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“In the worst case, people can be refused treatment”

Anyone who moves to a country outside the EU/EFTA is no longer entitled to health insurance in Switzerland – and risks falling through the net.

EVELINE RUTZ

A person's place of residence dictates whether they are subject to mandatory health insurance – not their nationality. If you live in Switzerland, you must have health insurance in Switzerland. If you leave Switzerland, you must arrange healthcare in your new home country.

Thanks to bilateral treaties, this rule does not apply to people who move from Switzerland to an EU or EFTA country. Civil servants posted abroad are also exempt. But people who move to countries outside the EU/EFTA (e.g. in South America or Asia) are affected.

Swiss Abroad outside the EU/EFTA must either access public healthcare in their host country or take out private insurance. “This is unfair,” says National Councillor Elisabeth Schneider-Schneiter. “A lot of these expats have paid health insurance in Switzerland for many years and, in some cases, barely claimed on it.”

It is expensive and not always possible for Swiss Abroad to take out basic health insurance in their new place of residence, Schneider-Schneiter explains. Older people or people with existing health conditions have a particularly raw deal. Their policies are often subject to exceptions and limitations – even for private care. This can have serious consequences. “In the worst case, people can be refused treatment.”

Some countries only provide healthcare if you have an insurance card, says Ariane Rustichelli, Director of the Organisation of the Swiss Abroad (OSA). “This is unacceptable and can have dramatic consequences.” It is not uncommon for expats seeking treatment to return to Switzerland, provided they can undertake the journey. As soon as they are officially residing in Switzerland again, they can receive care through the Swiss system.

Many of the 290,000 or so Swiss Abroad who live outside the EU/EFTA are already of an advanced age, when health problems become more of an issue. Finances have not been rosy for many of them. “They emigrated because the cost of living in Switzerland was too high,” says Rustichelli, adding that life in a new country can be a challenge at first, not least for older people. The vagaries of health insurance can make settling in even harder. But the outcome is good from a domestic perspective, “because when someone entitled to Swiss healthcare subsidies leaves the country, that's one less person to worry about.”

The idea that entitlement to healthcare ends at the national border has drawbacks, confirms health economist Willy Oggier. Swiss Abroad are excluded from basic state health insurance in places like Brazil or Thailand. And they have less scope for switching to private healthcare. Private options are often limited, with

The current situation is unfair, says National Councillor Elisabeth Schneider-Schneiter, adding that lots of expats have “paid health insurance in Switzerland for many years”.



some policies only reserved for the under-70s and normally subject to a medical examination. Existing health conditions are, therefore, an impediment to getting adequate insurance cover. Health insurers are usually less keen to offer policies to older people. “It makes little economic sense to them.”

Centre politician Schneider-Schneiter wants the Federal Council to look into the matter and provide solu-

OSA Director Ariane Rustichelli believes that Switzerland benefits from expats receiving good healthcare abroad, “because when someone entitled to Swiss healthcare subsidies leaves the country, that's one less person to worry about”.

tions. She has submitted a motion to this effect. Expats should be able to receive healthcare where they live, in her opinion. “Health insurers benefit from fewer people returning to Switzerland. They save money.”

Rustichelli also wants parliament to discuss the issue. “Analysing the current situation would be a good start,” she says. Meanwhile, the OSA is in the process of talking to several health insurers in order to secure a wider range of private packages offering better conditions. According to

Oggier, policymakers should consider collective solutions in relation to individual countries or regions. Insurers could draw up standardised guidelines in the form of framework contracts and, for example, specify additional costs for policyholders with existing health conditions. “This would immediately improve insurance cover, at least to a degree,” he says.

Effecting changes in legislation through political means is much more complicated, with the government still happy with the status quo. But Schneider-Schneiter is quietly confident. “My motion enjoys broad-based support and has a good chance of being accepted.”

The motion in full: www.revue.link/ess