

YOUR ANNUAL COST BREAKDOWN IN BRIEF.

1 All about your basic insurance

Details of the benefits and premiums for your basic insurance can be found on the next page

2 All about your supplementary insurance

Details of the benefits and premiums for your supplementary insurance plans can be found on the next page

3 Costs which are not covered by a SWICA product

e.g. costs for glasses above and beyond SWICA's contribution

Amounts that you can carry across directly to your tax return:

- 4 Total of your share of illness and accident costs
- 5 Total premiums for basic and supplementary insurance

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MAX MUSTER
INSURANCE NO. 0000000

Mr.
Max Muster
Musterstrasse 1
8405 Winterthur

Winterthur, [date]

SUMMARY OF COSTS FOR [year]

Benefits and premiums	Invoice sums	Not deductible	Your share of costs
1 Basic insurance			
Total of bills submitted by you	22'519.90		
Benefits paid by SWICA		20'548.25	
Excess			300.00
Deductible			1'189.95
Hospital contribution			435.00
Treatment costs basic insurance	22'519.90	20'548.25	1'924.95
Premiums basic insurance/premium reduction	4'951.20	0.00	4'951.20
2 Supplementary insurance			
Total of bills submitted by you	420.30		
Benefits paid by SWICA		420.30	
Your share of preventive healthcare costs		0.00	
Excess			0.00
Deductible			0.00
Treatment costs top-up insurance plans	420.30	420.30	0.00
Premiums top-up insurance plans	464.40	0.00	464.40
3 Health/accident costs not insured			46.70
To be carried across to the tax return.			
4 Total of your share of the costs for [year]			1'971.65
5 Total premiums for [year]			5'415.60

BASIC INSURANCE

Benefits and premiums	Invoice sums	Not deductible	Your share of costs
Basic insurance			
Total of bills submitted by you	A 22'519.90		
Benefits paid by SWICA		B 20'548.25	
Excess			300.00 C
Deductible			1'189.95 D
Hospital contribution			435.00 E
Treatment costs basic insurance	F 22'519.90	G 20'548.25	H 1'924.95
Premiums basic insurance/premium reduction	I 4'951.20	J 0.00	K 4'951.20

- A** Total of all bills settled
- B** Benefits which SWICA reimbursed to you
- C** The excess paid in the tax year
- D** The deductible paid in the tax year
- E** The hospital cost contribution paid in the tax year
- F** Total taken from above
- G** Total basic insurance costs which you **cannot** include in your tax return
- H** Total basic insurance costs
- I** Total basic insurance premiums
- J** Total premium discount. The environmental levy and health legal protection premiums are not included
- K** Total basic insurance premiums minus premium discount and/or premium credit as defined in Art. 106 KVG

SUPPLEMENTARY INSURANCE

Benefits and premiums	Invoice sums	Not deductible	Your share of costs
Supplementary insurance			
Total of bills submitted by you	A 420.30		
Benefits paid by SWICA		B 420.30	
Your share of preventive healthcare costs		C 0.00	
Excess			0.00 D
Deductible			0.00 E
Treatment costs top-up insurance plans	F 420.30	G 420.30	H 0.00
Premiums top-up insurance plans	I 464.40	J 0.00	K 464.40

- A** Total of all bills settled
- B** Benefits which SWICA reimbursed to you
- C** Preventive healthcare costs which exceed the amount reimbursed by SWICA. Example: customer's share of gym membership cost. These benefits cannot be included in the tax return
- D** The excess paid in the tax year
- E** The deductible paid in the tax year
- F** Total taken from above
- G** Total supplementary insurance costs which you **cannot** include in your tax return
- H** Total supplementary insurance costs which you can include in your tax return
- I** Total supplementary insurance premiums
- J** Unused field
- K** Total copied from point **I**

THERE FOR YOU, 24 HOURS A DAY, 365 DAYS A YEAR.

Phone 0800 80 90 80 / swica.ch

