

Profit Family Doctor Insurance.

All differences from the previous regulations at a glance.

The actual details of the insurance offered are determined in the corresponding regulations in accordance with the KVG and in the Federal Health Insurance Act (KVG) itself. You can find the full set of regulations for “Profit Family Doctor Insurance” in the Downloads section of our website: css.ch/gic

	Until now Regulations Version 01.2024	New Regulations Version 01.2026
new Foreword		<p>Profit Family Doctor Insurance in a nutshell</p> <p>Profit assumes the costs of treatment for illness, maternity or accident under the terms of the Federal Health Insurance Act (KVG). Profit can be taken out with the standard or a selectable deductible.</p> <p>Profit is an alternative insurance model (AVM), in other words a particular form of mandatory healthcare insurance which affords a restricted choice of service provider.</p> <p>One of the features of Profit is that the insured person has a choice of coordination partners for the provision of preventive health services and the treatment of health problems. The insured person is obliged to consult the chosen coordination partner regarding preventive health services and the treatment of health problems. The coordination partner will advise the insured person and determine the further course of treatment in consultation with them. The instructions of the coordination partner are binding on the insured person. Coordination partners are included in the list of coordination partners, family practices, telemedicine family doctors, regional health centres and organisations, and partner pharmacies.</p> <p>In addition to the coordination partner, the following additional contact points are available for a first medical consultation: telemedicine centre, pharmacies and digital triage tools as per list.</p> <p>CSS Health Insurance Ltd (“CSS”) encourages and supports measures to achieve a long-term reduction in costs and a rational system of healthcare which is fit for purpose and demands that insured persons contribute actively to their own health and take independent responsibility.</p>
III	Premiums and co-payment	
IV new III	Rights and obligations of insured persons	Rights and obligations of the insured person

Art. 1	<p>Principles</p> <p>1.1 Profit Family Doctor 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 general practitioner chosen by the insured person (hereinafter referred to as the "coordinating doctor") ensures that insured persons receive holistic treatment and care in all health matters.</p> <p>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.</p> <p>1.3 The benefits guaranteed by the insurance correspond to the scope of benefits of the mandatory healthcare insurance in accordance with the KVG, while taking into consideration the provisions restricting claims for benefits (Art. 7–15). 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.</p>	<p>General principles</p> <p>1.1 Profit Family Doctor Insurance is a special form of mandatory healthcare insurance with a restricted choice of service providers in accordance with the Federal Health Insurance Act (KVG) and Art. 99 of the Health Insurance Ordinance (KVV). The coordination partner chosen by the insured person ensures the provision of holistic treatment and care in all health matters relating to illness, maternity or accident, providing this latter risk is insured, as well as preventive health services. The following coordination partners are available:</p> <ul style="list-style-type: none"> • Family practice • Telemedicine family doctor • Regional health centre or organisation • Partner pharmacy <p>The coordination partners who are recognised by CSS are included in the list of coordination partners. The coordination partner chosen by the insured person is stipulated in the insurance policy.</p> <p>1.2 The insured person undertakes to have all treatment and all examinations carried out by the coordination partner or to let themselves be referred to a third party by said partner. In this way they make a contribution to cost-conscious medical provision. .</p> <p>1.3 The benefits guaranteed by the insurance correspond to the scope of benefits of the mandatory healthcare insurance in accordance with the KVG, while taking into consideration the provisions restricting claims for benefits (Art. 5–12). In addition to the KVG, the Federal Act on General Aspects of Social Security Law (ATSG) and the corresponding implementing provisions apply. The provisions of the regulations for insurance in accordance with the KVG of CSS Health Insurance Ltd (hereinafter referred to as "CSS") supplement the foregoing.</p>
Art. 2	<p>Scope of application</p> <p>If a contract for Profit Family Doctor 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, in as much as such are provided for in the contract.</p>	
Art. 3 new Art. 2	<p>Concluding the contract</p> <p>On concluding the contract, insured persons choose a coordinating doctor from the CSS list of doctors for Profit Family Doctor Insurance (hereinafter referred to as the "CSS list of doctors") that is applicable at the time. Which CSS list of doctors applies is determined on the basis of the insured person's legal residence. Profit Family Doctor Insurance begins on the first of the month following conclusion of the contract. A change to another coordinating doctor is possible at a later date (Art. 14).</p>	<p>Conclusion</p> <p>On concluding the contract, the insured person chooses a coordination partner from the applicable list of coordination partners for Profit Family Doctor Insurance. Which list of coordination partners applies is determined on the basis of the insured person's legal residence. Profit Family Doctor Insurance begins on the first day of the month following conclusion of the contract, unless a statutory notice period applies to a change of insurance model. A change to another coordination partner is possible at a later date (Art. 5.1).</p>

	Until now Regulations Version 01.2024	New Regulations Version 01.2026
Art. 4 new Art. 3	<p>Termination</p> <p>4.1 The 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.</p> <p>4.2 If the insured person moves away from the area in which the CSS list of doctors applies, membership of the Profit Family Doctor 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 remain reserved.</p> <p>4.3 If the coordinating doctor resigns or is excluded from the CSS list of doctors, within one month of being asked to do so in writing by CSS, insured persons may designate another doctor from the applicable CSS list of doctors as the coordinating doctor or transfer to the mandatory healthcare insurance of CSS. Failure on the part of the insured person to exercise this right within the deadline leads to automatic transferral to the mandatory healthcare insurance of CSS.</p> <p>4.4 If repeated breaches of the duties stated in Art. 7.1, 9.1, 10 and 11 occur or if insured persons remain abroad for longer than three months, CSS is entitled to exclude the persons concerned from the Profit Family Doctor 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. 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.</p> <p>4.5 If medical treatment can no longer be provided by the coordinating doctor for reasons which lie within the responsibility of the insured person, CSS is entitled to exclude the insured person from the Profit Family Doctor 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.</p>	<p>Notice of cancellation</p> <p>3.1 Subject to compliance with the statutory notice periods, insured persons may change to a lower selectable deductible, to a different form of insurance or to a different health insurer with effect from the end of the calendar year.</p> <p>3.2 If the insured person moves away from the area in which the list of coordination partners applies, membership of the Profit Family Doctor 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. 2 are reserved.</p> <p>3.3 If the coordination partner resigns or is excluded from the list of coordination partners, within one month of being asked to do so in writing by CSS insured persons may designate another coordination partner from the applicable list of coordination partners or transfer to the mandatory healthcare insurance of CSS. If the insured person fails to exercise this right within the deadline, CSS may choose a telemedicine family doctor as coordination partner for the insured person.</p> <p>3.4 If repeated breaches of the duties stated in Art. 5.1 and 5.3 occur or if insured persons remain abroad for longer than three months, CSS is entitled to exclude the person concerned from the Profit Family Doctor 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. A new contract for an alternative insurance model may not be concluded until at least two years following exclusion.</p> <p>3.5 If it is no longer possible for medical treatment to be provided by the coordination partner for reasons attributable to the insured person (owing to the insured person being abroad for more than three months, their stay in a nursing home, on the care ward of a retirement home, a chronic illnesses ward in an acute hospital, or a long-term stay of three months or more in an acute hospital, a psychiatric clinic or rehabilitation clinic or similar, or if the person is serving a prison sentence, has moved away from the catchment area, etc.), CSS is entitled to exclude the insured person from the Profit Family Doctor Insurance at the end of the calendar month, subject to a one-month period of notice. This leads to automatic transferral to the mandatory healthcare insurance of CSS.</p>
Art. 5	<p>Premiums</p> <p>Insured persons receive a discount on the premium for the mandatory healthcare insurance. The current premium rate applies in every case.</p>	
Art. 6 new Art. 4	<p>Co-payment</p>	<p>Co-payment</p> <p>4.2 For certain benefits listed on the CSS website, CSS may under the stated conditions waive collection of the deductible or the retention fee. CSS can adjust this list.</p>

**Art. 7
new Art. 5**

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 Art. 8, 9.2 and 13). 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 those mentioned in Art. 8, 9.2 and 13 and without being referred by the coordinating doctor, CSS will cover the costs or impose sanctions as follows:
- a) First breach of the Regulations: a written reminder setting out the sanctions that will apply if the breach is repeated.
 - b) 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.
 - c) 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.

Care/treatment by the coordination partner and additional contact points

- 5.1 Insured persons requiring treatment consult their coordination partner in the first instance at all times (with the exception of Art. 6 and 9). If necessary, the coordination partner ensures that adequate treatment and care is given by further doctors or medical personnel. In cases where this is justified, the insured person may change their coordination partner on the first day of the next month and select another coordination partner from the applicable list of coordination partners. Before doing so, insured persons must inform the previous coordination partner and CSS.
- 5.2 Insured persons experiencing health problems can consult the following additional contact points for a first medical consultation: telemedicine centre, pharmacies and digital triage tools as per list.
- 5.3 If the insured person is referred by their coordination partner to a specialist who recommends further treatment or an operation, the insured person undertakes to inform, or to have someone inform, the coordination partner in advance and to obtain their approval or to inform CSS using the application provided.
- 5.4 If the insured person obtains outpatient or inpatient treatment directly in situations other than those mentioned in Art. 6 and 9 and without being referred by the coordination partner, the following sanctions will be imposed:
- a) First breach of the regulations: a written reminder setting out the sanctions that will apply if the breach is repeated.
 - b) 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.
 - c) 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
new Art. 6**

Emergency treatment

- 8.1 In emergencies, insured persons consult their coordinating doctor. If he is not available, insured persons should contact the medical advice centre mandated to provide services by CSS (the phone number can be found on the insurance card) or either the coordinating doctor's deputy/ locum or the regional emergency services 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. 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.

Exceptions to the obligation to consult the coordination partner in advance

- 6.1 Prior contact with the coordination partner is not necessary in emergencies. A situation is deemed to be an emergency if the condition of the insured person might objectively be assessed as life-threatening or in need of immediate treatment. The insured person is obliged to report any emergency treatment to the coordination partner or CSS (using the application provided) at the earliest possible opportunity, but within ten days at the latest. If ongoing treatment or check-ups are required thereafter, this must be reported to the coordination partner before such treatment or check-ups begin. If authorised by the coordination partner, the follow-up treatment or check-up can continue to be undertaken by the service provider from which the emergency treatment was sought. Failure to comply with these reporting obligations will result in the sanctions described in Art. 5.4 of these regulations.

	Until now Regulations Version 01.2024	New Regulations Version 01.2026
Art. 9 new Art. 5/Art. 6	Treatment by a specialist 9.1 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 to have someone inform him, and to obtain his approval. 9.2 Insured persons are free to choose specialists in the following fields: <ul style="list-style-type: none"> • Eye doctors (specialists for ophthalmology) • Gynaecologists (specialists in gynaecology and obstetrics). 	Care/treatment by the coordination partner and additional contact points 5.3 If the insured person is referred by their coordination partner to a specialist who recommends further treatment or an operation, the insured person undertakes to inform, or to have someone inform, the coordination partner in advance and to obtain their approval or to inform CSS using the application provided. Exceptions to the obligation to consult the coordination partner in advance 6.2 The coordination partner does not necessarily have to be contacted in advance in connection with the following examinations and treatment: <ul style="list-style-type: none"> • physiotherapy, occupational therapy and/or speech therapy, provided this is prescribed by a specialist as part of coordinated further treatment under Art. 5.1 of these regulations, • ophthalmological examinations and treatment, • preventive gynaecological examinations and treatments, as well as pre- and post-natal check-ups, • midwifery services, • dental treatment.
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 Art. 8, 9 and 13). 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
new Art. 8

Medicine

The insured person undertakes in each case to request a lower-priced medicine from the medically prescribed class of substances, based on the list maintained by the Federal Office of Public Health (BAG). This may be either a generic medicine or a comparatively inexpensive original preparation. If the insured person chooses a medicine from the list of generic medicine maintained by the BAG with a higher retention fee (40 %), for which a more economical alternative is available, only 50 % of the costs will be reimbursed. This rule does not apply if the insured person is dependent on the original preparation with a higher retention fee for medical reasons. A written confirmation to this effect issued by the attending doctor must be included when benefits are claimed.

Medication

- 8.1 The insured person undertakes to request low-cost medicines (generics/biosimilars or a comparatively low-cost originator product) from the group of active ingredients prescribed by the doctor. Generics/biosimilars must be purchased instead of originator products if the former cost less and the insured person is not dependent on the originator product for medical reasons.
- 8.2 Generic medicines: based on 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 Generikalistik mit differenzierter Selbstbehalt bei Originalen und Generika). The applicable list can be accessed via the FOPH website or requested from the coordination partner. 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 (40 %) 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 originator product with the higher retention fee. In such cases, appropriate evidence must be supplied by the coordination partner or service provider when services are billed.
- 8.3 Biosimilars are approved products which are very similar to the original biologic medicine. Should the insured person choose an original medicine for which a more economical alternative is available, they will be reimbursed only 50% of the costs of the original medicine. The insured person should ask the coordination partner about approved biosimilars, with their trade name, active ingredient and reference to the original preparation. This rule does not apply if the insured person is dependent for medical reasons on the originator product with the higher retention fee. In such cases, appropriate evidence must be supplied by the coordination partner or service provider when services are billed.
- 8.4 Aids and appliances: The insured person undertakes to purchase value-for-money aids and appliances such as diabetes-related products, walking aids, inhalers and respiratory therapy devices, bandages, crutches or incontinence supplies, etc., from CSS partner companies (outlets). Should the insured person choose a more expensive aid or appliance that is not offered by a CSS partner company, the reimbursement will be no more than the costs laid down in the supply agreement with the partner company (outlet). An overview of partner companies and the aids and appliances they offer can be found on the CSS website, and/or may be requested from the coordination partner.

Art. 13
new Art. 9

Deputy/locum

If the coordinating doctor chosen by insured persons from the CSS list of doctors is absent, the insured persons should consult the medical advice centre mandated to provide services by CSS (the phone number is printed on the insurance card) or the coordinating doctor's deputy/ locum (with the exception of Art. 8). In the case of longer periods of absence, insured persons may nominate another coordinating doctor from the appropriate CSS list of doctors.

Deputy

If the coordination partner chosen by the insured person from the list of coordination partners is absent, the insured person should consult the telemedicine centre mandated to provide services by CSS (contact details are provided on the CSS website) or the coordination partner's deputy (with the exception of Art. 6.1). In the case of longer periods of absence, the insured person may nominate another coordination partner from the applicable list of coordination partners.

Art. 14

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 and select another coordinating doctor from the appropriate CSS list of doctors. Before doing so, insured persons must inform the previous coordinating doctor and the agency responsible.

	Until now Regulations Version 01.2024	New Regulations Version 01.2026
Art. 15 new Art. 10	Lists 15.1 The currently applicable versions of the lists mentioned in these regulations are published on the Internet (www.css.ch) and may also be obtained from the agency responsible. 15.3 CSS can amend the lists named in the regulations annually (exception: list of generic medicine in accordance with Art. 12.1).	Lists 10.1 The currently applicable versions of the lists mentioned in these regulations are published on the website (www.css.ch) and may also be obtained from the agency responsible. 10.3 CSS can amend the lists named in the regulations (exception: list of generic medicine pursuant to Art. 8.2).
Art. 16 new Art. 11	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 Profit Family Doctor Insurance, the necessary health and contract data will be disclosed to the family doctor or 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 family doctor or coordinating doctor and any third parties. The processing of data by CSS is additionally explained in the CSS privacy policy (css.ch/data-protection).	Data privacy Data privacy is governed by the KVG, the ATSG and the Federal Data Protection Act. In the case of Profit Family Doctor Insurance, the necessary health and contract data will be disclosed to the coordination partner 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 coordination partner occurs. This form of insurance requires data concerning the diagnosis, treatment and invoicing of the insured persons to be disclosed to CSS by the coordination partner and any third parties. The processing of data by CSS is additionally explained in the CSS privacy policy (css.ch/data-protection).
Art. 18 new Art. 13	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 published on the website and can also be requested from your local agency.	Publication of regulations Further information and binding notifications, such as changes to these regulations, are published on the insurer's website and in the CSS Magazine. These regulations are published on the website and can also be requested from your local agency.
Art. 19 new Art. 14	Entry into force These regulations enter into force on 1 January 2024.	Entry into force These regulations enter into force on 1 January 2026.
new Art. 7		Health-related offers The insured person agrees that the coordination partner may make recommendations relating to health promotion and prevention. These recommendations can be made on the basis of specific medical criteria determined by the chosen coordination partner itself or by any service providers that may be involved. CSS may recommend prevention measures or support programmes.

Except for the section numbers, the following articles have not changed in terms of content: 4.1, 10.2, 12.