



EDITORIAL

Health insurance - a winning investment for businesses

In an ever-changing world in which stability can sometimes seem fragile, one thing remains certain: our well-being and health are priceless treasures. The importance of good health insurance cannot be underestimated, as it extends beyond the realm of health and affects every aspect of our lives.

An ever-increasing number of companies have realised that they have a role to play and that they could enable their employees to benefit from fair access to good quality medical care. Given that the cost of treatment and medication can rapidly mount up to exorbitant sums, and that premiums are set to rise sharply again in 2024, group health insurance is a particularly attractive solution. It ensures that everyone has access to the care they need to stay in good health regardless of their financial circumstances or their status in the company. Such equal access to healthcare strengthens social cohesion and reflects the values of a society that cares

about everyone's well-being. Good health cover is also essential in the prevention of illness. By offering regular screening services, health problems can be found and treated at an early stage, thereby improving the chances of recovery and reducing long-term costs, in particular those relating to absenteeism.

Over the following pages, you will discover the advantages of group health insurance for both employees and employers, as well as the many benefits and services offered by our teams of health insurance specialists, including the management of medical refund by the employer, exclusive to Swiss Risk & Care. Waiting for you to discover... without delay!

We hope you enjoy reading this issue!

David Cochet
Chief Executive Officer



The strength of group policy for the benefit of healthcare

What if health insurance could solve the problem of attractiveness for the employer, and controlling the cost of premiums for the employee? That would be surprising, wouldn't it? And yet, with a group policy, this "small miracle" is achievable. Here's how:

Over the past two years, health insurance premiums have risen sharply. Good quality health cover at a competitive price thanks to their company is therefore a real benefit to both employees and employers. In this context, a group health insurance policy is an attractive solution, as with the LAMal [mandatory Swiss health insurance scheme] basic policy, it offers a choice of additional policies

(Insurance Policy Law (LCA)) tailored for the group of persons to be insured, and a discount on the overall amount of the premium may be offered. There is only one requirement for a group policy to constitute a «benefit»: **the employer must contribute to the premium.** It is, of course, a financial effort, but given the numerous benefits it entails, it should be viewed as a real investment.



The benefits of a group health insurance policy for the employer

■ Simplification of the day-to-day management of a healthcare scheme

The coordination and management of a group health insurance policy is generally entrusted to an insurance broker. At Swiss Risk & Care, we have a Caredesk consisting of a team of dedicated advisors available for our clients to respond to all requests

Greater savings with a group policy and the employer reimbursement of services scheme: a Swiss Risk & Care exclusive

The mandatory Swiss health insurance scheme (LAMal) excess amount is between CHF 300 and CHF 2,500. Swiss Risk & Care offers group policyholders the possibility of taking out the highest excess of CHF 2,500. The simulated premium savings between the highest and lowest excess are invoiced to the employer and paid into a deposit account.

This deposit enables employers to self-finance and self-insure part of the services that are not reimbursed under the LAMal scheme.

The technical result of the employer reimbursement of services scheme enables employees to benefit, as before, from coverage of their healthcare costs from as little as CHF 300, as well as enabling employers to make financial savings.

For example, a company employing 100 staff with an average of CHF 600 in medical expenses reimbursed per person per year (between the excess of CHF 300 and the excess of CHF 2,500),

i.e. an annual amount of CHF 60,000, would pay the following premiums:

- Annual premiums with an excess of CHF 300: CHF 690,000
- Annual premiums with an excess amount of CHF 2,500: CHF 547,080

In this case, the company pays only the premiums with the excess of CHF 2,500, plus any medical expenses previously reimbursed with the lower excess: CHF 547,080 + CHF 60,000 = CHF 607,080 instead of CHF 690,000, i.e. savings of CHF 82,920 (12%) from which Swiss Risk & Care will be paid a 20% management fee.

Swiss Risk & Care takes care of administrative matters, i.e. receiving invoices from insurers, issuing reimbursements to employees and quarterly re-invoicing of the expenses incurred by the company.



from the company or employees. This team liaises between the policyholder and the insurance company.

The company has the option of contributing either fully or partly to the premium.

Payment is made by means of a grouped invoice that is paid directly by the employer who will then deduct the employee contribution from their salary. Swiss Risk & Care will prepare the breakdown of premiums between the employee and employer for the company's payroll.

■ **A more attractive employer brand**
Faced with the structural shortage of labour currently affecting all sectors in Switzerland, which is expected to continue for several more years with the «baby boomer» generation taking retirement, companies need to stand out from their competitors in order to attract and retain talent. Offering a health insurance scheme that is attractive both

“Competition for talent has an impact on more than four out of five Swiss companies and their company benefit strategies.”

Source: Benefits Trends 2023
by Willis Towers Watson

Our methodology

1 • AUDIT OF THE CURRENT PORTFOLIO



- Analysis and understanding of the current situation
- Advice and recommendations from our experts
- Setting up a call for tenders with various insurers depending on the type of policy chosen

2 • REPORT AND COMPARISON



- Preparing a comprehensive comparison (coverage and rates) based on insurers' offers
- Discussion on the most suitable solutions
- Setting up the policy

3 • MANAGEMENT OF THE TRANSFER



- Management of setting up policyholder coverage or transfer between insurers
- Employee information sessions (on-site presentations and individual advice)
- Advice on termination of your current policy and adhesion to the new policy from our multilingual Caredesk

4 • DAY-TO-DAY MANAGEMENT



- Day-to-day management of policyholders during the term of the policy by our dedicated Caredesk
- Advice and adhesion for new members
- Invoice management, in the case of group invoicing, on request
- Management of excess amounts, on request

financially and in terms of coverage is a particularly effective lever.

■ **Better control over absenteeism**
Good health insurance cover has a direct impact on employee absenteeism rates: they receive treatment of higher quality and are not forced to forego treatment for financial reasons, they can undergo preventive examinations more easily etc... All these factors have a direct impact on the number of days off on sick leave and ensure a quicker return to work.

■ **Better management of premiums**
With absenteeism under better control, increases in personal insurance premiums will be limited. The optimisation of social charges also has an impact on the company's tax situation.

The benefits of a group health insurance policy for the employee

■ **Optimised healthcare coverage**
By using a broker, the employer will benefit from full support. After analysing their insurance portfolio and a

call for tenders from several insurance providers, the broker will offer the employer a comprehensive range of policies from which to compare coverage and rates. Employees will therefore benefit in three ways: part of their premium will be paid for by their employer, they will benefit from discounts on supplementary insurance, and their coverage will often be better than that offered by an individual policy. Depending on the terms of the group contract, it may also include family members and, in certain cases, the possibility to get a vested benefit at the entrance.

■ **Ongoing advice and support**
Swiss Risk & Care's Medical Expenses Caredesk offers information sessions for employees in both group and individual sessions. It will help any new employee with the membership process, as well as employees leaving the company, either for the purpose of terminating their policy, or to allow portability of policy if conditions allow.

1. Is a group health insurance policy suitable for all companies and all employees?

We are able to offer solutions for any company. Group policies are, however, mainly aimed at medium-sized and large companies. From a size of 100 employees upwards, we can design a tailored scheme for your company. It eliminates any disparities in access to healthcare that may exist, and offers optimal healthcare cover to all employees, regardless of their status. In particular, it is the ideal solution for cross-border commuters who have opted for LAMal supplementary insurance.

2. How does a company set up a group policy?

There are two main stages in setting up a group policy: choosing the insurance scheme and roll out within the company. The choice of insurance scheme is the result of a real partnership between the company, the broker and the insurers. After analysing the type of policyholders to be covered, we will help the company match the desired services to its budget. We select insurers that are best suited to meet the company's requirements and then launch a call for tenders and negotiations. The final selection is presented to the company, which then makes its choice. Good communication with employees to obtain their adhesion is needed in order to set up the insurance policy. They sometimes have concerns over the company interfering with healthcare which is a private sphere. Going through a broker introduces an intermediary to guarantee confidentiality.

3. In addition to the advantages referred to in this article, are there any other advantages specific to group policies?

Under certain conditions, a group policy may include supplementary insurance covering outpatient treatment, hospitalisation or dental treatment, with no health questionnaire required. It may be adapted to comply with various international legal requirements and can also be fiscally advantageous since in certain policies, contributions are exempt from social charges. Lastly, it gives access to the services provided by our Caredesk, which supports and advises employees and their family members. Group policies ensure the best coverage/premium ratio... a real guarantee of peace of mind for HR departments and employees alike.



Cyrielle Suzat
Healthcare Expert & Medical
Expenses Project Manager
At Swiss Risk & Care

The new data protection law entered into force on 1st September 2023

The new data protection law introduces the following eight major changes for companies:

- 1. Only the data of natural persons** are covered from now on, and no longer those of legal persons.
- 2. Genetic and biometric data** fall within the definition of sensitive data.
- 3. The principles of "Privacy by Design" and "Privacy by Default"** are introduced. All software, hardware and services must be configured so as to protect users' data and privacy, by default and by design.
- 4. Impact analyses** must be carried out if there is a high risk to the personality or fundamental rights of data subjects.
- 5. The duty to inform** is extended: data subjects must be informed beforehand of the collection of all personal data - and no longer only "sensitive" data.
- 6. Keeping a register of processing activities** is now mandatory. The implementing ordinance does, however, provide an exemption for SMEs whose data processing carries a limited risk of infringement of the personality rights of data subjects.
- 7. Prompt notification** is required in the event of a data security breach, which should be sent to the Federal Data Protection and Information Commissioner (FDPIC).
- 8. The concept of profiling** (i.e. the automated processing of personal data) is introduced into the law.

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