

CHIS Bull'

CERN HEALTH INFO SANTÉ

Bulletin of the CERN health insurance scheme

No. 19 – April 2005

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This issue of CHIS Bull provides you with some statistics on our Health Insurance Scheme. As you will see, the figures reveal some disturbing trends. In 2004, taking all items of our health expenditure together, costs jumped by 7% on average. It's true that some of these costs are beyond our control and there is little we can do to curb some increases. On the other hand, there are areas where each of us, acting on our own initiative, can have an impact on overall expenditure. One way is to make the best use of the competitive prices on the French side of the border on such items as medicines, spectacles and dental treatment. Indeed, we must act to show that we are prepared to respond to defend the mutualist principles of our Scheme.

To promote the good health we all want, we are continuing our series on prevention and, in this issue, the CERN doctors give us a few tips for a healthy diet.

Even though the paperless office is some way away, computerized procedures can make administration easier. So we have introduced a programme enabling you to fill in reimbursement claim forms quickly and to keep a record of them. We still need to provide receipts for our bills though. This issue provides more information about this if you use e-banking.

The first issue of the year is traditionally the time to introduce the members of the CHIS Board. As you know, the Board's role is to monitor trends in health insurance and to propose changes in the Scheme's provisions where necessary. The Board also monitors and assesses the services provided by UNIQA, our Administrator. Not least, the Board works closely with other international organizations so that our bargaining position is strengthened when negotiating tariffs with health care providers.

Finally, on behalf of all members of the Board, I would like to take this opportunity to extend my best wishes to you this spring - and invite you to read on.

Sylvain Weisz, **Chairman, CHIS Board**

EDITO



>2004 STATISTICS

Now that spring is here... the CHIS statistics are out. It is important that you read these to obtain a picture of the trends in our health expenditure. Even more importantly, they should help persuade us to change some of our habits, impacting on the health of our Scheme without in any way damaging our own health.

>INCREASES ACROSS THE BOARD

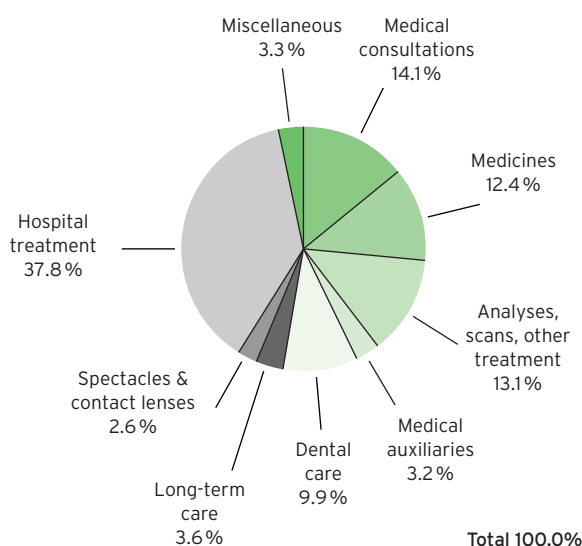
This year all the indicators are flashing red. In 2004 our expenditure on health rose by an average of roughly 7% across the board, compared with a very small increase in 2003. The number of claims also rose, with 1500 more claims in 2004 than in 2003.

The biggest item on our health bill is hospitalisation, representing more than one-third of our total spending. In 2004, expenditure on this item rose by 7.6%. So we must take great care when deciding which hospital to go to, even though we often decide on the advice of a doctor. Let's not forget that as patients, we can take account of the tariffs charged when we choose hospitals providing equivalent treatment. Preference should be given to public hospitals or private hospitals with an agreement with CHIS.

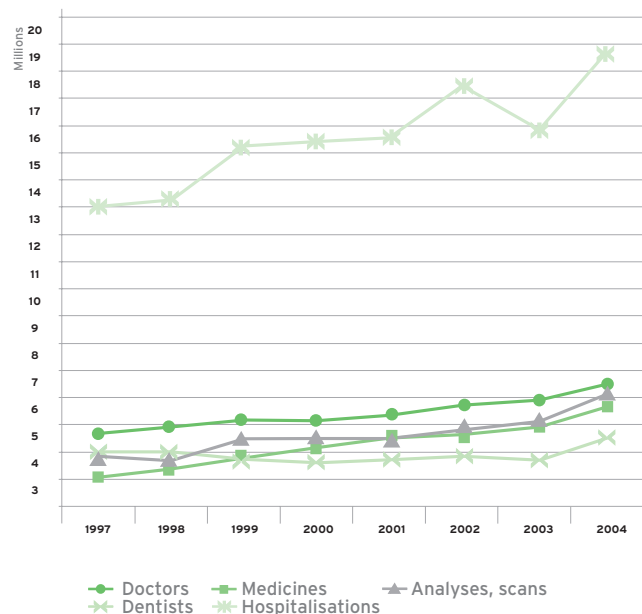
We also see a big jump in spending on other items, such as spectacles and contact lenses, dental treatment, orthopedic devices, analyses and x-rays. TARMED has certainly had an effect on the bill for analyses and x-rays, since some doctors refuse to charge us the official TARMED tariff.

Watch out for

>BREAKDOWN OF TOTAL EXPENDITURE IN 2004



>TRENDS IN THE MAIN ITEMS OF EXPENDITURE



> MEDICATION: SOME STABILISATION?

Medicines are another big item in our health budget, accounting for more than 12% of costs. It is also the item where we can make most difference as individuals. In 2004 pharmaceutical products increased by "only" 5% against a surge of 6.3% in 2003. We remind you that you can save on the cost of medicines by buying generics and buying in France rather than Switzerland. Pharmacists will advise you about generics.

Increases in health costs are a recurrent issue and we must make a constant effort to curb them. The most important thing is to be aware of the problem and to try to make savings, even on a small scale. Individual efforts, taken together, can make a big difference to our Scheme's overall wellbeing. Over time, in a mutualist system like ours, everyone benefits from savings.

> LONG-TERM CARE

Benefits paid out in 2004 (in KCHF)

(long-term care allowances and paramedical care)

• Low level dependence:	346,2
• Medium level dependence:	579,7
• High level dependence:	718,5
Total	1.644,4

Reserve at 31.12.04: **22,1 MCHF**

Number of cases

71 cases of dependence were registered at 31 December 2004:

- 29 cases of low level dependence
- 22 cases of medium level dependence
- 20 cases of high level dependence

The CHIS medico-social panel evaluated 20 cases in 2004.

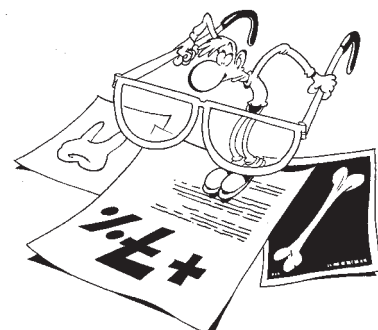
costs...

> AMOUNTS REIMBURSED AND AVERAGE AMOUNTS PER CATEGORY OF MEMBER

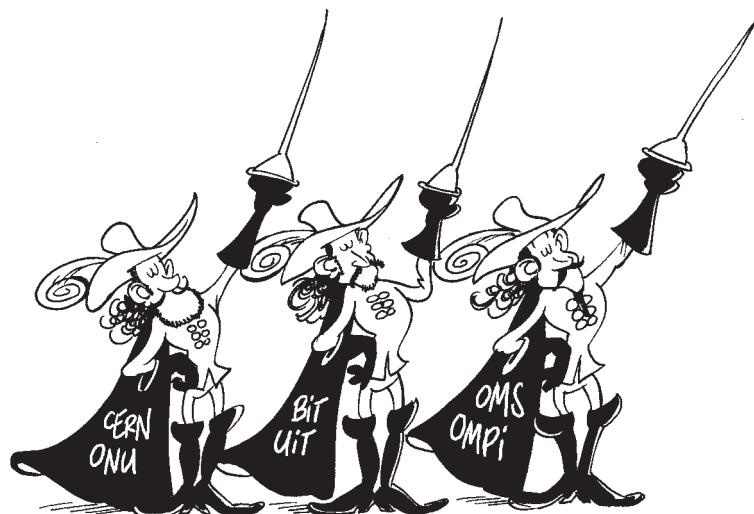
Amounts reimbursed (in CHF) before the annual deductible is taken off	2003			2004		
	total		Average amount per member	total		Average amount per member
Compulsory members & their dependants	17 970 742	37.8%	2 522	18 524 307	36.5%	2603
Pensioners & their dependants	27 911 666	58.8%	6 895	30 289 700	59.6%	7139
Other categories & their dependants	1 624 176	3.4%	2 969	1 978 485	3.9%	3895
	47 506 584	100%	4 053	50 792 492	100%	4280

> NUMBER OF MEMBERS PER CATEGORY

	2003		2004	
Compulsory members & their dependants	7 125	60.8%	7 117	60.0%
Pensioners & their dependants	4 048	34.5%	4 243	35.8%
Other categories & their dependants	547	4.7%	508	4.2%
	11 720	100%	11 868	100%



> STRENGTH IN NUMBERS



The CHIS Board now works actively with the Health Insurance Managers of the main international organisations based in Geneva. Monthly meetings are organized between CERN (with UNIQA), the UNO, ILO, ITU and WHO. Others, such as WIPO, sometimes attend. We pool our experience of common problems, especially those concerning LAMaL, the Swiss health insurance legislation, and TARMED, the unified tariff system. We aim to build a common front against the discriminatory tariffs imposed on our members.

Altogether, we have a membership of some 50 000 members in the local area. This population is often looked upon by many health care providers as a source of easy income because we are not protected by any health legislation.

Together we negotiate joint tariff agreements with private clinics, laboratories and home care providers, our overall purpose being to try and curb cost increases for our schemes. These efforts are often more effective when we join forces with others than when we go it alone.



> THE UNIQA COLUMN

NEW PROJECT UNDER CONSTRUCTION

Early in 2005, the UNIQA Insurance Company launched an ambitious new informatics project, to make best use of the most up-to-date technology, the better to cater to customer needs.

The project has been commissioned from ELCA in Lausanne, a company with considerable experience creating software for insurance companies and big public and private firms. UNIQA will work with ELCA throughout the project, defining both its own needs and the requirements of its customers.

Delivery of the new programme is scheduled for early 2006. UNIQA's staff will then have a tool to process reimbursements quickly from start to finish, with a high level of data protection guaranteed.

The main feature of the new application is flexibility to allow UNIQA to respond quickly to any changes in insurance cover and health policy proposed by the CHIS Board.

As members of the CERN Scheme, you will have direct access to your personal details via a secure Extranet link so you can check the status of your claims at all times, wherever you are. This follows hard on the heels of the survey of customer satisfaction we conducted in 2003 from which we received a clear message in favour of direct access of this type.

The project is proof of our aim to improve the quality of our services and we hope that it will live up to your expectations.

UNIQA Assurances SA

› CONFIDENTIAL DECLARATION OF FAMILY SITUATION: UPDATE

The confidential declaration of family situation is being computerised. As mentioned in the last two issues of CHIS Bull', this is an opportunity to review the cover of spouses of staff members and fellows.

The changes aim to simplify administration of a system that has become too cumbersome. You will remember that **spouses** of staff members, fellows or beneficiaries of the CERN Pension Fund

- › who do not work at CERN as staff members, fellows, students or apprentices
- › who receive annual income from a professional activity or an annual retirement pension (including a CERN pension) exceeding CHF 30 000 gross per annum and
- › who have no other health insurance cover

must pay a supplementary contribution, deducted directly from the salary or pension of the principal member of CHIS.

However, the present rule is sometimes difficult to apply:

- › It is difficult to estimate the spouse's annual income
- › Retroactive action has to be taken in many cases
- › The obligation to register any change in insurance cover or in the spouse's income within 30 days is not always complied with

Under the approved new changes, it is proposed

1. to take the spouses's gross monthly income as the basis of the contribution, rather than the gross annual income and
2. to set up a computerized declaration to make accessibility and processing easier. It is also planned to monitor your declarations automatically by the system - in this context you will be asked once a year if our information is up-to-date.

Information on staff and fellows will be computerized first. The implementation of these measures together is expected to simplify the relevant rules and procedures and also to improve the overall administration of the system. Implementation is scheduled shortly since the finishing touches are being made to the computer programme.

› E-BANKING - PLEASE PROVIDE RECEIPTS

As we explained in the last issue, some health care providers have been offering patient discounts outside the normal billing procedure - more pre-occupied with the idea of keeping patients than with the ethics of their profession. Needless to say, we are totally opposed to this. The CHIS board would like to emphasize that our Scheme is a mutual scheme. So that any savings should benefit all members. At a time when health costs are constantly going up, as amply demonstrated by the 2004 statistics, there can be no question of abandoning this basic principle. So, if your doctor offers you a discount, ask him to take it off the bill and we will all benefit.

ONLY CLAIM WHEN YOUR PAYMENT HAS BEEN DEBITED

This discounting practice is one reason why you must attach receipts whenever you make a claim. Whatever method you pay with, it is always possible to obtain a receipt though some members have found this difficult with e-banking. In fact, you simply have to wait till payment has been debited from your account - generally speaking one or two days after you enter your instructions. You can then print out the proof you have paid. As far as we know, all banks allow you to consult and print out individual transactions line by line.

➤ NUTRITION AND HEALTH: “WE ARE WHAT WE EAT”

Naturally, cultural differences are very important when it comes to when and what we eat.

Above all, alongside genetic and environmental factors, what we eat is crucial to our health. Personal eating and life style habits can constitute a health risk, along with other factors, such as smoking, drinking too much alcohol, lack of physical exercise, high-risk sexual behaviour, illegal drug use and so on.

➤ HEALTH RISKS:

- **Cardiovascular disease:*** caused by eating too much fat: i.e butter, groundnut oil, fried food, sausage meat in the wrong amounts or of poor quality or too much red meat, together with smoking (the principal risk factor), lack of physical exercise and so on.
- **Diabetes:*** caused by obesity (Body Mass Index >30) as a result of eating too much fat or sugar, such as fizzy drinks - this includes “light” drinks. The Body Mass Index (BMI) is calculated by dividing a person's weight in kilos by their height in metres squared.
- **Cancer:** 30% to 40% of cancers can be avoided by the right, easy-to-follow diet as well as by physical exercise and watching your weight. Regular fruit and vegetables (at least five portions a day) and in the right amounts (more than 400 g per day) can prevent more than 20% of cancers. Giving up smoking can also reduce the risk by 30%. Alcohol abuse is linked with several types of cancer such as cancer of the mouth, the pharynx, the oesophagus, the larynx, the colon, the rectum as well as breast cancer.
- **Gastritis and gastric and duodenal ulcers:** eating too much acidic food, such as tomatoes, or spicy food, can produce the symptoms of these diseases though without necessarily being their cause.

* See also our articles in CHISBull' n° 17 and 18.



Our chef invit

> SO WHAT CAN WE EAT?

Our chef invites you to sample a few
of his suggestions of the day.
These will certainly include:

*A wide range of fish depending on the season,
prepared in a quality olive oil and a dash of lemon juice*

*A choice of succulent free range white meat
served without the skin supplied by producers
using whole grain feed*

*A large selection of market vegetables such as the chef's
specials, depending on the season, crispy carrots,
green vegetables such as cabbage, Brussels sprouts,
broccoli or turnips*

*A wide range of salads prepared with local oils e.g. olive
oil or oil from grape pips, rape seed or maize*

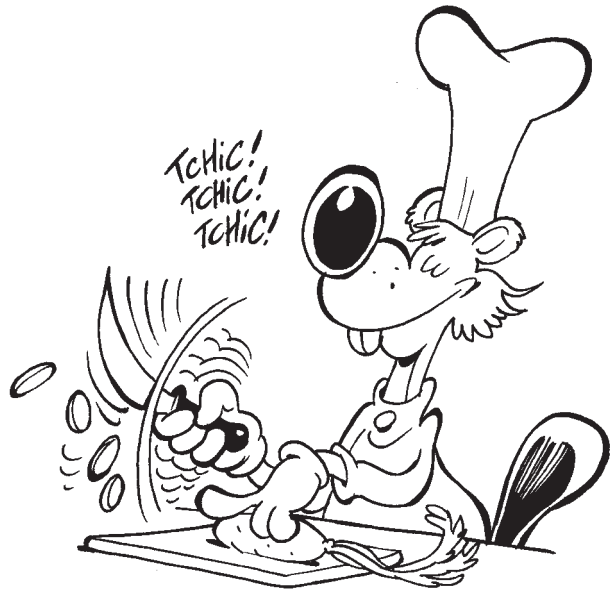
Fresh fruit in season, eaten raw or as a delicious preserve

*Fruit juices prepared at your table
from choice fresh fruit*

*Milk products from our selection of yoghurts
and milk-based desserts*

Our selection of cereal bread rolls

*All washed down with a large bottle of water
throughout the day.*



Our kitchen adds only a pinch of salt or sugar so that the whole palette
of ingredients' taste can be savoured to the full, while looking after your ar-
teries. A vegetarian or vegetarian meal can also be produced on request.

The cost should be offset against the flavour of the ingredients and the posi-
tive effects on your health. You are expected to pay as you go because we
believe consumers should shoulder their responsibilities and not always put
healthy eating off till tomorrow.

In case you were thinking of claiming the bills back from our Health Insurance,
please note that no certificates will be issued acknowledging that you eat a
balanced diet. It's up to you to be proactive over the long haul.

Our kitchen is open only on weekdays for lunch and dinner (breakfast is
optional but highly recommended) so you can enjoy other culinary experi-
ences at the weekend, perhaps with more elaborate or regional dishes, accom-
panied by a glass or two of good wine.

Enjoy good food... and good health !

Dr Veronique FASSNACHT and Dr Eric REYMOND, CERN Medical Service

tes you...

> EXCEL SHEET FOR CLAIMS

Members of CHIS can now fill in a reimbursement claim using an EXCEL sheet available at www.cern.ch/chis

We would like to thank the retired member of the personnel who first designed and later adapted the application for general use.

Once you have installed the programme on your computer, you can fill in the form and send it in the usual way, attaching your receipt for the bill. **You cannot send the form online** since you have to attach original bills and receipts to the claims form. On the other hand, you will no longer have to photocopy your claims.

The EXCEL file also keeps a record of your claims.

Please note that, for pensioners only, the old paper forms are still available from the UNIQA offices at Cern and in rue des Eaux Vives in Geneva.

The usual forms in PDF can be accessed by everybody at our Website.

> CHIS BOARD 2005

The CHIS Board (CERN Health Insurance Supervisory Board) is a sub-group of the Standing Concertation Committee. Some members are appointed by the Management, others by the Staff Association and the Group of Former CERN Staff. The membership for 2005 is as follows:

Chairman: Sylvain Weisz

Members appointed by the Management:

Michel Baboulaz, Anne-Sylvie Catherin, Philippe Charpentier, Günther Geschonke, Gilles Lindecker

Members appointed by the Staff Association and Group of Former CERN Staff:

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

Alternate: Robert Muzelier

ex officio members:

André John Naudi, Michel Vitasse

Invited on a permanent basis:

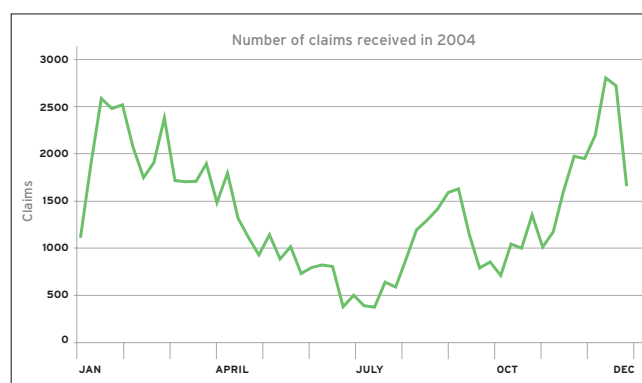
Véronique Fassnacht, Eric Reymond, Carmelo Saitta

Secretary: Marcel Aymon

> PATIENCE IS A VIRTUE

UNIQA keeps precise statistics on the number of claims received every day. The claims curve is much the same year on year, with the same peaks and troughs.

Below, you will see the claims curve for 2004. It shows very clearly that the number of claims goes up in the last few weeks of the year as well as the first few weeks of the following year. This is, of course, due to the winter season and also to members returning from holiday with health problems that need immediate treatment. The same effect can be seen to a lesser extent when we return from our summer holidays.



On average, claims are processed within ten days. However, during the peak periods, the time lag can be as much as 14 days or even a bit more. In these exceptional cases, we invite you to be patient. Rest assured that UNIQA does its best to reimburse us as quickly as possible. Other reasons for delays are public holidays, CERN Post Office closing or disruption to the internal mail service. UNIQA keeps a record of all complaints made, such as requests for more explanations or disputes about the amount reimbursed. There are of the order of three complaints per thousand claims for reimbursement. Complaints about reimbursement delays represent but a fraction of the total.

