



**Are you due to go
to hospital?**
What you need to know
before you go

Committed to your health.

Do you need inpatient treatment? This brochure explains the factors you should consider when choosing a hospital and provides details about what we cover.

Your hospital stay is covered

Our services

Basic insurance provides the statutory medical care needed to return you to full health. It covers basic medical needs in the event of illness, accident and maternity.

Do you have supplementary hospital insurance as well as basic insurance? If you do, you'll enjoy more freedom of choice in relation to your hospital stay. Depending on your supplementary hospital insurance plan, you can choose the hospital in Switzerland you'll be treated in, the doctor who will treat you and your room comfort.

Before you are admitted to hospital, check exactly what insurance cover you have. You can find the information in your policy.



For a definitive confirmation the assumption of costs, please get in contact with us at 0844 80 81 82.

Not all hospitals are equal – spotting the differences

Services and costs

Inpatient hospital stays in an acute care hospital or a psychiatric clinic are charged based on standard tariff structures. Each hospital applies a standard charging code for every kind of treatment.

All acute care hospitals use the same charging system. The cantons contribute the applicable cost factor to the cost of your stay.

Listed hospitals

Listed hospitals have a contract with the canton to provide certain services. They are required to treat anyone who has basic insurance and is resident in the same canton as the hospital in accordance with the service mandates and subject to capacity.

A listed hospital is required to treat an insured person who is not resident in the canton where the hospital is located only in two situations: where there is a relevant cantonal service agreement or in an emergency.

Birthing centres

Birthing centres are treated as equivalent to hospitals. In order for the Helsana Group to cover the cost of treatment and services, the birthing centre must be on

the cantonal list of hospitals. The cost of the birth will be covered by your basic insurance provided that the birthing centre is listed.

Helsana Group contract hospitals (basic and supplementary insurance)

The Helsana Group is entitled to conclude contracts with hospitals that are not included on the cantonal list of hospitals. Under the contract, the hospitals agree to provide basic and/or supplementary services. The cantons are only obliged to contribute to the cost of care if the patient requires emergency treatment. In all other cases, the costs are fully covered by the Helsana Group.

Hospitals without a contract

These hospitals are not on the cantonal hospital lists and do not have a contract with the Helsana Group. Irrespective of whether you have basic or supplementary insurance, the Helsana Group will not cover the cost of treatment at these hospitals.

Hospital stay in another canton

You can also choose a hospital in a canton other than your canton of residence. However, your canton of residence will contribute to out-of-canton treatment costs only in the following cases:

- The hospital is on the hospital list in your canton of residence
- Emergency treatment
- No hospital, psychiatric clinic or rehabilitation clinic in your canton of residence offers the relevant services



The cantons are responsible for creating hospital lists, which contain all listed hospitals that provide basic medical care.



Any other medical care can generate additional costs. This is because out-of-canton costs are refunded only up to the amount applicable in your canton of residence. Please contact us to clarify which costs will be covered.

All about the services

What is paid, what is not



Your doctor will refer you to a hospital that specializes in the proposed treatment and has a corresponding service agreement. The hospital is obliged to inform the insured person of any costs involved. You are free to choose any of the listed hospitals.

Cost approval

The hospital will notify us of the planned admission date. We then inform the hospital what costs will be covered. If you opt for a hospital stay that matches our cover, then you will have to pay only the hospital cost contribution, excess and the deductible.

We determine our duty to provide benefits on the basis of a number of criteria laid down by law.

Non-statutory benefits

You will have to pay for non-statutory benefits. Non-statutory benefits include operations that are not listed in the health insurance conditions, special forms of treatment, telephone consultations, hair-dressing and other personal expenses.



If you have HOSPITAL Semi-Private or HOSPITAL Private insurance, please check with us about the payment of costs before you are admitted to the hospital. Helsana maintains a list of hospitals and doctors where no benefits will be paid under these products. The “List of hospitals and attending physicians without cost coverage” can be found on our website helsana.ch/en.



Depending on your insurance cover, you may also be eligible for treatment in other Helsana Group contract hospitals.

Supplementary hospital insurance

What you need to know

If you have taken out supplementary hospital insurance, you may be entitled to stay in a semi-private or private ward. If you have supplementary hospital insurance for a general ward anywhere in Switzerland or a semi-private ward, you can choose to upgrade to the next comfort level: from a general ward in Switzerland to a semi-private or private ward, and from a semi-private to a private ward.

You will have to bear the costs for the upgrade. The percentage is calculated after the basic insurance benefits have been deducted. This rule does not apply for the HOSPITAL Semi-Private insurance product. For stays and treatment in a private ward, costs will be covered for a semi-private ward stay. You will have to bear the additional costs incurred by opting for a private ward.

The Helsana Group does not contribute to the costs of hospital-specific options, such as “change of room only” or “choice of doctor only”. In such cases, you will need to bear all the costs yourself. Before you agree to upgrade to a semi-private or private ward, contact us to find out exactly what costs our insurance covers.



Overnight stays by family members

In the event of illness, it can be important to you that your relatives are by your side. Some supplementary hospital insurance also covers a portion of the cost of overnight accommodation and meals in hospital for an accompanying person. Details of this can be found in your Additional Insurance Conditions (AIC).

Basic and supplementary insurance with different insurers

Supplementary insurance always extends the basic insurance cover. Please check whether your basic or supplementary insurance provider covers specific costs. If you have taken out basic insurance and supplementary insurance with two different insurers, you should inform the hospital before being admitted.

Relating to hospital admission

Entry, transfer and hospitalisation



Have your insurance card to hand when you are admitted. The card contains essential administrative information that the hospital will need to register you and produce an invoice.

The Helsana Group will pay the amount invoiced directly to the hospital. For inpatient treatment covered by your basic insurance, you will have to pay the following costs:

- CHF 15 hospital cost contribution per day
- Your personal annual deductible
- Excess of 10%, up to a maximum of CHF 700 per year

The hospital cost contribution does not apply to:

- Children under 18
- Young adults up to the age of 25 who are in education
- Women receiving maternity care
- Women receiving benefits in the event of illness, accident and congenital defects from the 13th week of pregnancy until eight weeks after the birth

If your supplementary insurance includes a deductible, you will have to pay the deductible.

Supplementary hospital insurance

If you have HOSPITAL Semi-Private or HOSPITAL Private insurance, please check with us about the payment of costs before you are admitted to the hospital. Helsana maintains a list of hospitals and doctors where no benefits will be paid under these products. The “List of hospitals and attending physicians without cost coverage” can be found on our website [helsana.ch](https://www.helsana.ch).

Transfer to a different hospital

If a transfer is necessary on medical grounds, the hospital prescribing the transfer will bear the transport costs. If you request a transfer, then you will be personally liable for the costs incurred.

Admission and emergency transport

Part of the cost of transport for admission and in an emergency will be covered by basic insurance, and, if you have it, by supplementary insurance. However, if you do not have supplementary insurance, some costs may not be covered. You will have to pay all costs that are not covered by your insurance.

We're here to support you.

Throughout your life. Helping you stay healthy. So that you recover quickly. Or can live a better life when affected by illness.

No matter whether your admission is planned or an emergency, our specialist teams have extensive knowledge of the practicalities of inpatient care and are in regular contact with staff in the hospitals.

Do you have any questions?

We would be happy to help. Take advantage of our free advice on your hospital stay. You can reach us at:

0844 80 81 82

helsana.ch/en/contact

Awarded top marks.



Helsana Group

Functional Management
Hospital and Care
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The Helsana Group comprises Helsana Insurance Company Ltd,
Helsana Supplementary Insurances Ltd and Helsana Accidents Ltd.