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5 TIPS FOR SWITCHING HEALTH INSURANCE

How Swiss families save — without nasty surprises

Switching insurers can save a family several hundred francs a year — if you do it right. These five points protect you from the most common (and costly) mistakes.

1

Don't miss the switching deadline

Basic insurance (KVG) can only be cancelled by 30 November for 1 January in the standard model. Switching to an alternative model (e.g. family doctor or telmed) often comes with a shorter special notice period. Supplementary insurance (VVG) has individual deadlines — usually 3 months before expiry, check your policy.

2

Choose your deductible deliberately

A higher deductible (Franchise) noticeably lowers your premium, but only pays off if you expect low medical costs that year. Rule of thumb: weigh the premium savings against the maximum risk (deductible + co-payment) before increasing it.

3

Get written approval before cancelling

This is the costliest mistake of all: basic insurance has mandatory acceptance — supplementary insurance (dental, hospital, outpatient) does not. The new insurer can require a health check and decline you. Only cancel your old VVG policy once the new one has confirmed in writing.

4

Compare as a family

Children's premiums are often heavily reduced and worth comparing separately. A single model for the whole family also simplifies administration — and many insurers offer family discounts that are easy to miss when comparing individually.

5

Don't compare alone

The cheapest premium isn't always the best choice — coverage scope, waiting periods and transition cover all matter too. An independent, free second opinion often catches gaps before they become costly problems.

Ready to switch?

Send us a photo of your current policy — we'll review it for free and get back to you within 12 hours with a counter-offer. When you switch both KVG and VVG (outpatient + hospital), you receive a CHF 100 voucher of your choice per person.

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