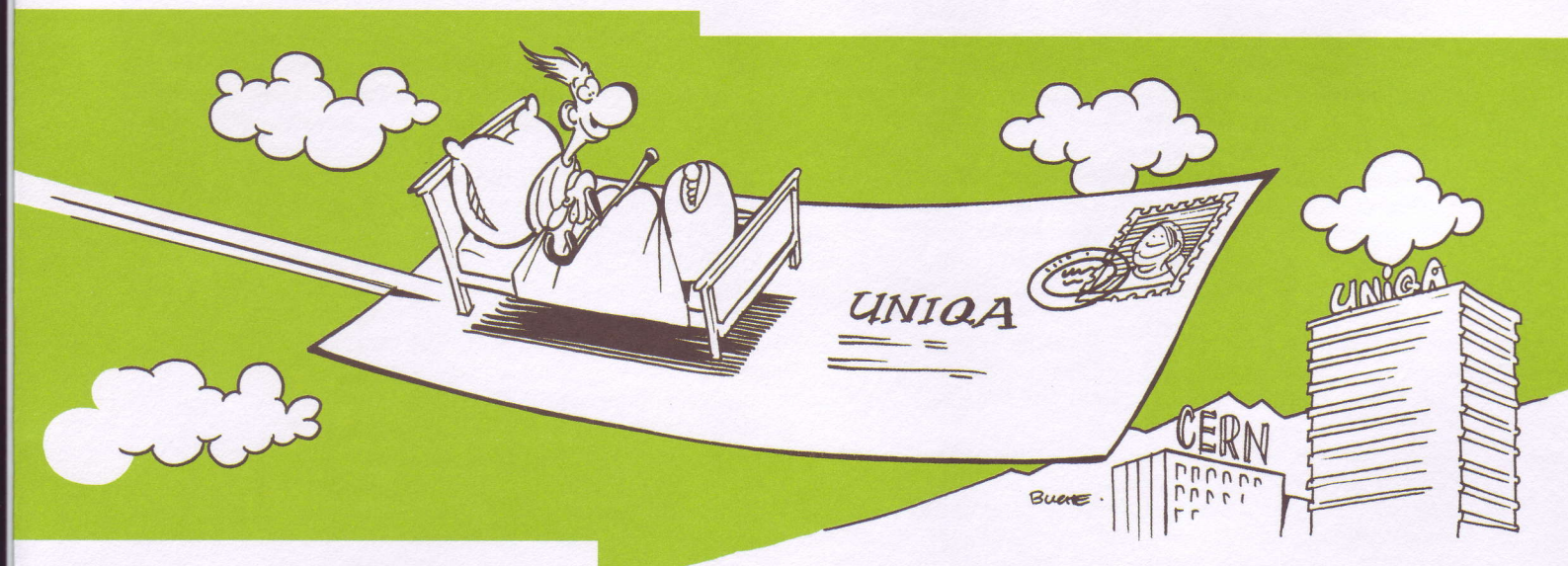


CHIS Bull'

Bulletin of the CERN health insurance scheme

N° 9 July 2001

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EDITO

The main features of the new long-term care benefits were given in the February issue (no. 7) of this Bulletin.

After finalizing the details for effective running of the system from 1 July (with retroactive effect to 1 January for those concerned), this issue is now intended to describe more precisely the procedure to be followed in order to claim benefits when long-term care is required.

Following the decision taken by the CERN Council in December 2000 to introduce long-term care benefits into our existing Scheme, the CHIS Rules have been modified and a copy is to be found enclosed.

By means of this issue of the CHIS Bull', we would like to give you practical information concerning these new benefits to supplement the legal texts. However, for precise details, I strongly encourage you to refer to the Rules.

...Practical information.

I would now like to thank all the people at CERN who were involved in one way or another in this project. It is the outcome of important work carried out over the last few years based on a remarkable consensus between the CERN Management and the Staff Association, together with the CERN's Pensioners Association. We should also include the support given by the CERN Member States.

Thanks also to UNIQA for helping us to implement the benefits through their support and expertise.

Finally, thanks to all of you for your encouragement also, expressed through many letters and e-mails, which help the CHIS Board in its work to consolidate the future of our Scheme.

Vincent Hatton
President of the CHIS Board

Long-Term Care Insurance: All you need to know about

We all have to face the possibility that, one day, we may become dependent - perhaps following an accident, or because of a congenital disease, illness or just old age. Obviously behind such a sensitive and complex issue there are a myriad of questions and legitimate concerns.

Naturally enough, our articles on long-term care insurance in the February issue of the CHIS Bull' stimulated a lot of interest and many of you approached us asking for more details and information. Now is a good time to follow up on these because the relevant rules and procedures have been finalized with effect from 1 July (see the modifications to the Rules of the Health Insurance Scheme attached to this issue).

As you know...

Since 1 January 2001, all members of the normal CHIS Health Insurance are covered for long-term care. To receive the associated benefits, dependence has first to be established by a medico-social Panel set up by CERN. The Panel assesses the degree to which someone is incapable of performing a range of normal everyday activities. These are:

- Getting up, sitting down or lying down
- Moving about
- Getting dressed and undressed
- Washing
- Eating and drinking
- Going to the toilet
- Coherence and ability to communicate
- Time and space orientation

The medico-social Panel comprises a representative of the CERN Social Affairs Service, a consultant doctor specialising in dependence and geriatrics and a UNIQA representative.

What about procedure?

When establishing dependence and the corresponding benefits, a procedure has been designed taking into account both ethical considerations and the interests of all concerned. It is now clearly defined and has been operational since 1 July 2001. What happens is the following:

Application: members of the Scheme or their representative, who can be a member of the family or someone entrusted with making the application, can apply in two ways: one is to write directly to UNIQA. The other is to contact the CERN Social Affairs Service. This Service will then transmit applications to UNIQA. A short letter is enough but it must contain full details of the doctor treating the patient and mention whether the person concerned is at home or in a special institution at the time of application.

Medical questionnaire to the doctor: UNIQA then sends a medical questionnaire to the patient's doctor, who returns it to UNIQA's consulting medical practitioner.

On the spot assessment: A CERN social worker then visits the person concerned at the place of residence and fills out a medico-social questionnaire with the help of those who look after the patient regularly as well as the patient's immediate circle.

If patients live far away from CERN, e.g. in another country, the panel will ask a local social worker to conduct the visit.

Special aids: Where appropriate, special aids and alterations to accommodation may be proposed to the patient to make everyday living easier.

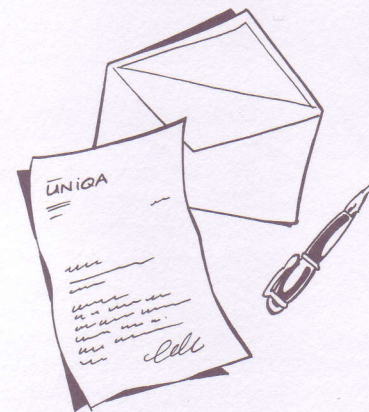
Conclusion and communication of the decision: The medical and medico-social assessments are submitted to the medico-social Panel which is then able to reach an informed conclusion regarding a person's level of dependence, i.e.: low, medium or high. UNIQA then informs the patient of the decision. In the event of a dispute, there is the right to appeal using a simplified appeals procedure.

To provide the best

PLEASE BE PATIENT ON PROCEDURES!

The procedures relating to long-term care have been in place only since 1 July 2001. This means that, in addition to its new cases, the medico-social Panel has a full case-load from the first six months of the year. So we would ask for your understanding during this transition period - it will be kept as short as possible. Of course, serious cases will be dealt with as a priority and the first assessments are already being processed. Decisions will apply retroactively, either from 1 January 2001 or when dependence is consolidated, as appropriate.

the Procedure



Definition of the levels of dependence

The medico-social Panel has defined three levels of dependence to determine the appropriate benefits, taking into account social and medical considerations. As a general rule, the levels of dependence are defined as follows:

Low level of dependence

Dependence is considered to be of a low level if the insured person, even with special aids and specially adapted facilities at the place of residence, requires:

- regular and substantial assistance to perform at least two ordinary functions of daily life **or**
- permanent personal supervision **or**
- the person's health necessitates particularly intensive and constant care **or**
- when, owing to serious impairment of the sensory organs or to a serious illness, the person concerned can maintain social contacts with family members, friends and neighbours only with regular substantial assistance.

Medium level of dependence

Dependence is considered to be of a medium level if the insured member, even with special aids and specially adapted facilities at the place of residence, requires:

- regular substantial assistance to perform most of the ordinary functions of daily life **or**
- regular substantial assistance to perform at least two ordinary functions of daily life **and** constant care or permanent personal supervision.

High level of dependence

Dependence is considered to be of a high level if the insured person, even with special aids and specially adapted facilities at the place of residence, requires regular substantial assistance to perform all the ordinary functions of daily life **and** also requires constant care or permanent personal supervision.

Definition of benefits

Long-term care insurance covers medical and paramedical services (medical auxiliaries and long-term nursing services) and non-nursing care (including non-medical services provided at home, accommodation costs in rest homes or in specialized institutions).

Below you will recognize the table we showed you in February setting out long-term care benefits: reimbursement of medical expenses as in the past, reimbursement of paramedical expenses up to the new raised ceilings and payment of a flat-rate long-term care allowance for non-nursing care, provided either at home or in an institution.

This allowance - which patients will manage themselves - is designed to cover accommodation costs in a specialist institution or non-nursing care at home (home-help, home nurse, meal deliveries).

The purpose of all these benefits is to provide all who become dependent with the best possible support, while preserving their dignity and ensuring they receive ethical treatment. At the same time, curbing hospitalisation costs will improve the financial balance of the CERN Health Insurance Scheme over the long term. Taken together, these measures therefore represent a considerable step forward and are in all our interests.

PLEASE NOTE

The long-term care allowance does not cover the same risk as the allowance for reduced earning capacity. In other words, the two insurances can be cumulative. On the other hand, long-term care insurance does cover the same risk as the infirmity allowance. Long-term care cover will replace the infirmity allowance - the two cannot be cumulative.

possible support.

Reimbursements ceilings/dependence levels

	Low	Medium	High
Medical treatment	No change	No change	No change
Paramedical treatment	CHF 1'000.-/month	CHF 1'500.-/month	CHF 2'500.-/month
Accommodation	CHF 34.-/day	CHF 51.-/day	CHF 85.-/day

SOME TIPS

HAVE A SAFE JOURNEY

Every year, many of us travel to tropical or subtropical countries - so there is some chance of picking up infectious diseases. To ensure that your trip is a success and free from health problems, find out what the dangers are and how best to avoid them. So make sure you have that vaccination or take a course of medication for malaria.

Before you set out

To get the best out of a trip abroad we recommend that you see your doctor before setting out, particularly if you are going to a part of the world where standards of hygiene are doubtful. Again a visit to the doctor's is also advisable if you are pregnant or already following a course of treatment. Don't be shy of asking your doctor for a check-up or for specific advice about your journey. A check-up at the dentist's can also be very well worth it.

Travel musts

Travel sickness, sunstroke or insect bites, though often not particularly serious, can spoil a few days of precious holiday. A well-stocked first-aid kit can help avoid a lot of discomfort. So don't forget to pack:

- plasters and dressings
- antiseptic cream
- painkillers and fever tablets (like paracetamol)
- gel for inflammations
- sickness pills for both adults and children
- sun blockers
- hydrocortisone ointment for insect bites and allergies
- tablets for diarrhoea
- nose spray for colds and throat pastilles
- antibiotics or drugs to treat malaria prescribed by your doctor, depending on your destination

(source: Optima)



HEALTH TIPS FOR THE ROAD

The internet site www.safetravel.ch is a mine of practical information. Designed with the general public in mind, it is ideal for anyone looking for health tips on travel to a foreign country. Clear, detailed medical information is updated weekly by a team of specialists. It is available in both French and German and has information on:

- preventive measures tailored to your destination
- updates on health and travel issues, such as epidemics, natural catastrophes or medical news
- illnesses, vaccinations and other preventive measures
- health problems on your return and how to handle them
- frequently asked travel questions
- vaccination centres in Switzerland

(Health care professionals can access their own database - Tropimed - for advice on medical matters relating to travel).

HAPPY HOLIDAYS

If you experience health problems on holiday, remember our Health Insurance Scheme has a telephone number you can call 24 hours a day:

Tel. n° ++43 (512) 224 22

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

UNIQA's experts are there to help you!

We also remind you about the extended cover available from the Scheme.

This is an individual insurance tailored specifically for journeys outside Europe and is complementary to our normal health cover. It covers the risk of running up medical bills higher than those normally reimbursed and also provides for medical repatriation services.

For more details contact UNIQA.

MORE QUESTIONS?

Don't hesitate if you would like to ask more questions on long-term care. We will reply to you personally and if necessary we will raise the question in a future issue of the CHIS Bull'.

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