

CERN Health Insurance Scheme (CHIS) & Occupational illnesses and accidents rules

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Outline

- ❑ Cern Health Insurance Scheme (CHIS) in number
 - ❑ Basic principles & nature of the CHIS
 - ❑ Scheme administration
 - ❑ Actuarial studies
- ❑ CHIS changes in 2012
 - ❑ Reasons of changes?
 - ❑ General aspects
 - ❑ General rule versus annual deductible
 - ❑ New benefits
- ❑ Long Term Care
 - ❑ Nature
 - ❑ Benefits
 - ❑ Financing
 - ❑ Advantages
- ❑ Occupational illnesses & accidents
- ❑ Conclusions

Everything you ever wanted to know about the CERN Health Insurance Scheme

AP training series, March 23rd 2021
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CERN Health Insurance Scheme (1)

❑ Basic principles of the CHIS

It is compulsory

❑ Obligatory, everyone must participate

❑ Contributions are based on salaries only, independent of age of beneficiaries and of number of beneficiaries in the household

It is a mutual scheme

❑ All members of the family (spouse & dependent children are covered).

CERN Health Insurance Scheme (2)

□ Freedom of choice of health care providers & world-wide coverage

Freedom of choice

□ Responsibility of each CHIS member the level of reimbursement shall not exceed the level of contributions

Collective responsibility

CHIS ≠ Insurance

CERN Health Insurance Scheme (3)

□ Nature of the CHIS

□ Funding of the CHIS & LTC

- Contribution of active staff – share between **Staff & Organisation : 4.86% & 7.71%** of basic salary
- Contribution of pensioners – share between **pensioners & Organisation : 4.86% & 8.51%** of the last indexed monthly basic salary
- Contribution of spouses when they receive an income (EDH → DCSF) when CHIS used as primary insurance

Contribution rates in 2021

	Normal health insurance	Reduced health insurance	Insurance for occupational illnesses and accidents	Long-term care
Total rate	11.77%	5.885%	0.12%	Pensioners: 1.60% Non-pensioners: 0.80%
Compulsory Main Member	M: 4.06%		O: 0.12%	M: 0.80%
CERN pensioner	O: 7.71%		M: 0.80% O: 0.80%	
CERN pensioner benefitting from a surviving spouse's pension acquired on or after 1 January 2021	M: 11.77%		M: 1.60%	
Other Post-Compulsory Main Member			M: 0.80%	
Voluntary Member			M: 5.885%	

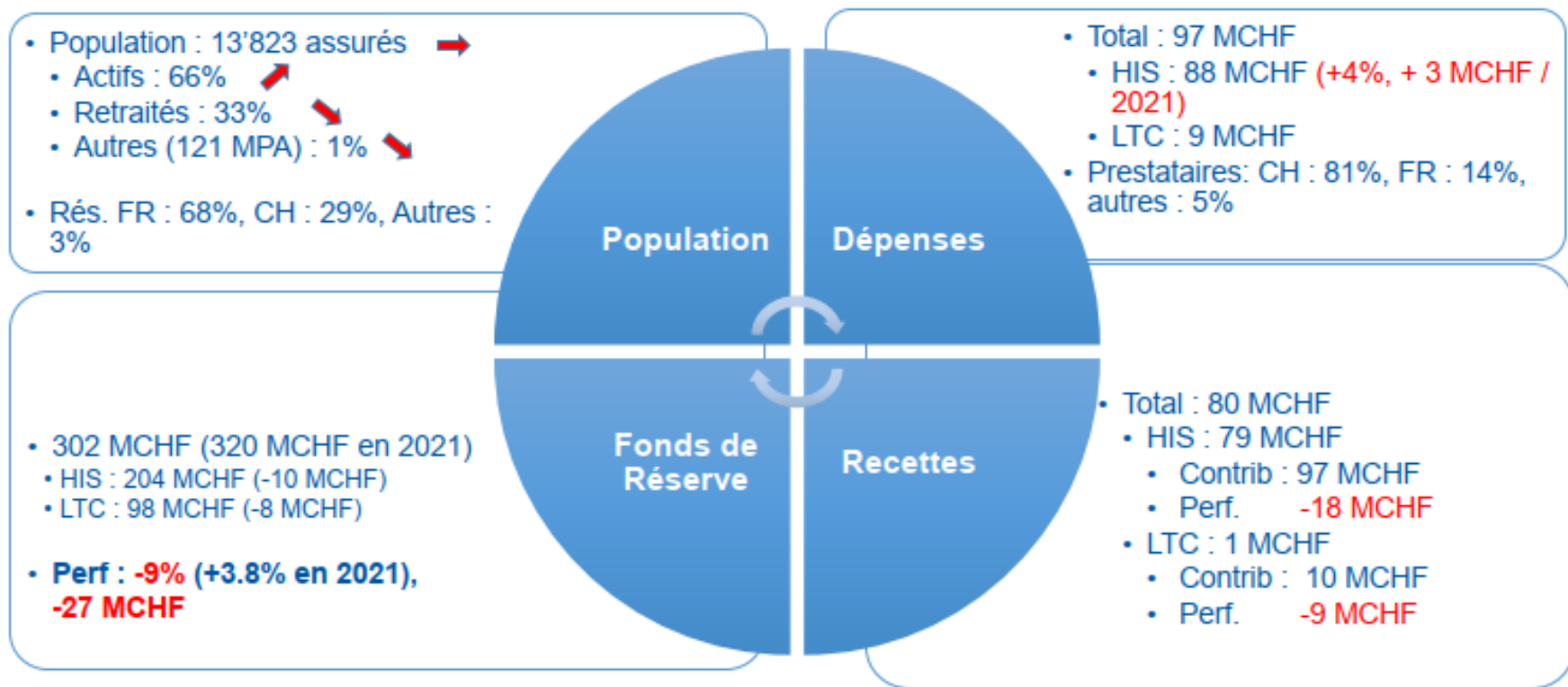
CERN / UNIQA

- ❑ Scheme administration & responsibilities
 - ❑ CERN has the full control of the scheme
 - ❑ CERN monitors the scheme
 - ❑ CERN lays down the policies & proposes modifications as needed
 - ❑ UNIQA acts as a daily administrator of the scheme
 - ❑ UNIQA implements the policies & applies the CHIS rules
 - ❑ UNIQA produces statistics and gives feedback
 - ❑ UNIQA receives a fixed amount as remuneration
 - ❑ UNIQA gives support during tariff negotiations

UNIQA ≠ Insurance



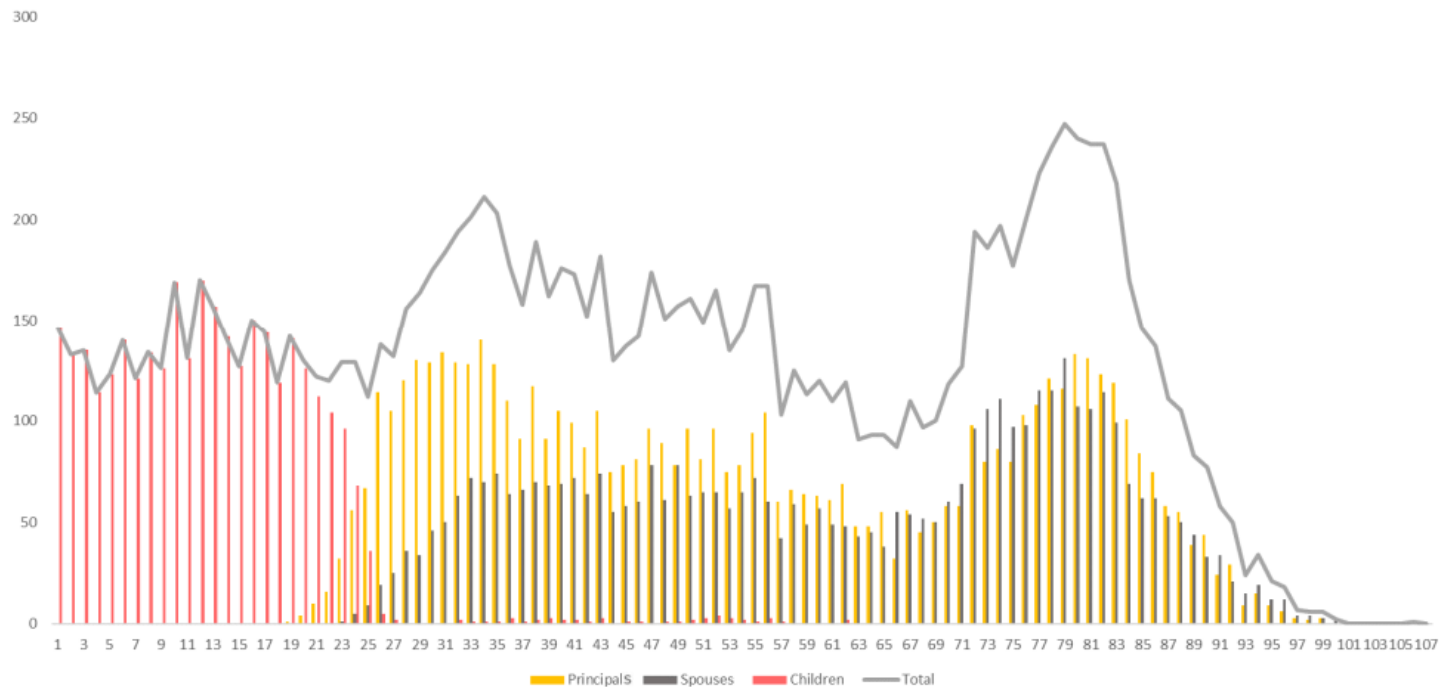
CHIS end of 2022



Demographics – Age (end 2019)

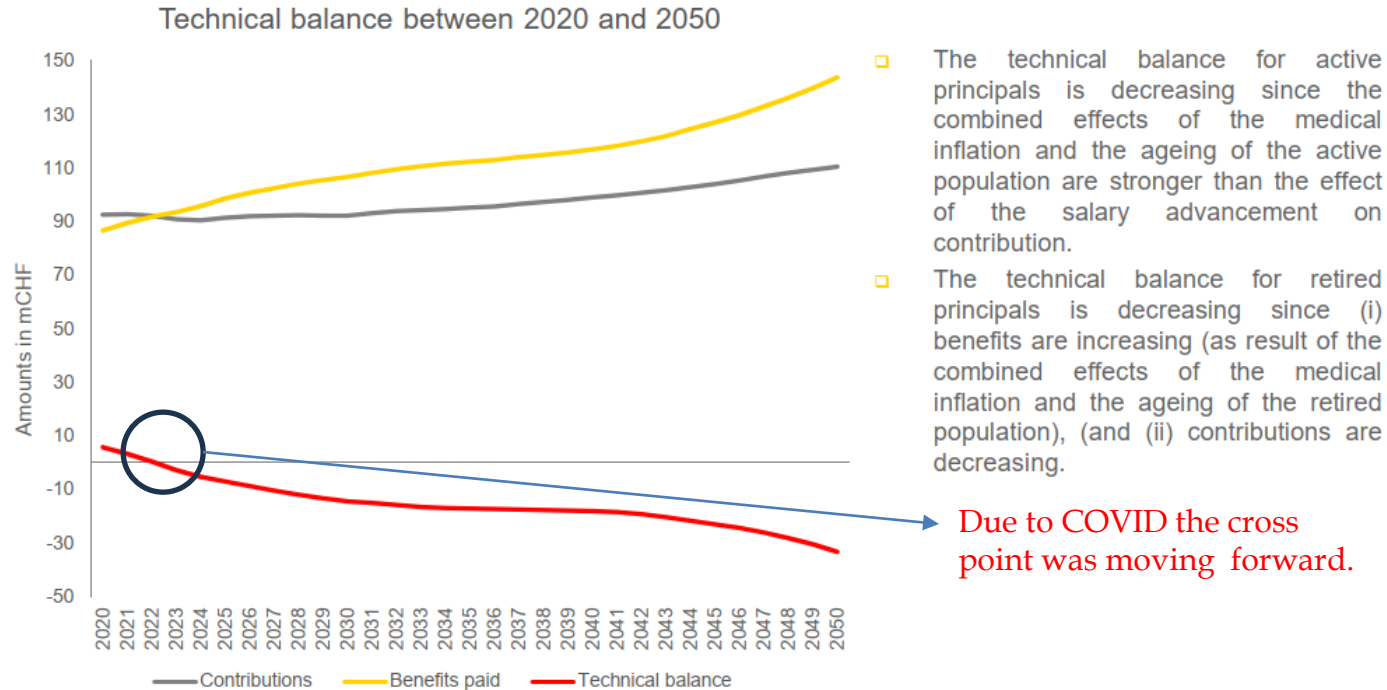
Statistics for actives and retirees

Population per age family category as at December 31st, 2019



Actuarial study – HIS 2020

Technical balance of the plan



CHIS change in 2012 / Why change?

- Modernize CERN Health Insurance Scheme (CHIS)
- Simplify the system (easier to understand)
- Display an initial reimbursement rate of 80% (e.g. other IO), without changing global reimbursement rate
- Reimburse preventive treatment fully (100%)
- Ensure a better cover for expensive cases
- Show greater fairness between young and less young members of the scheme

General aspects (1)

- Ceilings
 - Today on expenses

Ceilings have been increased by 10 %
 - Expenses above 80 k CHF for a given single case (B1 to B5) during one's lifetime → reimbursement 100%
 - Reimbursements at 100 % or expenses above ceilings are not taken into account for the FCA calculation
 - For certain treatments the ceilings are cumulative over 2 or 3 years

General aspects (2)

- Bonus (B1 to B6 & B8.e)
 - New bonus system has been introduced on January 2012
 - From 2012 bonus is additional 5 % on reimbursement rate (limited to 100%)
 - Most Member States satisfy condition to get bonus (list reviewed annually)
 - The base for the calculation is the most expensive host state (defines reference state)
 - Member states with health cost (OECD tables) 20% cheaper than in the reference state generate a bonus of 5 %
 - From 2012 to now
 - Reference state is Switzerland
→ no bonus
 - Expenses incurred in Norway and Denmark have no bonus

General rule versus annual deductible

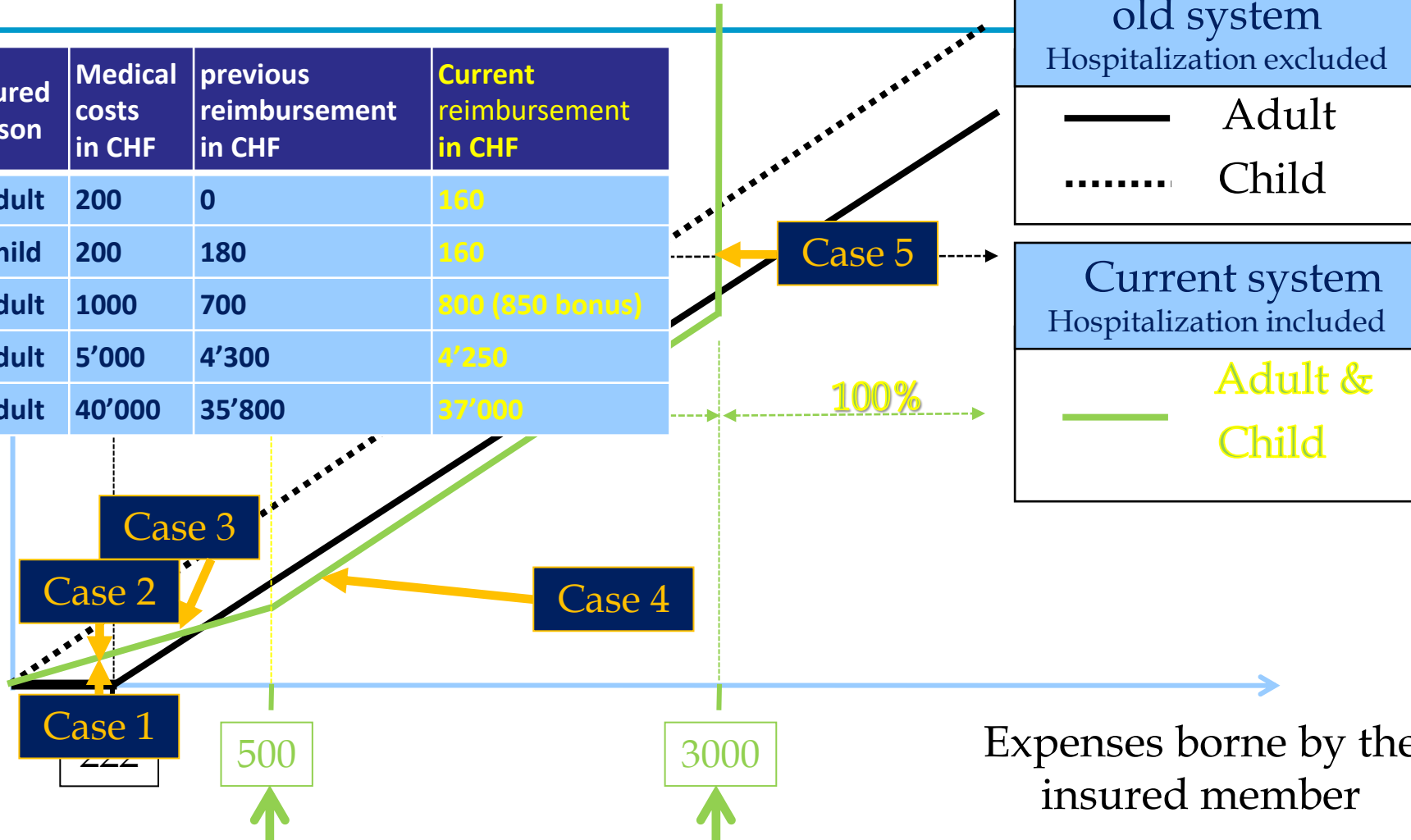
Case	Insured person	Medical costs in CHF	previous reimbursement in CHF	Current reimbursement in CHF
1	adult	200	0	160
2	child	200	180	160
3	adult	1000	700	800 (850 bonus)
4	adult	5'000	4'300	4'250
5	adult	40'000	35'800	37'000

old system
Hospitalization excluded

Adult
 Child

Current system
Hospitalization included

Adult & Child



cost neutral to CHIS balance

New benefits introduced in the last 10 years

- UAT (Unité d'Accueil Temporaire) temporary placement unit
 - General rule
- UAP (Unité d'Attente de Placement) unit awaiting placement
 - General rule
- Refractive surgery
 - General rule
 - 2000 CHF per eye once in a lifetime
 - Waiting time : 12 months as CHIS member before reimbursement
- Prevention
 - 100 % according to list : vaccine papillomavirus, mammography, hemoccult.
- Infertility treatments
 - General rule
 - Such reimbursements are subject to: 1) prior approval by the third-party administrator, UNIQA, upon presentation of a medical prescription and other relevant information; and 2) to a life-time ceiling for expenses of 30,000 CHF.
- Oral contraception
 - General rule

Long-Term Care scheme (1)

□ Nature of the LTC

□ All CHIS members are insured, regardless of their age and medical history

□ Three levels of dependency

- Low level (3 dependencies)
- Medium level (4 dependencies)
- High level (5 dependencies and more)

According to the member's degree of ability to perform some life essential actions

- Getting up, sitting down, getting into bed
- Mobility
- Washing & grooming
- Dressing & undressing

- Taking food & drink
- Going to the lavatory
- Coherence & ability to communicate
- Orientation in space & time

Long-Term Care scheme (2)

☐ Benefits

* Not paid during hospitalization

	Low level	Medium level	High level
Medical treatment	No change		
Paramedical treatment: B6c, B6d	Up to 1'100 CHF per month	Up to 1'650 CHF per month	Up to 2'750 CHF per month
Home care* allowance	48 CHF per day	72 CHF per day	120 CHF per day

50% of standard full-board Swiss cost

70% of standard full-board French cost

Long-Term Care scheme (3)

❑ Financing of the LTC

- ❑ Affiliation and contribution are compulsory for CHIS members
- ❑ Increase by 0.8% of the CHIS rate contribution for all staff contributors
- ❑ Enlargement of the basis of contribution for the pensioners (0.8% corresponds to 1.1% of pension)
- ❑ Creation of a capitalized LTC Fund to pay the home care allowance

Staff members of the scheme are the single contributors

But the Organization pays a contribution for pensioners (0.8 %)

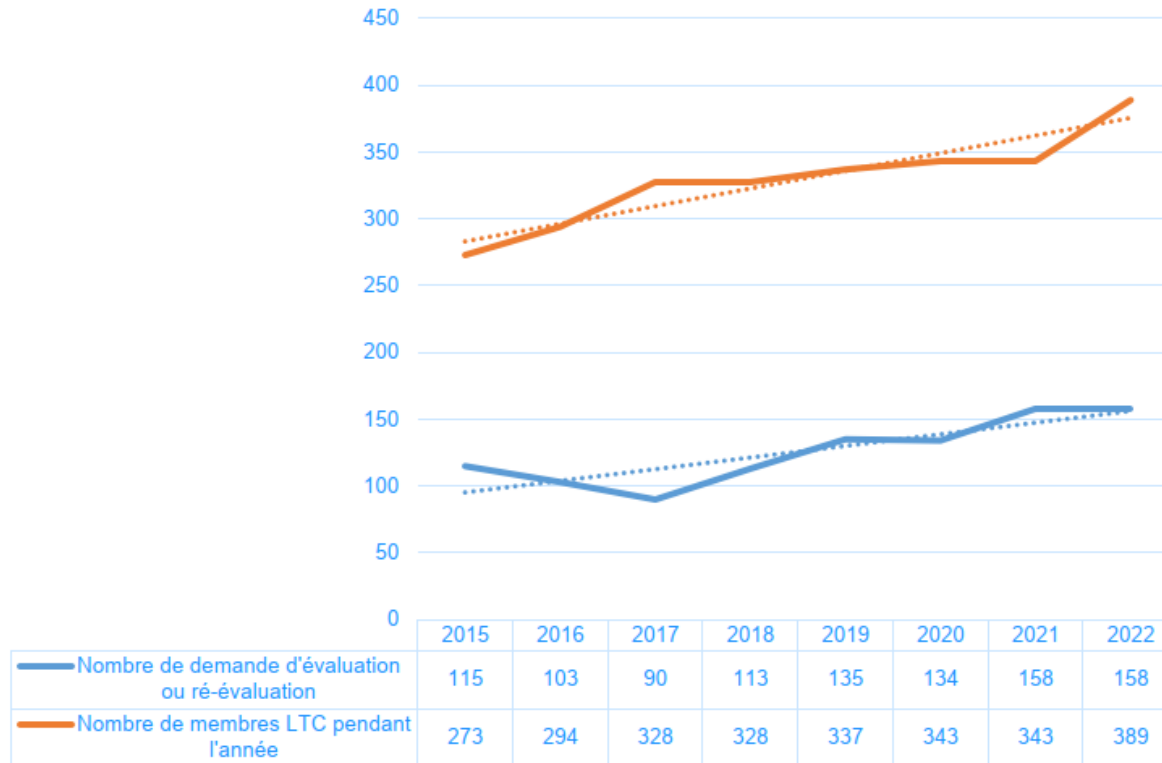
Long-Term Care scheme (4)

Advantages of the LTC

- Cost reduction of increase in hospital bills
- Authorize the improvement of the long-term financial balance of the Organization's health insurance scheme
- Better cover for dependent persons
- Keep the CHIS equivalent to the LAMAL scheme

LTC figures end of 2022

Evolution du nombre de demandes de reconnaissance LTC et nombre de personnes reconnues par année



-> Evolution du nombre de membres LTC conforme aux prévisions, pic prévu pour 2031

Occupational illnesses & accidents

- **Administrative circular 14**
 - 18 months to make a request for recognition (illness)
 - 10 days after its occurrence (accident)
- **Qualification**
 - By HR head and medical service (illness)
 - By HR head (accident)
- **JARDB (recommendation to DG)**
 - Rehabilitation or new post
 - Partial or total disability

Very long
process more
than 2 years

Occupational illness & accidents

- **CHIS**
 - 100% if no consolidation or relapse
 - Common scheme if consolidation (80 – 90 – 100%)
- **Pension fund**
 - Disability pension 50% or 100% following the recommendation of the JARDB and at the end decision of the DG

Big problem when you have a Limited Duration contract, and you leave the organization at the end.

Conclusions

The CHIS is a very good system, and we try to maintain the same overall benefits and follow the evolution with the addition of new benefits while at the same time trying to constrain the cost increase.

LTC is a very good system with benefits really appreciated and fully financed with a capitalized fund

The major problem now is to have a good protection for LD in case of occupational illnesses or accidents



END

Thank you for your attention

II. DEFINITIONS

6. **Doctor:** any person who is qualified and is authorised by the competent national authorities to practise medicine in the State in which the medical treatment concerned is administered.
7. **Certification:** confirmation by a doctor of a given medical condition.
8. **Classification:** determination by the Organization of whether an illness or accident is occupational or non-occupational.
9. **Illness:** any certified involuntary impairment of a member of the personnel's health, including his mental health that is not the result of an accident.
10. **Occupational illness:** any illness contracted by a member of the personnel in the course of duty and classified as being of occupational origin.
11. **Latent period:** the time that elapses between the end of the exposure to a risk and the first certified signs of the occupational illness.
12. **Accident:** any event resulting in a medically certified bodily injury that is sustained involuntarily and is triggered by a sudden, external force of any nature and origin.

Provided that they are not obviously caused by illness or degenerative phenomena, the following bodily injuries in the exhaustive list¹ below shall be deemed to be the result of an accident, even if they are not caused by a sudden, external force:

- fractures;
- strains;
- sprains and pulled muscles;
- dislocated limbs;
- torn ligaments;
- eardrum injuries;
- injuries resulting from a fall;
- back pain and hernia resulting from physical strain;
- severe injuries resulting from radiation;
- electrical shocks, including those caused by lightning;
- asphyxia, intoxication caused by gas or fumes, poisoning or burns caused by the involuntary absorption of poisonous or corrosive substances;
- drowning caused by immersion hypothermia;
- death caused by a circulatory condition.

13. **Occupational accident:** any accident incurred by a member of the personnel in the course of duty and classified as being of occupational origin.
14. **Consolidation:** certification that, based on current scientific knowledge, the state of health of a member of the personnel resulting from an illness or accident has stabilised, making any further curative medical treatment redundant.
15. **Recovery:** certified end to the impairment of the patient's state of health caused by the illness or accident.
16. **Relapse:** certified worsening of the patient's state of health resulting from an illness or accident, not attributable to external factors, occurring after the date of consolidation and necessitating medical treatment.
17. **Incapacity for work:** certified impossibility for a member of the personnel or former member of the personnel to perform his professional duties as a result of an illness or accident.
 - a) Temporary incapacity for work: incapacity for work of a limited duration;
 - b) Disability: permanent partial or total incapacity for work of an employed member of the personnel, or former employed member of the personnel whose pension rights have not been extinguished pursuant to Article II 1.12 of the Rules and Regulations of the CERN Pension Fund, resulting from a deterioration of the physical and/or mental health of the person concerned and recognised as a disability by the Organization.
18. **Rehabilitation measures:** measures allowing employed members of the personnel with a certified incapacity for work to perform duties compatible with his state of health, experience and competencies and the needs of the Organization. One or more of the following measures may be taken to this end:
 - a) installation of special equipment;
 - b) reduction of working time;
 - c) adaptation of functions;
 - d) redeployment: assignment to other functions within the Organization.

Wherever possible, the Organization shall give preference to rehabilitation measures enabling the employed member of the personnel concerned to remain in his current functions.