In the last issue of CHISBull’, we reviewed the new reimbursement rules, which have been in force since 1 January 2012. In this issue’s “Practical information” column, we have collected up members’ frequently-asked questions and highlighted the main changes to benefits, in particular the replacement of the annual deductible by a progressive individual reimbursement rate from 80 to 100 %, together with the “cumulative total cost borne by the insured member”, or “FCA” (frais à charge de l’assuré), a figure used in the calculation of benefits which now appears on your reimbursement notifications.

Although it’s too early to draw any clear conclusions about these new rules, we can already say that the switch has gone through without any major hitches. What’s more, the 2012 accounts are encouraging and, thanks to a second consecutive year’s increase in contributions, we have a positive financial balance. This budget surplus was expected and will allow us to carry on building up reserves, as we have been doing since 2008.

2012 saw the Scheme stabilise somewhat, in terms of both reimbursements per member and the use of care establishments, even though the new hospitalisation rules introduced at the beginning of 2012 do not yet allow any comparisons to be drawn between the different types of establishment. Here too, in order to make a full quantitative assessment of the new measures applied to hospital benefits we will have to wait until mid-2014 for all the 2012 claims to have been processed.

The CHIS will be as busy in 2013 as in previous years. As always, our primary concern will be to contain the increase in health costs, and this should be your primary concern too; on top of this, we need to press on with reforming our Scheme’s rules in order to bring them into line with the Organization’s other statutory texts but also to correct the ambiguities and anomalies we still find in some secondary documents.

In this issue of CHISBull’, you will find the 2012 statistics together with the list of approved medical establishments in 2013. This information takes on a particular importance now that we have an 80 % reimbursement rate – without a ceiling – for care in unapproved establishments, and we are counting on your full cooperation in this regard. So to avoid any nasty surprises, please contact UNIQA before you go to hospital and help us counteract the practices of certain unscrupulous care providers who charge exorbitant rates. In this regard, please remember that new hospitalisation arrangements exist in neighbouring France, where you have access to high-quality care at competitive rates.

In this issue’s “Practical information” column, you will find information from UNIQA on our policy with respect to the alternative therapies, ethiopathy and osteopathy. In the “Prevention” column, the CERN Medical Service sings the praises of sport as a means towards better health. Have a good read!

Philippe Charpentier, Chairman of the CHIS Board
The CHIS accounts were in the black for a third consecutive year in 2012. The end-of-year surplus was 9.6 MCHF (compared with 6.6 MCHF at the end of 2011). This is a result that we had anticipated, as the increases in contributions decided for the period 2011–2015 in the framework of the last five-yearly review of employment conditions began to kick in. The trend will continue in the coming years.

The LTC scheme remained in the black too, generating a surplus of 3.9 MCHF (against 4.3 MCHF in 2011), also in line with forecasts. The LTC was created in 2001 to anticipate the impact of the ageing of the insured population and thus to help contain the cost increases arising from a growing number of people needing long-term care in the coming years. Since that time, as well as meeting current needs we have been building up a capital reserve as a provision against future expenditure in this field — and no other — without necessarily having to increase contributions.

The HIS and LTC budget surpluses have been paid into the Reserve Fund set up for this purpose in 2008. In 2012, unlike the previous year, these healthy results are complemented by good results on the financial markets. Our Reserve Fund took full advantage, with assets increasing by 6.6 MCHF, a return of 5.2% (in 2011, we suffered a loss of 1 MCHF, corresponding to a return of -0.9%). At the end of the year, on 31 December 2012, the assets held by the Fund amounted to 78.2 MCHF for the HIS and 68.6 MCHF for the LTC (against 65.1 MCHF and 61.6 MCHF respectively at the end of 2011).

These good results allow us to replenish our reserves, which had been whittled away by three years of budget deficits. Indeed the above-mentioned HIS assets are essential because, like any other insurance scheme, we are obliged to build up provisions in order to guarantee our commitments towards members in all circumstances (e.g. the outbreak of an epidemic). We are also obliged to have sufficient assets to be in a position to reimburse expenditure incurred but not yet claimed. The HIS assets are dedicated to covering these various obligations. That is why the increase in contributions was and remains necessary, in order to protect and maintain solidarity between all our members.

The table opposite shows that, as at 31 December 2012, the CHIS had 263 members more than on the same date the previous year. This increase is similar to that observed from last year with respect to the previous year (237). But that’s where the similarities end; this year, the rise no longer has anything to do with pensioners and their dependants, not even in the slightest, because they fell in number for the first time in many years. It may not be a significant fall, only 12 insured members in one year, but it does reflect a radical change in how the demographics of our Scheme are evolving. This time last year, we wrote in this very column that “the increase in the number of retired members and their dependants […] should soon reach its all-time low.” We weren’t far from the truth. In fact, the process has gone even faster than we thought. With a very small number of retirements in the coming years and the number of elderly pensioners still increasing, it is quite likely that the number of retired members of the Scheme and their dependants will continue falling.
The continued strength of the Swiss franc against the euro has also helped curb the increase in health costs. In this regard, the positive trend in overall costs has probably been influenced by the introduction, from 1 January 2012 onwards, of a bonus for certain treatments paid to members who opt for treatment in Member States with lower health costs (all except Norway, Denmark and Switzerland).

What we can say for sure is that we must all keep our health expenditure under control, give priority to care providers who offer the best quality-to-price ratio and follow that old maxim “Prevention is better than a cure” (c.f. the campaign “Move! And eat better”).

...we must continue our efforts!
> **LONG-TERM CARE BENEFITS (LTC)**

**Benefits paid out in 2012 (in CHF)**
(long-term care allowances)

<table>
<thead>
<tr>
<th>Level of long-term care required</th>
<th>Number of people: 31.12.2012</th>
<th>Daily allowances (borne by LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>55</td>
<td>1 006 123</td>
</tr>
<tr>
<td>Medium</td>
<td>65</td>
<td>1 689 461</td>
</tr>
<tr>
<td>High</td>
<td>55</td>
<td>2 004 947</td>
</tr>
<tr>
<td>Total</td>
<td>175</td>
<td>4 700 531</td>
</tr>
</tbody>
</table>

Total LTC assets at 31.12.12: 68.6 MCHF

The CHIS medical-social panel assessed (or re-assessed) 74 applications for LTC in 2012 (compared to 63 in 2011).

The total number of people covered by the long-term care scheme since its creation now stands at 398. The LTC fund continues to increase in value in line with the initial projections, which will allow the Scheme to meet the needs of the anticipated peak of over 300 people per annum between 2025 and 2030 (at the end of 2012, the number of people in long-term care was 175).

> **AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER**

<table>
<thead>
<tr>
<th>Amounts reimbursed (in CHF) without deduction of the annual deductible</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>average amount</td>
<td></td>
</tr>
<tr>
<td></td>
<td>per member</td>
<td></td>
</tr>
<tr>
<td>Compulsory members and their dependants</td>
<td>17 609 994</td>
<td>26.9 %</td>
</tr>
<tr>
<td>Pensioners and their dependants</td>
<td>45 045 935</td>
<td>68.9 %</td>
</tr>
<tr>
<td>Other categories and their dependants</td>
<td>2 716 385</td>
<td>4.2 %</td>
</tr>
<tr>
<td></td>
<td><strong>65 372 314</strong></td>
<td>100 %</td>
</tr>
</tbody>
</table>

The agreement is reached at 2.5 km.
HOSPITALISATION COSTS

The graph opposite shows that, with respect to the recent trend in hospitalisation costs, 2012 was a year when costs fell back slightly, by 1.7%. And this was despite the fact that, sadly, 2012 was a record year in terms of numbers of deaths (107, whereas this number fluctuated between 54 and 88 per year from 2009 to 2011). Given that hospital expenses are particularly high prior to deaths, this slight fall in hospitalisation costs takes on a whole new significance. But it might also be that the figures are skewed by late billing by this or that hospital (the graph shows the impact of this yo-yo effect between two consecutive years). The statistics will need to be closely analysed before proper, reliable conclusions can be drawn.

It is still a matter of some regret that while the vast majority of members live outside Switzerland (70%), the vast majority of CHIS hospital expenses are incurred in Switzerland (90%). This also applies to physician’s, imaging and analysis expenditure, we’ll come back to this in a forthcoming issue of the CHISBull.

And while it is true that the Pays de Gex has practically no hospital infrastructure to speak of, new public and private facilities have opened in Haute-Savoie (see page 9).

These new care establishments offer CHIS members attractive tariffs and reimbursement rates, and have therefore all received the Scheme’s seal of approval.

If we all play our part by making this choice, whenever possible, we can look forward to a real improvement in this, our main expenditure item, in the long term.

TOTAL EXPENDITURE FOR HOSPITALISATION COSTS IN 2012: 29,969 MCHF

TREND IN HOSPITALISATION EXPENDITURE OVER THE PERIOD 2003–2012

Distribution and trends of hospitalisation costs in the three main establishments

La Tour  HUG cantonal  Générale Beaulieu
## Tariffs
The financial relationship between a patient and the service provider is a client-supplier relationship. The supplier (dentist, doctor, pharmacist, medical auxiliary, clinic, etc.) provides healthcare services to the patient on a remunerative basis. This price may be fixed by general laws or regulations or by bilateral agreements (tariff agreements); it may be completely unregulated.

## Third party
In the financial relationship between the patient and the healthcare provider, the insurer plays the role of third party within the limits defined by his insurance regulations. In our case, although the CHIS is the insurer, it is the manager, UNIQA, that insures the contacts with the healthcare providers.

## Third-party payer
The healthcare provider sends the invoice to the patient’s third-party insurer, not to the patient. After carrying out a check, the third-party insurer settles the entire invoice and then forwards the invoice to the insured member for an amount corresponding to the services not covered under the Regulations (e.g. personal contribution, personal expenses, services not covered or for which there is limited cover).

## Third-party payer of the balance
The healthcare provider sends the invoice to the third-party insurer. After carrying out a check, the third-party insurer pays only the part of the invoice that concerns services covered by the CHIS Regulations. The healthcare provider then sends an invoice to the insured member for the remaining amount (the balance). There is no provision for this procedure is the CHIS Regulations.

## Third-party guarantor
The insurer confirms to the healthcare provider that the patient is insured and is therefore eligible for reimbursement for the proposed healthcare. Under the third-party guarantor arrangement, the patient settles the whole invoice and then submits a reimbursement request to UNIQA.

## Outpatient treatment
Healthcare dispensed by a doctor or a medical auxiliary, either at a surgery or a hospital, that does not require the patient to spend a night at a hospital.

## TarMed
A medical tariff system in Switzerland in force since the beginning of 2004 which applies to outpatient services dispensed by doctors, hospitals and clinics. Each treatment corresponds to a specific number of points, which is standard throughout Switzerland. This number of points is then multiplied by a point value in Swiss francs. The value of a point is set by each Canton. In 2013, it is 0.96 CHF in Geneva and both in Canton of Vaud.

## Swiss DRG
A medical tariff in Switzerland which currently applies to certain hospital services in public hospitals. Each treatment corresponds to a specific number of points, which is standard throughout Switzerland. This number of points is then multiplied by a point value in Swiss francs. The value of a point is set by the hospital and varies according to the status of the patient (e.g. taxpayer in the Canton or in another Canton).

## Hospital, clinic
An establishment recognised by the health authorities of the country in which it is located and which dispenses medical and surgical healthcare services. It may have an integrated emergency service operating round-the-clock. It may be publicly or privately financed.

### APPROVED PROVIDERS FOR 2013

#### REMINDER OF SOME DEFINITIONS

<table>
<thead>
<tr>
<th>Name of the Healthcare Provider</th>
<th>Type of establishment</th>
<th>Swiss Canton or French department</th>
<th>Location</th>
<th>Activity Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HUG - Hôpitaux Universitaires de Genève</strong></td>
<td>Public</td>
<td>GE</td>
<td>GENEVA</td>
<td>General healthcare services</td>
</tr>
<tr>
<td><strong>CHUV - Centre Hospitalier Universitaire Vaudois</strong></td>
<td>Public</td>
<td>VD</td>
<td>LAUSANNE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td><strong>Clinique GENERALE BEAULIEU</strong></td>
<td>Private</td>
<td>GE</td>
<td>CHAMPEL</td>
<td>General healthcare services</td>
</tr>
<tr>
<td><strong>Hôpital de LA TOUR Clinique de CAROUGE Centre Médical de MEYRIN</strong></td>
<td>Private</td>
<td>GE</td>
<td>MEYRIN CAROUGE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td><strong>Clinique LA LIGNIERE</strong></td>
<td>Private</td>
<td>VD</td>
<td>GLAND</td>
<td>Cardiovascular rehabilitation</td>
</tr>
<tr>
<td><strong>Clinique de GENOLIER</strong></td>
<td>Private</td>
<td>VD</td>
<td>GENOLIER</td>
<td>General Healthcare services</td>
</tr>
<tr>
<td><strong>Clinique de l’Œil – Onex Centre Chirurgical de l’Œil – Lausanne</strong></td>
<td>n/a</td>
<td>VD</td>
<td>LAUSANNE ONEX</td>
<td>Ophthalmology, including outpatient surgery</td>
</tr>
<tr>
<td>Name of the Healthcare Provider</td>
<td>Type of establishment</td>
<td>Swiss Canton or French department</td>
<td>Location</td>
<td>Activity Area</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>IN SWITZERLAND</strong> – Only the following providers are approved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SITEX</td>
<td>n/a</td>
<td>GE and the neighbouring regions of France</td>
<td>PLAN-LES-Ouates, LAUSANNE</td>
<td>Nursing services at home</td>
</tr>
<tr>
<td>PRESTISERVICES</td>
<td>n/a</td>
<td>GE and the neighbouring regions of France</td>
<td>VESSY</td>
<td>Healthcare dispensed at home</td>
</tr>
<tr>
<td>UNILABS</td>
<td>n/a</td>
<td>Switzerland</td>
<td></td>
<td>Laboratory analyses</td>
</tr>
<tr>
<td>Permanence Médico-Chirurgicale de Chantepoulet</td>
<td>n/a</td>
<td>GE</td>
<td>GENEVA</td>
<td>Outpatient surgery</td>
</tr>
<tr>
<td>Fondation vaudoise pour le dépistage du cancer du sein</td>
<td>n/a</td>
<td>VD</td>
<td>LAUSANNE</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>Fondation Genevoise pour le Dépistage du Cancer du Sein</td>
<td>n/a</td>
<td>GE</td>
<td>GENEVA</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>CLINIQUE de LONGEREAU Lausanne</td>
<td>Public</td>
<td>VD</td>
<td>LAUSANNE</td>
<td>Surgery, especially of the hand</td>
</tr>
<tr>
<td>Hôpital de Prangins (CHUV)</td>
<td>Public</td>
<td>VD</td>
<td>PRANGINS</td>
<td>Psychiatric care for children, adults and the aged</td>
</tr>
<tr>
<td>Clinique de Joli-Mont</td>
<td>Public</td>
<td>GE</td>
<td>GENEVA</td>
<td>Convalescence</td>
</tr>
<tr>
<td>Clinique Genevoise de Montana</td>
<td>Public</td>
<td>VS</td>
<td>CRANS-MONTANA</td>
<td>Internal medicine</td>
</tr>
<tr>
<td><strong>IN FRANCE</strong> – Virtually all providers are approved, in particular in CERN’S local area:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hôpitaux du Léman (Hôpital G. Pianta) Thonon</td>
<td>Public</td>
<td>74</td>
<td>THONON</td>
<td>Surgery</td>
</tr>
<tr>
<td>Clinique Générale d’Annecy</td>
<td>Private</td>
<td>74</td>
<td>ANNECY</td>
<td>General healthcare</td>
</tr>
<tr>
<td>Centre Hospitalier de la région d’Annecy (CHRA)</td>
<td>Public</td>
<td>74</td>
<td>ANNECY</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique d’Argonay</td>
<td>Private</td>
<td>74</td>
<td>ANNECY</td>
<td>Surgery</td>
</tr>
<tr>
<td>Hôpital Privé Pays de Savoie</td>
<td>Private</td>
<td>74</td>
<td>ANNEMASSE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique des Vallées</td>
<td>Private</td>
<td>74</td>
<td>ANNEMASSE-VILLE-LA-GRAND</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Centre Hospitalier Alpes-Léman (CHAL)</td>
<td>Public</td>
<td>74</td>
<td>CONTAMINE-sur-ARVE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Hôpital intercommunal Sud Léman Valserine</td>
<td>Public</td>
<td>74</td>
<td>SAINT-JULIEN-EN-GENEVOIS</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Le Clos Chevalier</td>
<td>n/a</td>
<td>01</td>
<td>ORNEX</td>
<td>LTC home</td>
</tr>
<tr>
<td>Hôpital de Bourg en Bresse</td>
<td>Public</td>
<td>01</td>
<td>BOURG-EN-BRESSE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique Dr. Convert</td>
<td>Private</td>
<td>01</td>
<td>BOURG-EN-BRESSE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Hôpital de Hauteville Lompnes</td>
<td>Public</td>
<td>01</td>
<td>HAUTEVILLE-LOMPNES</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Centre hospitalier du Haut Bugey</td>
<td>Public</td>
<td>01</td>
<td>OYONNAX</td>
<td>Surgery</td>
</tr>
<tr>
<td>Clinique Le Sermay</td>
<td>Private</td>
<td>01</td>
<td>HAUTEVILLE-LOMPNES</td>
<td>Psychiatry</td>
</tr>
</tbody>
</table>
The use of alternative therapies has boomed over recent years, particularly in Switzerland, and practitioners are setting up all over Geneva and the region, with many different treatments on offer. This type of therapy is not reimbursed by social health insurance in Switzerland or in France. For this reason, the CHIS does not reimburse this type of therapy either.

**UNIQA AGREEMENT WITH ASCA**

Some insurance companies, including UNIQA, offer additional insurance covering alternative therapies and have an agreement with ASCA (Swiss Foundation for Complementary Medicine), of which many therapists are members. An agreement with ASCA does not mean that the insurance company will systematically reimburse alternative therapy services to all its insured members, but only to those who have taken out additional insurance covering these services.

The cover for alternative therapies provided by some schemes managed by UNIQA does not apply to CHIS members. We therefore recommend that you take care if a therapist tells you that UNIQA reimburses his services. This is probably not the case and we invite you to check directly with the UNIQA office before undergoing this type of treatment.

For the patient, it is not always easy to negotiate the shifting landscape of different practices, and in particular to determine whether the costs are covered by the health insurance. For example, alternative therapies should not be confused with therapeutic methods practised by recognised medical auxiliaries.

The most widely known of these therapies, osteopathy and etiopathy, are becoming increasingly popular and are reimbursed by the CHIS. As a reminder, here are the conditions:

**Subject to the ceilings for medical auxiliaries and the existence of a doctor’s prescription**, in addition to the usual services provided by physiotherapists and kinesiotherapists, CHIS insurance covers the following types of practitioner:

**OSTEOPATHY**

**In Switzerland**
- Diploma in physiotherapy recognised by the competent national authority
- Diploma in osteopathy and membership of the Registre Suisse des Ostéopathes (MRSO)
- Diploma in osteopathy and membership of the Fédération Suisse des Ostéopathes (FSO)

**In France**
- Diploma in physiotherapy recognised by the competent national authority
- Membership of the Registre national des etiopathes
- Membership of the Institut français d’etiopathie

Please do not hesitate to contact us should you need any further information.

**ETIOPATHY**

**In Switzerland**
- Diploma in physiotherapy recognised by the competent national authority
- Membership of the Registre européen des étiopathes section suisse (REESS)
- Membership of the Institut suisse d’étiopathie (ISE)

In Switzerland, all etiopathy therapists must follow permanent in-service professional training provided by the Association pour le développement de l’étiopathie.

**In France**
- Diploma in physiotherapy recognised by the competent national authority
- Membership of the Registre national des etiopathes
- Membership of the Institut français d’etiopathie

Help Desk on the CERN site
Main Building 63-R-001
Tel +41 (022) 767 27 30, e-mail uniqa.assurances@cern.ch
Opening hours: Morning: Monday to Friday, 8.30 a.m. to 12 noon
Afternoon: Tuesdays and Thursdays from 2 to 4 p.m.

UNIQA headquarters:
94 rue des Eaux Vives, 1207 Genève, Tel +41 (022) 718 63 00
Opening hours: Monday to Friday, 7.30 a.m. to 5.30 p.m.
> HOSPITALISATION IN FRANCE: NEW FACILITIES IN THE REGION!

Firstly, we would like to remind you that almost all clinics and hospitals located in France are approved by our Scheme and that members using them therefore benefit from attractive tariffs and reimbursement according to the General Rule defined in the CHIS Rules. To help us to contain the increase in costs, each and every one of us should bear this in mind and not hesitate to make every effort to reduce costs without compromising on the quality of treatment.

So, it is good news that two hospitals, one public, the other private, have recently opened their doors in Haute-Savoie. Below you will find links where you can get an overview of the services that these establishments offer. To our knowledge, both have comfortable rooms, state-of-the-art technical equipment and qualified medical teams.

**Centre Hospitalier de la région d’Annecy (CHRA)**
1, avenue de l’Hôpital, 74370 Metz-Tessy
Tel. +33 4 50 63 63 63
Located in Pringy - Metz-Tessy, to the north of Annecy, very easy to access from Geneva on the A41 motorway. Full information available at: www.ch-annecy.fr

**Hôpital Privé Pays de Savoie**
19, avenue Pierre Mendès France, 74100 Annemasse
Tel. +33 8 26 30 00 74
Located in the heart of Annemasse, a stone’s throw away from Geneva and also accessible by public transport. Full information available at: www.generale-de-sante.fr/hopital-prive-pays-de-savoie-annemasse

> NEW: INFORMATION NOTES

In the interests of always keeping you better informed, we have decided to regularly publish information notes on the CHIS website on subjects or services about which we are frequently asked for information.

Here are the first two notes in this series:

- **Refractive eye surgery:** As this treatment is new, this note will tell you who can benefit from it, how prior agreement can be obtained from UNIQA, whether a quote needs to be provided, how the reimbursement amount will be calculated, etc.

- **Orthodontic treatments:** For this type of treatment, there are many differences between Swiss and French invoices. For the CHIS, this will tell how your dentist should draw up the invoice for fitting the appliance, for quarterly or 6-month check-ups, etc.

To read these information notes:
http://cern.ch/chis/info-notes.asp

For those who do not have Internet access, we will gladly supply you with paper copies of the information notes on request.

> HEALTH INSURANCE FOR FRONTAILER SPOUSES

The press has recently reported on the wish of the French authorities to abolish the right of choice between private and public health insurance which cross-border workers (frontaliers) have benefitted from up to now. Many insured members with spouses in this situation have contacted us. At present, the precise conditions of this abolition are still vague or unknown. The date on which this decision will come into force is 31 May 2014, but discussions are in progress between representatives of the frontaliers and the French government. The CHIS Board, with the help of the Organization’s relevant services, will keep abreast of developments in this complicated matter and will provide more information as soon as they are able to do so.

> INVOICES FOR TESTS CARRIED OUT IN FRANCE

To reimburse a medical procedure, particularly a test carried out in a laboratory, UNIQA must be able to check that the tests carried out correspond to those prescribed by your doctor (Article VII 1.04 of the CHIS Rules). Since the introduction of the Vitale health insurance card, some French laboratories no longer provide CERFA sheets (brown Social Security form), listing the names of the procedures carried out and invoiced. It is essential for CHIS insured members to request this form or a receipt with a detailed breakdown of the procedures and tests carried out.
> PHYSICAL ACTIVITY IS GOOD FOR YOUR PHYSICAL AND MENTAL WELL-BEING!

The list of the benefits of physical activity is long, and keeps getting longer as more research is carried out.

- Prevention of some illnesses such as diabetes (and control of it, through improved insulin efficiency), high blood pressure, osteoporosis, arthritis, cancer, high cholesterol, chronic bronchitis, etc.
- Weight management, obesity prevention
- Increased life expectancy, even for overweight people.

We also know that physical activity has positive effects on mental health and the cognitive functions... at any age!

**PHYSICAL ACTIVITY ACTS ON THE NERVOUS AND ENDOCRINE SYSTEMS.**

Good news for sedentary, stressed or anxious people who start doing exercise: the calming effect of physical activity has even more of an effect for them. **After about 30 minutes of moderate to high intensity exercise, the calming effect grows into a feeling of exhilaration.** This feeling mostly derives from the secretion of endorphins, or pleasure hormones, which have an exhilarating, relaxing and analgesic effect. Of course, the longer and more intense the exercise, the larger the quantity of endorphins released, but always try to enjoy the exercise you are doing. **The brain can produce up to five times more endorphins during exercise than when resting.**

**COGNITIVE FUNCTIONS BENEFIT FROM A SYNERGISTIC EFFECT**

Studies have shown that the brain, throughout its life, benefits from the positive and synergistic effects of physical training coupled with mental activity. The malleability of the neuromediator parts of our neurones is due to an increase in protein concentrations that improve brain function, such as serotonin, acetylcholine, brain-derived neurotrophic factor (BDNF) and somatomedin C (IGF1). They may eliminate the risk or retard the onset of some types of dementia, such as those linked to Alzheimer's disease.

As we do not know the duration of these positive effects, the best advice is to regularly do suitable physical exercise and your preferred mental activity.

**MENTAL AND PSYCHOLOGICAL VIEWPOINT**

The simple fact of seeing and feeling your toned muscles, losing weight, feeling freer in your movements and full of energy are things which will help you feel better about yourself. Regular physical activity will enable you to **have a good image of yourself physically** (dexterity, strength, endurance, appearance) with an obvious **positive impact on your self-esteem** and self-confidence. Being aware of the positive effects of exercise whilst you are doing it is even better from a psychological point of view. Exercising regularly and setting achievable objectives are important factors in feeling a sense of satisfaction. It will give you a real rush of energy, optimism and determination, leaving you in better shape to confront professional, relationship and financial problems. Regular physical activity contributes to your well-being and helps you to consolidate it.
PHYSICAL ACTIVITY AT WORK
In addition to the benefits mentioned above, physical activity during the working day (at lunchtime for example) is a good way to take a break from your work, to let off steam and to return to work with a clear head. In addition, physical activity in a group is good for social cohesion. It encourages team-building and improves relationships between colleagues. Working together to achieve the same goal, helping and encouraging each other: these are all values promoted by sport that have a bonding effect on a group.

A simple recipe: do a moderate-intensity physical activity for at least 30 minutes per day or 150 minutes per week.

Dolores Richard
nurse
Dr Verena Matschke
doctor
CERN Medical Service

> AND FOR STAFF MEMBERS:
• Why not do some exercise in the workplace?
• With one or more colleagues, so you can motivate each other.
• Test yourself with a pedometer, which you can borrow from the Medical Service.
• Other examples of activities can be found on the website: http://cern.ch/bpmm

For more information, see the “News” page of the Medical Service website: https://espace.cern.ch/medical-service-fr
**A Partner for Our Trips to the United States: Medsave USA**

Medsave USA is a service provider and UNIQA’s partner for hospitalisations in the United States. Thanks to this partnership agreement, members of the CHIS have access to one of the largest healthcare networks in the country and are covered by favourable tariff agreements.

Upon request, the UNIQA office on the CERN site issues a MedSave USA membership card, free of charge, covering you for the duration of your trip. They can also explain to you how the system works.

The card is not transferable, so you will need to get one for each family member concerned. Don’t forget you must obtain a card for official trips too.

The agreement with MedSave USA will avoid you having to pay a deposit and this will significantly lower the cost of your stay in a US hospital.

**Remember:** Do not pay a deposit or make any payments to the hospital, even if it asks you to do so, or else you may not be entitled to the cost reductions negotiated by MedSave USA. Show your card at the hospital and contact MedSave USA directly to obtain a payment guarantee.

**For more information** contact the CERN UNIQA office.

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**CHIS: Composition of the CHIS Board for 2013**

The CHIS Board (CERN Health Insurance Supervisory Board) is a Standing Concertation Committee sub-group, some of whose members are appointed by the Management and some by the Staff Association and the CERN-ESO Pensioners Association. The members of the Board in 2013 are:

- **President:** Philippe Charpentier
- **Manager of the contract with UNIQA:** Jean-Pol Matheys
- **Members appointed by the Management:** Mark Büttner, Daniela Macina, Florian Sonnemann
- **Members appointed by the CERN Staff Association:** Michel Baboulaz, Sébastien Evrard, David Jacobs, Joël Lahaye
- **Ex officio members:** Michel Goossens, Sigurd Lettow
- **Standing invitations to attend:** Véronique Fassnacht, Eric Reymond, Carmelo Saitta, Anne Schepens

**Secretary:** Marcel Aymon

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**CHIS On-line is So Easy!**

**Everything You Need to Know and Do...**

**The Most Important Things You Can Do for Yourself!**

To consult the list of preferred providers or print out the list of benefits, the CHIS Rules, the claims forms, the estimate forms for dental care, and to have all the services and useful general information on the CHIS at your finger tips, go to: [www.cern.ch/chis](http://www.cern.ch/chis)

**To Explain My Problem... And Get a Reply from the Administrator!**

If you have any query regarding the calculation of your reimbursements, or to obtain precise details regarding benefits, tariff agreements, care providers or answers to any question you may have on the application of the CHIS Rules, just send an e-mail to [uniqa.assurances@cern.ch](mailto:uniqa.assurances@cern.ch)

**To Give My Opinion... And Exchange Views with the CHIS Board**

To send remarks or suggestions concerning general CHIS policy, to provide feedback on the website or CHISBull, or to tell us about your experiences with care providers, whether good or bad, just e-mail us at: [chis.info@cern.ch](mailto:chis.info@cern.ch)

**Archives:**

All the previous editions of CHISBull are available at: [http://cern.ch/chis/CHISBull.asp](http://cern.ch/chis/CHISBull.asp)

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**Recognition of Partnerships**

You are reminded that the 11th edition of the Staff Rules and Regulations, which entered into force on 1st January 2007, provides for the limited recognition of partners as family members.

**Article S IV 1.02** of the Rules states:

“*A partner shall mean any person linked to an employed member of the personnel by a partnership officially registered in a Member State. Partners shall be regarded as family members for the purposes of safeguarding against the financial consequences of illness and accidents.*”

It should be underlined that recognition is restricted to:
- the partners of employed members of the personnel, i.e., staff members and fellows, for the duration of their contract,
- officially registered partners,
- and exclusively confers entitlement to be insured under the CHIS (no other benefits).