In this issue of the CHISbull’ we will review, as we do every spring, the statistics for the past year. As you will see, it’s good news: the increase in medical expenditure was quite successfully brought under control in 2013. 

This is due to several factors: firstly, inflation of healthcare costs has been lower than expected; next, in conjunction with our partners in other international organisations and with the support of our scheme administrator, UNIQA, we have been able to obtain attractive tariffs from local providers (you will find the list of approved providers later in this issue); and finally, you, the insured CHIS members, have shown great responsibility in choosing the most cost-effective healthcare providers. 

In spite of a 5% higher reimbursement rate in most of our Member States, the level of reimbursements for outpatient treatment has not increased, which shows that many of you have consciously chosen lower cost providers who offer the same quality of care. Thank you for this and please continue in the same vein!

But this is no time for us to rest on our laurels and we can certainly do even better. In fact, even though 69% of us live in France, outpatient treatment there only accounts for 26% of the total (11% for laboratory and radiology examinations, 14% for doctors’ fees)!

The end of 2013 and the start of 2014 also saw many of you raising concerns, some of which are still to be addressed, about changes made to French legislation: the future health insurance prospects for your frontalier spouses or children; and some pensioners being subject to French CSG/CRDS contributions after being affiliated to France’s compulsory state health insurance scheme. We cover both these subjects on page 5.

2014 will also be a particularly interesting year for the CHIS, as an invitation to tender has been launched for the renewal of the contract for our scheme administrator (currently UNIQA). We will keep you informed of the result of this process, which should be completed in mid-2014 to come into force at the start of 2015.

Finally, even though the financial situation of our scheme has considerably improved, thanks to the changes in the contribution rates decided in 2010 and staggered over five years, we must remain vigilant and contain our expenditure as we have done in recent years. The CHIS was founded on the principles of mutuality and solidarity between its members and we each have a responsibility to ensure our health insurance scheme remains in good health! And I also wish the best of health to you and your families, both personally and on behalf of the CHIS Board!

Philippe Charpentier, Chairman of the CHIS-Board
FACT FILE

> THE 2013 STATISTICS

CONsolidation!

There were no nasty surprises in 2013: although expenditure increased by 3.4% in relation to 2012, this is mostly explained by an underestimate of hospital expenditure in 2012 (invoicing from HUG and CHUV was behind schedule) and a corresponding overestimate in 2013 (when the delayed invoices arrived). We discussed such a yo-yo effect in our analysis of hospital expenditure for 2012 (see CHIS Bull’ 37, page 5).

Moreover, with the increase in contributions over the period 2011 to 2015, introduced in the framework of the last Five-Yearly Review of Employment Conditions, now taking full effect, the HIS has closed its books for the third year in a row with a surplus that is both welcome and necessary. The same applies to the LTC component of our Scheme. The HIS and LTC surpluses have gone towards consolidating the CHIS Reserve Fund created in 2008.

We remind you that, like any other insurance scheme, we are obliged to build up provisions in order to guarantee our commitments to members in all circumstances (e.g. the outbreak of a serious 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. This is why the increase in contributions was and remains necessary, in order to protect and maintain solidarity between all our members.

The HIS and LTC budget surpluses have therefore been paid into the Reserve Fund set up for this purpose in 2008. This year, it produced a return of 2.86%. As at 31 December 2013, the assets held by the Fund amounted to 93.6 MCHF for the HIS and 73.8 MCHF for the LTC (against 78.2 MCHF and 68.6 MCHF respectively at the end of 2012).

Above all, the CHIS is…

> DEMOGRAPHICS AND SOLIDARITY

The demographics of our Scheme, which we know are unusual, are also a factor which must be taken into account. The number of insured members increased by 93 to 13,807 as at 31 December 2013 (0.7% in one year). This is a distinctly smaller increase than in 2012, when 263 new insured members joined (a 2% increase on 2011). At the end of the year, the median age was 45 years 6 months and the population aged over 65 represented 30.3% of insured members of the CHIS. By comparison, in Switzerland in 2011, over 65s made up 17.4% of the insured population. In the CHIS, this population is therefore almost twice the size of the equivalent Swiss population, which has a non-negligible impact on our costs.

> NUMBER OF PEOPLE INSURED PER CATEGORY OF MEMBER

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory members and their dependants</td>
<td>8058</td>
<td>8164</td>
</tr>
<tr>
<td>Pensioners and their dependants</td>
<td>5051</td>
<td>5016</td>
</tr>
<tr>
<td>Other categories and their dependants</td>
<td>605</td>
<td>627</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,714</td>
<td>13,807</td>
</tr>
</tbody>
</table>

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amounts reimbursed (in CHF)</td>
<td>Average amount per member</td>
<td></td>
</tr>
<tr>
<td></td>
<td>without deduction of the annual deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compulsory members and their dependants</td>
<td>19,029,016</td>
<td>27.7%</td>
<td>2,331</td>
</tr>
<tr>
<td>Pensioners and their dependants</td>
<td>46,805,434</td>
<td>68.1%</td>
<td>9,730</td>
</tr>
<tr>
<td>Other categories and their dependants</td>
<td>2,868,937</td>
<td>4.2%</td>
<td>4,576</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>68,703,387</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
The above figures show the importance of being covered by a mutual insurance scheme such as the CHIS, which includes many solidarity links between the different groups of members. Regardless of age, salary position, whether you are in a couple or single, with or without children, solidarity remains the guiding principle. This spirit of mutuality has endured from the first years of the Organization right through to the present day. There is no question of the CHIS making a profit: the aim is just to guarantee its current and future obligations and to balance the books between contributions and expenditure. But there are proper ways and means of achieving this!

Of course contributions can be increased, but in our mutual system, with solidarity among its members, freedom of choice means that each member must make efforts to reduce expenditure, without reducing the quality of the healthcare services required. It is possible to do this, and we will focus on the measures accessible to all in a future issue. The statistics speak for themselves, and give us areas to reflect on, not least the contrast between where we live and where we receive treatment.

The 2013 figures revealed no unpleasant shocks: just a 1.2% increase in outpatient treatment expenses, which is a very good result. In comparison with 2012, we can see a decrease or stability in almost all outpatient sectors. Dental and optical fees have seen an increase as a consequence of the decision to allow the annual ceilings to be accumulated, but we need to wait 3 to 5 years to assess the full effect of these new rules.

Policies introduced in several countries to curb the increase of healthcare costs – pharmaceutical costs, doctors’ fees – have also contributed to a certain extent to this result. Finally, the HIS surplus was almost 13 MCHF (compared with 9.6 MCHF at the end of 2012).
FACT FILE

> HOSPITALISATION COSTS

For this category of expenditure, aside from confirming that it remains the most substantial, it is always difficult to express a categorical opinion from one year to the next when there are so many unforeseeable parameters. Just two or three additional complicated cases compared with the previous year and a million or more is added to the expenditure, sending the statistics through the roof. But that’s not all. Costs actually fell in 2012 by 1.7%, but we were afraid at the time that this was due to delays in invoicing by certain healthcare providers. And we were right! In 2013, an increase of 5.4% was noted, half of which was due to delays in invoicing by HUG and CHUV, where some invoices for care provided in 2012 were sent and settled in 2013.

In Switzerland, when doctors, hospitals, clinics and private insurers cannot agree on the annual fees and reimbursements, the cantonal authorities are called in to arbitrate. Such discussions take months and the decision often comes through the following spring. Last year, two cantons were involved! We have to emphasise that the TARMEDES and SwissDRG systems are not yet universally accepted in the medical world. This is what causes the invoicing problems that the CHIS regularly experiences and the yo-yo effect you can see in our graph.

If we take this delayed invoicing into account, we can see that there has been a slight increase (+1% over two years). This is an encouraging result, taking into account our demographics and the high cost of healthcare in our region. Negotiations on hospital tariffs, conducted in partnership with other international organisations, also contribute to containing the increase in hospital costs.

In 2013, 90% of hospital expenses were incurred in Switzerland, of which 62% were in the private sector. This can be explained by the absence in neighbour- ing France of a university hospital such as the HUG in Geneva. But the majority of our stable expenditure is in Meyrin, in the private sector. So it’s a good time to remind you that several clinics, both private and public, have opened in recent months, in Haute-Savoie admittedly, but not far from Geneva. When circumstances allow, you should try to favour them as they are all approved by the CHIS!

> LTC COVER: A GREAT SUCCESS!

As you may recall, LTC (Long Term Care) cover was added to the scheme back in 2001 in anticipation of the expected ageing of the insured population and the associated financial consequences. It was a pioneering initiative at the time which should allow the scheme, according to projections, to provide long-term care for more than 300 people per year between 2025 and 2030, when the trend is expected to peak.

Since then, we have been building up a fund to face up to this category of costs – and this category alone – in the future, without necessarily having to increase contributions. The LTC fund continues to grow, in accordance with the initial forecasts, and reached 73.8 MCHF at the end of 2013. It is increased each year by the surplus between income and expenditure and the financial returns earned.

Last year, the CHIS medical-social panel evaluated (or re-evaluated) 81 requests for LTC support (74 in 2012), resulting in 203 people benefitting from LTC cover on 31 December 2013 (175 in 2012).

Although daily allowances have increased (+13.7%), this is still completely in line with forecasts. The total number of people covered by the long-term care scheme since its creation now stands at 454. The detailed figures show that, of this number, 363 have required only one level of care, 78 have needed two levels in succession and 13 have needed three levels.

> TOTAL EXPENDITURE FOR HOSPITALISATION COSTS IN 2013: 31,574,326 CHF

TREND IN HOSPITALISATION EXPENDITURE OVER THE PERIOD 2004 TO 2013 (IN MCHF)

DISTRIBUTION AND TRENDS OF HOSPITALISATION COSTS IN THE THREE MAIN ESTABLISHMENTS OVER THE PERIOD 2008 TO 2013

> LONG TERM CARE BENEFITS

Benefits paid out in 2013 (in CHF)
(long-term care allowances)

<table>
<thead>
<tr>
<th>Level of long-term care required</th>
<th>Number of people at 31.12.2013</th>
<th>Daily allowances (borne by LTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>66</td>
<td>1,059,154</td>
</tr>
<tr>
<td>Medium</td>
<td>73</td>
<td>1,799,151</td>
</tr>
<tr>
<td>High</td>
<td>64</td>
<td>2,488,344</td>
</tr>
<tr>
<td>Total</td>
<td>203</td>
<td>5,346,648</td>
</tr>
</tbody>
</table>
In March 2013, we asked the French authorities for information about the end of the frontalier workers’ “right to choose” (droit d’option), and we have only just received partial answers to our questions. That’s why the publication of this issue has been delayed.

Regarding the question of certain retirees’ having to pay the French taxes Contribution Sociale Généralisée and Contribution au Remboursement de la Dette Sociale (CSG/CRDS), we have had numerous contacts with the Service des Impôts des Particuliers (SIP – tax office for private citizens) in Bellegarde and with the Caisse Primaire d’Assurance Maladie (CPAM – primary health insurance fund) in Bourg-en-Bresse, via the CERN Legal Service, as well as some clarification of the answers we received from the French authorities on the previous subject.

Retirees in France Subject to CSG/CRDS Contributions

Following a change in the contribution basis of the CSG/CRDS in France in 2011, these taxes now apply to all income, including replacement (retirement) income received from outside France, provided that two conditions are met:
1. The person is resident in France.
2. The person is a member, in whatever capacity, of a compulsory French health insurance scheme.

People who have at some point worked in France and therefore receive a French pension are automatically and compulsorily affiliated to the CPAM, even if they subsequently became international civil servants and are in receipt of a pension from their organisation which entitles them to be covered by the latter’s health insurance scheme.

So we regret to say that the situation is rather clear - there is no way for anybody who receives a French pension and resides in France not to be affiliated to the CPAM and therefore not to pay the CSG/CRDS, irrespective of whether or not they hold a Carte Vitale.

All we can do is accept this mandatory affiliation and the change in the calculation basis for the CSG/CRDS, which was decided in 2011 but has only been in force since 2012. Each beneficiary of the CERN Pension Fund must then take his or her own decision as to whether he or she wishes to retain CHIS membership which, we remind you, is voluntary and not mandatory. For those who decide to remain in the CHIS, the latter will act as the top-up insurance with respect to the reimbursements made by the CPAM.

Health Insurance for "Frontalier" Family Members

The French government has decided that the “right to choose”, which frontalier (French residents who are employed in Switzerland) workers have enjoyed since 2003, will not be extended beyond 31 May 2014. Hitherto, the right to choose has allowed frontaliers to choose health insurance other than LAMal (compulsory insurance for all workers in Switzerland), by opting either for coverage by the French public health insurance system, or for private health insurance. Those frontaliers who opted for the latter solution must join the French system (CPAM) at the end of their current health insurance contract, between 1 June 2014 and 31 May 2015.

This does not affect members of the CERN personnel but could affect family members of CHIS members (spouses or children under the age of 26 affiliated to the CHIS) who are frontaliers.

At the time of publication, the application decrees relating to the integration of frontalier workers into the CPAM have still not been promulgated. So if you have frontalier family members whose primary health cover is provided by the CHIS, we advise you to wait for any instructions you might receive as a result of these decrees and to consult the information that we will immediately post on our website as soon as we get any news.

Until further notice or instructions received to the contrary, these family members are still entitled to receive primary health insurance cover from the CHIS, as in the past, subject to an additional contribution.
### 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 in 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.

### Name of the Healthcare Provider

<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>HUG – Hôpitaux Universitaires de Genève</td>
<td>Public</td>
<td>GE</td>
<td>GENEVA</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>CHUV – Centre Hospitalier Universitaire Vaudois</td>
<td>Public</td>
<td>VD</td>
<td>LAUSANNE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique des GRANGETTES</td>
<td>Private</td>
<td>GE</td>
<td>CHENEBOUGERIES</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique GÉNÉRALE BEAULIEU</td>
<td>Private</td>
<td>GE</td>
<td>CHAMPEL</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Hôpital de LA TOUR, Clinique de CAROU GE Centre Médical de MEYRIN</td>
<td>Private</td>
<td>GE</td>
<td>MEYRIN CAROU GE</td>
<td>General healthcare services</td>
</tr>
<tr>
<td>Clinique LA LIGNIÈRE</td>
<td>Private</td>
<td>VD</td>
<td>GLAND</td>
<td>Cardiovascular rehabilitation</td>
</tr>
<tr>
<td>Clinique de GENOLIER</td>
<td>Private</td>
<td>VD</td>
<td>GENOLIER</td>
<td>General Healthcare services</td>
</tr>
<tr>
<td>Service Name</td>
<td>Ownership</td>
<td>Location</td>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------</td>
<td>----------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Clinique BOIS-BOUGY</td>
<td>Private</td>
<td>VD NYON</td>
<td>Functional rehabilitation</td>
<td>Treatment follow-up</td>
</tr>
<tr>
<td>Clinique de l’Oeil – Onex</td>
<td>n/a</td>
<td>GE LAUSANNE ONEX</td>
<td>Ophthalmology including outpatient surgery</td>
<td></td>
</tr>
<tr>
<td>Centre Chirurgical de l’Oeil – Lausanne</td>
<td>n/a</td>
<td>GE LAUSANNE</td>
<td>Nursing services at home</td>
<td>Hospitalisation at home</td>
</tr>
<tr>
<td>SITEX</td>
<td>n/a</td>
<td>GE and the neighbouring regions of France</td>
<td>VESSY Healthcare dispensed at home</td>
<td></td>
</tr>
<tr>
<td>PRESTISERVICES</td>
<td>n/a</td>
<td>GE and the neighbouring regions of France</td>
<td>Switzerland Laboratory analyses</td>
<td></td>
</tr>
<tr>
<td>UNILABS Laboratoires d’analyses médicales</td>
<td>n/a</td>
<td>Switzerland</td>
<td>5 in GENEVA 6 in VAUD 13 elsewhere</td>
<td></td>
</tr>
<tr>
<td>Permanence Médico-Chirurgicale de Chantepeulet</td>
<td>n/a</td>
<td>GE GENEVA</td>
<td>Outpatient surgery</td>
<td>Health centre (Permanence)</td>
</tr>
<tr>
<td>Fondation vaudoise pour le dépistage du cancer du sein</td>
<td>n/a</td>
<td>VD LAUSANNE</td>
<td>Breast cancer screening</td>
<td></td>
</tr>
<tr>
<td>Fondation Genevoise pour le Dépistage du Cancer du Sein</td>
<td>n/a</td>
<td>GE GENEVA</td>
<td>Breast cancer screening</td>
<td></td>
</tr>
<tr>
<td>CLINIQUE de LONGERAIE Lausanne</td>
<td>Public</td>
<td>VD LAUSANNE</td>
<td>Surgery especially of the hand Health centre (Permanence)</td>
<td></td>
</tr>
<tr>
<td>Hôpital de Prangins (CHUV)</td>
<td>Public</td>
<td>VD PRANGINS</td>
<td>Psychiatric care for children, adults and the elderly</td>
<td></td>
</tr>
<tr>
<td>Clinique de Joli-Mont</td>
<td>Public</td>
<td>GE GENEVA</td>
<td>Convalescence</td>
<td>Long-term hospitalisation with intensive care</td>
</tr>
<tr>
<td>Clinique Genevoise de Montana</td>
<td>Public</td>
<td>VS CRANS-MONTANA</td>
<td>Internal medicine</td>
<td>Psychosomatic medicine</td>
</tr>
<tr>
<td>IN FRANCE – 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 THONON</td>
<td>Surgery</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>Clinique Générale d’Annecy</td>
<td>Private</td>
<td>74 ANNECY</td>
<td>General healthcare</td>
<td>Surgery</td>
</tr>
<tr>
<td>Centre Hospitalier de la région d’Annecy (CHRA)</td>
<td>Public</td>
<td>74 ANNECY</td>
<td>General healthcare services</td>
<td>Surgery</td>
</tr>
<tr>
<td>Clinique d’Argonay</td>
<td>Private</td>
<td>74 ANNECY ARGONAY</td>
<td>Surgery</td>
<td>Medicine</td>
</tr>
<tr>
<td>Hôpital Privé Pays de Savoie</td>
<td>Private</td>
<td>74 ANNEMASSE</td>
<td>General healthcare services</td>
<td>Surgery</td>
</tr>
<tr>
<td>Clinique des Vallées</td>
<td>Private</td>
<td>74 ANNEMASSE VILLE-LA-GRAND</td>
<td>Psychiatry</td>
<td></td>
</tr>
<tr>
<td>Centre Hospitalier Alpes-Léman (CHAL)</td>
<td>Public</td>
<td>74 CONTAMINE sur ARVE</td>
<td>General healthcare services</td>
<td>Surgery</td>
</tr>
<tr>
<td>Hôpital intercommunal Sud Léman Valserine</td>
<td>Public</td>
<td>74 SAINT-JULIEN-EN-GENEVOIS</td>
<td>General healthcare services</td>
<td>Surgeur</td>
</tr>
<tr>
<td>Le Clos Chevalier</td>
<td>n/a</td>
<td>01 ORNEX</td>
<td>LTC home</td>
<td>Alzheimer unit</td>
</tr>
<tr>
<td>Hôpital de Bourg en Bresse</td>
<td>Public</td>
<td>01 BOURG-BRESSE</td>
<td>General healthcare services</td>
<td>Surgery</td>
</tr>
<tr>
<td>Clinique Dr. Convert</td>
<td>Private</td>
<td>01 BOURG-BRESSE</td>
<td>General healthcare services</td>
<td>Surgery</td>
</tr>
<tr>
<td>Hôpital de Hauteville Lomnepes</td>
<td>Public</td>
<td>01 HAUTEVILLE LOMPNES</td>
<td>Rehabilitation</td>
<td>Convalescence</td>
</tr>
<tr>
<td>Centre hospitalier du Haut Bugey</td>
<td>Public</td>
<td>01 OYONNAX</td>
<td>Surgery</td>
<td>Medicine</td>
</tr>
<tr>
<td>Clinique Le Sermay</td>
<td>Private</td>
<td>01 HAUTEVILLE LOMPNES</td>
<td>Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>
A collaboration agreement allowing CHIS members who are leaving CERN to switch freely to a private supplementary health insurance scheme has recently been signed between UNIQA and the health insurance fund SWICA. This agreement applies mainly to those living in Switzerland.

UNIQA is often asked for advice by CHIS members — on their own behalf or that of family members — upon leaving CERN’s health insurance scheme. This situation can occur for various reasons, such as the end of an employment contract with CERN, a child reaching the age limit of CHIS cover or a life event such as divorce.

People leaving the CERN health insurance scheme who reside in Switzerland are obliged to join a “LAMal-affiliated” health scheme in order to obtain basic social cover. Membership of such schemes is compulsory and all schemes are obliged to accept new applicants, whatever their state of health.

The same does not apply to the private, top-up insurance schemes which provide additional guarantees such as the free choice of private hospitals and doctors, dental or optical care etc. Private insurers are, in such cases, entitled to turn away people who have pre-existing conditions or have gone past the age limit of 50.

The challenge lies in making the best choice between the Swiss social security system and being able to access private Swiss top-up health insurance schemes.

We at UNIQA believe that, in addition to managing the CERN health insurance scheme, we have a duty to anticipate and provide additional solutions for people who are obliged to leave the scheme and we have thus concluded a collaboration agreement with Swiss insurance company SWICA, offering preferential terms to former CHIS members.

SWICA is one of Switzerland’s largest health insurance firms and specialises in global solutions for corporations, offering outstanding insurance solutions and top-quality service. SWICA offers both the basic LAMal cover and private, top-up insurance.

UNIQA has negotiated favourable transition terms allowing former CHIS members to enjoy both the basic LAMal health cover and access to SWICA’s private top-up insurance without any medical questionnaires and up to the age of 65 even for those suffering from chronic ailments. SWICA also offers attractive premium discounts to CHIS members. To enjoy these benefits, members only have to fulfil one condition, and that is to sign up with SWICA as soon as they leave the CERN scheme, without any interruption of cover.

So you must plan ahead and contact UNIQA as soon as possible if you want to sign up with SWICA. In this collaboration, UNIQA merely plays the role of go-between and the insurance is then entirely administered by SWICA.

You can pick up a UNIQA-SWICA brochure at the UNIQA Help-Desk in the CERN main building and if you need any more information please contact our main Geneva office on 022 718 63 00.

UNIQA’s customer service officers will be happy to assist you with getting an offer from SWICA. Please feel free to contact us if you need any more information.
THE CHIS – WE’RE ALL IN IT TOGETHER!

We never tire of stating that mutual provident schemes such as ours operate according to the principle that individual expenditure is spread across the entire membership: every penny spent on medical costs is borne by the group as a whole and the principle of solidarity operates between all members, irrespective of age, family size, career path or marital status.

Solidarity is one of the fundamental principles of mutuality! This is of critical importance given the atypical demographics of our membership (13,800 in all), with a ratio of one active contributing member for every retired contributing member. Each of us must be imbued with a sense of responsibility for our healthcare expenditure because savings or losses are borne by us all. So we must all try to remember, when choosing our healthcare provider, that the CHIS’s money is our money and that we’re all in it together!

In this context, we should also remember that the Organization is its own insurer and that the CERN Health Insurance Scheme (CHIS) is just one component of the social security system provided by the Organization, covering illness, accidents and long-term care. The present administrator of our scheme is UNIQA, who take care of everyday operational tasks on CERN’s behalf. Everything to do with levels of contributions, benefits and reimbursements derives from the policy decided by CERN.

The CHIS Board, for its part, prepares the concertation process for the Standing Concertation Committee (SCC) by analysing the technical aspects of Management proposals which might lead to such policy decisions being taken. Ultimately, the fate of our scheme is in the hands of the CERN Council but, of course, such decisions are only taken after a thorough process of concertation between representatives of the Management, the beneficiaries and the Member States.

One further piece of information: UNIQA will continue to be our scheme administrator in 2014 but a call for tenders is under way, opening the contract to competition for 2015 and beyond. The selection process is already taking place this spring and we will of course keep you fully informed.
DEFINITION
Insomnia is a reduction of the normal sleeping time and/or a deterioration in the quality of sleep with repercussions on one’s ability to stay awake the next day (fatigue, drowsiness, irritability, moodiness). It can manifest itself in the following ways:

- difficulty falling sleep (sleep-onset insomnia),
- frequent or protracted periods of wakefulness (sleep-maintaining insomnia),
- waking up too early in the morning (early-morning awakening insomnia)
- light, non-refreshing sleep.

Insomnia may be transient/acute (lasting between 1 and 3 weeks) or chronic (lasting more than three weeks).

TRANSIENT INSOMNIA
Transient insomnia is linked to specific causes, such as mourning, illness, travel, exams, family or professional problems etc. and generally goes away by itself. However, in a small percentage of cases, they can become chronic. Long-term hypnotic drug-use can be a contributory factor in such cases. Transient insomnia can be caused by various factors:

- poor sleep hygiene (coffee intake or sport in the evenings, irregular hours, long afternoon naps, etc.)
- environmental factors (change of bedroom, noise, light etc.)
- stress factors (psychological or physical)
- other factors (jet lag, shift work, rebound insomnia [starting or discontinuing medication])

CHRONIC INSOMNIA
- has psychophysiological causes in the majority of cases - following a stressful life event transient insomnia can condition one’s daily existence so that, for example, the mere act of going to bed brings on anxiety and leads to insomnia;
- can be due to a sleep-perception disorder (some patients complain about unsatisfactory sleep even though objective evidence suggests no disorder);
- can very often be associated with or caused by psychiatric disorders (in particular anxiety and/or depression); according to the WHO’s international statistical classification of illnesses, chronic sleeping disorders are, in most cases, symptomatic of mental disorders;
- can have organic causes (somatic, neurological, restless legs syndrome, sleep apnea) or be caused by drug or substance use (alcohol dependency, corticosteroids etc.).

EPIDEMIOLOGY
Insomnia is a very widespread condition, and in some cases of recurrent and prolonged sleeplessness, it causes real suffering. Sleep deprivation leads to a decrease in alertness and the ability to concentrate, bouts of moodiness, etc. Over the long term, it can contribute to the onset of diabetes or obesity.

The WHO has drawn up statistics on sleeping disorders from general health care in 14 countries: 26.8% of people interviewed claimed to suffer from insomnia. 16% of cases relate to sleep-onset disorders, 15% to sleep-maintaining disorders, 10% to early-awakening and 4% to excessive daytime drowsiness. Insomnia is most frequent in “developed” countries.

In France, 20 to 40% of the population suffers from chronic or transient insomnia. Twice as many women as men over the age of 40 are affected, and the condition becomes more prevalent with age. More than 10% of adults regularly take hypnotics to aid sleep.
DO YOU SUFFER FROM INSOMNIA?

Sleep patterns can often be a weather vane for both physical and mental health.

<table>
<thead>
<tr>
<th>Do you</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>have trouble getting to sleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wake up regularly during the night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wake up too early in the morning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>wake up feeling tired and unrefreshed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered “yes” to any of these questions, then you might be suffering from insomnia.

WHEN SHOULD I SEE MY DOCTOR?

If the problem occurs more than 3 times a week over at least a 3-week period and

- your quality of life is adversely affected
- you feel drowsy during the day
- you wake up tired every morning,

then you should make an appointment to talk it over with your family doctor. Active members of the personnel can also consult the CERN psychologist on Tuesdays and Thursdays, by appointment.

Source: WHO

CERN Medical Service
**IN BRIEF**

> **CHIS: COMPOSITION OF THE BOARD FOR 2014**

The CHIS-Board (CERN Health Insurance Scheme Board) is a Standing Concertation Committee sub-group, whose members are appointed half-half by the Management and by the Staff Association, in accordance with the CERN-ESO Pensioners Association. Since June 1st, 2014, the members of the Board are:

- **Strategic Advisor & President appointed by the Director-General:** Philippe Charpentier
- **Members appointed by the Director-General:** Peter Jurcso, Daniela Macina, Jean-Pol Matheys (Administrator of the Scheme), Florian Sonnemann
- **Members appointed by the CERN Staff Association & the CERN-ESO Pensioners Association:** Michel Baboulaz, Sébastien Evrard, David Jacobs Joël Lahaye

> **NEW APPROVED PROVIDERS**

**LA CLINIQUE BOIS-BOUGY**

This new establishment, located in Nyon, specialises in rehabilitation care and treatment follow-up. Given that the Joli-Mont clinic in Geneva is always very busy, an agreement with this clinic was worth considering, as the conditions offered are equivalent to those provided by its competitors. A first agreement was therefore signed for a first period running to 31.12.2014.

Aside from these two specialisations, the clinic also has competencies in sport medicine, geriatric problems and some outpatient treatments.

Located in a brand new building in a large park, all rooms are equipped with private bathrooms, direct line telephones, flat-screen televisions and free Wi-Fi access. Rooms are available as singles or doubles and are spacious, bright and equipped with contemporary specialised ergonomic furniture. For more information, go to: www.bois-bougy.ch/

**LA CLINIQUE DES GRANGETTES**

La Clinique des Grangettes is a private care establishment, equally renowned for its quality of care as for its first-class hotel accommodation. The clinic’s main areas of specialisation are emergency medicine, surgery, cardiology, internal medicine, maternity, pediatrics, radiology, urology and orthopaedics.

Located in Chêne-Bougeries on the left bank of the canton of Geneva, la Clinique des Grangettes constantly updates its range of high-performance diagnostic and treatment equipment.

The medical staff comprises over 150 private doctors and surgeons, who are “accredited” by the clinic following a rigorous selection procedure which guarantees their levels of competence and experience. You can find out more at: www.grangettes.ch

> **THE “GENOLIER SWISS MEDICAL NETWORK” (GSMN)**

An agreement with the Genolier private clinic (canton of Vaud) has been in force for some years, but during the renegotiation of this agreement, the possibility arose of extending it to other clinics which are members of the same group across Switzerland. Right across French-speaking Switzerland, in the cantons of Geneva, Vaud, Fribourg, Valais and Neuchâtel, a number of establishments are now ready to welcome us under conditions approved by the CHIS. The same applies for German-speaking Switzerland and Ticino. To view the full list of these healthcare centres, go to: www.gsmn.ch

> **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

**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

**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

> **ARCHIVES**

All the previous editions of CHISBull are available at: https://hr-services.web.cern.ch/hr-services/Ben/chis/CHISBull_fr.asp