

# Aon Affinity | Newsletter

Issue August 2017

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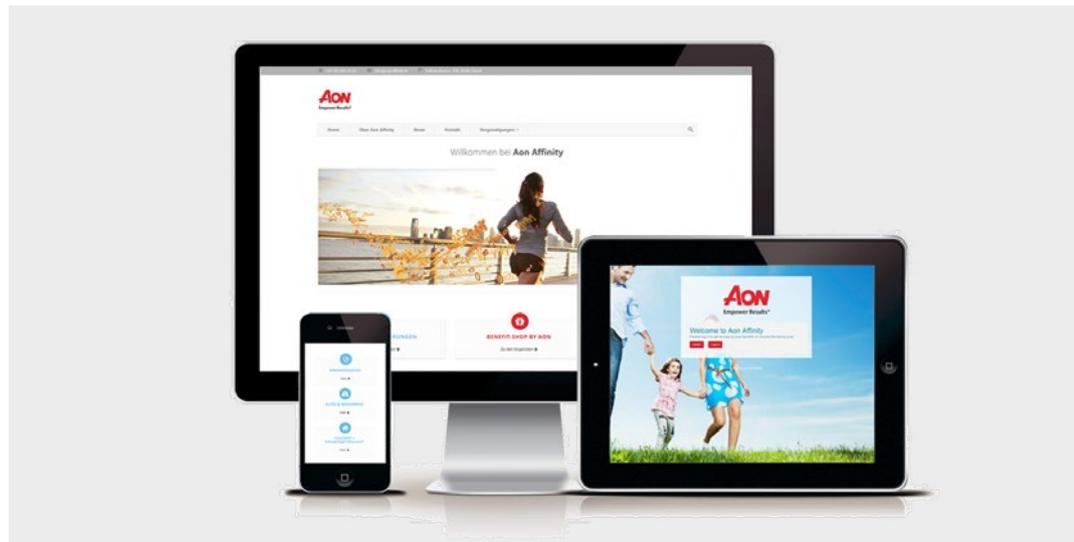
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## Health insurance premiums expected to rise between 4% to 5% in 2018

More and more people are going to the doctor. And many patients are spending the night in hospital. These factors are considered the main cost drivers.



Health insurance premiums are expected to rise by another 4% to 5% again next year. There are two main reasons why santésuisse, the Swiss association of health insurance plans, fears costs will climb again steeply in 2018:

### 1. Hospitalisation costs

When a patient is hospitalised, i.e. he stays in hospital overnight, the canton and health insurance plan share the costs. In recent years, the cantons have progressively increased their share of the costs to 55% as required by the Federal Law on Health Insurance. As of 2018, the percentage share paid by the cantons will be frozen; this means that policyholders will have to finance a proportionate share of any increases in hospital treatments next year.

### 2. More out-patient treatments

Moreover, a significantly larger number of patients are receiving out-patient treatment, without overnight stays. The cantons are pushing out-patient treatment. The cost of outpatient treatment is borne solely by the health care plans - and thus by policyholders.

According to Vereny Nold, Head of santésuisse: «These are the two decisive factors explaining why costs are likely to rise even more next year than this year.»

Calculating health insurance premiums is complex. Insurers are still working at it, which is why only rough estimates are available for the time being. The definitive figures will be published in autumn.

Source: SRF, Wednesday 21 June 2017

[To the article of SRF](#) 

## How to reduce your premiums



### 1. Exclude accident coverage:

If you work at least eight hours per week for the same employer, you are automatically covered by your employer against occupational and non-occupational accidents. As a result, your basic health insurance plan does not have to include accident insurance.

### 2. Family doctor, HMO, call-centre models:

If you are willing to limit your free choice of doctor, you can join a [managed care model](#) and pay a reduced premium. In that case, you must always call your elected «health manager» first (except in emergencies). The first contact point can be a family doctor, a healthcare centre (HMO) or a medical hotline.

### 3. Change deductible:

If you increase your deductible in order to save on your premium, you should take care to set aside the amount saved so that you have it on hand if you have to claim benefits. Moreover: calculate exactly which deductible is best for you. Notify your decision to your health insurance plan by registered mail.

If you lower the deductible, your letter must be received by your health insurer on the last business day in November 2017 at the latest; if you increase your deductible, notice can be given until the end of December 2017. Health insurers recommend that you choose a deductible between the mandatory minimum deductible of CHF 300 per year for adults and the maximum annual deductible of CHF 2500 for adults. We would be happy to advise you.

Source: [www.beobachter.ch](http://www.beobachter.ch)

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# What else do you have to think about before the end of the year?

## 1. Changing your health insurance plan

You may terminate your base plan and change to another health insurance plan until the end of November 2017. Make sure you send your notice of termination to your existing health insurance in good time by registered letter. In practice, this means that the notice of termination must be received by your health insurer on November 30th 2017 at the latest.

## 2. Supplementary insurance

If you wish to transfer your existing supplementary insurance to your new health insurance plan, do not terminate it before you have received a confirmation of admission to the supplementary plan from your new health insurance. Supplementary insurance is governed by the law on private insurance and is therefore subject to other terms and conditions than the base insurance. Health insurers are entitled to refuse applications depending on the applicant's state of health.

Normally, the new health insurer will arrange the termination of your existing health insurance plan.

Insurers may subject supplementary health cover to certain exclusions, or they may simply reject your application. Conversely to base plans, [notice periods for the termination of supplementary insurance plans](#) vary from one insurer to another. You should read the insurer's general terms and conditions of insurance carefully before you decide to change your health insurance plan. Reminder: Depending on the insurer, the base and supplementary plans may be concluded with two different health insurers.

## 3. 2018 policies

The new policies for 2018 are expected to be delivered in October 2017. Please compare these with your existing 2017 policies.

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## The Federal Administrative Court upholds tighter practice for collective rebates.

Little leeway for rebates

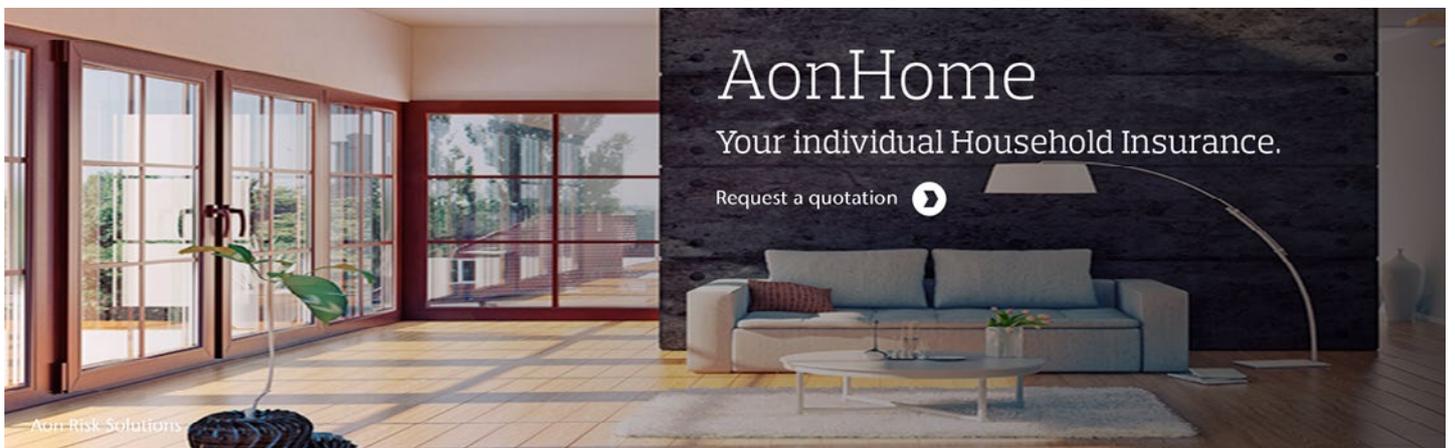


How far can a health insurer go in granting rebates to certain groups such as companies, federations or associations? In practice, insurers grant rebates of between 10% and 20% on supplementary plans. When they do, supplementary cover is often offered together with the mandatory base plan as a combined facility under a framework agreement. The Federal Administrative Court recently rejected a complaint\* filed by Helsana maintaining that the right to set prices proceeds from commercial and economic freedom.

By its ruling, the Federal Administrative Court upheld the tighter practice adopted by FINMA - the regulatory authority for supplementary health insurance plans - since 2015. Although the Federal Insurance Supervision Law does not specify which pricing practices are considered abusive, the Federal Council can introduce restrictions to protect insureds and issue implementing provisions for monitoring prices. This is what it did by issuing quite contentious regulations designed to reduce discriminatory treatment.

Source, Neuer Züricher Zeitung, 30 June 2017

**\*The Applicant, as well as a number of lawyers, defend the view that this interference in the contractual freedom of private insurance (in this case supplementary health insurance plans) lacks an adequate legal base. In any event, the Federal Administrative Court firmly maintains that supplementary insurance in connection with social health insurance plans falls within the protective scope of economic freedom.**



# Aon supports the development of driverless buses

As one of the main sponsors, Aon Switzerland Ltd is on board in the development of driverless buses.

«Innovative ideas must be encouraged in this day and age. As one of the leading brokers worldwide, Aon welcomes and supports such new technologies», says Felix Jenny, CEO of ARS Switzerland.

## What is this about?

Verkehrsbetriebe Zürich (VBZ - Zurich's public transport service) has decided to participate in the public transport venture Trapeze, Neuhausen. Stage one will consist in transporting tourists by driverless vehicle from the company's premises to nearby Rheinflall. Another trial route could be organised in Zurich.

Should bus drivers in Switzerland be concerned for their jobs? «No. Noone is trying to take away their jobs», says VBSH Director Bruno Schwager. The point is to develop routes and destinations which are not profitable with current resources. Today all public transport companies must try to fill vehicles as large as possible with as many passengers as possible. But if no driver is needed, a bus service can be run profitably with a lot fewer passengers.

Driverless technology has made major advances in recent years. Existing driver assistance systems already free the person behind the wheel from a quite a bit: they can maintain the distance from the preceding vehicle and keep the car on track; they can warn the driver about vehicles in the dead angles when overtaking on the motorway, and they can automatically activate the emergency brakes if a pedestrian is on the road.



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