EDITO

You are holding the 25th issue of the CHIS Bull'. The first issue was published in the spring of 1998. It is rare for this type of publication to survive for so long. In the light of the comments and encouragement we receive, we conclude that it meets your needs. Before introducing this 25th issue, I should like to convey my spring-tide compliments to all those who contribute to the production of the CHIS Bull', as well as to everyone whose feedback helps us to improve it.

This issue, which is devoted to statistics, contains some good news and outlines some new challenges for us. The good news is that there has been a bit of a slow-down in the rise in our health costs, which increased only slightly in 2006 with respect to 2005. This certainly reflects efforts by us all to take more care in order to halt an increase that is not inexorable, simply for instance by buying our medication in France or requesting an estimate from a dentist. However, we must not be lulled into a false sense of security: this trend is also influenced by external factors.

The challenge is to continue to contain hospitalisation costs, which, at nearly 38%, represent the biggest single aspect of our expenditure. If you need to have an operation, the choice of hospital can make all the difference. In this issue, we repeat our advice that you give preference to public hospitals, where you benefit from 100% reimbursement conditions, or to approved private establishments, i.e. ones with which we have signed a tariff agreement. These include the Clinique Générale-Beaulieu which, in its category, offers the best price/comfort ratio in Geneva. And we should not forget that there are a number of clinics in neighbouring France that offer attractive conditions.

This is also a challenge for the working group entrusted with the task of studying the long-term trends in health expenditure. As the group has just been set up, it is far too early to talk about initial projections, but you will certainly be informed of the results of its analyses in forthcoming issues of the CHIS Bull'.

Our manager, UNIQA, addresses the following issue, which is a source of concern to some of you: what are the reimbursement criteria for medication and treatment in general? Even though the cases of non-reimbursement are rare, UNIQA wishes to provide you with the most comprehensive information on the subject. This issue therefore sets out the general rules governing reimbursements. Please do not hesitate to contact UNIQA on any specific or personal question you may have on this subject.

The CERN Medical Service addresses a sensitive but extremely important issue: sexually transmitted diseases (STDs). In this area, more than in any other, prevention can save lives. And it’s so easy to protect yourself!

Now that sunny days are here again, make the most of them to get back into shape, which is the best way of slimming down our health insurance costs! So keep fit!

Sylvain Weisz, Chairman of the CHIS Board
In 2006 our overall health insurance expenditure rose by 4.9% with respect to 2005, a figure which must be seen against the background of the substantial increase (+2.5%) in the number of persons insured. However, this increase was contained by the surprising decline in hospitalisation costs, which represent almost 40% of our total health insurance bill (see page 4).

Over the last 10 years of our Scheme, the impact of an ageing population has resulted in a 1.5% annual increase in the average cost per insured person. Over the same period, medical cost inflation, which comprises both prices and the volume of services provided, has generated an annual increase of 2% in the average cost per insured person.

So 2006 was a relatively good year for the CHIS purely in terms of the consumption of medical services per insured person (+0.8%). However, it is not quite as simple as that, even if the overall figures are relatively satisfactory!

We noted the following increases:

Doctors: +10% Substantial increase in the fees of Swiss doctors, who are increasingly becoming wise to the opportunities offered them by the TARMED* invoicing system, which does not necessarily apply to us in any case!

Medication: +6.5% There has also been a large increase in pharmaceutical expenditure. We can never stress often enough that medication in France (in many cases with the same brand-name) is very much cheaper than in Switzerland.

Analyses, medical imaging, outpatient treatment: +10.2% TARMED results in increasing demand for outpatient treatment, which partly explains the substantial increase under this heading. This heading includes scans and other magnetic resonance imaging, as well as dialyses, radiation therapy and chemotherapy.

Dentists: +4% Moderate increase. Our long-term efforts to contain costs, through requiring estimates for expenditure in excess of 800 CHF, are paying off. This is also one of the few headings where expenditure is mainly incurred in France, which is the combined result of the existence of an annual ceiling and of the high cost of dental treatment in Switzerland.

Optical and ophthalmologic expenses: +11.6% Unfortunately a very substantial increase, one of the highest ever recorded. Even though this category of expenditure corresponds to only 2.6% of the total, we’re still talking about 1.5 MCHF.

* TARMED: see CHIS Bull’ Nos 21 & 24 for more information.
> LONG-TERM CARE

Benefits paid out in 2006 (in CHF)
(long-term care allowances and paramedical care)

<table>
<thead>
<tr>
<th>Level of dependence</th>
<th>Daily allowances</th>
<th>Paramedical care</th>
<th>Total LTC expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-level dependence</td>
<td>335.8</td>
<td>80.4</td>
<td>416.2</td>
</tr>
<tr>
<td>Moderate dependence</td>
<td>480.9</td>
<td>215.6</td>
<td>696.5</td>
</tr>
<tr>
<td>High-level dependence</td>
<td>552.9</td>
<td>256.7</td>
<td>809.6</td>
</tr>
<tr>
<td>Total</td>
<td>1369.6</td>
<td>552.7</td>
<td>1922.2</td>
</tr>
</tbody>
</table>

Total LTC fund as at 31.12.06: 33.1 MCHF

Number of cases of dependence
83 cases of dependence were registered at 31 December 2006:
- 29 cases of low-level dependence
- 31 cases of moderate dependence
- 23 cases of high-level dependence

The CHIS medico-social panel assessed (or re-assessed) 33 cases in 2006.

Increase in cases and expenditure in 2006
After years of relative stability, the CHIS experienced a substantial, but predictable, increase in 2006, with 20% more recognized cases and 25% higher expenditure. Fortunately, the creation of the LTC fund in 2001 will allow us over the coming years to absorb the inevitable costs generated by an ageing insured population.

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

<table>
<thead>
<tr>
<th>Amounts reimbursed (in CHF) before the annual deductible</th>
<th>2005</th>
<th>Average amount per member</th>
<th>2006</th>
<th>Average amount per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>total total</td>
<td>18859 197</td>
<td>35.2%</td>
<td>2594</td>
<td>18867 978</td>
</tr>
<tr>
<td>Compulsory members &amp; their dependants</td>
<td>32855 084</td>
<td>61.3%</td>
<td>7455</td>
<td>35531 718</td>
</tr>
<tr>
<td>Pensioners &amp; their dependants</td>
<td>1 868 585</td>
<td>3.5%</td>
<td>3337</td>
<td>1 807 712</td>
</tr>
<tr>
<td>Other categories &amp; their dependants</td>
<td>53 582 866</td>
<td>100%</td>
<td>4379</td>
<td>56 207 408</td>
</tr>
</tbody>
</table>

> NUMBER OF PEOPLE INSURED PER CATEGORY OF MEMBER

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory members &amp; their dependants</td>
<td>7269</td>
<td>7379</td>
</tr>
<tr>
<td>Pensioners &amp; their dependants</td>
<td>4407</td>
<td>4560</td>
</tr>
<tr>
<td>Other categories &amp; their dependants</td>
<td>560</td>
<td>608</td>
</tr>
<tr>
<td>Total number of people insured per category of member</td>
<td>12 236</td>
<td>12 547</td>
</tr>
</tbody>
</table>
2006 was an unusual year, with a surprising fall in hospitalisation costs (−2.25%) that was purely fortuitous. The absence of onerous cases, which the insurance companies describe as “catastrophic” since bills can exceed 100,000 CHF, can only be put down to good luck. In previous years, there have usually been several such cases costing between 200,000 and 400,000 CHF, causing our hospital expenditure to soar. We must therefore be thankful that this did not occur in 2006.

Although this is good news both for the health of our insured members and the coffers of the CHIS, we should not be lulled into a false sense of security: this situation cannot last and must really be regarded as exceptional.

The CHIS Board will therefore continue to do its utmost to implement the structural improvements our Scheme needs to be able to curb cost increases and face the future with confidence.
What is the purpose of the tariff agreements the CHIS has signed with hospitals and clinics in the local area? Below we give you an overview of the situation and some detailed information, pointing out the differences between public and private establishments, bearing in mind that the choice of one or the other has an impact on what the members of our Scheme have to pay.

> PRIVATE HOSPITALS

In the Geneva area, the existence of a tariff agreement between the CHIS and a private hospital establishment is crucial as it has a direct impact on how a hospital stay is reimbursed.

As everyone knows, a stay in a private hospital is reimbursed at the rate of 90% in the case of a ward with two beds or more.

When the bill arrives your share of costs – the remaining 10% – may represent a heavy or even severe financial burden, especially if you’ve had to undergo complicated surgery.

However, the CHIS Rules can help to lighten the load as they provide for a ceiling of 2000 CHF (excluding the extra cost of a private room) on the amount an individual is required to pay per calendar year. The only condition is that you stay in an approved private hospital.

In Switzerland, in the cantons of Geneva and Vaud, approved private hospitals are those that have signed a tariff agreement with the Scheme. These agreements are intended as the basis for a genuine partnership between the Scheme and the hospital concerned. Members who are prepared to take advantage of favourable tariffs for quality care – mainly in the form of fixed-price treatments and special payment facilities – are rewarded by better reimbursement conditions, namely the application of the above-mentioned ceiling to their share of the costs. However, please be aware that “approved” does not necessarily mean “less expensive”: the La Tour hospital is a perfect example of this!

Hospitals in the neighbouring departments of France, Ain and Haute Savoie, are automatically considered to be approved if they have concluded a tariff agreement with the French social security system. This is the case for almost all of them. In addition, French hospitals outside the local region charging less than 411 CHF a day for board and accommodation in a two-bed ward (excluding nursing costs) are also CHIS-approved. If you are hospitalised in one of these establishments, you will not only be entitled to third-party payer (tiers-payant) arrangements but your share of the costs will be subject to a ceiling of 2000 CHF per year per person (see Article II 1.10 of the CHIS Rules).

The list of approved private hospitals is regularly updated and can be consulted on the CHIS website at the usual address: www.cern.ch/chis. It can also be obtained from UNIQA’s offices at CERN.

> PUBLIC HOSPITALS

Public hospitals are automatically considered as partners of the Scheme, whether they are in the Geneva area, France or elsewhere. Costs are 100% reimbursed if you stay in a ward with two beds or more, so conditions are more favourable than in private hospitals.

In addition, we have special tariff agreements with the university hospitals of Geneva (HUG) and Lausanne (CHUV), which are the two main public hospitals in terms of the Scheme’s reimbursements. These agreements lay down fixed tariffs for our members in private and semi-private wards.

As a reminder, you will find below a summary of the agreements already signed for 2007. In some cases they apply to all treatments, while in others they are limited to a specific range of medical services. Given that the status of these agreements regularly changes, it is very important to consult UNIQA prior to hospitalisation.

> TARIFF AGREEMENTS CONCLUDED OR EXTENDED FOR 2007

Canton of Geneva: University Hospitals of Geneva (HUG), Clinique Générale-Beaulieu, Hôpital de La Tour (Meyrin), the HUG Clinique de Jolimont and the Onex Eye Clinic (ONO).

Canton of Vaud: Vaud University Hospital Centre (CHUV Lausanne), the Lignière Clinic (Gland), the Métairie Clinic (Nyon) and the Genolier Clinic (Genolier).

Canton of Valais: HUG Montana Clinic (Crans-Montana).

A SPECIAL WORD OF CAUTION

Clinique La Colline: N.B. As of 1st January 2007, this Geneva hospital is no longer an approved establishment. The new tariffs it was offering the health insurance schemes of the international organisations (CERN, BIT/UI, WHO, ONU) were not accepted as they represented an average increase of 12% and we therefore declined to continue our partnership with the hospital. As a result, our manager, UNIQA, no longer acts as third-party payer, and the 2000 CHF ceiling on the 10% share of costs payable by the members no longer applies.

Clinique Générale-Beaulieu: This top hospital continues to be an approved establishment as it offers the best price/comfort ratio in Geneva. You are encouraged to give it preference over all the other private hospitals.

La Tour Hospital: Following negotiations, La Tour has agreed not to increase its hospital tariffs in 2007 but the 5% rebate we used to benefit from no longer applies. We decided to accept the new arrangements on the basis of the positive results obtained in 2006.
THE UNIQA COLUMN

WHAT ARE THE REIMBURSEMENT CRITERIA FOR MEDICAL EXPENSES?

The most frequent question we are asked when a claim for reimbursement is rejected is what are the criteria for accepting or rejecting a claim and where the relevant information can be found.

The CHIS Rules specify three successive levels of provisions governing decisions on the reimbursement of medical expenses.

1. **The CHIS Rules lay down the general principles governing health benefits.** Annex I of the Rules (“Normal Health Insurance Cover”) lists the various types of benefits provided by the CHIS and the associated reimbursement conditions and annual ceilings and indicates whether or not UNIQA’s prior approval is required.

2. The relevant restrictions and exclusions are then specified in various articles of the CHIS Rules (Chapter VIII – Section 1, “Special Risks”, and Chapter VIII – Section 2, “Excluded Risks”).

3. Finally, the CHIS Rules include a very important general provision, namely that, where the CHIS texts fail to specify the reimbursement conditions applicable to medical benefits, reference may be made by analogy to Swiss and/or French health insurance legislation (Chapter I – General Provisions – Article 1.07). These laws cannot be incorporated word for word in the CHIS Rules as it is impossible to ensure that they are reflected in their entirety and that the latest versions are taken into account.

It should be underlined from the outset that the vast majority of medical treatments are covered and that exclusions are the exception rather than the rule. However, contrary to what some people think, it is not the case that everything done or prescribed by a doctor is systematically reimbursable.

As the Administrator of the scheme, part of UNIQA’s task is therefore to know or to check, with reference to legal texts and official lists and in consultation with our medical advisers in particular, whether the claims for reimbursement submitted by the insured members are covered by Swiss and/or French health insurance legislation.

In the case of medical expenses incurred in France that are not reimbursable under French social security legislation but are reimbursable under the LAMal legislation in Switzerland, we reimburse according to the more favourable of the two, even if the treatment or medication concerned is not reimbursable in France. If we were to do otherwise, it would encourage a choice of countries for medical care that would not be to the financial advantage of the CHIS.

We often receive requests to send out copies of our lists and legal texts or to make them available at the UNIQA help desk. Unfortunately, the number of documents concerned and the fact that they are regularly updated, especially via official administrative websites, makes this impossible. Moreover, the legislation in question is not always easy to interpret, and we are obliged to consult medical experts, particularly in the case of new treatments that are not yet approved for reimbursement.

To give you an idea of how we go about it, especially as far as the benefits covered by Swiss health insurance are concerned, you should know that UNIQA Assurances SA and your doctor and pharmacist have access to the same information:

- Medications are reimbursed in Switzerland only if they are included in the LS list of specialities published by the Federal Public Health Office: [www.bag.admin.ch/kv/gesetze/sl/f/index.htm](http://www.bag.admin.ch/kv/gesetze/sl/f/index.htm);
- Medications approved in France are listed in the VITAL register, which can be consulted at your pharmacist’s;
- Medical treatments are reimbursed if they are included in the LAMal “Ordonnance des Prestations de l’Assurance des Soins” (ordinance on health insurance benefits) [No website; decision by UNIQA’s consulting medical practitioner if necessary].

For example: Tamiflu, which is often prescribed for flu prevention, is not included in the list of medications reimbursed by the French social security system nor in the Swiss LS list of specialities and is therefore not reimbursed by the CHIS.

We also often receive complaints that members have asked UNIQA whether medical costs would be reimbursed and were told that they would be, only to find that their claim was ultimately refused. This underlines the need to be specific because general questions will illicit general answers. The more information you can provide, in particular the name of the doctor, the establishment where he works and the type of treatment concerned, the easier it will be for us to give you the right answer, even if we need a bit of time to check and get back to you. In the long run it can spare you frustration and save you money.

If you have any specific questions regarding benefits, medications or new treatments, we advise you to call our head office in Geneva in the first instance (tel. +41 (022) 718 63 00). Our Help Desk will also be pleased to answer any questions of a more general nature.

UNIQA Assurances SA
Sexually transmitted diseases – STDs – are on the rapid increase, both in France and in Switzerland. Bringing this alarming state of affairs into the open is a first step towards better prevention.

A sexually transmitted disease is an infectious ailment spread through homosexual and heterosexual relations. Some STDs can also be transmitted via the blood.

One or more STDs can be transmitted during unprotected sex with an infected person (improper use of condoms can also be a cause of transmission). STDs cannot be spread by normal, everyday gestures such as handshakes, nor through the use of public amenities (toilets, swimming pools, etc.).

The list of STDs is long, and includes condyloma, or genital warts, chlamydia, gonorrhoea and syphilis – the symptoms of syphilis are relatively unspecific, which can lead to a delay in diagnosis. The disease can evolve quietly over a long period of time, but can eventually result in serious neuropsychological disorders. Certain viruses are also sexually transmissible, such as AIDS (HIV – human immunodeficiency virus), which every year kills millions of people the world over, as well as genital herpes, characterised by contagious sores, hepatitis B (HBV), which can lead to cirrhosis or cancer of the liver, and the human papilloma virus (HPV).

Among other consequences of STDs, women may suffer sterility, ectopic pregnancies, premature labour, infections transmitted to the newborn child and cervical cancer.

Bearing in mind that doctors are bound by medical secrecy, it is very important for the infected person to inform his or her partner(s) directly so that they can initiate the appropriate treatment.

The weekly bulletin of the Swiss Public Health Office confirms that the spread of STDs subject to compulsory notification is on the increase. Syphilis is the most striking example with 954 cases in one year, including 81 in the past month, which means that the rate of spread has doubled in the space of a year.

>STDs ARE ON THE INCREASE. SO WHAT CAN WE DO TO PREVENT THEM?

>THE SIMPLEST MEANS OF PREVENTION

It is important for everyone to be aware of the risk of contracting diseases that can be very serious and in some cases fatal, and which can also be passed on, despite the spectacular medical progress achieved (better treatment of bacterial infections, new active principles against the viruses involved, combined treatments, etc.). Paradoxically, the progress achieved in the development of treatments against AIDS has given rise to a clear resurgence of high-risk sexual behaviour.

Similarly, a new HPV vaccine has recently become available to prevent cervical cancer brought on by certain strains of the virus. But will this great progress lead to behaviour that is liable to increase the spread of other forms of STDs?

The World Health Organization recommends the wearing of a condom as the simplest and most effective means of prevention against all forms of STD. People entering new and stable relationships may consider 3-month serum tests for HIV and 6-month serum tests for HBV after a period of protected sexual relations before dispensing with condoms.

In this context more than any other, whether in the family when answering the questions of your teenage children, within a loving relationship between two people, or with your doctor, who is there to answer all your questions, dialogue and mutual respect are essential.

Dr Véronique FASSNACHT and Dr Eric REYMOND, CERN Medical Service
> OUR WEBSITE AND E-MAIL ADDRESS ES

EVERYTHING YOU NEED TO KNOW AND DO... for yourself!

Our website allows you to consult the list of preferred providers and print out the list of benefits, the CHIS Rules, claim forms, estimate forms for dental care, etc. In short, www.cern.ch/chis places all the CHIS services and useful general information at your fingertips!

EXPLAIN YOUR PROBLEM... and get a reply from the Administrator!

If you have a query regarding the calculation of your reimbursements, need precise information about care providers, tariff agreements and benefits or have questions about the application of the CHIS Rules, just send an e-mail to: uniqa.assurances@cern.ch

PROVIDE FEEDBACK... and exchange views with the CHIS Board!

To send remarks or suggestions on general CHIS policy, to provide feedback on the website or the CHIS Bull’ or to tell us about your experiences with care providers — good or bad — just e-mail us at: chis.info@cern.ch

> ANNUAL DEDUCTIBLE

We should like to remind you that, following a decision by the CERN Council, the annual deductible for 2007, applicable to all CHIS members over the age of 18, has been temporarily raised from 100 to 200 CHF.

> CHIS: COMPOSITION OF THE CHIS BOARD FOR 2007

It is always useful to remember that the CHIS Board (CERN Health Insurance Supervisory Board) is a Standing Concertation Committee sub-group whose members are appointed partly by the Management and partly by the Staff Association and the CERN Pensioners Association.

The members of the Board in 2007 are:

Chairman: Sylvain Weisz
Manager of the contract with UNIQA: Michel Baboulaz
Members appointed by the Management:
Philippe Charpentier, Günther Geschonke, Thierry Lagrange
Members appointed by the Staff Association and the CERN Pensioners Association:
Jean-Paul Diss, Joël Lahaye, Pierre Lazeyras, Michel Vitasse
Alternate: Robert Muzelier
ex officio members: Gianni Deroma, Sigurd Lettow
Standing invitations to attend: Véronique Fassnacht, Erwin Moselmans, Eric Reymond, Carmelo Saitta
Secretary: Marcel Aymon

> ALL THE BACK ISSUES OF THE CHISBULL’!

The first 24 issues of the CHISBull’ can be found on our website.

> LIST OF MEDICAL PRACTITIONERS IN GENEVA APPLYING THE TARMED TARIFF

Don’t forget! This list can easily be consulted on our website. It shows all the Geneva medical practitioners (general practitioners and specialists) that our manager knows to be systematically applying the same tariff to members of the CERN CHIS as to the members of Swiss schemes subject to LAMal legislation.

See www.cern.ch/chis