

- 1 Editorial | 2-4 File** New governance model and third-party administration contract
5 Latest news Update for "Frontalier" family members or Retirees residing in France
6-8 Good to know New tariff agreements and Benefits reform: three years on!
9 Practical information The UNIQA column | **10-11 Prevention** The flu...!
12 In brief News and happy holidays!

The main event for the CHIS over the last few months was undoubtedly the decision by CERN's Finance Committee to award the third-party administrator contract to UNIQA. UNIQA, should you need reminding, is not your insurer but has been responsible for processing and paying your reimbursement claims on behalf of CERN for more than 40 years (the company was previously called AUSTRIA).

This adjudication marks the end of a long competitive tender process based on new specifications, which take into account many comments made by both our internal and our external auditors, as well as by a specialised firm brought in to assist with the drafting of the specifications. Many people from the HR, FP and IT departments were involved in this long process over more than nine months and I would like to thank them for their hard work.

Later in this issue of the CHIS Bull', you will find an article by UNIQA announcing some of the changes planned over the coming months, which will facilitate your interactions with the company as well as improving the processing and follow-up of your reimbursement claims. But the role of our third-party administrator (to use the official term) is not limited to processing reimbursement claims. UNIQA provides the CHIS with many services, including extremely useful and effective assistance in negotiating tariffs with healthcare providers in Switzerland.

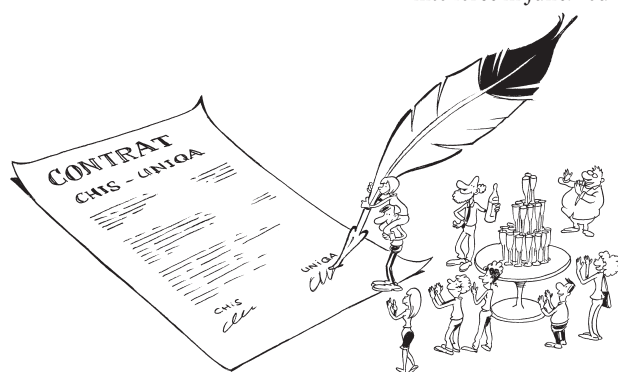
Another change you may not have noticed took effect in June, regarding the governance of your health insurance scheme. The CHIS Rules were originally drafted at a time when it was not seen as important to formalise the assignment of specific roles. An internal audit of the CHIS highlighted a number of areas for improvement or clarification of the roles of each person involved in the Scheme, and this gave rise to the changes which came into force in June. You will find more information on this subject later in this issue.

We will also return to two complex questions mentioned in the last issue, namely the insurance of family members with *frontalier* status, and the problem of certain retirees automatically becoming members of the CPAM (French national health insurance scheme). These problems have required input from several services at CERN and interactions with the authorities in the Host States. I would like to take this opportunity to thank all those involved for their help and diligence in ensuring that we are able to continue offering quality health insurance cover to you and your families during and after your time at CERN. They have invested considerable energy and talent on your behalf.

You will also find information in this issue about new tariff agreements, meticulously negotiated in collaboration with other international organisations in Geneva. UNIQA is also there to advise you on the procedures to be followed and any other subject concerning your healthcare service providers (doctors, hospitals, laboratories, etc.). Don't hesitate to contact them if the need arises! We've also included a reminder of the benefits reform measures that have now been in place for almost three years.

Finally, during the winter, it is a good idea to consider protecting yourself against the flu and our Medical Service has lots of useful information on this subject. Prevention is better than cure! Also don't forget screening for breast and colon cancer, both of which unfortunately still result in far too many deaths that could have been avoided by early detection. These screening tests are fully reimbursed by the CHIS.

Enjoy this issue and I wish you all the very best for the fast approaching festive season and a happy and healthy 2015!



EDITO

A NEW GOVERNANCE MODEL FOR THE CHIS

Until now, the CHIS Rules did not define the roles of the various people involved in the Scheme's governance sufficiently clearly. The only references to governance were the "contract manager", the "administrator" and the "CHIS Board", a bipartite body comprising representatives of the Management and the Staff Association (without details of its composition and role). However, it must be emphasised that this hasn't stopped your health insurance scheme from working effectively over many years! Everyone had found his or her own role within the operation of the CHIS and it was never going to be a case of starting from scratch! Nevertheless, following recommendations by our auditors, it appeared that it would be beneficial to the Organization for each person's role to be specified in the Rules.

Firstly, the term "administrator" does not correspond to the terminology used for situations where a third-party company (UNIQA at present) manages part of the administration for another organisation (i.e. CERN). The official term is "Third-Party Administrator" and this has therefore replaced "administrator" throughout our Rules and will henceforth be used in all of our communications.

Next, the role of the person from the Human Resources Department who supervises the operation of the health insurance scheme goes well beyond simply managing the contract with the Third-Party Administrator. This is why we decided that the term "contract manager" was no longer appropriate and to replace it with «CHIS Manager». This person's role has been more clearly defined, in terms of both monitoring the administration of the scheme

Change...

and managing relations with insured members (family situation, membership of associated members of the personnel, requests for ex-gratia benefits, etc.). The CHIS Manager is the Third-Party Administrator's main contact at CERN and ensures that, from the Organization's point of view, the Scheme is working well.

The CERN Management is responsible for ensuring the long-term stability of the CHIS, anticipating evolutions in healthcare expenses and demographic changes in the insured population so that the Scheme's budget remains balanced, while providing quality coverage against the risks associated with illness, pregnancy and accidents. With this in mind, the Director-General is assisted by a Strategic Advisor on Health Insurance, whose role is to monitor the evolution of the Scheme over the long term and to make recommendations to the Management on how to maintain its stability.

the CHIS Board, which is a sub-group of the SCC comprising four members appointed by the Management (including the CHIS Manager) and four by the Staff Association and the CERN Pensioners Association (GAC).

The CHIS Board is chaired by the Strategic Advisor, and reports to the SCC on its deliberations. In order to be able to prepare effectively for the *concertation* process, the members of the CHIS Board are informed regularly by the CHIS Manager and the Strategic Advisor of the situation and operations of the Scheme, of past trends and forecast expenses, as well as of changes in the practices of similar insurance schemes. The CHIS Board usually meets once a month and its meetings are also attended by a number of permanent or ad hoc invitees.

The conditions of the Health Insurance Scheme form an integral part of the employment conditions of members of the personnel and also apply to voluntary members, in particular beneficiaries of the Pension Fund. As a result, any proposal by the Management to modify the Scheme must be referred to the Standing *Concertation* Committee (SCC). These discussions are prepared by

CURRENT COMPOSITION OF THE CHIS BOARD

- **Strategic Advisor and Chairman, appointed by the Director-General**
Philippe CHARPENTIER / PH
- **Members appointed by the Director-General**
Peter JURCSO / BE Member
Daniela MACINA / EN Member
Jean-Pol MATHEYS / HR CHIS Manager
(actuellement Erwin MOSSELMANS / HR *ad interim* CHIS Manager)
Florian SONNEMANN / DGU Member
- **Members appointed by the CERN Staff Association (in agreement with the GAC)**
Michel BABOULAZ (GAC) Member
Sébastien EVRARD / EN Member
David JACOBS (GAC) Member
Joël LAHAYE / EN Member

> A NEW CONTRACT WITH UNIQA

NEW SERVICES AVAILABLE TO CHIS MEMBERS

Following a competitive invitation-to-tender process, the contract for the provision of third-party administration services for the CERN Health Insurance Scheme has been awarded to UNIQA for a period of five years from 1 January 2015. This contract is renewable, on CERN's initiative, for a second period of five years.

In other words, the Third-Party Administrator of the CHIS remains the same. Although the services provided will on the whole remain unchanged, the new contract brings with it a number of improvements. Some of these relate directly to the services provided to members, while others relate to the monitoring of the Scheme by the CERN Management. The new contract does not have any effect on the CHIS Rules, benefits, reimbursement rates or contributions.

The UNIQA Help Desk at CERN will be open 24 hours a week rather than 20 hours. From 5 January 2015, it will be open every day until 1 p.m. instead

and continuity!

of 12 noon as at present. The afternoon opening hours (Tuesdays and Thursdays between 2 p.m. and 4 p.m.) will remain unchanged and it will still be possible to make an appointment outside these times. In the UNIQA column of this issue of the CHISBull', you will see that some new services are already available through the UNIQA Member Portal, while others will be introduced in 2015.

From 1 January, a more comprehensive assistance service will be available, together with a medical helpline for an initial trial period of three years. The medical helpline makes use of the latest information and telecommunication technologies to provide healthcare services remotely. Later in this article we will explain the operation of this service in the framework of the CHIS.

NEW INSURANCE CARD

New insurance cards including all useful telephone numbers (UNIQA, assistance and medical helpline, hospitalisation in the United States) will be sent to all members in December 2014. From 2015, it will no longer be necessary to have a separate Medsave card for travel to the United States, as an emergency number will be available for you or the admissions office of the hospital to call in the event of hospitalisation. This number is also shown on the back of your new insurance card. This card no longer has an expiry date, so you can use it for as long as you are insured with the CHIS.

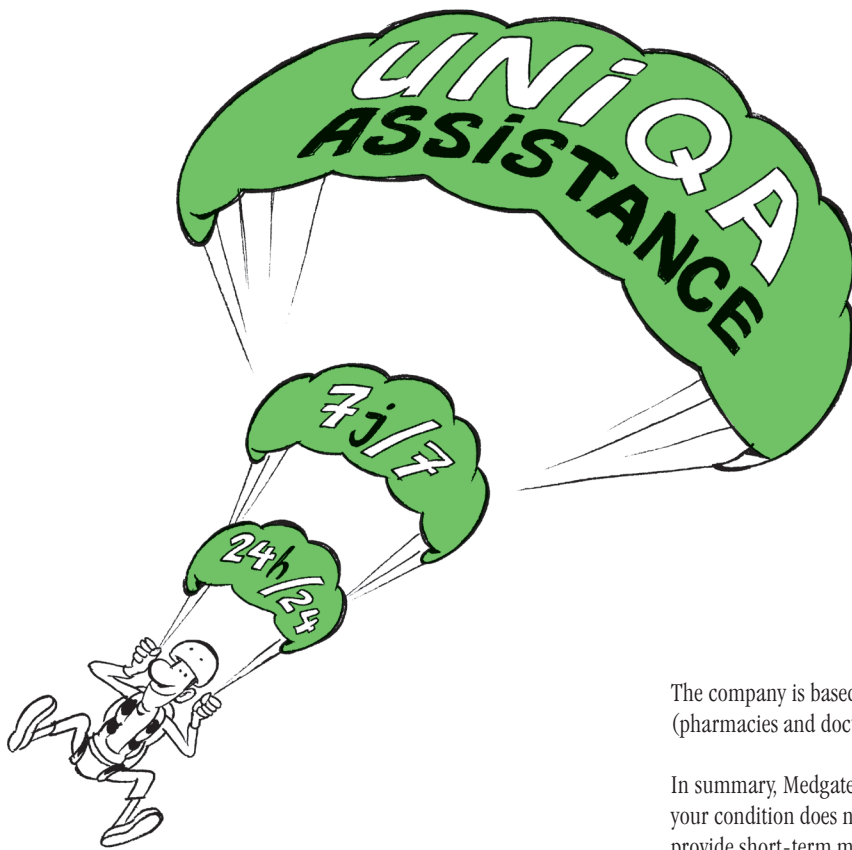
If you need an insurance certificate providing more details than those shown on your insurance card, you can generate it yourself via the Member Portal at: www.uniqa.ch.

Active members of the personnel, whose membership of the CHIS is compulsory, can request a certificate indicating:

- the compulsory nature of their membership of the Scheme or
- the amount of their contribution

at the following address:

<https://cern.service-now.com/serviceportal/search.do?q=attestation+insurance>



UNIQA ASSISTANCE (24 HOURS A DAY, 7 DAYS A WEEK, WORLDWIDE)

Under the new contract, UNIQA Assistance will offer CHIS members enhanced assistance services in emergency situations abroad or outside the opening hours of the UNIQA office in Geneva. By calling the number on the back of your new insurance card, you will be able to obtain information, assistance and advice if you need urgent medical care.

The UNIQA Assistance service is provided in collaboration with AXA Assistance, one of the largest assistance providers in the world, with a global network and know-how.

The call centre will point you in the direction of the nearest appropriate establishment (hospital or clinic), help you complete the admission formalities (particularly with regard to payment guarantees) and will handle transport (including medical transport, subject to prior approval as detailed in Chapter VIII 2 of the CHIS Rules).

UNIQA Assistance can also deal with the shipping of necessary medication if it is not available where you are (but the shipping costs are borne by the member). If you need medical advice, the service will put you in touch with the Medgate medical helpline (see below).

In the event of a life-threatening emergency, your first point of call must always be the local or national emergency services, who will be able to respond more quickly.

MEDICAL HELPLINE (MEDGATE)

Medgate offers you the possibility to consult a nurse or a doctor by telephone or via the internet (using Skype, for example) at any time (24 hours a day, 7 days a week). In some cases, this will save you the trouble of visiting an accident and emergency service where you might have a long wait. You will also be able to check whether you already have the right medication in your own medicine cabinet and therefore possibly avoid an unnecessary trip to the pharmacy. If you need medication, Medgate will let you know the nearest open pharmacy and may even be able to forward your prescription to it. If you need to consult a doctor in person, Medgate will tell you the nearest doctor on call or open health centre.

The company is based in Switzerland, but is currently extending its network (pharmacies and doctors) to neighbouring France.

In summary, Medgate's doctors will advise you on treatment, monitor you if your condition does not require hospitalisation, write prescriptions and even provide short-term medical certificates (sick leave, for example).

More information on Medgate and its services is available on the Medgate website: www.medgate.ch

HOW DOES THIS WORK IN PRACTICE?

To access this service, you must call UNIQA Assistance on the number on the back of your new insurance card.

The costs will be invoiced as follows:

- the first time you contact Medgate: a fixed price of 10 CHF (payable once per member), not reimbursed by the CHIS;
- each consultation with a Medgate nurse: 20 CHF;
- each consultation with a Medgate doctor: 50 CHF.

Consultations with a Medgate doctor or nurse are reimbursed according to the general rule, in the same way as for a normal consultation. However, the third-party payment arrangements apply, i.e. UNIQA will pay the bill from Medgate. All you need to do is settle the invoice that will be sent to you by UNIQA, corresponding to the amount of your contribution (costs borne by the insured member – FCA).



UPDATE ON THE SITUATION FOR “FRONTALIER” FAMILY MEMBERS OR RETIREES RESIDING IN FRANCE

UPDATE ON THE SITUATION FOR “FRONTALIER” FAMILY MEMBERS

In the last issue of the CHIS Bull' and on our website, we informed you that the Organization was still in discussions with the Host State authorities to clarify the situation regarding the health insurance of *frontalier* workers who are family members (as defined in the Staff Rules and Regulations) of a CHIS main member, and that we were hoping to arrive at a solution soon.

After extensive exchanges, we finally obtained a response a few days ago from the Swiss authorities, with which we are fully satisfied and which we can summarise as follows:

- 1) *Frontalier* family members who are currently using the CHIS as their basic health insurance can continue to do so.
- 2) Family members who become *frontalier* workers, or those who have not yet exercised their “right to choose” (*droit d'option*) can opt to use the CHIS as their basic health insurance. To this end, they must complete the form regarding the health insurance of *frontaliers*, ticking the LAMal box and submitting their certificate of CHIS membership (available from UNIQA).
- 3) For family members who joined the LAMal system since June 2014, CERN is in contact with the Swiss authorities and the Geneva Health Insurance Service with a view to securing an exceptional arrangement allowing them to leave the LAMal system and use the CHIS as their basic health insurance.
- 4) People who exercised their “right to choose” and opted into the French Sécurité sociale or the Swiss LAMal system before June 2014 can no longer change, as the decision is irreversible. As family members, however, they remain beneficiaries of the CHIS, which then serves as their complementary insurance.
- 5) If a *frontalier* family member uses the CHIS as his or her basic health insurance and the main member concerned ceases to be a member of the CHIS or the relationship between the two ends (divorce or dissolution of a civil partnership), the *frontalier* must join LAMal.

We hope that this information meets your expectations and concerns. We would like to thank the Host State authorities for their invaluable help in clarifying these highly complex issues.

We remind you that staff members, fellows and beneficiaries of the CERN Pension Fund must declare the professional situation and health insurance cover of their spouse or partner, as well as any changes in this regard, pursuant to Article III 6.01 of the CHIS Rules. In addition, in cases where a spouse

or partner wishes to use the CHIS as his or her basic insurance and receives income from a professional activity or a retirement pension, the main member must pay a supplementary contribution based on the income of the spouse or partner, in accordance with Article III 5.07 of the CHIS Rules. For more information, see www.cern.ch/chis/DCSF.asp.

The CHIS team is on hand to answer any questions you may have on this subject, which you can submit to Chis.Info@cern.ch. The above information, as well as the *Note Verbale* from the Permanent Mission of Switzerland, is available in the *frontaliers* section of the CHIS website: www.cern.ch/chis/frontaliers.asp

UPDATE FOR MEMBERS RESIDING IN FRANCE WHO RECEIVE A FRENCH RETIREMENT PENSION

On the subject of certain CHIS members residing in France being subject to French CSG/CRDS contributions (in 2013 and/or 2014), we explained in the last issue of the CHIS Bull' that this was a consequence of their automatically becoming members of the French health insurance system as soon as they began to receive a French retirement pension. The heart of the problem is the automatic membership of a French health insurance scheme and not the fact of being subject to CSG/CRDS contributions, which is simply a consequence of this automatic membership. It should be noted that not being in possession of the French state health insurance card (*Carte Vitale*) or never having requested reimbursement from the *Caisse primaire d'assurance maladie* (CPAM – primary health insurance fund) does not change anything in this situation because membership is automatic if two conditions are fulfilled: being resident in France and being in receipt of a French retirement pension. According to the information we have received, it is not possible to reject such a pension once you have applied for it.

However, if certain people find themselves subject to CSG/CRDS contributions even though they are not in receipt of a French retirement pension, they should immediately contact their local CPAM explaining the situation and requesting a certificate confirming that they are not members of the French health insurance system to forward to their local Service des Impôts des Particuliers (SIP – tax office for private citizens).

Automatic membership of the French health insurance system poses several fundamental problems in relation to the CERN Health Insurance Scheme. Contrary to the impression you may have had from our last article on this subject, this is an altogether unsatisfactory situation for the Organization. CERN has therefore been in contact with the French authorities to request that retirees who have remained members of the CHIS should be exempt from this automatic membership. Discussions are ongoing between the Organization and the French authorities and may take some time. We will keep you informed of developments.

> NEW TARIFF AGREEMENTS

As the insurer of the employed members of the personnel and of many beneficiaries of the Pension Fund, plus the families of both, CERN, the guarantor of the CERN Health Insurance Scheme (CHIS), offers high-quality benefits, but must also ensure that the budget of the Scheme remains balanced in the long term.

Containing the rise in healthcare costs is a constant challenge. Medical inflation, i.e. the annual indexation of costs due to new medical techniques, the ageing population, the reform of medical tariffs etc., is unavoidable. However, as insured members of a mutual system, we can each contribute to keeping costs under control by carefully considering the choices we make among the many solutions currently available under the umbrella of “healthcare”. We are often no longer patients but “customers”. We should all keep our eyes open when making healthcare decisions and, if in doubt, ask UNIQA for advice!

Another essential – and proven – way to achieve the same aim is to negotiate agreements with the main healthcare providers in the region. For over ten years, representatives of the Management, with valuable support from UNIQA, have worked on such agreements in conjunction with their counterparts in other international organisations based in Geneva. Together, they present a united front in order to obtain better conditions, taking into account the considerable number of insured members they represent.

The healthcare providers in question are mostly private and public hospitals across the region. In 2013, inpatient treatment (treatment during hospitalisation) accounted for almost half (46%) of the CHIS's overall expenditure. So this is the area where we must act first.

In the last issue in June, we informed you that two new agreements with healthcare providers had been signed. As a reminder, these were with two private clinics: the Bois-Bougy clinic in Nyon, Vaud, and the Grangettes clinic in Chêne-Bougeries, Geneva. In this issue, we are pleased to announce the signature of two further agreements:

CLINIQUE LA COLLINE, GENEVA

The La Colline clinic has been approved by the CHIS since 1 July 2014. This highly respected multi-disciplinary clinic recently joined the Hirslanden group of private clinics and provides both inpatient and outpatient care.

La Colline has six state-of-the-art operating theatres for all types of surgical procedures. It also has around 20 consultation rooms, a medical sampling and analysis laboratory (Unilabs), an accident and emergency department, a physiotherapy unit, a spa therapy pool and a check-up department.

One further advantage of this clinic: it is the only establishment in Geneva offering round-the-clock specialist treatment in the event of orthopaedic emergencies. This is particularly important for patients who suffer a serious injury to their hand, wrist or foot, where speed is of the essence for effective treatment. Finally, La Colline is currently constructing a rehabilitation centre. For more information, visit www.lacolline.ch

CENTRE HOSPITALIER UNIVERSITAIRE VAUDOIS (CHUV), LAUSANNE

We don't need to give extensive details about CHUV, the main university hospital in the canton of Vaud. As a public establishment, it is automatically approved by the CHIS. But the recently signed agreement clarifies the definition of outpatient services, an area of expenditure that has been constantly increasing since the introduction of TARMED tariffs. Many different types of treatment that previously required a short stay in hospital can now be completed within a day.

This new agreement includes third-party payment arrangements for outpatient treatment: invoices will be sent directly to UNIQA who will pay the hospital directly and invoice you only for your contribution under the FCA General rule. The signature of this agreement is therefore good news both for Scheme members who live in the canton of Vaud and for the CHIS itself.

> HOSPITALISATION: REMINDER OF REIMBURSEMENT CONDITIONS

A HOSPITAL IS APPROVED BY THE CHIS:

- **in Switzerland**, if it has concluded a tariff agreement with the CHIS;
- **outside Switzerland**, if it has concluded a tariff agreement with the national social security scheme and applies the same tariffs to CHIS members.

It should also be noted that accommodation in a specialised unit on a temporary basis or pending the allocation of suitable long-term accommodation has been explicitly added to the list of benefits. Patients who are unable to remain at home but who do not require specialised treatment are much better accommodated and at lower cost in such units than in hospital.

The complete and up-to-date list of approved providers can be found at the following address: <https://hr-services.web.cern.ch/hr-services/Ben/chis/default.asp>

> SUMMARY OF INPATIENT SERVICES

Establishment	Approved by the CHIS	Sector	Reimbursement rate	Maximum FCA	Method of payment of the invoice	Type of ward
Public	Approved	Public	100%	0 CHF	Direct payment by the third-party administrator	All types (but a member continues to bear the full cost of the supplement for a private room)
		Private or semi-private	General rule	3000 CHF (included in the FCA)	Direct payment by the third-party administrator	
Private	Approved	All sectors	General rule	3000 CHF (included in the FCA)	Direct payment by the third-party administrator	
	Non-approved	All sectors	80%	Unlimited (not included in the FCA)	Payment by the member	

All aspects of hospital care are included under the "hospitalisation" heading: doctors, surgeons, anaesthetists, laboratory tests, radiology examinations, etc.

The same reimbursement rate applies to all of these healthcare providers, based on the status of the hospital in question.

> BENEFITS REFORM: THREE YEARS ON!

On 1 January 2012, the measures taken as part of the latest benefits reform process entered into force: the annual deductible was abandoned and replaced by three reimbursement rates, the General Rule was introduced, as were the FCA concept, the bonus system and new preventive benefits... Three years on, the Scheme continues to go from strength to strength.

Judging by your reactions, all of these innovations were welcomed and understood by the majority. In combination with a general increase in contributions (from both the Organization and the insured members), which had become necessary over time, the changes brought the Scheme's finances back into balance and allowed it to offer benefits more in line with today's healthcare environment.

Since 2012, many new members and their families have joined the CHIS, so we thought that it would be useful to reiterate here some explanations about

the basic principles of our mutual Scheme, as well as about the levels of reimbursement and some of the benefits offered. You can also find all of this information by going to: <https://hr-services.web.cern.ch/hr-services/Ben/chis/benefits.asp> and then clicking on Annex I.

THE GENERAL RULE

After having used an annual deductible system since its foundation, the CHIS has now adopted a system involving progressive rates of reimbursement, so expenses are now reimbursed right from the first franc. However, in order to preserve the Scheme's financial balance, the rate of reimbursement is 80%, up to a certain threshold of costs borne by the insured member (FCA), currently set at 500 CHF. Reimbursement then increases to 90%, and subsequently to 100% once the costs borne by the member within a calendar year reach a second threshold of 3000 CHF.

"FCAs" ("FRAIS À CHARGE DE L'ASSURÉ" - COSTS BORNE BY THE MEMBER)

Under the General Rule for reimbursement, the FCAs (costs borne by the insured member) play an important role. It is therefore important to understand how they are calculated. The rate of reimbursement starts at 80% and the threshold for 90% reimbursement is set at an FCA of 500 CHF, which is reached once total expenses exceed 2500 CHF. Similarly, the threshold for 100% reimbursement is reached once your total expenses hit 27,500 CHF.



However, you should be aware that certain types of expenses to be borne by you are not taken into account in calculating the FCAs. These are:

- expenditure not covered by the General Rule, for example hospitalisation in a non-approved establishment;
- expenses above a ceiling, such as dental or optical expenses;
- expenditure not covered by the CHIS and therefore not reimbursable, such as certain types of medication or treatment by medical auxiliaries not recognised by the health authorities in the country in which they are dispensed.

THE BONUS SYSTEM

A bonus is offered to encourage the use of healthcare providers that offer the best value for money. This is an incentive to encourage members to reduce their expenses – and the cost to the CHIS – in the form of an additional five (5) percentage points of reimbursement (reimbursement at 85% instead of 80% and 95% instead of 90%). Two observations led the CHIS to offer this bonus:

- Healthcare quality is generally good throughout Europe, but costs vary substantially from one country to another. According to information from the OECD, Swiss healthcare costs, along with those of Norway and Denmark, are substantially higher than those of other countries.
- Secondly, although a substantial fraction of the CHIS population (69.5%) resides in the neighbouring regions of France, many cross the border to obtain treatment at a higher cost than in their country of residence: thus in 2013, 68% of expenditure on outpatient treatment (doctors, pharmaceutical costs, analyses, imaging, etc.) was incurred in Switzerland. You should bear in mind that even medication prescribed by a doctor in Switzerland can be purchased in France and that those of you who live in Switzerland are allowed to import up to 300 CHF of medication per person each time you cross the border.

The CHIS concluded that a bonus, in the form of an additional reimbursement of 5%, would be an incentive to members of the Scheme to change their behaviour. The bonus is therefore awarded for certain types of outpatient treatment in all the Member States where healthcare is the least expensive. However, dental and optical costs are excluded.

PREVENTIVE ACTIONS

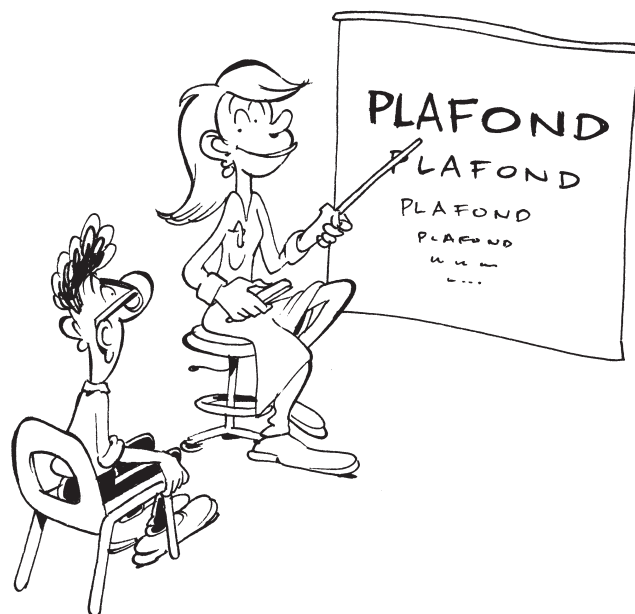
Certain preventive examinations and treatments are 100% reimbursed. They are:

- vaccination against the human papilloma virus: if prescribed by a doctor;
- mammography (screening for breast cancer): women from the age of 50, once every two years;
- testing for occult blood in stools (screening for colon cancer): men and women from the age of 50, once every two years.

Other preventive examinations and treatments, e.g. vaccinations, are reimbursed in accordance with the General Rule.

CEILINGS FOR CUMULATED EXPENSES SUBJECT TO ACCUMULATION

Two annual ceilings are cumulative. The first concerns dental treatment. Aside from normal annual check-ups, some dental treatments, such as orthodontics and implants, are costly and can stretch over several months with costs rapidly exceeding the annual ceiling. Since 2012, the ceiling (3300 CHF per calendar year) can be cumulated over three years: the unused part from the previous two years is carried forward to the current year.



The second relates to optical expenses, for which the current annual ceiling is 500 CHF. This amount can also be cumulated over three calendar years. It is valid for the purchase of frames as well as lenses and contact lenses, both disposable and otherwise (provided they are corrective). Those who purchase their glasses and contact lenses cheaply thus have sufficient leeway to buy a spare pair or sunglasses (provided that they too are corrective). Please note that for refractive surgery, the CHIS provides for a single reimbursement of 2000 CHF per eye for the whole period of cover.

CHIS AND UNIQA

Finally, it is important to know and understand that the CHIS (CERN Health Insurance Scheme), the system that insures us for illness, accident and long-term care, is under the responsibility of the CERN Council. The Council decides the level of benefits offered by our Scheme, its policies and the contributions required to ensure its sustainability.

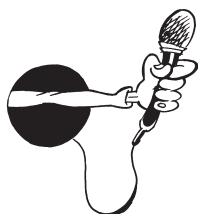
UNIQA, which we mention a lot in the CHISBull' – and for good reason – has been a service provider to CERN for many years, in charge of processing the payment of invoices and reimbursements to CHIS members. This is why, according to the newly adopted terminology, UNIQA is known as the “Third-Party Administrator” of the CHIS. Do not confuse UNIQA with the “CHIS Manager”, who is the person appointed by the Director-General to monitor the Scheme and its relationships internally.

Aside from the services already mentioned, UNIQA gives us the benefit of its extensive knowledge of the healthcare industry and assists us in negotiations with healthcare providers in the region. Finally, in accordance with the procedures in force, the UNIQA office should be your first port of call for any questions regarding health insurance.

THE CHIS: MUTUALITY AND SOLIDARITY!

We couldn't end this list of reminders without reiterating the fundamental principles of our health insurance scheme. Mutual provident schemes such as ours operate according to the principle that individual expenditure is shared across the entire membership. Every franc spent on medical costs is paid for by the entire group and the principle of solidarity operates between all members of the group, whatever your age, marital status, size of family or career path.

Solidarity is one of the fundamental principles of mutuality! This is of critical importance given the atypical demography of the insured population (13,000 people in all) with equal numbers of active and retired contributing members. Each of us must be imbued with a sense of responsibility for our healthcare expenditure because savings or losses are borne by us all. Therefore, when choosing our healthcare provider, we should try to remember that we all have an interest in keeping our health insurance scheme in good health.



➤ THE UNIQA COLUMN

We would like to take this opportunity to express our great satisfaction at having been chosen to continue the administration of the CERN Health Insurance Scheme following the invitation-to-tender process earlier in 2014. UNIQA has worked with CERN for over 40 years and over this time we have acquired unique knowledge of the Organization. We have forged links with both the CHIS management and the Scheme members, allowing us to manage the Scheme efficiently and effectively. The new contract is based on maintaining continuity but also brings with it some innovations, including the modernisation of our IT tools.

Some of you may have already seen the new Member Portal on our redesigned website. We wanted to add new functionalities and make it easier to access your data, while keeping it secure and confidential. You can now find sections including general information about the health-care provider network, details of how to submit a reimbursement claim or a request for prior approval or opinion, and what to do in the event of hospitalisation.

You can also download a range of forms, request a new insurance card, print an insurance certificate and an annual breakdown of your benefits, see your dental and optical credits in real time, and view your reimbursement statements and supporting documents. Finally, you can choose to stop receiving paper documents and only to have online access to your documents: you will be informed by e-mail of any new communications in your Member Portal if you wish. This choice can be reversed at any time.

Your Member Portal includes a family area, where you can see all of the operations relating to each of the insured members of your family at a glance, and personalised tabs for each individual. All main members of the CHIS have their own Member Portal on our website: www.uniqa.ch. All you have to do is activate your account and you will immediately receive your access details by e-mail. We encourage you to use these new functions, which will certainly save you time. Finally, please note that access to your personal Portal is maintained for 18 months after the end of your CHIS cover period.

We will also be making important changes to the IT systems we use for the management of reimbursement claims, switching to paperless operation. Therefore, from Spring 2015, your reimbursement requests will be scanned as soon as they are received by UNIQA, and will be immediately visible in your Member Portal. This will enable you to monitor the progress of your reimbursement requests in detail via your Member Portal.

To serve you better, we are also planning a full and much-needed renovation of our Help Desk on the CERN site. From April 2015, our offices will be transformed into a modern and welcoming environment, with improved provision for confidential discussions. The facilities for such discussions were sorely lacking and we are very happy to be remedying the situation. The renovation will be carried out in collaboration with CERN's general building services. During the renovation work, scheduled from 1 December 2014 to the end of March 2015, the Help Desk will move to nearby temporary premises in building 510, before returning to its original location in the Main Building.

UNIQA's personnel and management thank you for your trust and are committed to continuing to offer you and your family the best service for your most precious asset: your health.

UNIQA ASSURANCES SA

ADDRESS AND OPENING HOURS

HELP DESK on the CERN site

Main Building 63-R-001

Tel. +41 (022) 767 27 30

email: uniqa.assurances@cern.ch

Opening hours

Morning: Monday to Friday, 8.30 a.m. to 12 noon

(from 5 January: 8.30 a.m. to 1 p.m.)

Afternoon: Tuesdays and Thursdays from 2.00 p.m. to 4.00 p.m.

UNIQA headquarters

94, rue des Eaux-Vives

1207 Genève

Tel. +41 (022) 718 63 00

Opening hours: Monday to Friday, 8.00 a.m. to 5.00 p.m.

THE FLU, DO YOUR BEST TO AVOID CATCHING IT

> WHAT IS THE FLU?

The flu is a infectious respiratory disease. It is caused by influenza viruses that mainly appear during the colder months, between December and March.

Flu symptoms typically include a sudden high fever ($>38^{\circ}\text{C}$), as well as shivering, congestion, coughing, sore throat, headache, dizziness, and joint, muscle and chest pain. The symptoms can last from one to two weeks. Children may also suffer from nausea, vomiting and diarrhoea. The elderly people might experience the flu without a fever.

The flu is often mistaken for the common cold, but can be identified by the sudden onset of generally more acute symptoms.

THIS YEAR, AS USUAL, THE MEDICAL SERVICE IS AVAILABLE TO ADMINISTER A VACCINATION AGAINST SEASONAL INFLUENZA

Anyone working on the CERN site who wishes to be vaccinated against seasonal flu should go to the Infirmary (Building 57, ground floor) with their dose of vaccine.

The Medical Service will issue a prescription on the day of the vaccination for the purposes of reimbursement through UNIQA.

The Medical Service cannot provide this vaccination service for family members or retired members of the personnel, who are advised to visit their GP.

> CAN SEASONAL FLU BE DANGEROUS?

While anyone can catch the flu, we don't all react in the same way to the disease.

Healthy young adults will generally recover well, but the consequences can be more serious for those with an elevated risk of experiencing complications, such as infants, the elderly, pregnant women and people suffering from certain chronic illnesses, immune deficiency or obesity.

Influenza viruses are easily transmitted from person to person. The viruses are spread either directly, through droplets dispersed when an infected person sneezes, coughs or speaks, or indirectly, through touching contaminated surfaces (e.g. door handles or touch screens) on which the viruses are able to survive for some time.

During the incubation period (between one and four days), infected people show no signs of flu. Nonetheless, they can pass the virus on to others one day before symptoms appear.

Related links

- www.who.int/mediacentre/factsheets/fs211/en/
- www.sante.gouv.fr/informations-destinees-aux-professionnels-de-sante.html
- www.bag.admin.ch/influenza/01118/index.html?lang=fr



► THE ESSENTIAL HYGIENE MEASURES TO AVOID SPREADING THE FLU

1. GET VACCINATED

Vaccination is the most effective way of protecting oneself from the flu and is recommended for all people with an elevated risk of experiencing complications, and for those they come into direct contact with, whether in a professional or private capacity. Anyone else who wishes to avoid catching the flu can also get vaccinated.

Precautions

- If you have a fever, wait until the symptoms have subsided before receiving the vaccination, as your immune response could be weakened.
- People suffering from serious allergies to the vaccine components and/or egg proteins are advised not to get vaccinated.

Composition of the 2014-2015 vaccine

The flu vaccine comprises fragments of three different strains of the influenza virus that change each year in line with the WHO's recommendations.

This year, the vaccine contains fragments of two inactivated type A virus strains H1N1 (A/California/7/2009) and H3N2 (A/Victoria/361/2011), and one type B (B/Massachusetts/2/2012), in addition to water, traces of antibiotics (aminoglycosides), egg protein and diluents.

2. CAREFULLY WASH YOUR HANDS SEVERAL TIMES THROUGHOUT THE DAY DURING THE FLU SEASON

3. USE DISPOSABLE TISSUES WHEN YOU COUGH OR SNEEZE AND THROW THEM AWAY AFTER EACH USE

If you have no disposable tissues to hand, cough or sneeze into the crook of your elbow, which is more hygienic than covering your mouth with your hand.

4. IF YOU BEGIN TO SUFFER FROM FLU SYMPTOMS, YOU MUST STAY AT HOME

Staying at home helps contain the spread of the disease. You should wait at least one day after the fever has gone before going back your usual routine.

All of these precautions are valid whether or not you have the flu.

Dolores Richard, nurse
Dr Véronique Fassnacht, CERN Medical Service

> ANNUAL CLOSURE OF CERN: HOW TO CONTACT UNIQA

The UNIQA Helpdesk at CERN **will be closed from 12 noon on Friday, 19 December until 9 a.m. on Monday, 5 January.**

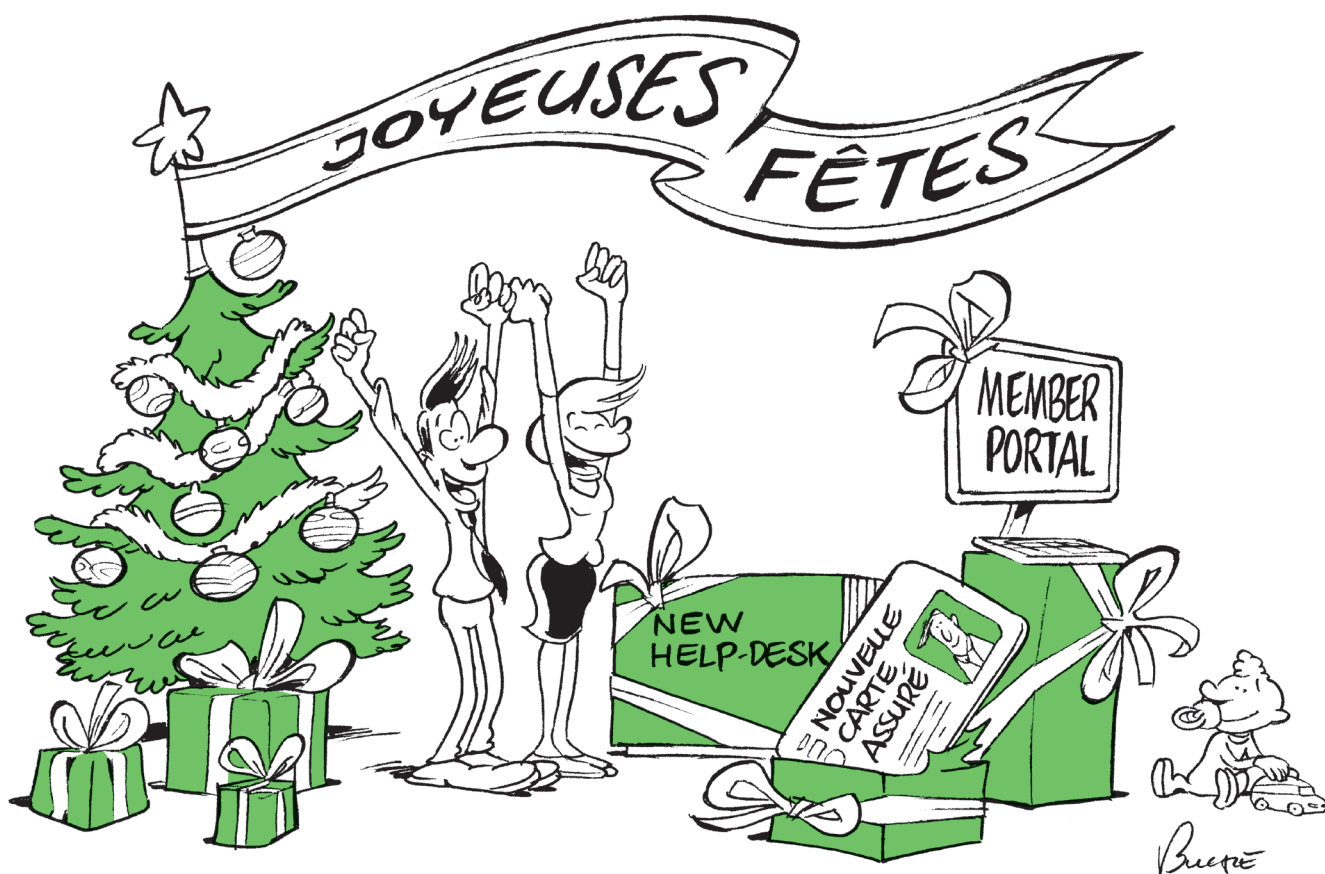
During this period, UNIQA's offices at its Geneva headquarters will be open on weekdays from 8 a.m. to 5 p.m., **except 25 and 31 December and 1 January.**

Calls to +41 22 718 63 00 and e-mails to uniqa@cern.ch will also be dealt with during this period.

Emergency numbers

Until 31.12.2014: call TAA on the number indicated on your old insurance card.

From 01.01.2015: call UNIQA Assistance on the number on the back of your new insurance card



ARCHIVES

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