

CHIS Bull'

CERN HEALTH INFO SANTÉ

Bulletin of the CERN health insurance scheme

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EDITO

We have some good news to get 2011 underway! In the recently-completed five-yearly review, the Member States approved the CERN Management's proposals for much-needed new financial measures to place the Health Insurance Scheme on a sound financial footing for the future. This was the fruit of many constructive debates in the CHIS Board over the course of 2010, which led to a consensus between the Management's representatives and those of the active and retired staff.

The proposals which emerged from this consultation process involve steady increases in the CHIS contribution rate between 2011 and 2015 but limit the impact on insured members' net income. The Management also proposed a new procedure for defining benefits which offers the Director-General, on the CHIS Board's proposal, greater freedom of action to contain increases in health costs.

In December 2010, the Member States approved these proposals to the satisfaction of all parties. The financial health of the CHIS has been a matter of concern for a number of years but these consolidation measures now enable us to face the future with confidence.

It's a bit early to draw any quantitative conclusions from 2010, so this will be the subject of the next CHISBull'. But we can already see the efforts you have all been making to reduce costs, and for that we are very grateful. It's very important that we keep these efforts up and don't rest on our laurels!

In 2011, the CHIS Board will be undertaking a review of the benefits paid by the Scheme, bringing them up to date but at the same time maintaining their quality. The overall average funding rate will remain the same (currently 87%, deductible and ceilings included) and measures will be taken to reinforce the principles of solidarity and protection of those with serious health problems. The promotion and reimbursement of preventive care will be increased, and certain benefits will be adjusted to reflect modern trends... But it won't be possible to implement these innovations before the end of the year. Of course we will update you regularly on progress in this respect.

At the end of the year, we will be entering negotiations for the renewal of the tariff agreements with care providers; this process is always crucial to keeping a lid on the costs borne by our Health Insurance Scheme. Elsewhere in this issue of CHISBull', you will find the table of tariff agreements for 2011; in its column, UNIQA looks into the question of how two alternative medical practices – osteopathy and ethiopathy – are covered; the CERN Medical Service explains how to avoid depression and what treatments are available for sufferers; and on the last page you will find the 2011 composition of the CHIS Board together with some useful tips.

I would like to end by wishing you all and your loved ones a very happy and healthy 2011.

Philippe Charpentier, Chairman of the CHIS Board



› THE CONCLUSION OF THE LATEST FIVE-YEARLY REVIEW, A NEW START FOR CHIS

On 16 December 2010, the Council of CERN adopted an important package of measures in the framework of the general Five-Yearly Review of financial and social conditions, which affect both active and retired staff and their families. Some of these decisions concern the CHIS.

Let's first look back over the whole process that led to these decisions, before explaining them to you in detail.

THE NEED FOR A CHANGE

The latest actuarial findings have shown that the CERN Health Insurance Scheme faces a substantial structural deficit, which is estimated to increase

regularly by 2 MCHF per year, due to the combined impact of medical inflation and ageing of the insured population, in a context where health-care costs are increasing faster than incomes (salaries and pensions) on which the contributions are calculated.

Further input came from a study in which details of the health insurance schemes of different international organisations based in Geneva were compared with the CHIS. Despite wide variations due to different demographics of the insured populations, the data collection nevertheless indicated that, although the rules and ceilings for reimbursement differ, CERN's scheme is globally equivalent to those of the other organisations in terms of benefits.

Good progress...

› THE RESPONSE

CHIS CONTRIBUTION RATES INCREASE...

The first measure concerns the distribution of the members' contributions between the general scheme (HIS) and the Long-Term Care scheme (LTC). Ten years ago, when the Long-Term Care scheme was introduced, the members' contribution rates increased by 0.6 % from 3.42 % to 4.02 %. However, the 4.02 % were not broken down in the same way for active members as they were for pensioners: pensioners contributed more towards the LTC (1.01 % compared to 0.6 % for the active members and a change of the contribution base: since the introduction of LTC, the final indexed salary has been taken into account to calculate the pensioners' contributions rather than the maximum theoretical amount of the pension) on the grounds that they were more likely to have recourse to these new benefits in the short term without having previously contributed to the LTC Fund.

Today, this argument no longer applies and the time has come to harmonise the contributions. As from 2011, the contribution to LTC for both active and retired staff is set at 0.8 %. As before, the Organization will continue to contribute to the LTC for the pensioners, now also at the rate of 0.8 %.

A second measure concerns the structural deficit of the HIS, which has been addressed by increasing the total contribution rate for all parties, i.e.

active and retired staff as well as the Organization, by 8 % for 2011, followed by annual increases of 4 % from 2012 to 2015.

The table below shows the new contribution rates, which reflect the combined impact of the two above-mentioned measures.

A final financial measure aims to secure the CHIS reserve by introducing a mechanism whereby the Organization will compensate for possible revenue shortfalls deriving from deviations from the actuarial assumptions up to a maximum total amount, over the next 5 years, of 5 MCHF.

... WHILE THE LEVEL OF BENEFITS IS MAINTAINED

As the study showed that CHIS benefits are generally equivalent to those of the other international organisations in Geneva, it was decided not to change the overall envelope of benefits.

However, rapid upward trends in the tariff structure of healthcare providers require a continuous pro-active response by any health insurer. The Organization has, to date, managed to keep the increase in healthcare expenses under the CHIS below that of national healthcare schemes in the Member States and intends to maintain, and even improve upon, this success.

However, having to await the five-yearly review before introducing new measures does not allow sufficient flexibility to allow us to respond in a timely way to changing conditions in the healthcare sector. In line with best practice, the Council therefore authorized the Director-General to take timely measures to limit the increase of CHIS expenses, by encouraging the use of healthcare providers and treatments which provide the best quality-to-cost ratio. Such measures could include enhanced reimbursement of regular screening or preventive treatments and incentives for use of cheaper healthcare providers or generic medicines, etc.

It must be underlined that all parties, namely the CERN Management, the Staff Association, the representatives of the pensioners and the Member State delegations, have demonstrated a constructive and responsible attitude in discussions on CERN's health insurance scheme. Despite the prevailing difficult economic climate, all parties are committed to preserving the good health of the CHIS.

IN PRACTICE

The CHIS Rules have been amended according to the above decisions, and the version of 1st January 2011 is available online: www.cern.ch/chis/doc/rules.pdf

The table below shows the evolution of the contribution rates from 2010 to 2015.

Year	ACTIVE			RETIRED		
	Active members	CERN	Total	Retired members	CERN	Total
2010	4.02	6.47	10.49	4.02	6.35	10.37
2011	4.27	6.71	10.98	4.27	7.39	11.66
2012	4.41	6.98	11.39	4.41	7.66	12.07
2013	4.55	7.25	11.80	4.55	7.93	12.48
2014	4.70	7.53	12.23	4.70	8.21	12.91
2015	4.86	7.83	12.69	4.86	8.51	13.37

but we can do better!

The fixed contributions for voluntary insured members (e.g. Users and Associates) as well as the supplementary contributions for spouses with an income from a professional activity (including a pension) increase accordingly:

FIXED MONTHLY CONTRIBUTIONS 2011

Voluntary insured member with normal coverage (Users, Associates, ...)	1042.-
Voluntary insured member with reduced coverage (Users, Associates, ...)	521.-
Children up to 26 years who are no longer dependent	417.-

SUPPLEMENTARY MONTHLY CONTRIBUTIONS (SPOUSES/PARTNERS) 2011

Gross monthly income more than 2,500 CHF and up to 4,250 CHF	142.-
Gross monthly income more than 4,251 CHF and up to 7,500 CHF	249.-
Gross monthly income more than 7,501 CHF and up to 10,000 CHF	391.-
Gross monthly income more than 10,001 CHF	515.-

BENEFITS

The list of benefits remains unchanged, including the ceilings, except for the amounts of the daily allowance for Long-Term Care, which have been increased by 20% to take account of the upward trend in the cost of a stay in a Swiss residential home for the elderly.



> TARIFF AGREEMENTS IN 2011

> SOME DEFINITIONS

Tariffs	The financial relationship between a patient and a healthcare provider is that of customer and supplier. The supplier (who may be a dentist, a doctor, a pharmacist, a medical auxiliary, a clinic and so on) provides the patient with care in exchange for a fee. The fee may be determined by law or general regulations, or by bilateral agreements (tariff agreements), or it may be completely unregulated.
Third party	In this financial relationship between the patient and the healthcare provider, the insurer has a third-party role, and the scope of its responsibilities is governed by its insurance rules. Although the CHIS is our insurer, it is the Administrator of the Scheme, UNIQA, that acts as the interface with the care providers.
Third-party payer	The care provider sends the invoice straight to the third-party insurer, not to the patient. After checking the invoice, the insurer makes payment for the entire amount. The insurer then sends the patient a bill for those expenses that are not covered by the Rules (deductibles, member's share of costs, personal expenses, services that are not covered or are limited, etc.).
Third-party payer (balance)	The care provider sends the invoice to the third-party insurer, who, after checking the invoice, pays only the portion that is covered by the insurance rules. The provider then bills the patient for the balance. Our scheme does not have provision for this type of payment.
Third-party guarantor	The insurer provides the care supplier with confirmation that the patient is insured and will therefore be able to obtain reimbursement for the proposed care. Under the third-party guarantor system the patient pays the full sum of the invoice to the care provider, and then submits a claim for reimbursement to UNIQA.
Outpatient care	Care not requiring an overnight hospital stay, dispensed by a doctor or a medical auxiliary at a surgery or hospital.
TarMed	Swiss medical tariff that has been in force since 2004. It applies to outpatient care provided by doctors, hospitals and clinics. Each item of care corresponds to a number of points that is standard throughout Switzerland. The points total is then multiplied by a fixed value per point, in Swiss francs. That value is fixed by canton. In 2010, each TarMed point is worth 0.96 centimes in Geneva, and 0.99 centimes in the canton of Vaud.
APDRG	Switzerland-wide medical tariff system for certain categories of public hospital care. Each diagnosis corresponds to a number of points that is standard throughout Switzerland. The points total is then multiplied by a fixed value per point, in Swiss francs. That value is fixed by the hospital, and varies according to the patient's status (e.g. whether the patient is a tax-payer in the canton or another canton, etc.).
Hospital or clinic	An establishment providing medical and surgical care. It may have its own emergency (casualty) unit operating around the clock. It may be publicly or privately funded.

> REMINDER OF THE REIMBURSEMENT RULES FOR HOSPITAL CARE

(in force since 1st January 2003)

Type of room	Establishment	Reimbursement rate	Approved	Annual ceiling for CHIS members	CHIS role
ROOM (2 BEDS OR MORE)	PUBLIC	100 %		0 CHF	Third-party payer
	PRIVATE	90 %	Yes	2000 CHF	Third-party payer
			No	Unlimited	Third-party guarantor
SINGLE ROOM	Reimbursement is as for a two-bed room, the surcharge for a private room being at the patient's expense				

> TARIFF AGREEMENTS IN A NUTSHELL

The following table provides an overview of the 2011 tariff agreements with certain private establishments. These are the “approved” establishments.

Healthcare provider	Location	Type of healthcare offered	Healthcare provider	Location	Type of healthcare offered
Clinique GENERALE BEAULIEU	CHAMPEL (GE)	General hospital, surgical unit, maternity ward	Cliniques genevoises : de Joli-Mont de Montana	GENEVE	Convalescence, long-term hospital care without intensive care
Hôpital de LA TOUR Clinique de CAROUGE Centre Médical de MEYRIN	MEYRIN (GE) CAROUGE (GE)	General hospital, surgical unit, maternity ward, emergency unit		CRANS-MONTANA (VS)	Internal medicine, treatment of psychosomatic disorders, rehabilitation, pain management
Clinique des GRANGETTES	CHENE-BOUGERIES (GE)	General hospital, surgical unit, maternity ward	OnO - Ophtalmology Network Organization	LAUSANNE (VD) ONEX (GE) PREVESSIN (01, France)	Outpatient ophthalmological surgery
Clinique LA LIGNIERE	GLAND (VD)	Cardiovascular and functional rehabilitation, psychiatric unit	SITEX	PLAN LES OUATES (GE) LAUSANNE (VD)	Hospitalisation at home (including adjacent areas of France)
Clinique de GENOLIER	GENOLIER (VD)	General hospital, surgical unit, psychiatric unit	PRETISERVICES	VESSY (GE)	Healthcare at home (including adjacent areas of France)
Groupe médical de Chantepoulet	GENEVE	24-hour surgical unit (around-the-clock reception)	Le Clos Chevalier	ORNEX (01, France)	Long-term care facility
			Fondation pour le dépistage du cancer du sein	LAUSANNE (VD) GENEVE	Breast cancer screening

PRACTICAL INFORMATION



> THE UNIQA COLUMN

COVERAGE FOR ALTERNATIVE TREATMENTS: OSTEOPATHY AND ETIOPATHY

Osteopathy and etiopathy are two therapies that are increasingly popular. For the patient, it is not always easy to orient oneself in the shifting landscape of the different practices, and in particular to know whether costs will be covered by the health insurance. Many therapists assure their patients that they will be able to get reimbursement, and some even put up signs that say “Remboursé par les assurances” (“Covered by health insurance”) – but without saying which health insurance they mean!

How can you be sure that CERN's health insurance will reimburse you? Here are some tips to guide you. Bear in mind that this article is not exhaustive, given the many different practices that exist. If in doubt, contact our headquarters in Geneva before starting the treatment.

For reimbursement, the principle is that the therapist must possess a diploma recognised by the health authorities and belong to an association that is responsible for ensuring that its members are properly trained. We would like to warn you that a number of therapists do not have training recognised by a professional association.

Subject to the reimbursement ceilings for medical auxiliaries and to a doctor's prescription, CHIS covers treatment from practitioner.

OSTEOPATHY

In Switzerland

With a diploma in physiotherapy who are recognised by the competent national authority

- with a diploma in osteopathy who are members of the *Registre suisse des ostéopathes (MRSO)*
- with a diploma in osteopathy who are members of the *Fédération suisse des ostéopathes (FSO)*

In France

With a diploma in kinesiotherapy who are recognised by the competent national authority

- with a diploma in osteopathy who are members of the *Registre des ostéopathes de France (ROF)*
- with a diploma in osteopathy who are members of the *Union fédérale des ostéopathes de France (UFOF)*
- with a diploma in osteopathy who are members of the *Association française des ostéopathes (AFO)*

In France, osteopaths must have an ADELI registration number, issued by the French social security authorities.

ETIOPATHY

In Switzerland

With a diploma in physiotherapy who are recognised by the competent national authority

- who are members of the *Registre européen des étiopathes section suisse (REESS)*
- who are members of the *Institut suisse d'étiopathie (ISE)*

In Switzerland, all etiopathy practitioners must follow the continuing professional training programme of the *Association pour le développement de l'étiopathie*.

In France

With a diploma in physiotherapy who are recognised by the competent national authority

- who are members of the *Registre national des étiopathes*
- who are members of the *Institut français d'étiopathie*

UNIQA Assurances SA

PREVENTION

> DEPRESSION

EPIDEMIOLOGY

According to the World Health Organisation, every year about 120 million people throughout the world suffer from depression while only 25 % of them have access to effective treatment. Studies show that in about 7 % of cases the depression persists for a year. The statistics show that 15 % of us suffer from depression at some point during our lifetime. The illness lasts typically from four to eight months and relapses are frequent.

WHAT IS DEPRESSION?

Depression is an illness with a combination of associated symptoms of which the dominant one is a depressed state of mind accompanied by feelings of sadness and/or anxiety and/or irritability. It is a lengthy illness (i.e. one lasting at least two weeks). Depression affects the way we function in various ways:

1. **Biological functions:** a disturbed sleep pattern; increased or reduced appetite; reduced libido and energy;

WHAT CAN BE DONE TO AVOID DEPRESSION?

- Monitor your mood swings. Draw up a list of any warning signs you observe, such as insomnia or negative thoughts.
- Identify which activities improve your mood and integrate them into your daily activities.
- A healthy diet, exercise and good sleeping habits. Tiredness is aggravated by poor diet. Regular exercise has a positive impact on your mood.
- Identify the personality traits that could lead you to have negative thoughts. If you have a tendency to perceive circumstances and events in far too negative a light, if you worry about things unduly, if you have difficulty in expressing your feelings, or if you tend to be inflexible or a perfectionist, you could derive advantage from a course of psychotherapy.
- You cannot avoid stress, but you can learn to deal with it better by adopting new strategies. Deal with problems as they arise. Avoiding dealing with them results in an accumulation of stress. Be realistic about your capacity to absorb stress.
- A good social and support network can act as a buffer against depression. Spending too much time on one's own can contribute to depression and to relapses.
- Try to have a good work-life balance by ensuring that you devote sufficient time to work, to your family, to your friends and to leisure activities.
- Above all, talk about your difficulties to someone who will respect your confidences or to a health professional.

2. Motivational functions: a reduced interest in others, in leisure activities, in daily life, in doing activities or reduced pleasure in doing them, a feeling of uselessness and incompetence and in the worst cases suicidal feelings;

3. Cognitive functions: loss of self-esteem, inability to take decisions, pessimism and despair, reduced powers of concentration or attention; generally negative psychological attitudes;

4. Behavioural functions: slower cerebral or motor functions, or, conversely, an agitated state; reduced frequency of active and productive behaviour, increased frequency of passive and unproductive behaviour.

The severity of the depression is gauged by the range of symptoms and their intensity. It is absolutely essential for depression to be diagnosed by a doctor and preferably by a psychiatrist as early as possible.

WHOM SHOULD ONE CONSULT FOR A DIAGNOSIS?

- your general practitioner, who must be your first port of call for your health problems
- a psychiatrist who is a doctor specialising in mental illness and its treatment
- a psychologist may propose a psychotherapy but is not authorised to prescribe medication (psychologists are not doctors).

All three are bound by the Hippocratic oath to respect confidentiality.

WHAT ARE THE OPTIONS FOR TREATING DEPRESSION?

Antidepressants: they alleviate the symptoms of the illness within three to four weeks and do not create a physical dependence. Antidepressants are effective **ONLY** if you take them in sufficient doses every day and over a sufficiently long period of time. Undesirable side-effects can be treated. The treatment must be stopped gradually on the basis of a steadily reduced dosage prescribed by your doctor.

Psychotherapy: the problems can be addressed professionally in a receptive and non-judgemental environment in sessions with a psychiatrist or psychologist using a variety of techniques. The effectiveness of the treatment is increased and the risk of a relapse reduced if psychotherapy is accompanied by a course of antidepressants.

Other therapies: Phototherapy involves exposing oneself to a special light for half an hour each day. It is effective in 65% of cases of seasonally adjusted disorder (SAD) (seasonal depression attributed to the lack of sunlight in winter).

Hospitalisation is sometimes desirable in order to remove the patient from his environment in cases of severe depression requiring full-time care and treatment.

Dr Véronique FASSNACHT, doctor
and **Sigrid MALANDAIN**, psychologist,
CERN Medical Service



> COMPOSITION OF THE CHIS BOARD FOR 2011

The CHIS Board (CERN Health Insurance Supervisory Board) is a Standing Concertation Committee sub-group, some of whose members are appointed by the Management and some by the Staff Association and the CERN-ESO Pensioners Association. The members of the Board in 2011 are:

Chairman: Philippe Charpentier

Manager of the contract with UNIQA: Erwin Mosselmans
Members appointed by the Management: Mark Büttner, Daniela Macina, Florian Sonneman

Members appointed by the Staff Association and the CERN Pensioners Association: Jean-Paul Diss, Sébastien Evrard, Joël Lahaye, Pierre Lazeyras

Alternates: Michel Baboulaz, David Jacobs

Ex officio members: Michel Goossens, Sigurd Lettow

Standing invitations to attend: Véronique Fassnacht, Eric Reymond, Carmelo Saitta, Anne Schepens

Secretary: Marcel Aymon

> MEDSAVE USA, THE NEW PARTNER WHEN TRAVELLING TO USA

Medsave USA is a service provider and UNIQA's partner for hospitalizations in the United States. Through this partnership, CHIS members have access to one of the largest networks of health care in this country and enjoy important tariff reductions, in a country where health expenses remain significantly higher than in the Geneva area.

On simple request and free of charge, the UNIQA Office at CERN will issue a MedSave USA insurance card for the period of the trip and will explain you how it works.

As the card is individual, ask for one for all persons concerned of the family. Don't forget to also apply for this card when you go on an official travel to the USA.

Using your MedSave USA card, you will avoid the payment of a deposit and you will significantly reduce the cost of your hospitalisation.

Important: even if the hospital insists, make no deposit or payment to the hospital yourself, as you will no longer benefit from the reduction of costs negotiated by MedSave USA. Present your card at the hospital and contact directly MedSave USA for a payment guarantee.

For more information : Contact the UNIQA office at CERN

AND LEST WE FORGET...

Over the years, health care has become a lucrative business just like any other. Sadly, we are all too often perceived as potential consumers rather than as patients, and this is why, whenever circumstances permit, you must apply the same principles of good sense to health-care purchases as you would to any other purchase. This means:

- consulting your family doctor in the first instance, i.e. a general practitioner who is well placed to decide whether you need to consult a specialist;
- obtaining quotes for all non-urgent surgery;
- trying to achieve a better balance between your expenditures in France and in Switzerland;
- using generic medicines whenever they exist.

