Benefits Overview Migros Care360

Benefits	Compulsory health insurance (CHI) **Under the Health Insurance Act (HIA).** **Models available include the standard model, KPTwin.smart, KPTwin.easy, KPTwin.doc, KPTwin.plus and KPTwin.win.**	Migros Care360
Medication (prescribed by a doctor)	Costs covered in accordance with the HIA for products on the list of medicines or list of pharmaceutical specialties.	90% of the costs of Swissmedic-approved medicinal products up to a maximum of CHF 50,000.– per calendar year. Medication included on the list of pharmaceutical products for special application (LPPV) and all products under a top-level medication group on KPT's negative list (see 'List of uninsured drugs and products') is excluded.
Glasses/contact lenses and health promotion	**Glasses/contact lenses:** CHF 180.– per calendar year up to the age of 18. Glasses/contact lenses for adults are only covered in special cases caused by illness. **Health promotion:** no contributions towards sports or fitness activities.	Up to CHF 300.– per calendar year for **glasses/contact lenses** or **fitness, sport or well-being courses and subscriptions** (see 'List of KPT benefits for health promotion').
Vaccinations	Contributions to prophylactic vaccinations under the HIA.	100%, up to CHF 200.– per calendar year, for vaccinations against infectious diseases.
Transport and emergency rescue costs (in Switzerland)	**Transport:** 50%, max. CHF 500.– per calendar year, for medically necessary transport. **Emergency rescue:** 50%, max. CHF 5,000.– per calendar year.	Full cost coverage for medically necessary emergency rescue and transport to the nearest doctor or hospital in Switzerland for inpatient treatment. **Search and rescue:** max. CHF 20,000.– per calendar year.
Transport and emergency rescue costs (abroad)	×	Travel and holiday insurance is included for a maximum of 8 weeks per calendar year. Includes full worldwide coverage for medical expenses, additional assistance, cancellation costs, luggage and legal protection insurance. Beyond 8 weeks: up to CHF 5,000.– per event for transport costs for inpatient treatment abroad.
Treatment abroad (in the case of acute illness or accident during a temporary stay abroad).	Treatment costs up to a maximum of twice the tariff for the canton of residence. **EU/EFTA:** assumption of costs in accordance with national law and the social security tariff of the host country. **Requirement:** European Health Insurance Card must be presented.	Travel and holiday insurance is included for a maximum of 8 weeks per calendar year. Includes full worldwide coverage for medical expenses, additional assistance, cancellation costs, luggage and legal protection insurance.
Treatment abroad in the case of an accident or emergency during a temporary stay abroad	**Outside the EU/EFTA:** assumption of treatment and hospital costs up to a maximum of twice the tariff of the canton of residence (listed hospital with service mandate). **Within the EU/EFTA:** assumption of costs in accordance with national law and the social security tariff of the host country.	Travel and holiday insurance is included for a maximum of 8 weeks per calendar year. Includes full coverage for medical expenses. Assistance, cancellation costs, luggage and legal protection insurance are also included worldwide. Beyond 8 weeks: max. CHF 20,000.– per calendar year at an acute care hospital.
Medical aids (prescribed by a doctor)	Contribution to the rental or purchase of medical aids as per the List of Remedies and Equipment (MiGeL).	Up to CHF 150.– per calendar year max. for home nursing equipment, orthotic insoles and hearing aids.
Gynaecological screening	Gynaecological screening every 3 years in accordance with HIA.	100% assumption of costs for tests not covered by basic health insurance.

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Psychotherapy	Medical psychotherapy and medically prescribed psychological psychotherapy.	**Digital psychological counselling services:** Contribution of 75% of the costs up to CHF 1,000.– per calendar year (see list of KPT 'Counselling services under Eco, Top and Premium').
Home care (Spitex) (medically prescribed)	Acceptance of costs for treatment and nursing care by recognised Spitex organisations in the home or a nursing home in accordance with recognised tariffs.	×
Hospital stay/hospital ward	Full cost coverage for a stay on the general ward of a hospital on the hospital list of the canton of residence or location. In the canton in which the hospital is located, up to the tariff applicable within the insured person's canton of residence.	Full cost coverage for a general ward throughout Switzerland. No free choice of doctor.
Psychiatric hospital stay	Full cost coverage for a general ward at a listed hospital. For an elective treatment at a hospital outside of the canton, basic health insurance covers costs up to the tariff applicable in the canton of residence.	Full cost coverage for a general ward throughout Switzerland for 90 days per calendar year max. No free choice of doctor.
Maternity	Full coverage for treatment on a general ward of a listed hospital in your canton of residence with a service mandate. In the canton in which the hospital is located, up to the tariff applicable within the insured person's canton of residence (Art. 41 HIA). Check-ups and birth costs: coverage in accordance with the recognised tariffs. CHF 150.– towards antenatal classes per birth. Cost of 3 breastfeeding counselling sessions covered.	×
Rooming in	×	Up to CHF 50.– per day for max. 30 days per calendar year.
Balneotherapy, convalescence therapy (medically necessary and prescribed by a doctor)	Balneotherapy: CHF 10.– per day for max. 21 days per calendar year.	Max. up to CHF 50.– per day for max. 30 days per calendar year.
Home help (prescribed by a doctor)	×	Max. CHF 50.– per day for max. 30 days per calendar year.
Legal expenses cover in health matters	×	Litigation costs of max. CHF 300,000.–.
Counselling services to accompany treatments and procedures	×	Second medical opinion via BetterDoc.