Following on from the last issue of the CHIS Bull’, devoted to the new financial measures taken by the CERN Council to maintain the long-term equilibrium of the Scheme, in this issue we analyse the results of 2010.

The one definite conclusion we can draw, after many years of observation, is that one year never resembles the next! While we had a particularly rough ride in 2009, the statistics for 2010 are more encouraging, with an overall 8.5% drop in expenditure compared with 2009. This generated a modest surplus which we have allocated to reserves.

The reasons for this drop are many and varied, but three main ones stand out. Firstly, one of our main partners, the Geneva Cantonal Hospital, regularised its invoicing system in 2010. This meant that normal service was resumed in the processing of HUG invoices. Next comes the euro-Swiss franc exchange rate. Since part of our expenditure is in euro, the very favourable exchange rate in recent months has generated savings on medical expenditure claims. Lastly, there were fewer deaths over the course of the year, a factor which has impacted positively on our results.

We are very grateful to everyone who has made the effort to rein in their health expenses and at the same time remain healthy! For all the others, we would like to remind you once again that medical laboratories and dispensing chemists in France do accept prescriptions issued by doctors based in other countries, and that most medicines exist in all countries, albeit sometimes under different names. This begs the following question – why opt for more expensive treatment when the same quality of care can be obtained at lower cost?

The time has come, in 2011, for the CHIS Board to finalise the major benefits reform project, which we have been discussing for some time. Our main priorities are as follows: solidarity between generations, reimbursements for all from the first cent spent, and improved cover for the most serious and thus the most expensive cases. These proposals are being discussed in the Standing Concertation Committee and the reform should be finalised in July. Of course, we will make sure you are fully informed of these changes, which will take effect on 1 January 2012.

In addition to the presentation of the 2010 statistics, this issue of the CHIS Bull’ contains a report from UNIQA on its survey of the quality of its services and invaluable information from our doctors about vaccinations. We also provide practical advice on several topics.

With summer just around the corner, there’s no better time to get out of the house and exercise in the fresh air, one of the best ways of keeping fit and healthy! We hope you enjoy this issue and send our best regards to all.

*Philippe Charpentier, CHIS Board Chairman*
A comparison between the distribution by age of all members in 2005 and 2010 is shown in the graph below:

After two consecutive years in the red, the HIS (health and accident insurance scheme) fund ended 2010 in the black with a positive balance of 1.9 MCHF. This totally unexpected result deserves a more in-depth analysis. We shall therefore look more closely at the insured population, contributions and expenses. But our analysis will show us that the internal characteristics of our Fund cannot on their own explain this positive trend.

The long-term care (LTC) fund showed a surplus of 4.9 MCHF, which is consistent with its capitalisation funding plan. This fund was set up in 2001 in anticipation of a progressively ageing insured population over the next 15 years. We are currently building up capital in order to be able to meet the associated future expenses when they arise without having to increase contributions.

The surplus amounts have been transferred to the respective HIS and LTC funds. During the year they yielded an average interest return of 2.2%, a rate that is consistent with the financial market trend. As at 31st December 2010, the HIS fund capital stood at 54 MCHF and the LTC fund capital at 57.7 MCHF.

In the statistics report we traditionally give you the number of members as at 31st December (see table). Another significant figure is the average number of members during the year, which in 2010 was exactly 13,000.

Since 2005, the number of members has increased by 8%. However this increase is not uniformly spread over compulsory contributors and voluntary members. The number of compulsory members initially declined but has once again been increasing since 2009. The number of voluntary members has shown a contrary trend: on the increase since 2005, it has been declining since 2009. In contrast, there has been a steady increase in the membership of beneficiaries of the Pension Fund.
• The **positive impact of the decline of the euro with respect to the Swiss franc in 2010 on expenditure incurred outside Switzerland.** We must recognize straightaway that this external factor, which is outside our control, had a substantial impact on the expenditure trend. Between January and December 2010, the euro lost almost 20% of its value with respect to the Swiss franc (falling from 1.49 to 1.25 CHF). This means that the same level of health expenditure in euro became 20% cheaper for our Scheme, since reimbursements are paid in Swiss francs. This is clearly reflected in the figures since expenditure for outpatient treatment went down from 11.2 to 10.4 MCHF. Members who sought treatment outside Switzerland thus generated a win-win situation: benefiting both themselves (reduction in their share of the cost) and the CHIS (lower level of reimbursement)!

• The **Scheme also benefits from two measures taken by the Swiss authorities, aimed at containing the costs of their compulsory health insurance scheme (LAMal).** First, the compulsory reduction in the tariff for laboratory analyses since July 2009, which generated a 4% reduction in LAMal costs in 2010. Secondly, a gradual review of medication prices, which will continue until 2015, resulted in a 0.7% reduction over the same period.

• A larger proportion of our population was spared major health problems. Studies have shown that health expenditure increases considerably in the months preceding death. Consequently, the scheme’s total expenditure is strongly correlated to the number of deaths. Whereas in previous years the number of deaths of members during the year was close to 80 on average, there were only 54 deaths in 2010. There were also fewer individual cases of heavy expenditure in 2010 compared to 2009. The number of people in receipt of reimbursements in excess of 25,000 CHF declined from 241 to 203 and the corresponding aggregate expenditure fell from 10.6 MCHF to 8.7 MCHF. The total amount of annual deductibles, which is higher in 2010 than in 2009, shows that more members submitted reimbursement claims but for a lower average amount.
> Benefits paid out in 2010 (in kCHF)

(long-term care allowances and paramedical care)

<table>
<thead>
<tr>
<th>Level of dependence</th>
<th>Number of people: 31.12.2010</th>
<th>Daily allowances (borne by LTC)</th>
<th>Paramedical care (borne by HIS)</th>
<th>Total expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>48</td>
<td>747,586</td>
<td>174,412</td>
<td>921,998</td>
</tr>
<tr>
<td>Medium</td>
<td>55</td>
<td>1,088,026</td>
<td>412,465</td>
<td>1,500,491</td>
</tr>
<tr>
<td>High</td>
<td>39</td>
<td>1,500,143</td>
<td>948,747</td>
<td>2,448,890</td>
</tr>
<tr>
<td>Total</td>
<td>142</td>
<td>3,337,765</td>
<td>1,535,624</td>
<td>4,873,389</td>
</tr>
</tbody>
</table>

Total LTC fund as at 31.12.10: 57.7 MCHF

The CHIS medical-social panel assessed (or re-assessed) 53 cases in 2010.

During its ten-year existence 300 people have already been able to benefit from the long-term care scheme. The LTC fund remains in financial balance, allowing us to significantly review benefits with effect from 1st January 2011. Thus, the amount of the daily allowance for long-term care has been increased from 100 CHF to 120 CHF, bringing it up to 50% of the cost of full board in a Geneva établissement medico-social (EMS).

This increase leaves intact the reserves accumulated to date. These reserves will be used to cover the peak of over 300 LTC beneficiaries per annum over the period 2025 to 2030 without having to increase contributions. So it also goes to show that prevention is equally effective in financial matters!

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts reimbursed (in CHF)</td>
<td>Amounts reimbursed (in CHF)</td>
</tr>
<tr>
<td>18,599,569</td>
<td>17,132,763</td>
</tr>
<tr>
<td>46,357,914</td>
<td>42,643,626</td>
</tr>
<tr>
<td>2,788,835</td>
<td>2,176,913</td>
</tr>
<tr>
<td>67,746,318</td>
<td>61,944,302</td>
</tr>
</tbody>
</table>
Hospital expenditure has declined, by 8.7% in the case of public hospitals and 17.7% in the case of private clinics with respect to 2009. However, these figures are rather misleading and require some qualification. In fact, the 2009 figures were distorted by a massive influx of invoices from the HUG for treatment in 2008. At the time, following the introduction of the APDRG tariffs, the Geneva Cantonal Hospital did not yet know what point value to apply to the health insurance schemes of International Organisations and therefore waited until 2009 to send out all the invoices. This resulted in an explosion of our hospital expenditure in 2009. Taking this into account, a positive correction was therefore to be expected. Fortunately, it occurred!

But other identifiable factors have also contributed to this positive result. A fall in the number of members hospitalised and in the number of serious cases represents the best news for us. Renegotiation of tariffs with Swiss private clinics and hospitals is also a key factor in containing cost increases. In fact, we have noted an increase in the percentage of hospitalizations in Switzerland, from 87.5% to 89%. Even though hospitalization in public hospitals shows a slight increase (from 34% to 37%), almost two thirds of hospitalizations continue to be in private clinics.

Despite the fact that 69% of members live in France, CHIS expenditure in French clinics and hospitals is declining. It is true that there is no hospital in the Pays de Gex, but there is an increasing number of clinics in Haute-Savoie offering a wide range of high-quality services. Perhaps this increasing trend has gone unnoticed. It also may have been forgotten that all these establishments, by virtue of their status, are approved by the CHIS. Whatever the reason, this is a critical issue and we will come back to it in a forthcoming CHIS’ Bull.

> STATISTICS ON THE QUALITY OF SERVICE

Since 2010, we follow out a quality assurance plan worked out with UNIQA, which is supplying various performance and service level indicators.

As a result, the reimbursement time-lag markedly improved throughout 2010.

Out of 60,000 reimbursement claims, only 350 had to be returned owing to lack of proof of payment. UNIQA received 383 complaints, of which 159 were found to relate to errors in the claim form (omission of an invoice, calculation or currency error) which directly affected the amount reimbursed. UNIQA will be conducting a customer satisfaction survey over the summer (see page 6).

The UNIQA office at CERN had 8,727 visitors, a large number of whom came solely in order to hand over their reimbursement claim directly to the UNIQA employee (over 1,700 visitors) or to request a reimbursement form (1,300 visitors). This number was reduced by 40% during the second half of 2010 as a result of an information campaign and the installation of a larger and more secure post box.
THE UNIQA COLUMN

2011 CUSTOMER SATISFACTION SURVEY ON UNIQA’S SERVICES

UNIQA’s mission is to provide services of the highest quality both to the Organization for the management of its health insurance scheme and to members of the scheme. To this end, we have been pursuing quality assurance goals for many years and in 2003 we obtained official ISO 9001 certification. Since 2010 we have been significantly improving our key performance indicators, on which we regularly report to the CERN contract manager and the CHIS Board.

We also set great store by your feedback as users of our services. We are therefore launching a survey to gauge customer satisfaction and to get your feedback on potential areas for improvement and on your priorities. The results of the survey will of course be communicated to the CHIS Board and published in a forthcoming CHIS’Bull.

The survey will not cover the level of health insurance benefits as such which, as you know, are decided by the Organization. UNIQA manages the scheme and has no authority to modify the rules governing benefits. Our survey will therefore be devoted exclusively to the services we provide: the quality of our helpdesk and information services, management of reimbursements, honouring reimbursement deadlines and accessibility of the various services. One questionnaire per family will be addressed to the main member.

- For active members, we take advantage of existing Web-based survey software. You will each shortly receive an e-mail from us: it will take you only a few minutes to complete the questionnaire and return it to us. This will be a fast, efficient and anonymous procedure since the software will analyse and compile the responses.

- Pension beneficiaries will find a hard copy of the survey, identical to the one sent to active members by e-mail, in this issue of the CHIS’Bull. You can return the completed survey along with a reimbursement claim, or if you prefer to return the survey anonymously, bring it directly to our office at CERN and place it in a “ballot” box or post it to us.

The closing date for the survey is 31 July 2011.

We hope that as many of you as possible will respond to our survey and thank you in advance for taking part.

> ADDRESSES AND OPENING HOURS

Help Desk at the CERN site:
Main building 63-R-001
Tel. +41 (0) 22 767 27 30
email unia.assurances@cern.ch
Opening hours: Mornings: Monday to Friday, 9:00 to 12:00 a.m.
Afternoons: Tuesday and Thursday, 2:00 to 4:00 p.m.
or by appointment

UNIQA main office:
94 rue des Eaux Vives, 1207 Genève
Tel +41 (0) 22 718 63 00
Opening hours: Monday to Friday from 8:00 a.m. to 5:00 p.m.

Following these few basic tips will help us provide you with a welcoming, efficient and rapid service at the Help Desk.

UNIQA Assurances SA

RECOMMENDED VACCINATIONS FOR ADULTS – WHAT’S NEW IN 2011

Recommended vaccinations can vary from country to country. Here we refer to the new French and Swiss recommendations for adults. Vaccinations for travellers and vaccinations performed in a professional context are not addressed.

VACCINATION AGAINST MEASLES (TRIVALENT MMR VACCINE – MEASLES, MUMPS, RUBELLA)

New recommendations have been introduced to counteract the measles epidemic which is currently rife in Europe. The French health authorities henceforth recommend that people born between 1980 and 1991 should receive two doses of vaccine rather than one, whatever their vaccination or immunisation status. The 2011 Swiss vaccination plan recommends the
same catch-up immunisation for everyone born after 1963, who were either partly inoculated or not inoculated at all. The trivalent MMR vaccine can also be offered to women of reproductive age in the framework of the rubella catch-up immunisation campaign. Please note that the MMR vaccine is contraindicated for pregnant women.

**VACCINATION AGAINST WHOOPING COUGH**

In the past few years, many cases have been reported of infants catching whooping cough from young adults. Catch-up immunisation with the combined, tetravalent diphtheria, tetanus, pertussis (whooping cough) and polio vaccine is offered at the time of the ten-year booster, around the ages of 26 to 28. In France, as part of a strategy known as “cocooning” (since infants below the age of twelve months cannot be vaccinated), the vaccine is also offered to adults likely to become parents in the coming months or years, to mothers just after childbirth and to close family members (adults who have not received any vaccination against whooping cough over the past decade).

**INFECTIONS OF THE HUMAN PAPILLOMA VIRUS (HPV)**

There are two vaccinations on the market aimed at preventing cervical cancer, which are considered to be equivalent but not interchangeable. Therefore, any course of treatment commenced with one vaccine must continue with the same one. Vaccination is initially for 14-year-old girls, but catch-up immunisation is offered to young women up to the age of 23 in France and 19 in Switzerland (this catch-up is also offered to adolescents from the age of 15 onwards).

**SEASONAL INFLUENZA**

The principal new developments relate to the list of people recommended for vaccination. These recommendations are applicable for the 2011-2012 season but may change according to future epidemiological data. In Switzerland, vaccination is henceforth also recommended for pregnant women at the start of the fourth month of pregnancy, for women who have given birth in the past 4 weeks and for the obese with a Body Mass Index (BMI) higher than 40. In France, people suffering from coronary disease or have a history of strokes have been added to this list.

Dr Rachid BELKHEIR, CERN Medical Service

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**References:**
- Swiss vaccination plan 2011, issued by the Office Fédéral de la Santé Publique
- Bulletin Épidémiologique Hebdomadaire, calendar of vaccinations and the recommended vaccinations for 2011 (22 March 2011/n°10-11)
- www.sante.gouv.fr/IMG/pdf/Tableau_des_vaccinations_recommandees_chez_les_adultes.pdf
- www.infovac.ch/index2.php?option=com_docman&task=docget&Itemid=1&fid=676

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**TABLE OF RECOMMENDED VACCINATIONS FOR ADULTS IN 2011**

(F: French recommendations; CH: Swiss recommendations)

<table>
<thead>
<tr>
<th>Vaccination against</th>
<th>18-23 years</th>
<th>26-28 years</th>
<th>30-45 years</th>
<th>46-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Swiss recommendations</strong></td>
<td>Diphtheria (d)</td>
<td>1 dose of dT every 10 years (CH) ¹</td>
<td>1 dose of dTPolio every 10 years (F)</td>
<td>1 dose of dTPolio every 10 years (F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tetanus (T)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (Polio)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis (Whooping cough) (ca)</td>
<td></td>
<td>Substitute if no whooping cough vaccination for 10 years (F) ²</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Catch-up</strong></td>
<td>Whopping cough</td>
<td>Substitute once 1 dose of dTPolio in the absence of previous vaccination at adult age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papilloma virus (HPV)</td>
<td></td>
<td>3 doses ³</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (R)</td>
<td>A total of 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps (M)</td>
<td>- adults born after 1980 (F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- adults born after 1963 (CH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td>1 dose of MMR for unvaccinated women (F)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ In Switzerland, the bivalent dT vaccine against diphtheria and tetanus is prescribed for the ten-year booster
² Not recommended in Switzerland
³ Immunisation is recommended for young women, up to 19 years of age in Switzerland and up to 23 years of age in France according in three doses at the following minimum intervals: 1 or 2 months between the first two doses and 6 months between the second and third.
> WITH SUMMER JUST AROUND THE CORNER...

ALL YOU NEED TO KNOW TO STAY HEALTHY ON YOUR HOLS!

The internet site www.safetravel.ch is a mine of practical information. It is intended for the general public and is ideal for anyone looking for health tips for travel abroad. Clear, detailed information for travellers is updated weekly by a team of specialists. It is available in both French and German and has information on:

- preventive measures tailored to your destination;
- updates on health and travel issues, such as epidemics, natural disasters or new medical products;
- illnesses, vaccinations and other prevention measures;
- health problems on your return and how to handle them;
- most frequently asked travel questions;
- vaccination centres in Switzerland.

> FEELING THE HEAT? TOP UP YOUR FLUIDS!

Every day we lose about 2.5 litres of liquid via the kidneys, breathing and perspiring. Half of this is replaced by the water in our food and the other half we have to replace by drinking. Strenuous physical activities, hot weather or fever increase our needs.

But not all drinks replace lost fluids. Alcoholic drinks or drinks containing caffeine are diuretic. The most effective way of quenching your thirst is to drink slightly sweetened flavoured tea or infusions, vegetable juices, fresh fruit juices diluted with water or slightly salted broth.

> REMINDER

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 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).

> NEW AGREEMENT WITH CENTRE HOSPITALIER INTERCOMMUNAL «LES HÔPITAUX DU LÉMAN» EN HAUTE-SAVOIE.

From 1 May 2011, a new agreement with Les Hôpitaux du Léman, comprising l’Hôpital Camille Blanc in Evian and l’Hôpital Georges Pianta in Thonon, came into force.

This agreement makes the life of CHIS members easier by granting third party payment for all programmed hospitalizations, for which until now a deposit was required.

All hospital bills, with the exception of «dépassements d’honoraires» if any, will be sent directly to UNIQA, which will subsequently invoice the member only for the remaining cost that he has to bear, i.e. the annual deductible and any supplement for a private room (which is 39 euros per day as from 1.1.2011).

Please note that CHIS considers «Les Hôpitaux du Léman» as public hospitals, with a reimbursement rate of 100% for treatment and accommodation in a room with 2 beds or more.

For more information on services offered:
www.hopitauxuleman.fr/
One overview page is available in English, Italian, German and Dutch.