



CERN Health Insurance Scheme – CHIS

Instructions for completing the CHIS/F01

« Claim for reimbursement of medical expenses »

Information Note

IN2

Reminder of the benefits under the rules of the CERN Health Insurance Scheme (CHIS)

The benefits, reimbursement rates, applicable ceilings and special conditions are listed in Annexes I and II of the CHIS Rules. The exclusions applicable to members with reduced cover are defined in Article VIII 3.01 of the Rules. The Rules and the various CHIS forms are available at www.cern.ch/chis.

The reimbursement of certain benefits is subject to the prior approval or opinion of the Third Party Administrator, UNIQA (see Annexe I). Requests for prior approval or opinion must be submitted in writing to UNIQA before the treatment starts and in accordance with the provisions of Section 3 of Chapter VI of the Rules.

Claims for the reimbursement of treatment (other than treatment dispensed by a doctor or dentist) and auxiliary appliances must be accompanied by a medical prescription. Acts performed by medical auxiliaries must be as specified on the medical prescription.

Family members who have their own similar primary health insurance may use the CHIS as complementary insurance, according to Article IV 1.04 of the Rules. In such cases, reimbursement must first be claimed from the primary insurer before claiming complementary reimbursement from the CHIS.

Use of the CHIS/F01 form

This form must be used to claim the reimbursement of medical expenses already paid by the insured member. It can be completed electronically or on paper.

Time limit: Claims must be submitted within 12 months from the date of issue of the bill.

In all cases:

- Use one form per person and per case (e.g. illnesses and accidents on separate forms). The insurance number/CHIS ID No. can be found on the insurance card.
- In the column, “Benefit category” indicate the appropriate category according to the list at the bottom of the page. In the PDF version use the drop-down menu. The same category may be used several times, e.g. “doctors’ fees” can appear on two lines in the case of bills in different currencies.
- Attach: original bills*, proof of payment for each bill, medical prescriptions**, and/or, where applicable, the original reimbursement statement from the primary insurer.
 - * Bills must indicate: the full name of the patient, a breakdown of the treatment undergone, the date or period of treatment, the name, qualifications and address of the medical practitioner or the medical service provider (e.g. hospital/clinic/ laboratory), the amount payable and the currency in which the bill was issued.
 - ** Where a medical prescription allows multiple purchases or treatment sessions, please attach a copy of the prescription to the first claim(s) and the original prescription to the claim for the final purchase or session of treatment.
- Do not staple the documents. Use paperclips if you wish to keep documents together.

When claiming reimbursement for a non-occupational accident: Fill out and attach the form CHIS/F02 – Declaration of a nonprofessional accident to the first claim and indicate only the date of the accident in subsequent claims.

When claiming reimbursement for an occupational accident or an occupational illness: Full reimbursement under the provisions for occupational illnesses and accidents is granted only if the illness or accident has been recognised as such by CERN. You may claim reimbursement in the same way as for a non-occupational accident or illness before your case has been recognised by CERN. Once you receive notification of recognition by CERN, you must inform UNIQA in writing, indicating which of your previous claims is to be reimbursed in full in accordance with this decision. UNIQA will then reimburse you the difference.

When claiming complementary reimbursement: Tick only the “Complementary reimbursement” box, irrespective of whether the expenses incurred relate to an illness, an accident or maternity, and attach the original reimbursement statement from the primary insurer. Additional explanations and copies of bills and prescriptions may be attached to the claim if the reimbursement statement issued by the primary insurer does not specify all the expenses for which reimbursement is being claimed.



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Return the claim to: UNIQA GlobalCare SA, 94 rue des Eaux Vives, Case Postale 6402, 1211 Genève 6, Switzerland. You can also send claims using CERN's internal mail system or deposit them in the dedicated mailbox outside UNIQA's office in CERN's Main Building. Incomplete claims will be returned by post to the member for completion. Reimbursements are made in Swiss francs only. The official exchange rate in force at CERN on the day on which the claim is processed is applied to bills in other currencies. You can follow the processing of your claim and view your reimbursement statements at <https://extranet.uniqua.net/>

Except in exceptional circumstances, the Main Member must assume responsibility for the accuracy of reimbursement claims submitted for him/herself or a family member. The Main Member must also verify, as far as possible, that the bills correspond to the treatment undergone (see Article V 3.01 of the Rules).

Procedure in the event of disputes

An insured member can challenge a reimbursement decision with which he/she does not agree by writing to UNIQA in accordance with the procedures set out in Chapter XIV of the Rules. Disputes will be settled according to the provisions of Rules.

Special situations

Ex-gratia payments - In exceptional circumstances, a member may request a benefit exceeding the reimbursement ceiling or a benefit not listed in the Rules (Article VI 6.02 of the Rules). Requests for ex-gratia payments must be made in accordance with the procedure set out in Information Note No. 5 available at www.cern.ch/chis.

Serious cases - Members with Normal or Reduced Health Insurance Cover benefit from full reimbursement of the expenses set out in sections B1 to B5 of Annex I of the Rules for any illness or accident if the cumulated expenses associated with the condition exceed 80 000 CHF during the period of membership, provided that the condition is registered with UNIQA (Annexe II 1.04 of the Rules). If you wish to register a condition, please refer to the procedure set out in *Information Note No. 6* available at www.cern.ch/chis.

Payment of benefits to Subsidiary Members - Under certain defined conditions and in accordance with a procedure approved by the Director-General, the following may be reimbursed or paid directly to the Subsidiary Member concerned or his or her legal representative (Article VI 2.04). Please contact the CHIS Manager for information on the procedure: chis.manager@cern.ch.

Prior reimbursement of high medical expenses - In special circumstances, a member may request advance reimbursement of a bill from UNIQA in accordance with Article VI 6.01 of the Rules. Requests for prior reimbursements must be made using the form CHIS/F04 – Request for advance reimbursement.

Higher ceilings for paramedical expenses in the context of LongTerm Care benefits - Members with Normal Health Insurance Cover benefit from higher reimbursement ceilings for certain paramedical treatments and expenses if they have been recognised to be in a state of dependence. Requests for an assessment with a view to recognition of a state of dependence must be made using the form CHIS/F05 Claim for LTC benefits. (Chapter X of the Rules)

Members undergoing treatment involving exceptionally expensive pharmaceutical expenses, e.g. following an organ transplant or certain cancer treatments may benefit from a direct payment agreement between CERN and certain pharmacies. Please contact UNIQA directly for further information