

4 Reasons why Your Health Might be at Risk

What insurance companies and
medical providers do not tell you

We live in a two-tier healthcare system

The trend towards a two-tier healthcare system can be observed on both, a global scale and a national scale. For example, individuals that hold a comprehensive health insurance policy strongly benefit from better medical networks, shorter waiting times and access to more senior doctors.

Getting appointments with leading specialists on a short notice is an ongoing problem. When the need for an expert opinion is urgent, it is frustrating to experience long waiting periods during which you will not receive treatment - and consequently, risking further worsening of your health. Especially before surgeries this is a major concern, since consultations with a number of specialists are required before the surgery can even be performed. The time until you can be delivered from suffering extends each time you need to wait for an appointment unnecessarily.

Having “fast pass” access to consultations and appointments is an integral part of our medical network. Short-term to consultations with worldwide leading medical specialists – and even more so, to the most experienced practitioners.

Highly comprehensive international health insurance can be a door opener to access this first-tier healthcare system. Additionally, having a partner with a global network of specialists available at your service will help you receiving an appointment fast. In many cases a consultation does not necessarily need to be face-to-face but can also happen remotely via telemedicine. It is however important to consider, that for optimal telemedicine consultation the advising doctor is very experienced in the field of medicine of your concern, plus familiar with practicing remote consultations via telemedicine.

Here again, individuals that have a healthcare expert at hand that has this knowledge and experience can benefit from superior service and better care.



For over 20 years, individual clients, families, and
companies as well as their advisors rely on our
expertise and experience with health management
and insurance

An international plan secures free choice of doctors and hospitals, the availability of comprehensive, best-in-class medical services across borders and thus global flexibility.

Yet even those who have no intention to be abroad may be well advised to choose an international plan over a local health insurance due to its greater flexibility and cover.

Your local health insurance might leave you unprotected abroad, despite claiming otherwise

National health insurance companies around the world often offer products with an international coverage. However, experience shows that one can be unpleasantly surprised by the service of a of them in case of a planned treatment or emergency abroad. If you are insured with a national insurance company, you should carefully revise if your policy offers you the protection that you assume it does. Service levels of national insurers are often way less competent outside of their home country. This can have different reasons:

When being abroad with urgent need for emergency treatment, you are still required to present your insurance card. This ensures the hospital not the be left with treatment cost and no payment. It often happens that national insurance companies are not known to the hospital, leading to refuse accepting your insurance coverage. To receive treatment in such case will mean that you have to make a security deposit upfront. This can easily be up to tens of thousands of Dollars.

National insurance companies in most cases do not maintain an extensive network of medical facilities around the world. Because of that they will not be able to advice you, which hospital to visit for a treatment. Insurers which do have an international network, because of their experience, can consult you as to where you will receive high-quality treatment. They also allow for direct billing, avoiding that you have to pay treatment costs upfront and then have to deal with claiming the reimbursement post-treatment.

National insurance companies are not set up to operate internationally, which can lead to various complications in the delivery of services – an example would be employees who do not speak English or can't communicate with doctors and hospitals abroad for treatment pre-qualifications. It is vital that the service of an insurance provider works seamlessly for you to receive fast high-quality treatment and to avoid any situations that might put your health at risk. Allowing you to focus on your recovery - instead of insurance and administration matters.

With a complete range of discrete services around your wellbeing, from International Health Insurance, to Privileged Healthcare services and Preventive Medicine, we make sure that your health is protected.



The "Family Office" has been a symbol for 100% dedication to a person's finances.

With the "SIP Medical Family Office" we transfer this concept to your real wealth: Your Health.

Changing places of residence can put you at risk of being left without comprehensive health insurance cover

Insurance companies are highly regulated as for which areas they are allowed to insure people in. National insurance companies are often restricted to providing their products in their home country. This can lead to major intricacies when moving abroad. Because the insurer is not allowed to operate in your destination country, by law you are forced to cancel your current local insurance policy - this effectively means that in your new country of residence you are required to newly apply for health insurance with a locally regulated company.

Applying for comprehensive health insurance always comes with a review of your health - a measure companies take to protect themselves from insuring unhealthy, and therefore "unprofitable" people. The review of your health can be in the form of a questionnaire, a phone consultation or a physical exam that will assess your state of health. Should your medical history include any pre-existing conditions, additional restrictions might apply to your insurance policy. Severe pre-existing conditions lead to an exclusion of benefits for all costs related to this condition, or even complete rejection of your person by an insurer. Examples for this are previous knee surgeries, hypertension, migraine, diabetes, anxiety, or similar health issues. If the review of your health does not show any severe conditions, but assesses you to be in a general bad state of health with high health risks, a premium loading will be applied, leading to a much higher cost for your insurance. For anyone changing locations, for example for business reasons, this poses a significant threat to your health protection, as with age the number of pre-existing conditions increase dramatically.

In comparison to that, international insurance companies offer international cover, allowing to seamlessly continue the insurance cover if an individual changes his country of residence. For expats and other globally mobile people, this is an important "Safe Heaven" for uninterrupted comprehensive health protection without any gaps or exclusions. Such policies offer life-long renewal protection in every country of the world.

In today's global environment, adequate International Health Insurance is important but often overlooked by clients and their advisors alike.



The information asymmetry in healthcare is a significant issue, as patients have no other choice than trusting medical doctors' advice.

An unbiased, independent medical expert who has no financial incentive in your treatment should accompany and support you during your medical journey.



Doctors and other medical providers often do not act in your best interest

Whenever we visit a doctor or a hospital, we as a patient assume that our health is the sole concern of any medical provider and that the doctor in charge will act exclusively in our best interest. Unfortunately, the reality is more complex. Hospitals are, in most cases, shareholder-owned for-profit organizations that need to treat as many patients as possible with as many services as possible, in the shortest possible amount of time.

For a hospital to be profitable and to constantly increase their turnover, the time a doctor spends with a patient is often limited and regulated, ensuring the maximum number of patients to be admitted and treated. This time constraint and pressure does not allow to look at you in a holistic approach, nor to assess your condition in depth. Despite every doctors' oath to dedicate their life to helping people and their health, in many cases the system is skewed to the disadvantage of the patient.

To achieve revenue goals, quotas and increase utilization of expensive medical infrastructure and technology, every year thousands of treatments are being prescribed that are not necessary from a purely medical perspective. Instead of bringing health, this puts the patient at risk each time. This phenomenon can also be observed when insurance companies change their reimbursement structure and a sudden spike of certain treatments occurs: Not because overnight, a treatment became better for the patient health, but because it is better reimbursed by insurance companies.

Today's healthcare system sadly forces medical practitioners to regularly prescribe unnecessary and expensive treatments, putting the financial value of the patient above the health interest of the patient. Whether this happens deliberate or because the system has incubated this model with doctors since their earliest days of training, the patient is always the one who pays the price for it. Financially and with regards to his health. It is therefore crucial to access doctors that are free from financial incentives and will give you an unbiased view on your health situation.

A lot of even the most serious illnesses can be cured or even prevented – if detected early enough to start immediate and appropriate treatment.

23 Years
Protecting Your
Health

International Health Insurance with full administration

International Health Insurance plans offer comprehensive medical coverage for those living or working outside of their home country. Swiss Insurance Partners fully administrates the insurance policy on behalf of its clients, including claims management, saving them previous time and energy. International health insurance gives you access to a wide range of benefits, such as:

- Exclusive worldwide medical and accident insurance
- Free choice of doctors and hospitals, worldwide
- Access to the best and most advanced medical treatments
- No risk of exclusion of existing pre-conditions when moving to another country
- Private ward handling, worldwide
- Multilingual support 24/7
- Emergency assistance including evacuation and repatriation

Medical Family Office

The SIP Medical Family Office is a unique concept that stands for 100% dedication to a person's health. With a complete range of discrete services around your wellbeing, from Privileged Healthcare, to Preventive Medicine and Medical Records Management we make sure that our client's health is protected.

The SIP Privilege Healthcare Membership is the best way to secure high-end care. Fast pass access to worldwide leading specialists with appointment within 24h, telemedicine with hand selected experts for 2nd opinion and concierge service for medical travel.

Exclusive check-ups offer a new and better way to manage your health early on, allowing for a long and healthy life. Having access to your complete medical history in shortest possible time, potentially summarized in a condensed form and according to international standards, can potentially save your life.

Contact us today

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