This is proving to be an eventful year in many ways and now that autumn has arrived it’s time to inform you of the results of the extensive work that has been going on for months. The File section article in this edition of the CHIS Bull’ is devoted to the major reform of our scheme to which we have referred in previous issues.

After some 10 years of stability, substantial changes have occurred in the health care field. Costs have increased faster than inflation and it became necessary to increase the premiums with effect from the beginning of this year. This increase in revenues, which will continue each year until 2015, represents the first stage in the Health Insurance Scheme reform.

This first stage must be supplemented by others to allow us to position ourselves better to face the various trends in the medical field. I would like to take this opportunity to thank the members of the CHIS Board, comprising representatives of the Management, of the Staff Association and of the pensioners, who shared a common goal throughout this work: to ensure a sound future for our Health Insurance Scheme.

Although a number of changes have been introduced with regard to the method of reimbursement and to certain benefits, the average overall rate of reimbursement by the CHIS, which is currently 87 %, will not be modified. The intention is not to make savings but to make better use of available funds. The changes in no way undermine the mutualist principle that underpins our scheme, namely that each person contributes according to his or her means, and that each person uses the scheme according to his or her needs. Here then are the main points of this reform, which will enter into force on 1st January 2012.

Major change: the elimination of the annual deductible, replaced by a personal progressive reimbursement rate of between 80 % and 100 % in order to obtain a better distribution of reimbursements. This will result in enhanced cover for insured members faced with substantial expenditure by limiting the costs to be borne by them. But those fortunate members of the Scheme whose health expenses are low will also benefit since they will get reimbursement with effect from the very first franc of expenditure!

The new hospitalisation cost arrangements in Switzerland that will apply from next year, namely the introduction of SwissDRG replacing the APDRG, oblige us to adjust our rules regarding reimbursement of private or semi-private treatment and accommodation expenses in a public hospital. We explain why in this issue’s File. In addition, certain types of preventive medicine will now be 100 % reimbursed, which was not the case in the past.

Benefits in the area of optics will also change with the introduction of a ceiling replacing the change in the optical power requirement and of cover for refractive surgery. Furthermore, it will be possible to accumulate certain ceilings over several years (optics, dentistry). Lastly, for those of you who use our scheme as complementary cover, in future your reimbursement claims will be substantially simplified. These are the key points.

We would also like to thank all of you who are already making an effort to choose health providers offering the best value for money. You will see that the benefits package will henceforth include inducements to pursue these efforts. This will become increasingly important in the future in our joint efforts to contain the increase in health costs. This is a constant challenge because we do not have limitless funds. In any event this CHIS reform, which has become necessary in order to modernise the scheme, will go a long way towards meeting this challenge. Please make your own contribution to containing costs.

What to do in emergencies? We try to give you some pointers on page 8. In the following pages, you will also find the initial results of a satisfaction survey conducted this summer by UNIQA, as well as a prevention article relating to sudden or progressive hearing loss. We wind up this issue with a few short items of news and advice.

We hope you find the information in this issue informative and would like to take this opportunity to extend to you our best wishes for the end-of-year festivities which are almost upon us! But please take care: the end-of-year festivities mean holidays, holiday time means sport and sport means being careful!

Philippe Charpentier, Chairman of the CHIS Board
Let’s start with a reminder: it is some ten years since the last changes were made to CHIS benefits. After the introduction of long-term care benefits in 2001, in 2003 we amended the rules relating to hospitalisation so that a two-bed ward became the standard and public hospitals the preferred option. Despite continuous developments in the health care field, no major amendments have been introduced.

> THE CHIS: WHO DOES WHAT?
The medium-term financial balance of the Scheme is periodically assessed by actuarial reviews. When this balance is under threat, in the first instance the CHIS Board studies and draws up proposals for possible improvements which are then submitted to the Standing Concertation Committee for examination. If these proposals are taken up by the CERN Management, they are submitted to the Member States, first via TREF (the Tripartite Forum on Employment Conditions for discussion between the Member States, the Management and the Staff Association). Subsequently, the CERN Finance Committee and Council decide what action to take. It is for them to decide on the conditions of our health scheme while honouring the Organization’s commitments to the Host States in social benefits matters.

The future of CHIS...

> THE WORK OF THE CHIS BOARD IN RECENT YEARS
As long ago as 2005 the CHIS Board sounded the alarm by announcing that the scheme was underfunded. Some urgent measures were taken in 2007: the doubling of the annual deductible and the annual payment by the Organization of an equivalent amount. It was not until the five-yearly review of financial and social conditions in 2010 (generally known as the five-yearly review) that adequate funding was secured for the future. The review concluded that overall our benefits are comparable with those of the other international organisations. Having accepted this conclusion, and despite their own financial difficulties, the Member States then agreed to increase contributions in order to secure the future well-being of our Scheme. At the same time, they entrusted the Director-General with the task of ensuring that the Scheme encourages its members to choose health care providers and treatments offering the best value for money. The CHIS Board has drawn up proposals for reform of the Scheme along these lines while at the same time reinforcing protection for those facing substantial health care expenses. Having received the approval of the Director-General, these reforms will enter into force on 1st January 2012.

The new reforms therefore take into account the wishes of the staff and the pensioners, as forcefully expressed in the recent survey on this subject, to maintain the current level of benefits even if this means digging deeper into our pockets.

> AN ESSENTIAL REFORM!
THE CHIS CONCERNS US ALL
A mutuality-based prudential scheme entails distributing individual costs over the entire group: every franc spent on medical costs is paid for by the entire group and the principle of solidarity operates between all members of the group, irrespective of age, size of family, career path and marital status.

One of the basic principles of mutuality is solidarity! This is of critical importance given the atypical demography of the insured population (13'000 people in all) with equal numbers of active and retired contributing members. It is also essential that everybody has a sense of responsibility with regard to the health costs they incur since the product of any savings achieved or of any losses sustained is distributed across the board. Therefore we should all try to remember when choosing our health care provider that the health of the CHIS concerns us all.

After all these common-sense considerations, here then are the details of this reform that you’re all eagerly waiting to read about. All the information is also available on the CHIS website: https://cern.ch/chis

THE GENERAL RULE INSTEAD OF AN ANNUAL DEDUCTIBLE AND A SINGLE REIMBURSEMENT RATE
The most important feature of the reform, which affects all benefits, is that the annual deductible will be replaced by a progressive reimbursement rate. The annual deductible system has been justly criticised for particularly penalising members who exhibit the most solidarity: i.e. those who incur few expenses even though they pay the same contribution as everybody else. The CHIS Board has therefore drawn up a proposal for the reimbursement of health care costs with effect from the first franc of expenses. However, in order to preserve the Scheme’s financial balance, the rate of reimbursement will initially be 80% up to a certain threshold at which point reimbursement rises to 90%. This threshold has been defined as an amount of expenses to be borne by the insured member (frais à la charge de l’assuré or FCA for short) in any given year. The ceiling for 80% is set at an FCA of 500 CHF, corresponding to expenses of 2500 CHF, after which expenses beyond this threshold will be reimbursed at 90%.

The CHIS Board has also given consideration to reinforcing protection for people who incur substantial health care costs. Two protection measures already existed: in the event of hospitalisation, the insured members’ contribution was limited to 2000 CHF (if the insured member was hospitalised in an approved private hospital). The other measure provided for 100% reimbursement of certain outpatient expenses associated with a specific pathology, but not only did members have to wait until their expenses had reached a threshold of almost 80,000 CHF but they also had to be able to prove that the expenses were attributable to a single pathology. This rule benefited only a few people whereas others were liable to be hit by a substantial health care bill representing a serious challenge for their budgets.

While retaining this latter measure, the CHIS Board has also proposed the introduction of a 100% reimbursement rate as soon as the insured member’s FCA reaches 3000 CHF in any given calendar year. With the introduction of this rule, the specific protection measure relating to hospitalisation in an approved hospital has been abolished.

REIMBURSEMENT PROGRÉSIF

80% 100%

on track!
The table above (showing health care expenditure on a logarithmic scale) shows that with the introduction of the General Rule a member is much better reimbursed if his expenses are low and slightly better reimbursed if his expenses are high. These improvements are financed by a slight reduction in the effective rate of reimbursement for people with average levels of health care expenses.

> **THE FCAs (COSTS TO BE BORNE BY THE INSURED MEMBER)**

Under the new General Rule, the FCAs (costs to be borne by the insured member) play an important role. It is therefore important to understand how they are calculated.

The rate of reimbursement starts at 80% and the threshold for 90% reimbursement is set at an FCA of 500 CHF, which is reached when expenses exceed 2500 CHF. Similarly, the threshold for 100% reimbursement is reached when the FCA has reached 3000 CHF (2500 CHF at 80% = 500 CHF FCA + 25,000 CHF at 90% = 2500 CHF FCA).

However, you should be aware that certain types of expenses to be borne by the member are not taken into account in calculating the FCAs. These are:
- benefits that are not covered by the General Rule;
- expenses beyond a specified ceiling;
- expenses corresponding to services that are not covered by the CHIS and therefore not reimbursable, such as certain types of medication or treatment by non-recognised medical auxiliaries.

<table>
<thead>
<tr>
<th>Costs Borne by the Insured Member (FCA) during a calendar year</th>
<th>Reimbursement rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 499.99 CHF</td>
<td>80%</td>
</tr>
<tr>
<td>From 500 CHF and up to 2999.99 CHF</td>
<td>90%</td>
</tr>
<tr>
<td>3000 CHF</td>
<td>100%</td>
</tr>
</tbody>
</table>
HOSPITALISATION

In 2003, the rules relating to hospitalisation set a two-bed ward as the standard and full reimbursement in a public establishment.

At that time, invoicing comprised two clearly distinct parts: on the one hand, the accommodation expenses, and on the other treatment costs invoiced per procedure, including also doctors’ fees. As the accommodation expenses in public hospitals were lower than in private hospitals and assuming that there was a corresponding difference in treatment costs, it was a good decision to encourage insured members to give priority to these establishments by ensuring a higher rate of reimbursement.

Since then there have been two developments:

- The liberalisation of the fees of doctors working in public hospitals. For patients that they have agreed to treat as private patients, doctors are entitled to increase their fees beyond those specified under tariff agreements to whatever level they wish. In such cases, the costs are similar to those for hospitalisation in a private clinic, thereby invalidating the rule providing for differentiated reimbursement according to the type of establishment. We have therefore decided that henceforth this private sector in a public hospital will be regarded as an approved hospital. Reimbursement will operate according to the General Rule. Conversely, hospitalisation in a sector subject to tariff agreements (also referred to as third class or common class at the Geneva Cantonal Hospital) will continue to be 100% reimbursed since the doctor’s fee tariffs in such sectors cannot be exceeded.
- The introduction of lump sum invoicing, particularly in Switzerland, which includes accommodation as well as treatment as a function of the pathology. It is therefore no longer possible to determine whether a hospital is approved or not on the basis of its accommodation tariff compared to the Cantonal Hospital. Henceforth a hospital is deemed approved:
  - in Switzerland, if it has concluded at tariff agreement with the CHIS
  - outside Switzerland, if it has concluded tariff agreements with the national social security scheme and applies similar tariffs to CHIS members.

EXAMPLE

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Reimbursement under current system 2011</th>
<th>FCA under the current system</th>
<th>Reimbursement under the new system 2012</th>
<th>FCA under the new system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother outpatients expenses: 2500 CHF</td>
<td>2500 * 90 % - annual deductible = 2050 CHF</td>
<td>450 CHF</td>
<td>2500 * 80 % = 2000 CHF</td>
<td>500 CHF</td>
</tr>
<tr>
<td>Hospitalisation: 40,000 CHF</td>
<td>38,000 CHF (contribution limited to 2000 CHF)</td>
<td>2000 CHF</td>
<td>37,500 CHF (up to 25,000 at 90 %, then reimbursed at 100 %, since FCA reaches 3000 CHF)</td>
<td>2500 CHF</td>
</tr>
<tr>
<td>Elder daughter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine: 336 CHF</td>
<td>336 * 90 % = 302 CHF</td>
<td>34 CHF</td>
<td>336 * 100 % = 336 CHF</td>
<td>0 CHF</td>
</tr>
<tr>
<td>Doctor’s fees: 90 CHF</td>
<td>90 * 90 % = 81 CHF</td>
<td>9 CHF</td>
<td>90 * 80 % + 5% bonus = 76.50 CHF</td>
<td>13.50 CHF</td>
</tr>
<tr>
<td>Son</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics: 60 CHF</td>
<td>60 * 90 % = 54 CHF</td>
<td>6 CHF</td>
<td>60 * 80+5 % = 51.5 CHF</td>
<td>9 CHF</td>
</tr>
<tr>
<td>Orthodontics: 1400 CHF</td>
<td>1400 * 90 % = 1260 CHF</td>
<td>140 CHF</td>
<td>1400 * 80 % = 1120 CHF</td>
<td>280 CHF</td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist plus blood test: 281 CHF</td>
<td>281 * 90 % - annual deductible = 53 CHF</td>
<td>228 CHF</td>
<td>281 * 80 % = 225 CHF</td>
<td>56 CHF</td>
</tr>
<tr>
<td>Medication: 675 CHF</td>
<td>675 * 90 % = 607.50 CHF</td>
<td>67.50 CHF</td>
<td>675 * 80+5 % = 574 CHF</td>
<td>101 CHF</td>
</tr>
<tr>
<td>Total family</td>
<td>2934.50 CHF</td>
<td></td>
<td>3459.50 CHF</td>
<td></td>
</tr>
</tbody>
</table>

M.B. is a CERN user, with normal health insurance which also covers her husband and her two children. During the year, M.B. gave birth to a third child after a pregnancy requiring close monitoring (2500 CHF of expenses for various examinations and doctors’ fees) and following labour with complications that required surgery followed by a prolonged period of hospitalisation (40,000 CHF) in an approved hospital. Fortunately, everything is now fine: mother and child are doing well. During the year, the family’s other medical expenses were:

- for the elder daughter: two injections of human papilloma virus vaccine (2 x 136 euro, or 336 CHF) (the third is due next year) by the family doctor (2 visits at 36 euro each, or 90 CHF).
- for the son: a visit to the paediatrician (60 CHF), and orthodontics treatment (1400 CHF) which may have to be continued at a later stage.
- for the father: two check-ups with a specialist (175 CHF) who is monitoring his high blood pressure with a blood test (116 CHF) and prescribing him daily medication to bring down the blood pressure (547 euro, or 675 CHF).
It should also be noted that accommodation in a respite care home or in a unit while waiting to be allocated accommodation in a suitable care home has been explicitly added to the list of benefits. Persons who are unable to remain at home but who do not require specialised treatment are much better accommodated and at lower cost in such units than in hospital.

**> SUMMARY OF INPATIENT SERVICES (HOSPITALISATIONS) 2012**

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Approved by the CHIS</th>
<th>Sector</th>
<th>Reimbursement rate</th>
<th>Maximum FCA</th>
<th>Method of payment of the invoice</th>
<th>Type of ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>N/A</td>
<td>Public</td>
<td>100%</td>
<td>0 CHF</td>
<td>Direct payment by the administrator</td>
<td>All types</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private or semi private</td>
<td>General Rule</td>
<td>3000 CHF (included in the FCA)</td>
<td>Direct payment by the administrator</td>
<td>(but a member continues to bear the full cost of the supplement for a private room)</td>
</tr>
<tr>
<td>Private</td>
<td>Approved</td>
<td>All sectors</td>
<td>General Rule</td>
<td>3000 CHF (included in the FCA)</td>
<td>Direct payment by the administrator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-approved</td>
<td>All sectors</td>
<td>80%</td>
<td>Unlimited (not included in the FCA)</td>
<td>Payment by the member</td>
<td></td>
</tr>
</tbody>
</table>

**> COMPLEMENTARY INSURANCE SIMPLIFIED**

If you or a member of your family is insured elsewhere (e.g. with LaMal or with the French social security system), the part of expenses that is not reimbursed by your primary insurance (excluding annual deductibles and benefits that are not reimbursed by CHIS) will be reimbursed by CHIS under the General Rule. You should remember that in this case you must always submit your reimbursement claims to your primary insurance, except where the cost of these benefits is not borne by your primary insurance but is borne by the CHIS (e.g. non-urgent hospitalisation in Switzerland of a person insured under the French social security system).

**> THE BONUS, AN INCITEMENT TO ECONOMISE WITHOUT LOSS OF CHOICE**

As the Director-General received the mandate from the CERN Council in December 2010 to take measures to contain CHIS expenditure by encouraging use of health care providers offering the best value for money, the CHIS Board has concluded that a bonus, in the form of a supplementary reimbursement of five (5) percentage points, might well act as an incitement to Scheme members to change their habits.

A proposal has been drawn up on the basis of two observations. First and foremost, health care quality is generally good throughout Europe, whereas costs vary substantially from one country to another. As far as costs are concerned, Swiss health care costs along with those of Norway and Denmark are substantially higher than those of other countries according to OECD statistics.

Secondly, although a substantial fraction of the CHIS insured population (69%) resides in the neighbouring regions of France, some insured members cross the border to obtain treatment at a much higher cost than in their country of residence: thus 64% of expenditure on outpatient treatment (doctors, pharmaceutical costs, analyses and imaging, etc.) is incurred in Switzerland.

Consequently, the CHIS Board has decided to award a bonus for certain types of outpatient treatment in all the Member States where health care is the least expensive. This list may evolve over time as a function of the data provided by the OECD.

You should bear in mind that even medication prescribed by a doctor in Switzerland can be purchased in France and that those of you who live in Switzerland are allowed to import up to 300 CHF of medication per person each time you cross the border.

In the future other bonuses may be envisaged — for certain types of treatment, for certain types of health care provider — if it can be shown to substantially provide best value for money.

**> EXPENSE CEILINGS THAT CAN BE CUMULATED OVER SEVERAL YEARS**

Under the revised rules, all the ceilings are expressed in the form of limits on expenses incurred instead of a maximum amount of reimbursement. This change was necessitated by the introduction of the General Rule in order to avoid the order in which reimbursement claims are submitted having an effect on the amounts reimbursed. The ceilings have been maintained at their current levels by dividing them by 0.9. For instance, the current maximum reimbursement of 61 CHF for home nurses with a reimbursement rate of 90% corresponds to expenses of 67.77 CHF which, rounded up to 68 CHF, will be the new expenses ceiling from 2012.

Some ceilings have become cumulative, including that for dental treatment. Certain dental treatments, such as orthodontics or implants, are costly and can continue for several months with costs rapidly outrunning the annual ceiling. Henceforth, if treatment continues over two calendar years, the insured member can use two separate annual ceilings to claim and can therefore obtain a higher level of reimbursement than if he had to submit a claim for the entire treatment in a single year. This ceiling will become cumulative with effect from 2012: the unused part from the previous two years will be carried forward to the current year.

A ceiling of 500 CHF, also cumulative over three years, has been introduced for optics and will replace the current rule which stipulates that the Scheme will reimburse expenses only if there is a change in optical power of at least one quarter dioptres. This ceiling applies to the purchase of frames as well as lenses and reusable or disposable contact lenses, provided that the lenses are corrective. Those who purchase their glasses and contact lenses cheaply as lenses and reusable or disposable contact lenses, provided that the lenses are corrective. Those who purchase their glasses and contact lenses cheaply should have sufficient leeway to claim for a spare pair or possibly sunglasses provided that they too are corrective. Under a transitional measure, those who have not incurred any expenses in 2010 and 2011 will have a ceiling of 1500 CHF from 1st January 2012.

These cumulative ceilings will also attenuate the impact of the pro rata rule which particularly affects those on short-term contracts that terminate in the first half of a calendar year.
> **EXAMPLE**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Reimbursement under current system 2011</th>
<th>FCA under the current system</th>
<th>Reimbursement under the new system 2012</th>
<th>FCA under the new system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: 107 CHF</td>
<td>0 CHF (annual deductible)</td>
<td>107 CHF</td>
<td>107 * 85 %=91 CHF (General Rule + bonus)</td>
<td>16 CHF</td>
</tr>
<tr>
<td>Year 2: 107 CHF</td>
<td>0 CHF (annual deductible)</td>
<td>107 CHF</td>
<td>107 * 85 %=91 CHF (General Rule + bonus)</td>
<td>16 CHF</td>
</tr>
<tr>
<td>Year 3: 2400 CHF</td>
<td>Prorata ceiling = 3/12 * 2928 = 732 CHF - annual deductible = 532 CHF</td>
<td>1868 CHF</td>
<td>2400 * 80 %=1920 CHF ceiling 9900 CHF + General Rule</td>
<td>480 CHF</td>
</tr>
<tr>
<td>Total over 3 years</td>
<td>532 CHF</td>
<td>2082 CHF</td>
<td>2170 CHF</td>
<td>512 CHF</td>
</tr>
</tbody>
</table>

X.B. is a fellow who gets a dental implant in January costing 2400 CHF. His contract terminates at the end of March after three years during which he has incurred no expenses other than for an annual checkup by the dentist (60 euro, or 73.80 CHF) and a visit to his family doctor in France (27 euro, or 33.20 CHF) to obtain a certificate that he needs for his tennis licence.

In the field of optics it should also be noted that after one year of membership refractive surgery is now covered up to a ceiling of 2000 CHF per eye once in the lifetime of a member of the Scheme.

> **PREVENTION**

Although it is difficult to assess the impact of a preventive measure from the financial and health points of view, many countries launch screening and vaccination programmes for certain target populations and certain target illnesses. The CHIS Board has therefore recommended that vaccinations and examinations whose positive effects have been proved by scientific studies be reimbursed at 100%: vaccination of girls against the human papilloma virus (cancer of the uterus), a mammogram every two years for women over 50 (breast cancer) and testing for occult blood in the stool every two years (colon cancer) from the age of 50. A reminder will be sent every two years on the anniversary of the member. The list may well evolve in the light of the results of new studies on the impact of other prevention campaigns. Vaccines and examinations that are not included in this list are reimbursed in accordance with the General Rule.

> **TRANSITION TO THE NEW RULES**

The new reimbursement rules will enter into force on 1st January 2012. However, expenses incurred before this date will continue to be reimbursed in accordance with the rules in force in 2011, even if the corresponding invoices are drawn up in 2012 and the reimbursement claims are submitted during 2012. We would like to remind you that since 1st June 2010 reimbursement claims must be submitted within 12 months from the date on the invoice. We recommend that you settle all your invoices relating to 2011 in the first few months of 2012.

The new ceiling for optics is accompanied by a transitional measure guaranteeing members who joined the scheme prior to 1st January 2010 and who incurred no optics expenses in 2010 and 2011 a ceiling of 1500 CHF with effect from 1st January 2012.
All the information in this section was checked and found to be correct at the time of going to press. CERN declines all responsibility in the event of subsequent changes (telephone numbers, opening hours, etc.).

> RÉSEAU URGENCES (EMERGENCY NETWORK)

**WHAT IS THE RÉSEAU URGENCES GENÈVE (RUG)?**
The Réseau Urgences Genève was set up to relieve the Canton of Geneva’s emergency services and provide a high-quality emergency health response for the general public. It encompasses five public and private establishments: the Clinique de Carouge, the Clinique des Grangettes, the Groupe Médical d’Onex, the Hôpital de La Tour and the Emergency Services (Service des Urgences) of the Hôpitaux Universitaires Genevois (HUG).

**WHEN SHOULD EMERGENCY CASES BE REFERRED TO THE HUG?**
The intention behind the setting up of the RUG is that the most serious cases should be referred to the Emergency Services of the HUG and that others be referred to the nearest of any of the other four members of the network.

**Service des Urgences HUG**
Adults 7/7 – 24/24
Rue Gabrielle Perret-Gentil 2
1211 Genève 14
Tel. 022 372 81 20, Fax: 022 372 81 44

**Hôpital des enfants HUG (Children)**
7/7 – 24/24
Service d’accueil et d’urgences pédiatriques (SAUP)
Avenue de la Roseraie 45
1205 Genève
Tel. 022 382 45 55

**In life-threatening cases** or other serious emergencies (e.g. breathing difficulties, chest pains, paralysis, speech problems, haemorrhages) in Switzerland you must always call 144!

As the number of people going directly to the Emergency Services of the HUG with serious medical conditions is substantial, patients with less urgent medical conditions often have to wait a considerable amount of time for a consultation. You should always consult your family doctor for less urgent matters. If you do not have a family doctor or he is unavailable, in Geneva you can call:

**One of the emergency doctor call-out services**
(telephone numbers and addresses published in the daily Geneva press)

SOS Médecins Genève,
022 748 49 50, Adults and children 7/7 – 24/24

One of the services of the Réseau Urgences Genève (RUG):
- Clinique de Carouge
  Tel. 022 309 45 45, Adults (and children, depending on age and circumstances), 7/7 – 24/24

- Clinique des Grangettes:
  Adults: Tel. 022 305 07 77, Mondays to Fridays 7 a.m. to 11 p.m.
  Weekends and public holidays 8 a.m. to 11 p.m.
  Children: Tel. 022 305 05 05, 7/7 – 10 a.m. to 10 p.m.

- Groupe Médical d’Onex
  Tel. 022 879 50 50: Adults and children over the age of 3, 7/7 – 24/24

- Hôpital de la Tour
  Adults: Tel. 022 719 61 11, 7/7 – 24/24
  Children: Tel. 022 719 61 00, No emergency service, but:
  – paediatric consultations exclusively by appointment.
  – Telephone calls taken from 8 a.m. for appointments between 10 a.m. and 10 p.m.

One of the permanences médico-chirurgicales in the Canton (telephone numbers and addresses published in the daily Geneva press).

**The HUG’s first-aid medical service**, where you can get an appointment with a general practitioner
Tel. 022 372 95 49, Mondays to Fridays 8.30 a.m. to 12.00 midday and 2.00 p.m. to 5.30 p.m.

**WHAT ABOUT IN THE NEIGHBOURING REGIONS OF FRANCE?**
In France the emergency medical assistance services are not organised in the same way as in Switzerland.

**In life-threatening cases** or other series emergencies (e.g. breathing difficulties, chest pains, paralysis, speech problems, haemorrhages) in France you must always call 15!

There is no hospital with an emergency services unit in the Pays de Gex. Consequently you must always call 15. Members living in Haute-Savoie may, if they are able, go under their own steam to one of the following hospital establishments:

Thonon-les-Bains: Hôpital Georges Pianta
Tel. 04 50 83 20 00, Adults only 7/7 – 24/24

Annemasse: Polyclinique de Savoie
Tel. 08 26 30 41 00, Adults (and children, depending on age and circumstances) 7/7 – 24/24

Saint-Julien: Hôpital intercommunal Sud Léman Valserine
Tel. 04 50 49 65 65, Adults and children 7/7 – 24/24

Annecy: Centre Hospitalier de la Région d’Annecy
Tel. 04 50 63 66 01, Adults 7/7 – 24/24
Tel. 04 50 63 64 24, Children 7/7 – 24/24
In the last CHIS Bull’ we announced that we would be launching a survey to determine customer satisfaction with the quality of our services. Many of you responded and we are very grateful for your opinions and comments, which have provided both us and the CHIS with important feedback.

Although the survey was confined to the quality of the services we provide, many of you commented on the contributions and benefits of the CHIS, which influenced your opinions. It is important for us to stress, as we have on previous occasions, that the contributions and benefits of the Scheme are decided by CERN and not by UNIQA.

A detailed report on the survey has been drawn up and submitted to the CHIS Board. An overview of the results is provided below:

- Number of people surveyed: 6,426
- Number of invalid questionnaires (submitted by non-members): 15
- Total number of valid questionnaires received: 2,454
- Response rate: 38.19%
- Overall rate of satisfaction: Percentage of respondents who stated that they were satisfied or very satisfied: 95.71%

The graph below illustrates the insured members’ level of satisfaction according to the number of reimbursement claims they had submitted over the last 12 months.

The results shown in the graph underline that, the higher the number of reimbursement claims submitted, the higher the level of satisfaction, both with the services provided by UNIQA and with the benefits provided by the CHIS. Only 0.8% of claims submitted over the last 12 months resulted in a complaint.

We have noted the following main areas requiring improvement:

- The lack of confidentiality at UNIQA’s help desk on the CERN site (see below) and the waiting times at peak hours.
- Lack of awareness that reimbursement notifications can be consulted on line on UNIQA’s extranet site: only 15% of those surveyed stated that they availed themselves of this service, but 55% indicated that they would be prepared to receive reimbursement notifications electronically only (see page 12).

Please be assured that we are taking all your opinions and suggestions into account in order to bring the level of service we offer ever closer to your expectations.

The entire UNIQA team has appreciated your messages of satisfaction and support and wishes to extend its thanks to you.

UNIQA Assurances SA

DO YOU WANT TO TALK TO UNIQA IN CONFIDENCE?
No problem! Simply ask for a confidential appointment at the UNIQA office at CERN (Main Building) outside the normal opening hours.

uniqa@cern.ch , Telephone: 72730
The ear is a complex organ responsible for both hearing and balance. Hearing relies on two types of apparatus, one involved in the transmission of sound and the other in its reception or perception. We therefore refer to two different types of hearing loss (conductive and sensorineural), according to the part of the ear that is affected. A combination of the two types is known as mixed hearing loss. Both the sudden and the progressive types of hearing loss are sensorineural, affecting the cochlea in the inner ear.

**Sudden Hearing Loss**
Sudden hearing loss is a loss of hearing that occurs very rapidly without any warning, usually in one ear only. Those affected complain of a sudden hearing impediment, sometimes associated with dizziness or tinnitus (a buzzing or whistling in one or both ears that does not emanate from the external environment). Even today, unless any clear triggers such as acoustic trauma, barotrauma (injury caused by pressure) or medicines known to be toxic to the ear can be identified, the causes are not very well understood. Viral infections or vascular events may be implicated. The symptoms may partly or fully disappear of their own accord but, in some cases, the loss of hearing may be permanent.

**Progressive Hearing Loss Associated with Age**
Unlike sudden hearing loss, presbycusis affects both ears and comes on gradually with age, often starting around the age of 60. It is caused by the ageing of the cells of the inner ear. The age of onset and the evolution of presbycusis depend on many factors, such as a family history of deafness, exposure to noise (during professional or leisure activities), and certain general pathologies including diabetes and high blood pressure, etc.

The fast administration of medical treatment may improve the chances of recovery and prevent permanent hearing loss. Treatment should begin within a few hours of the onset of the symptoms if possible and in any case within the first 5 days.

People who experience a sudden loss of hearing should seek medical attention as quickly as possible. In all cases, they should consult a doctor, who will decide on the appropriateness of starting treatment and seek to identify the cause of the problem.
The hearing loss starts with the higher frequencies, followed by the lower frequencies, including those around 1000 Hz involved in normal conversation. The result is a deterioration of speech intelligibility, so that sufferers find it hard to understand what is being said in noisy environments or on the telephone. The changes are gradual, so that those concerned will increasingly ask others to repeat what they have said and start to talk loudly themselves, which can lead to isolation and social withdrawal. In extreme cases, memory may also be impaired.

Screening for presbycusis can be done by a general practitioner or a company doctor, either of whom will refer the patient to an ENT specialist if necessary. The specialist will suggest additional tests as well as suitable treatment that takes account of the patient’s expectations. The use of a hearing aid is one of the possibilities, but the alternatives should be discussed in the event of reluctance to consider this option. Hearing aid technology has come on in leaps and bounds in recent years, resulting in advanced devices that can radically enhance the quality of life by improving hearing and even reducing any associated symptoms of tinnitus. It is therefore essential to seek out a good hearing aid practitioner.

An important aspect of prevention is slowing down the onset and progression of presbycusis. In the event of exposure to noisy environments at work or during leisure activities, this can be achieved by reducing noise at source (e.g. by lowering the volume of personal stereos) and wearing suitable ear protections. Prevention is particularly important where there are known risk factors, such as repeated ear infections, the use of medicines known to be toxic to the ear or a family history of deafness.

There are other potential causes of progressive hearing loss, such as chronic occupational acoustic trauma, which we have not covered in this article. Neither have we discussed profound deafness, which often runs in families and can be alleviated through screening at an early age and special procedures such as cochlear implants. These subjects will be dealt with in a future article.

Dr R. Belkheir and Dr E. Reymond,
CERN Medical Service
IN BRIEF

> CONSULT YOUR REIMBURSEMENTS ON LINE (UNIQA EXTRANET)

We remind you that, since 2006, UNIQA has offered all CHIS members the opportunity to consult the main details of their membership, their level of cover and the reimbursements they have received using the UNIQA extranet portal.

HOW DO I ACCESS THE INFORMATION?
All you have to do is submit a request to access the service, which you can do on-line from the UNIQA extranet site. You can access then access your personal information securely from https://extranet.uniqa.net or via the UNIQA website www.uniqa.ch – just click on the ‘Member access’ tab in the horizontal menu at the top of the page.

A few days after you submit your request, a personal user name and password will be sent to you separately through the post. Should you mislay or forget them, you can submit a new request via our extranet portal. Your access rights will remain valid even if you cease to be a member of the CHIS. The UNIQA extranet portal gives access to data concerning all your family members, so you only need to submit one request per family.

N.B.: If several bank accounts have been registered for one family, access to documents will be restricted to the group of people (including dependent members such as children) associated with the bank account in question. In this case, each bank account holder will require his or her own user name and password.

WHAT INFORMATION CAN I ACCESS?
First, you will be able to consult all the reimbursements paid to you in the last ten years, listed by date and the member for whom the claim was submitted.

Since mid-April 2006, for each reimbursement, you have also been able to access the reimbursement notification that you received by post when the amount was paid onto your account. This notification gives you details concerning individual reimbursements, and you can print it if you so wish.

You will also find information concerning the period of membership, the type of cover and the contributions paid for each member of your family.

> I HAVE A PRESCRIPTION RENEWABLE FOR ONE YEAR. HOW DO I GO ABOUT CLAIMING REIMBURSEMENT?

If your doctor issues you with a prescription clearly marked as being renewable for a limited period:

- you must always keep the original as you will need to present it to the pharmacist each time you purchase new supplies;
- you can send UNIQA a photocopy of the prescription, underlining the words “à renouveler”, together with the original of the pharmacy receipt, each time you purchase the items concerned:

This way you won’t need to wait until the end of the course of treatment to be reimbursed.

It is primarily the pharmacist’s responsibility to check that you do not exceed the number of authorised renewals, but UNIQA will also have plenty of opportunity to do its own checks if it spots a potential anomaly.

> END-OF-YEAR CLOSURE

The UNIQA offices will be closed as follows:

- CERN office: throughout the end-of-year closure of the Laboratory, i.e. from Thursday 22 December to Wednesday 4 January inclusive
- Geneva office: Friday 23 December, Monday 26 December and Monday 2 January

MERRY CHRISTMAS

Imprint: Editor-in-chief Philippe Charpentier, CHIS Board Chairman
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