

CHECK FORM FOR THE EQUIVALENT
OF SWISS HEALTH INSURANCE(Federal Law on Medical Insurance (LAMal) of March 18, 1994)
(Article 2, OAMal of June 27, 1995)FOREIGN INSURER CERTIFICATE REQUIRED FOR DISPENSATION FROM
COMPULSORY INSURANCE IN SWITZERLAND

1. PERSONAL DETAILS OF THE INSURED				
Surname	_____			
Forename (s)	_____			
Date of birth	_____	nationality	_____	sex <input type="checkbox"/> M <input type="checkbox"/> F
Civil Status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> separated	<input type="checkbox"/> divorced <input type="checkbox"/> widower / widow
For foreigners type of permit	<input type="checkbox"/> file C	<input type="checkbox"/> file B	<input type="checkbox"/> file L	valid from _____
Status	<input type="checkbox"/> student	<input type="checkbox"/> employee expatriate	<input type="checkbox"/> trainee	<input type="checkbox"/> teacher _____
School / employer	_____			End of stay in Switzerland _____
Street & no	_____			
Post code & city*	_____			

(*if possible in Switzerland)

2. MEMBERS OF THE FAMILY FOR WHOM THE EXEMPTION OF INSURANCE IS DEMANDED				
Surname	Forename (s)	Date of birth	Sex M ou F	Relationship

Place and date: _____ signature of **policyholder** * : _____

The undersigned insurer certifies that the above-mentioned people benefit, during their stay in Switzerland, from health and accident insurance coverage equivalent to the mandatory health insurance (see page 2 & 3), in particular for:

- the coverage of the total hospitalisation expenses in a general ward within the public hospitals of the canton of Neuchâtel, according to the foreseen tariffs for the people who do not benefit from the conventional agreement, (for information only, for 2006, see some examples of invoicing by APDRG on page 3);
- complete cover for costs related to pregnancy and childbirth, particularly costs of childbirth in a public ward of public hospitals in the canton of Neuchâtel, at the rates applicable for people not covered by collective (for information only, for 2006, see some examples of invoicing by APDRG on page 3);
- complete cover for the cost of treatment in a medico-social establishment (by way of example for 2006, CHF 18.50 to CHF 224.90 per day, depending on the degree of dependence);
- cover for out-patient treatment as defined in Sections 25 to 31 of the Federal Law on Health Insurance (LAMal) cited in the appendix (by way of example for dialyses in 2006, CHF 500.-- + medication and small equipment).

The undersigned insurer hereby undertakes to pay its benefits when any of the above-mentioned occurrences take place. Recourse to municipal or cantonal social assistance is excluded.

Go back to contract signature :

Stamp / seal and signature of **insurer** * :

Date of expiry of cover:

Place and date:

FORM TO BE RETURNED TO THE OFFICE CANTONAL DE L'ASSURANCE-MALADIE, ESPACE DE L'EUROPE 2,
CASE POSTALE 716, 2002 NEUCHATEL

* The insured and insurer undertake to inform the competent Authorities of the termination of the contrat, as well as of any reduction in insurance cover that would no longer guarantee cover equivalent to compulsory Swiss health care insurance.

Art. 25 General benefits in case of illness.

1. Compulsory health insurance covers the cost of treatment of illnesses and their after effects.
2. These benefits include :
 - a. Medical examinations and treatment whether it is delivered in a doctor's office, at the patient's home, during hospital care or half-hospitality or in a nursing home, by :
 1. medical doctors
 2. chiropractors
 3. Persons acting under the authority of, or by delegation of a medical doctor.
 - b. Laboratory tests, medications, diagnostic or therapeutic devices ordered by a medical doctor or, within limits set by the Federal Council, by a chiropractor.
 - c. Partial reimbursement of expenses incurred for treatment in a spa, if such treatment was prescribed by a medical doctor.
 - d. Rehabilitation prescribed by a medical doctor.
 - e. Hospital care in the general or public section of a hospital
 - f. Stay in an institution offering half-hospitality care ;
 - g. Partial overage of costs incurred for medically necessary transportation and rescue services.
 - h. Pharmacy contribution for prescribed medicine delivery according to letter b.

Art. 26 Preventive measures

Compulsory health insurance covers the costs of tests which can lead to early detection of certain illnesses, as well as preventive measures for patients at high risk for certain types of illnesses. These tests or preventive measures must be carried out or ordered by a medical doctor.

Art. 27 Congenital disabilities

In the case of a congenital disability not covered by disability insurance, compulsory health insurance covers costs in the same way as it would in case of other types of illnesses.

Art. 28 Accidents

In the case of an accident, as defined in Art.1, par.2, letter b), compulsory health insurance covers costs in the same way as it would in case of illness.

Art. 29 Pregnancy and delivery

1. Compulsory health insurance covers the costs of specific care required in the case of pregnancy as well as regular costs as in cases of illness.
2. Specific care covered includes :
 - a. Regular check-ups, carried out by a medical doctor or a midwife, or ordered by a doctor, during and after pregnancy.
 - b. Delivery, whether it occurs at home, in the hospital or during half-hospitality, as well as care given by a medical doctor or a midwife.
 - c. Training and instruction given to mothers to establish breastfeeding.
 - d. Care accorded to new-born child in good health and his stay, in hospital with his mother.

Art. 30 Medically prescribed abortions

In cases of medically prescribed abortion, as defined by Art. 120 of the Swiss Penal Code, costs are covered by compulsory health insurance as in the case of illness.

Art. 31 Dental care

1. Compulsory health insurance covers the cost of dental care under the following :
 - a. If the necessity for dental care results from severe illness affecting the ability to chew, or
 - b. If they are caused by another serious illness or its after-effects, or
 - c. If dental care is necessary in order to treat severe illness or its after-effects.
2. Compulsory health insurance also covers the cost of treatment for lesions affecting the ability to chew caused by an accident as defined by Art.1, par. 2, letter b).

2006		
<u>FOR INFORMATION ONLY</u>, EXAMPLES OF HOSPITAL BILLING BY “APDRG” (All Patients Diagnosis Related Group)		
For patients not benefiting from conventional LAMal rates or non bearer of a E-111 card		
Description	Average time of hospitalisation	Cost (Swiss Francs)
Concussion, intracranial trauma with coma < 1hour or no coma, age >18, without complications	3	3'396
Abortion, with dilatation, aspiration curettage or hysterotomy	3	4'562
Urinary stones, without complications (nephrolithiasis)	4	4'742
Esophagitis, gastro-enteritis & miscellaneous digestive disorders, age > 17, without complications	5	5'778
Newborn, weight > 2.49 kg, without significant interventions, normal diagnosis **	6	5'670
Non complicated vaginal delivery *	6	6'290
Chemotherapy	4	6'602
Complicated vaginal delivery *	6	6'689
Appendectomy without complicated principal diagnosis, without complications	5	6'870
Fracture, sprain, strain & dislocation of upper arm, lower leg except foot, age >17, without complications	7	7'622
Signs & symptoms, without complications	7	7'658
Radiotherapy	6	7'700
Bronchitis & asthma, age >17, without complications	7	7'872
Medical back problems, age < 76	9	8'956
Syncope & collapse, with complications	8	9'130
Esophagitis, gastro-enteritis and miscellaneous digestive disorders, age >17, with complications	8	9'219
Simple pneumonia & pleurisy, age >17, without complications	9	10'144
Circulatory disorders with myocardial infarction, without cardiovascular complications, discharged alive	9	11'937
Fractures of hip & pelvis	11	12'024
Fractures of femur	10	12'405
Simple pneumonia & pleurisy, age >17, with complications	11	13'249
Circulatory affections and infarction, with cardiovascular complications, discharged alive	13	18'428
Percutaneous cardiovascular procedures with acute myocardial infarction, heart failure or shock	8	21'241
Newborn, 1.5-1.99kg, without other significant condition, with minor problems **	19	27'014
Major head & neck procedures for malignancy	13	29'749
Major cardiovascular procedures, with complications	14	32'601
Coronary bypass with cardiac catheterization	15	38'943
Diseases of the respiratory system with ventilation assistance	17	38'949
Coronary bypass, with major complications	15	40'744
HIV with surgical procedure & ventilation or nutritional assistance	39	66'783
Heart transplant	37	81'390
Tracheostomy for HIV infection	59	117'645
Extensive burns with surgical procedures	59	170'235
Newborn, birthwt < 750g, discharged alive **	90	213'969

*/** these benefits accumulates (mother + child)

Warning: The above facts are **only informational** taken from the tariff list, which contains more than 660 different position rates. Costs can, among other things, vary according to the actual duration of hospitalisation.

Service cantonal de l'assurance maladie, Neuchâtel(CH) / Version 01/2006