

## All differences between the regulations at a glance.

# Callmed

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

|               | Until now:   | New from 1 January 2023:   |
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| <b>Art. 1</b> | <p><b>Purpose of Callmed form of insurance</b></p> <p>1.2 The insured person undertakes to make use of the services of the telemedicine centre in the first instance before consulting a service provider or obtaining treatment. The aim is to achieve savings in the field of health care.</p>   | <p><b>Purpose of Callmed form of insurance</b></p> <p>1.2 The insured person undertakes to make use of the services of the telemedicine centre or the “digital triage tool” in the first instance before consulting a service provider or obtaining treatment. The aim is to achieve savings in the field of health care.</p>  |
| <b>Art. 5</b> | <p><b>Mandatory contact with the Centre for Telemedicine and mandatory consultation of advisory services</b></p> <p>5.1 If the insured person experiences a health problem as a result of illness or accident (provided this risk is insured), and in the case of preventive services, the insured person (or a third party if the insured person is unable to do so) undertakes to contact the Centre for Telemedicine by telephone before consulting outpatient service providers (e.g. doctor, chiropractor) and/or before every admission (even for outpatient treatment) to an inpatient facility (e.g. hospital, nursing home).</p> <p>5.2 The Centre for Telemedicine gives the insured person medical advice and, if necessary, comes to an agreement with the insured person about the appropriate treatment and the time frame within which a service provider should be consulted and/or about the number of consultations that should take place within a specific time frame. The insured person is bound by all the recommendations given with respect to treatment and/or categories of service provider (e.g., rheumatologists, cardiologists, etc.). However, as a rule, the insured person is free to choose the service provider he would like to consult within the framework of the recommendation made by the Centre for Telemedicine.</p> | <p><b>Obligation to contact the Centre for Telemedicine or use the “digital triage tool” and obligation to seek advice</b></p> <p>5.1 If the insured person experiences a health problem as a result of illness or accident (provided this risk is insured), and in the case of preventive services, the insured person (or a third party if the insured person is unable to do so) undertakes to contact the Centre for Telemedicine by telephone before consulting outpatient service providers (e.g. doctor, chiropractor) and/or before every admission (even for outpatient treatment) to an inpatient facility (e.g. hospital, nursing home). The insured person also has the option to use the “digital triage tool” offered by an external provider/partner of CSS for as long as this offer applies.</p> <p>5.2 The Centre for Telemedicine gives the insured person medical advice and, if necessary, comes to an agreement with the insured person about the appropriate treatment and the time frame within which a service provider should be consulted and/or about the number of consultations that should take place within a specific time frame. The insured person is bound by all the recommendations given with respect to treatment and/or categories of service provider (e.g., rheumatologists, cardiologists, etc.). However, as a rule, the insured person is free to choose the service provider he would like to consult within the framework of the recommendation made by the Centre for Telemedicine. The “digital triage tool” entitles the insured person to go directly to a family doctor or a specialist without first having to contact the Centre for Telemedicine, provided that the “digital triage tool” indicates that the insured person should go directly to a family doctor/specialist. The insured person must comply with the recommended benefit category.</p> <p>If the insured person generates a time frame for treatment under the recommended benefit category, e.g. family doctor, based on the triage outcome, they must act in accordance with the triage outcome.</p> <p>If the time frame is insufficient, or if there is a change to the treatment plan, the insured person must obtain the authorisation of the Centre for Telemedicine before using any further medical services or the application provided by CSS.</p> |

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| <p><b>Art. 7</b></p>  | <p><b>Exceptions</b></p> <p>7.1 There is no necessity to contact the Centre for Telemedicine prior to preventive gynaecological examinations and treatment. No notification is required for check-ups during pregnancy.</p> <p>7.2 The insured person can have ophthalmic examinations and treatment without consulting the Centre for Telemedicine.</p> <p>7.3 The Centre for Telemedicine does not have to be informed about each regular session of treatment received if the insured person is prescribed physiotherapy, ergotherapy, speech therapy, and/or nutrition or diabetes counselling. No notification is required of services provided by midwives and dentists.</p> <p>7.4 In the event of emergency treatment in Switzerland or abroad, the insured person undertakes to notify, or to have someone notify, the Centre for Telemedicine as soon as possible, however, at the latest within ten days. If a check-up is required following this treatment, the check-up must be arranged in consultation with the Centre for Telemedicine. With the consent of the Centre for Telemedicine, the emergency doctor may continue treatment for as long as necessary. An emergency is said to exist if a situation is assessed as life threatening by the person himself or by a third party, or if there is an urgent need for treatment and it is no longer reasonable under the circumstances to contact the Centre for Telemedicine in advance.</p> | <p><b>Exceptions</b></p> <p>7.1 There is no necessity to contact the Centre for Telemedicine or to use the “digital triage tool” prior to preventive gynaecological examinations and treatment. No notification is required for check-ups during pregnancy.</p> <p>7.2 The insured person can have ophthalmic examinations and treatment without consulting the Centre for Telemedicine or the “digital triage tool”.</p> <p>7.3 The Centre for Telemedicine or the “digital triage tool” does not have to be informed about each regular session of treatment received if the insured person is prescribed physiotherapy, ergotherapy, speech therapy, and/or nutrition or diabetes counselling. No notification is required of services provided by midwives and dentists.</p> <p>7.4 In the event of emergency treatment in Switzerland or abroad, the insured person undertakes to notify, or to have someone notify, the Centre for Telemedicine or the application provided by CSS as soon as possible, however, at the latest within ten days. If a check-up is required following this treatment, the check-up must be arranged in consultation with the Centre for Telemedicine. With the consent of the Centre for Telemedicine, the emergency doctor may continue treatment for as long as necessary. An emergency is said to exist if a situation is assessed as life threatening by the person himself or by a third party, or if there is an urgent need for treatment and it is no longer reasonable under the circumstances to contact the Centre for Telemedicine in advance.</p> |
| <p><b>Art. 8</b></p>  | <p><b>Sanctions</b></p> <p>If the insured person is in breach of the obligations contained in these regulations (neglecting to contact the Centre for Telemedicine, failing to accept the advice and recommendations of the Centre, etc.) CSS will not reimburse any costs incurred by the insured person for treatment not recommended by the Centre for Telemedicine or will refuse to cover any direct costs of service providers, as the case may be. Section 5.4 paragraph 2 remains reserved. In such a case, CSS reserves the right to exclude the insured person concerned from Callmed insurance at the beginning of the calendar month following that in which the breach of the regulations comes to the attention of the insurer. This leads to automatic transferral to the regular 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><b>Sanctions</b></p> <p>If an insured person breaches the obligations contained in these Regulations (i.e. neglecting to notify the Centre for Telemedicine or the “digital triage tool”, failing to accept their advice and recommendations, etc.), CSS will cover the costs or impose sanctions as follows (section 5.4 para. 2 above is reserved):</p> <p>a) First breach of the Regulations: a written reminder setting out the sanctions that will apply if the breach is repeated.</p> <p>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.</p> <p>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.</p> <p>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.</p>  |
| <p><b>Art. 11</b></p> | <p><b>Data protection and processing</b></p> <p>11.1 CSS employees are bound by the legal obligation to maintain confidentiality as well as by additional legal stipulations and regulations governing data protection.</p> <p>11.2 CSS processes data to determine the premium, process claims, for statistical analyses and for Managed Care. Data is stored either as hard copy or electronically.</p> <p>11.3 To the extent required and permissible by law, CSS can pass on data to authorised third parties (in particular co-insurers or re-insurers). In addition, to the extent permissible by law, CSS can acquire data</p>   | <p><b>Data protection</b></p> <p>Data protection is based on the KVG, the ATSG and the Federal Data Protection Act of 25 September 2020.</p> <p>In the case of Callmed Insurance, the necessary contract data will be disclosed to the Centre for Telemedicine for the purpose of performing the contract. Insured persons identify themselves in the Well app by entering their contract data (insurer, model, insurance number).</p> <p>The Centre for Telemedicine provides CSS with the health and contract data it requires to check the entitlement to benefits, in particular details of telephone calls (time of call) and the</p>   |

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|                       | <p>from service providers, other insurers and authorities as necessary to clarify the entitlement to benefits.</p> <p>11.4 Insured persons are entitled to request information about the data pertaining to them being processed by CSS as laid down by law.</p> <p>11.5 Employees of the Centre for Telemedicine are bound by the legal obligation to maintain confidentiality as well as by additional legal stipulations and regulations governing data protection.</p> <p>11.6 Within the framework of this form of insurance, CSS delivers data pertaining to the insured person necessary for the performance of the contract to the Centre for Telemedicine, in particular the insured person's number, surname, first name, date of birth, gender, address, invoices for treatment and details of the insurance cover.</p> <p>11.7 The Centre for Telemedicine provides CSS with the data it requires to check the entitlement to benefits, in particular details of telephone calls (time of call) and the recommendations given. Medical data pertaining to the insured person is only disclosed to the Medical Advisory Service of CSS.</p> | <p>recommendation given. Medical data pertaining to the insured person is only disclosed to the Medical Advisory Service of CSS. The Well app only provides CSS with the insurance number and information on the treatment time frame. The processing of data by CSS is additionally explained in the CSS privacy policy (<a href="https://css.ch/data-protection">css.ch/data-protection</a>).</p> |
| <p><b>Art. 12</b></p> | <p><b>Consent to data transmission by the insured person</b></p> <p>On admission to Callmed insurance, the insured person confirms that he agrees to the conditions of the insurance and to the processing of data pertaining to him.</p>  |   |
| <p><b>Art. 14</b></p> |  | <p><b>Fees</b></p> <p>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.</p>   |

Except for the section numbers, the following articles have not changed in terms of content: 12, 13