

Reimbursement of costs associated with illness in the form of supplementary benefits

1. Criteria for eligibility

Those who are entitled to monthly supplementary benefits in a given time period are entitled to reimbursement of uncovered costs associated with illness in that same period. Persons who have been denied supplementary benefits because their income exceeds the threshold can be reimbursed for recognised costs associated with illness after deduction of the income in excess of the threshold.

Only costs incurred in Switzerland can be reimbursed. Costs incurred in other countries may be taken into account on an exceptional basis if they became necessary during a stay abroad.

2. Submission / Deadline

In order for costs to be reimbursed, full documentation must be submitted to the Office for Seniors and Insurance of the City of Bern, ideally on a quarterly basis.

Address: Alters- und Versicherungsamt, AHV-Zweigstelle, Bundesgasse 33, 3011 Bern

Requests for cost reimbursement must be submitted within 15 months of the date of the invoice or account statement issued by the insurance fund.

3. Reimbursable costs associated with illness or disability

- Contributions towards health insurance costs of compulsory health insurance under the Federal Act on Health Insurance

Deductible and 10% retention fee up to an annual total of CHF 1000 (adult) / CHF 350 (child) based on the individual, complete account statements from the health insurance fund.

- Dental treatment

Dental care expenses can only be recognised to the extent that they correspond to an economical and efficient form of treatment. The requisite review will be performed by the cantonal compensation office on the basis of the invoices and cost estimates submitted.

If the costs of the dental treatment planned are expected to exceed CHF 1500, a cost estimate must be submitted prior to the treatment along with the dental form ("Zahnformular Ergänzungsleistungen", detailing condition of teeth). All invoices and cost estimates must specify tooth numbers. The dental form must be submitted along with the first invoice from the dentist. It is also advisable to submit a cost estimate with dental form for review in advance when planning dental care involving a root canal treatment, crown, implant, inlay, onlay, bridge or post-and-cap treatment. Additional requirements relating to the type of invoicing can be found on the fact sheet for dentists available from the OASI branch office (AHV-Zweigstelle) or on the website www.akbern.ch.

- **Transport to the nearest medical treatment site**
For reimbursement of the costs of transport to the nearest medical treatment site, expenses must be entered into the appropriate form. Costs of transport by taxi, Betax or a private vehicle can be reimbursed only in conjunction with a statement issued by a doctor confirming that the use of public transport would not be possible. The forms and the fact sheet are available at the OASI branch office.
- **Care and support by family members who have not reached OASI age and are not included in the EL/PC calculation**
Necessary basic care – e.g. mouth care, personal hygiene/care, assistance in getting in and out of bed, positioning, mobilisation – provided by family members can be compensated at the hourly rate of CHF 25 up to a maximum amount of CHF 9600 per year.
Support measures recognised by the EL/PC as costs associated with illness (if a helplessness entitlement exists) can be compensated at an hourly rate of CHF 25; the amount of compensation cannot exceed lost income. Proof of actual loss of income must be presented. Receipt of this compensation gives rise to an income reporting obligation for compulsory social security contributions (OASI/DI etc.) and the corresponding tax liability.
The forms required for the needs assessment can be obtained from the OASI branch office or from the website www.akbern.ch. A written confirmation of the necessity of the support and care at home issued by a doctor is also required.
- **Help with domestic tasks provided by institutions and persons not living in the same household**
Domestic help provided by the Spitex service upon presentation of a needs assessment and a statement issued by a doctor, up to an amount of CHF 9600 per year. If family members or third parties perform the domestic tasks, compensation for invoiced, recognised expenses can be issued up to an annual total of CHF 4800 per year (maximum hourly rate of CHF 25). In this context again, written confirmation of the necessity of the domestic help issued by a doctor must be presented. Moreover, the person providing the service must not live in the same household.
- **Assistive equipment**
Costs of assistive equipment that is partially financed by OASI (wheelchair, standard or customised orthopaedic footwear, facial prostheses, wigs, hearing aids, speech aids, magnifying glasses and cataract glasses)
- **Stay in a residential institution or hospital to relieve caregivers**
- **Spa and convalescence therapies prescribed by a doctor**
- **Care and support at centres providing daytime care.**
- **Patient contribution to Spitex care**
- **Medically necessary diet at home**
Recognised additional costs for a medically necessary diet at home (does not include foodstuffs in cases of diabetes)

4. Maximum amount of compensation

The maximal amounts that can be paid as compensation for recognised expenses associated with illness or disability over and above the annual supplementary benefits per calendar year are as follows:

- Single, living alone CHF 25,000
- Married couple CHF 50,000
- Person living in residential institution CHF 6000