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A bit like the weather as we emerge – at long last – from winter, our 2005 statistics are also blowing hot and cold, with some good and some less welcome news.

Although our overall health expenditure is still rising, the increase levelled off slightly in 2005 compared with 2004, which is encouraging. It can never be repeated often enough that some areas of expenditure have a decisive impact on the general trend. The obvious example of this is hospital treatment. It shouldn't be forgotten that costs differ widely from one establishment to another for the same quality of treatment.

Some patients give preference to certain hospitals purely on practical grounds, i.e. because they are close to home or work. But we must all remember that we are members of a mutual scheme where each and every one of us can make a difference to the financial health or deficit of our entire scheme. So, when choosing a hospital establishment, we must place a premium on the quality of treatment and general comfort while not losing sight of the financial dimension. If we each apply this general guideline, we can collectively make a great difference!

In this issue we inform you of agreements signed with two new establishments and also of the renewal of the agreement with the La Tour Hospital. In the latter case, we shall be monitoring developments closely. In association with UNIQA, the CHIS Board will be carrying out an in-depth examination of hospitalisation costs and we shall report on the results in a forthcoming issue.

One thing is clear: our hospital expenditure fell significantly the year in which we revoked the agreement with the La Tour Hospital. Is there a correlation or was it just pure coincidence?

Trying to contain health costs is equally about trying to prevent illness. Our experts in the Medical Service give us a few practical tips about screening. They list a few of the straightforward initiatives that we should all take on a regular basis.

Finally, in this first issue of the year, I would like to take the opportunity to extend my very great and heartfelt THANKS to the members of the Board for the tremendous work they all do in the very best mutualist tradition. I would also like to welcome Thierry Lagrange and François Menard-Noens to the Board and to extend a special vote of thanks to out-going members Anne-Sylvie Catherin and Gilles Lindecker for their highly appreciated contributions over all the years they have been members. Our best springtime wishes to them both!

Sylvain Weisz, Chairman of the CHIS Board

EDITO



>2005 STATISTICS

In keeping with tradition, the first CHIS' Bull of the year is very much given over to statistics. This is an extremely important and revealing annual exercise as statistics speak for themselves and, every Spring, give us clear indications of specific action each of us can take to keep our Scheme in good health.

First some good news: the 2005 trends are slightly more favourable than those observed in 2004. Our health expenditure increased by 5.5% in total in 2005 compared with 7% in 2004. The average cost per member rose by 2.3%, a rise limited by the impact of an influx of young staff members, resulting in a fall in the average cost per active member of 1.5%. But we still need to be very careful as certain items continue to rise steeply.

> HOSPITALS - THE KEY TO OUR SCHEME'S HEALTH

Hospitalisation quite naturally accounts for a very high proportion of our total health spending and is, by far, our largest expenditure item. In 2005, hospital costs accounted for more than 40% of our Scheme's expenditure against 37.8% in 2004.

Particularly alarming is the upward trend in these costs, which shot up by 12.6% in 2005 compared with 2004. This sharp rise is a cause for con-

cern on several counts and could ultimately place the overall balance of the CHIS in jeopardy. In this context, it is worth pointing out that the Hôpital de la Tour, on its own, accounts for some 19% of the Scheme's total expenditure! Just one good reason for giving the following pages your full attention...

> MEDICAL AUXILIARIES - OUCH!

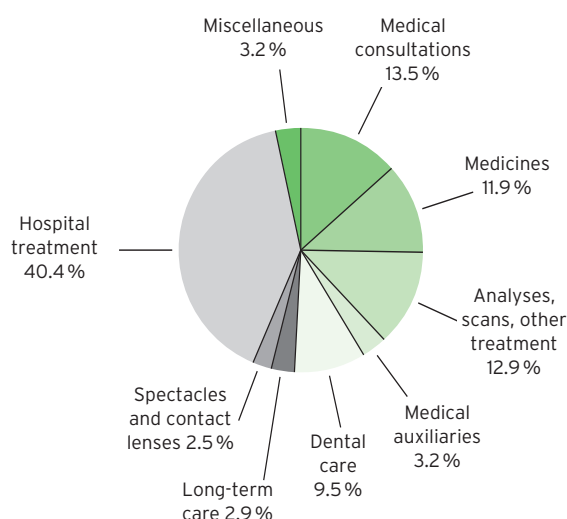
Care provided by medical auxiliaries is also on the rise - by more than 8% in 2005 compared with the previous year. Since there has been no noticeable increase in these providers' tariffs, the only explanation is increased volume.

> DENTAL CARE - STABILITY!

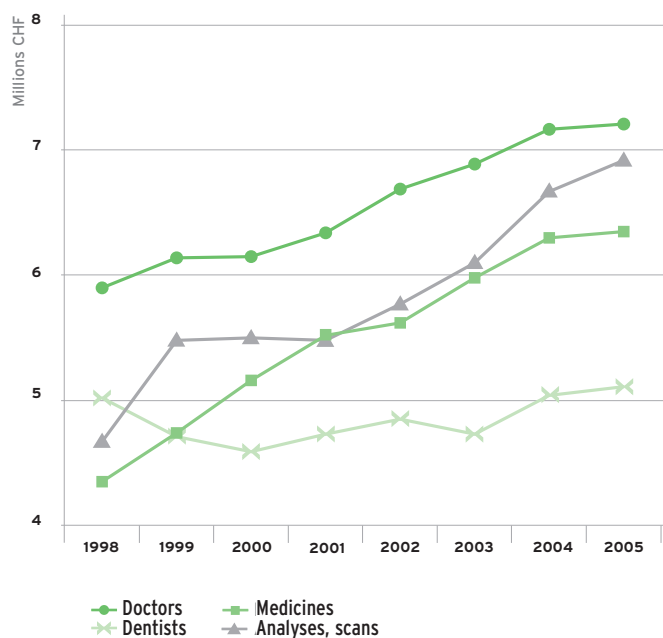
With a modest increase of 1.5%, this expenditure item has stabilised after several years of sharp rises. It nonetheless accounts for nearly 10% of all expenditure. As you are certainly aware, French dentists charge lower rates than their Swiss counterparts but provide treatment of identical quality. You are therefore urged to give preference to French dentists wherever possible. We are only too aware of this phenomenon and recently proposed an agreement to the dental practitioners in the Pays de Gex. Unfortunately they turned down our offer, preferring to maintain their tariff freedom.

Alarming rise in

> BREAKDOWN OF TOTAL EXPENDITURE IN 2005



> TRENDS IN THE MAIN EXPENDITURE ITEMS, EXCLUDING HOSPITALISATION



> PHARMACEUTICAL COSTS - ENCOURAGING!

Pharmaceutical costs are stabilising, having increased by barely 1% over the past year (unlike the previous year!). So the trend is at least going in the right direction. This item still accounts for nearly 12% of our overall health budget, but it can be further reduced through simple measures taken by each individual, such as using generic medicines whenever possible (which is more and more the case), buying medicines in France, or even following the valuable prevention tips given by our health experts.

The 2005 statistics give us clear pointers as to what can be done by each individual member to improve the health of our Scheme. We should always bear in mind that our scheme is based on the principle of mutuality. Today, the crucial issue is hospitalisation, so before choosing a hospital establishment, we all have a responsibility for weighing up the pros and the cons - and financial considerations must be a factor in this equation. Ultimately, it's for everyone's benefit!

> LONG-TERM CARE

Benefits paid out in 2005 (in KCHF)

(long-term care allowances and paramedical care)

• Low-level dependence	386.5
• Moderate dependence	582.1
• High-level dependence	572.5
Total	1,541.1

Reserve at 31.12.05: **27.8 MCHF**

Number of cases

71 cases of dependence were registered at 31 December 2005:

- 26 cases of low-level dependence
- 28 cases of moderate dependence
- 17 cases of high-level dependence

The CHIS medico-social panel evaluated 23 cases in 2005.

hospital costs

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

Amounts reimbursed (in CHF) before the annual deductible is taken off	2004			2005		
	total		Average amount per member	total		Average amount per member
Compulsory members & their dependants	18 524 307	36.5%	2603	18 859 197	35.2%	2594
Pensioners & their dependants	30 289 700	59.6%	7139	32 855 084	61.3%	7455
Other categories & their dependants	1 978 485	3.9%	3895	1 868 585	3.5%	3337
	50 792 492	100%	4280	53 582 866	100%	4379

> NUMBER OF MEMBERS PER CATEGORY OF MEMBER

	2004		2005	
Compulsory members & their dependants	7 117	60.0%	7 269	59.4%
Pensioners & their dependants	4 243	35.8%	4 407	36.0%
Other categories & their dependants	508	4.2%	560	4.6%
	11 868	100%	12 236	100%

> A RESPONSIBLE CHOICE

As the statistics on the previous pages show, reimbursements for hospitalisation costs rose sharply again in 2005, by 12.6% (2.4 MCHF) compared to 2004.

No insurance scheme can sustain such increases without implementing measures to maintain its financial balance. The CERN Health Insurance Supervisory (CHIS) Board is examining ways of curbing, even reducing, those costs but above all it is relying on CHIS members being aware of the significance of the choices they make. There is no doubt that you can contribute to this effort to reduce costs through your choice of hospital.

> TARIFF AGREEMENTS DO NOT MEAN CARE COMES CHEAP

As explained in an article in CHIS Bull 21, the goal of a tariff agreement between a care establishment and an insurer is to bring benefits to both parties. The insurer obtains guaranteed fixed prices, which facilitates the processing of claims, and possibly some tariff reductions. Conversely, the establishment obtains a guarantee that its invoices will be paid promptly and that it can make use of the agreement for publicity purposes with potential clients.

After lengthy negotiations with the La Tour Hospital conducted together with representatives of the health insurance schemes of the main international organizations based in Geneva, CERN has concluded a new tariff agreement with the establishment and its care network, which includes the Clinique de Carouge. The group's management has granted the CHIS significant reductions compared to its published tariffs for 2006, which will reduce the impact of the tariff increases that are to be implemented.

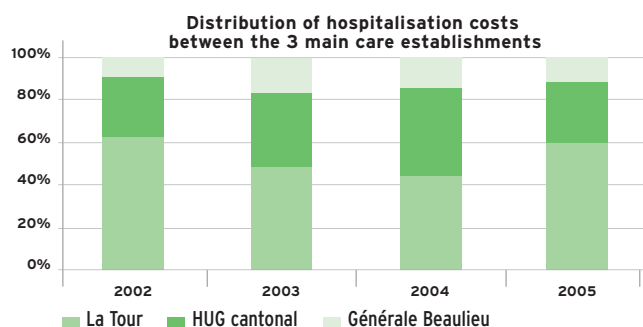
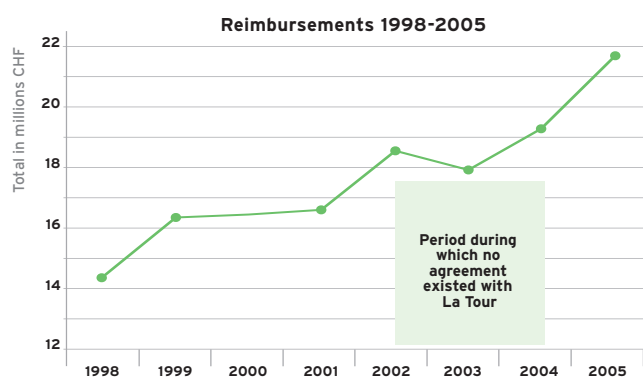
However, this tariff agreement will not result in a fall in hospitalisation costs, as most of the tariffs have still increased compared to 2005. Furthermore, in spite of the reductions obtained, the La Tour Hospital remains the most expensive of all the establishments with which CERN has signed an agreement (see the list page 5).

It is your choice that can most effectively stabilise or reduce hospitalisation costs. The graphs and histograms for the years 2002 to 2005 clearly show the impact of that choice on the total sum for the reimbursement of hospitalisation costs.

The figures speak for themselves. It is up to each one of us to draw our own conclusion !

> TOTAL EXPENDITURE FOR HOSPITALISATION COSTS IN 2005: 21.640 MCHF

TREND OF EXPENDITURE FOR HOSPITALISATION COSTS



> NEW TARIFF AGREEMENTS FOR 2006

A new tariff agreement has been signed with two public establishments in the Geneva University Hospitals group (HUG), the Clinique de Joli-Mont and the Clinique Genevoise de Montana.

The CHIS and UNIQA have concluded a tariff agreement with two Geneva hospital establishments, which entered into force on 1st January 2006. The Clinique de Joli-Mont and the Clinique Genevoise de Montana are public hospitals and take in patients from all public and private hospitals.

The Clinique de Joli-Mont, which is located in Grand-Saconnex, offers the benefits of convenience and easy access using the Geneva public transport system (see www.cliniquedejolimont.ch). The clinic takes in patients requiring non-intensive treatment or care of a medico-social nature, for medium- to long-term periods of hospitalisation. The Clinique de Joli-Mont is recognised and respected for its rehabilitation work in the fields of orthopaedics and somatic illnesses as well as for internal medicine.

The Clinique Genevoise de Montana (see www.cgm.ch) is located in the ski resort of Crans-Montana, in the canton of Valais. The clinic takes in patients requiring specialist care in the fields of psychosomatic, internal and rehabilitation medicine.

At both these establishments, the medical, paramedical and care staff operate an interdisciplinary approach to their work with the objective of enabling patients to become autonomous in managing their illness.

Standard accommodation is a room with one or two beds. The CHIS reimburses 100% of the cost for a two-bed room at this establishment as a third-party payer. The cost of the private room supplement must be borne by the members.

> 2006 TARIFF AGREEMENTS: A QUICK OVERVIEW

Below, by way of reminder, you will find a summary of the tariff agreements already signed for 2006 and of those for which negotiations are still on-going. The scope of these tariff agreements can be broad or it can be limited to specific medical services. Given that the status of these tariff agreements regularly changes, it is important to consult UNIQA prior to any hospitalisation.

TARIFF AGREEMENTS CONCLUDED OR RENEWED FOR THE YEAR 2006:

Geneva University Hospitals (HUG), the Clinique Générale Beaulieu, the HUG Cliniques de Joli-Mont (Geneva) and Montana (Crans-Montana/Valais), the Clinique La Lignière, the Hôpital de La Tour, the Clinique La Métairie, the Centre Médical de l'œil - ONO and the Clinique de Genolier.

TARIFF AGREEMENT FOR WHICH NEGOTIATIONS ARE ON-GOING FOR 2006: Clinique La Colline

> MORE GOOD NEWS!

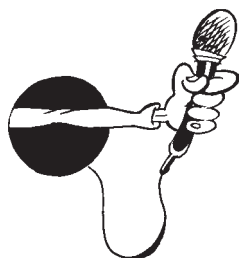
Onex Medical Group (Groupe Médical d'Onex): more than forty doctors have been added to the list of those applying the TARMed agreed tariff to members of the CHIS.

The Onex Medical Group has requested to be included in the list of doctors applying the TARMed agreed tariff of 0.98 CHF/point. You will find a list of these doctors, according to their specialities, on the CHIS website: www.cern.ch/chis

Moreover, since it was founded, the medical centre has been running pilot projects on quality, preventative medicine and home care in collaboration with the Geneva university care facilities.

The HUG have also made the Onex Medical Group responsible for managing the Cressy rehabilitation centre in Loëx. For further information, please consult the Group's website: www.gmo.ch

The Onex Medical Group was established on a 3000 m² site around twenty years ago and comprises a multi-disciplinary team providing diagnostic examinations, out-patient surgery, physiotherapy, oncology, chemotherapy and dialysis. The Group is also part of the Geneva emergency network and accepts patients 24 hours a day, 365 days a year.



> THE UNIQA COLUMN

IMPLEMENTATION OF UNIQA'S NEW COMPUTER PROGRAM

A year ago we informed you in the CHIS'Bull that UNIQA was setting up a new computer program for handling CERN's health insurance claims. This program, which will make the management of reimbursement claims more flexible and transparent, is now ready for deployment at the beginning of March 2006.

Our primary objective is to make our computer system more responsive to changes in CHIS benefits and to provide the people responsible for managing the CHIS with additional statistical reports that can be modulated as required. This will help us, together with the CHIS Board, to coordinate the management of the CERN Health Insurance Scheme based on continuously updated financial and actuarial data.

Our goal is also to make it easier for you, as users, to access personal data concerning your reimbursement claims. As long as you have access to the Internet, you will be able to consult the status of your reimbursement claims at any time via our extranet and also print copies of notices of reimbursement. All you need to do is submit a request for extranet access from our website www.uniqa.ch; you will receive safe access codes giving you confidential access to your own file and the files of your family members. In special circumstances, in particular separated spouses whose reimbursements are paid into their own bank accounts, we are able to provide restricted access facilities giving the persons concerned sole access to their personal data.

REIMBURSEMENT

Whether or not you have an Internet connection, there is no change in the notification of reimbursements: everyone will continue to receive reimbursement notices through the post. As you will see, we have slightly modified the notification form to make it easier to read.

We have also improved our internal procedures by automating certain functions, for example by creating an automatic link between currency and the country of the care provider in the majority of cases, which will allow us to eliminate one of the most frequent sources of human error.

Of course, the new program will be constantly evaluated and improved, especially during the first year. We hope that we can count on your understanding in the first phases of operation and encourage you to send any comments and suggestions to us at uniqa.assurances@cern.ch

UNIQA Assurances SA

Better information...

> SCREENING

WHAT KIND, FOR WHOM, AT WHAT AGE AND HOW OFTEN?

For years, medical journals have been advising us to go for regular check-ups. What are they recommending in 2006?

In this article we aim to provide an update on the state of knowledge on mass screening, i.e. the screening of an unselected population displaying no symptoms. The following list is not exhaustive and should be adapted to each individual taking into account their family history, personal background and lifestyle habits.

> RECOMMENDATIONS FOR CANCER SCREENING

For women

- > **Cervical smear** once a year from the age of 20 onwards, and then once every three years if the results are normal three years in a row
- > **Self-palpation** of the breasts from the age of 20 onwards
- > **Mammogram** once every one or two years from the age of 50 onwards; some studies even recommend this from the age of 40 onwards.

For men

- > Prostate cancer screening: PSA test and digital rectal examination once a year from the age of 50 onwards - ongoing epidemiological studies expected to validate the reduction of mortality rates.

For both sexes

- > Colorectal cancer screening from the age of 50 onwards: the most appropriate detection method (search for occult blood in stools, sigmoidoscopy or colonoscopy) should be discussed with your GP
- > Screening for skin cancers by clinical examination, especially in cases of suspect or evolving skin lesions.

> RECOMMENDATIONS FOR THE PREVENTION OF CARDIOVASCULAR DISEASE

- > Blood pressure measurement once every two years from the age of 18 onwards.
- > Blood testing for total cholesterol and LDL, or "bad", cholesterol once every five years for men over the age of 35 and women over the age of 45.
- > Calculation of the Body Mass Index (BMI), or H/W^2 where H stands for height and W weight. BMI provides a reliable index, valid from the age of 18 onwards.
- > Testing for blood sugar levels if you have high blood pressure, dyslipidemia or excess weight from the age of 35 onwards.
- > Screening for aortic aneurysm (by ultrasound scan) in men who smoke or who have smoked and are aged between 65 and 75.

In addition to these recommendations please do not forget that **ONE IN FIVE DEATHS** can be prevented through the **PRIMARY PREVENTION OF THE DISEASES LINKED TO TOBACCO AND ALCOHOL.**

Dr Veronique FASSNACHT and Dr Eric REYMOND, CERN Medical Service



>CHIS: COMPOSITION OF THE CHIS BOARD FOR 2006

It is always useful to remind people 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 2006 are :

Chairman: Sylvain Weisz

Contract manager: Michel Baboulaz

Members appointed by the CERN Management:

Philippe Charpentier, Günther Geschonke, Thierry Lagrange

Members appointed by the Staff Association and the CERN Pensioners Association:

Gianni Deroma, Jean-Paul Diss, Joël Lahaye, Pierre Lazeyras

Alternate: Robert Muzelier

ex officio members:

Andre John Naudi, Michel Vitasse

Standing invitations to attend:

Véronique Fassnacht, François Menard-Noens, Eric Reymond, Carmelo Saitta

Secretary: Marcel Aymon

> MEDICAL EXPENSES CLAIMS

We have noted a regular increase in the number of medical expenses claim forms having to be processed, which have risen from 54 500 in 2003, to 55 500 in 2004 and to 58 500 in 2005, resulting in a growing trend in the Scheme's administrative overheads.

In the interests of trying to limit the number of claims and ensuring that your claims are processed as rapidly as possible, we would urge you, as far as possible, to avoid submitting a claim for reimbursement of medical expenses :

- > for an amount lower than the annual deductible of 100 CHF per adult, or
- > at peak periods, i.e. particularly at the end of holiday periods in January and in September.

> LIST OF GENEVA MEDICAL PRACTITIONERS APPLYING THE TARMED TARIFF

We would like to remind you that this list can now be accessed on our web pages at www.cern.ch/chis It includes all the 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 those insured with Swiss schemes subject to LAMal legislation.

UNITED HEALTH CARE

UNIQA's experts are there to help you!

UNIQA has a telephone number you can call at any time for help when travelling:

in emergencies 24h/24h: tel. +43 512 224 22

(This number is also printed on the back of your membership card)

We recommend you to contact this number if you need to be hospitalised outside Europe. **You must do so if you are hospitalised in the United States so that your file can be handled by United Health Care, UNIQA's partner.** This allows you to avoid having to pay a deposit and the cost of your stay in a US hospital will be significantly lower.

Before you travel, UNIQA can provide you, on request, with a United Health Care membership card, which will simplify the procedures to be followed with American doctors and hospitals.

This card is free of charge and given irrespective of having signed up or not for the extended cover.

