare insurance offered by CSS Kranken-Versicherung AG.**

- 4.4 If the cooperation between CSS Kranken-Versicherung AG and the group practice and/or the practice network is dissolved, insured persons are automatically transferred to the mandatory healthcare insurance of CSS Kranken-Versicherung AG. In regions in which other group practices and/or practice networks are offered, insured persons are able to change to another health maintenance organisation within one month of receipt of notification in writing by CSS Kranken-Versicherung AG.
- 4.5 If repeated breaches of the duties stated in Art. 7.1, 9, 10 and 11 occur or if the insured person remains abroad for longer than three months, CSS Kranken-Versicherung AG is entitled to exclude persons insured under the HMO insurance from the Health Maintenance Organisation Insurance at the end of a calendar month, subject to a one-month period of notice. This leads to automatic transferral to the mandatory healthcare insurance of CSS Kranken-Versicherung AG. A new contract for an alternative insurance model (Health Maintenance Organisation Insurance, Profit Family Doctor Insurance or Callmed) may not be concluded until at least two years following exclusion.
- 4.6 If medical treatment can no longer be provided by the coordinating doctor for reasons which lie within the responsibility of the insured person, CSS Kranken-Versicherung AG is entitled to exclude the insured person from the Health Maintenance Organisation Insurance at the end of a calendar month, subject to a one-month period of notice. This leads to automatic transferral to the mandatory healthcare insurance of CSS Kranken-Versicherung AG.

III Premiums and co-payment

Art. 5 Premiums

Insured persons receive a discount on the premium for the mandatory healthcare insurance. The current premium rate applies in every case. The amount of the discount can vary, depending on the selected coordinating doctor.

Art. 6 Co-payment

Charges are made for the deductible and the retention fee incurred for outpatient or inpatient treatment and for the contribution for hospitalisation in accordance with the legal provisions for the mandatory healthcare insurance and the corresponding provisions of CSS Kranken-Versicherung AG.

IV Rights and obligations of insured persons

Art. 7 Care / treatment by the coordinating doctor

- 7.1 Insured persons requiring treatment consult their coordinating doctor in the first instance at all times (with the exception of emergencies, Art. 8). If necessary, the coordinating doctor ensures that adequate treatment and care is given by further doctors or medical personnel.
- 7.2 If insured persons obtain outpatient or inpatient treatment directly in situations other than emergencies without being referred by the coordinating doctor, CSS will cover the costs or impose sanctions as follows:
- First breach of the Regulations: a written reminder setting out the sanctions that will apply if the breach is repeated.
 - Second breach of the Regulations onwards: the insured person must themselves pay a maximum amount of CHF 500 per bill. As it results from a failure to comply with the Regulations, this payment will not be counted towards the deductible and retention fee.
 - From the second breach of the Regulations onwards, CSS may also reassign the insured person to the CSS mandatory healthcare insurance scheme without further notice and with effect from the first of the following month.

The costs that the insured person must pay are calculated on the basis of all the benefits that they have claimed in connection with the breach of the Regulations. The sanction applies irrespective of fault, point in time, or the age of the insured person.

Art. 8 Emergency treatment

- 8.1 In emergencies, insured persons consult their coordinating doctor. If the coordinating doctor is not available, they should consult the local regional emergency organisation at their place of residence or at the place where they are staying at the time, as the case may be.
- 8.2 If hospitalisation or treatment by an emergency doctor is necessary in an emergency, the insured persons undertake to inform the coordinating doctor, or have someone inform him, as soon as possible and to submit the medical certificate issued by the emergency doctor.

Any further check-up which might be necessary following this treatment should be carried out by the coordinating doctor. With the approval of the coordinating doctor, further treatment may be given by the emergency doctor for as long as is necessary.

Art. 9 Treatment by a specialist

If insured persons are referred by their coordinating doctor to a specialist who recommends further treatment or an operation, the insured persons undertake to inform the coordinating doctor in advance, or have someone inform him, and to obtain his approval. If the coordinating doctor refuses to give his approval, the insured person can consult a medical ombudsman. The list of medical ombudsmen is available from CSS Kranken-Versicherung AG.

Art. 10 Referral to hospital

Referrals to hospitals or to semi-inpatient facilities may only be made by the coordinating doctor or with his approval (with the exception of emergencies, Art. 8). The coordinating doctor determines whether hospitalisation is necessary and refers the insured person to a hospital.

Art. 11 Spa and recovery cures

Referrals to spas and recovery homes may only be made by the coordinating doctor, or with his approval, if claims are to be made for insurance benefits.

Art. 12 Change of coordinating doctor

In cases where this is justified, insured persons may change their coordinating doctor on the first day of the next month. Before doing so, insured persons must inform the previous coordinating doctor and CSS Kranken-Versicherung AG.

Art. 13 Data protection

Data protection is based on the KVG, the ATSG and the Federal Data Protection Act of 25 September 2020. In the case of Health Maintenance Organisation Insurance, the necessary health and contract data will be disclosed to the coordinating doctor and any third parties, in particular to specialists, hospitals, other medical staff and institutions involved in organising or providing medical services for the purpose of performing the contract or if a change of coordinating doctor occurs. This form of insurance requires data concerning the diagnosis, treatment and invoicing of the insured persons to be disclosed to CSS by the coordinating doctor and any third parties. The processing of data by CSS is additionally explained in the CSS privacy policy (css.ch/data-protection).

Art. 14 Fees

The insured person has various options for paying their premiums and co-payments without incurring any charges. CSS may pass on to the insured person the fees that are charged on payments made at Swiss Post counters or other physical Swiss Post access points.

V Final provisions

Art. 15 Publication of Regulations

Further information and binding notifications, such as changes to the present Regulations, are published on the insurer's website, as well as in the CSS Magazine. These Regulations are publishing on the website and available from agencies.

Art. 16 Entry into force

These regulations enter into force on 1 January 2023.

Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.

