



Information circular*

Group medical insurance: changes in premiums and benefits

General

1. The group medical insurance contract with J. Van Breda and Co. International provides for an annual review of the premium rates based on a comparison of the premiums paid and reimbursements received by the participants over a 12-month review period. The amount of reimbursements made in the period from 1 October 1999 to 30 September 2000 was lower than the premiums less administrative expenses for the same period and therefore resulted in a reduction in premium rates for 2001.

2. On the basis of the performance of the group medical plans during the recent review period, the premiums due to Van Breda were to decrease by 6 per cent effective 1 January 2001. However, since the necessary increase for 2000 was financed from the reserve fund, the decrease for 2001 will be 2.6 per cent based on the premium rates for 2000. This applies to both the Full Medical Insurance Plan (FMIP) and the Supplementary Medical Insurance Plan (SMIP). The Director-General has approved the recommendation of the Joint Advisory Committee for the above-mentioned decrease.

3. Staff members participating in the group medical insurance plans should be aware that, in 2001 Van Breda will change its computer system so that it will process reimbursements in euros. Following that change, which is expected to take place in the course of the second quarter of 2001, it will still be possible to file claims in any currency but the statements produced by Van Breda will show the amounts in euros instead of in schillings. The amounts reimbursed will also be transferred in euros to the participants' accounts but will be shown in schillings on bank statements.

Premiums

4. Effective 1 January 2001, the share of monthly premiums borne by staff members enrolled in the group medical insurance plans, expressed as a percentage of their emoluments (net base salary plus post adjustment and all allowances), is as follows:

<i>Category Insured persons</i>		<i>FMIP</i>	<i>SMIP</i>
		<i>(Percentage)</i>	
I	Staff member only	2.713	2.078
II	Staff member and one dependant	4.070	3.117
III	Staff member and two or more dependants	5.426	4.156

The same share is borne by the Organization as a subsidy.

* Expiration date of the present circular: 31 December 2001.

Changes

5. On the recommendation of the Joint Advisory Committee, the Director-General has approved the following improvements applicable to both plans, effective 1 January 2001:

(a) The reimbursement rate will increase from 90 per cent to 100 per cent for in-patient hospitalization with semi-private accommodation in countries in Europe and North America and in other countries, including Israel, at no additional cost to the plan (for the list of countries, see the annex);

(b) The reimbursement rate will increase from 80 per cent to 90 per cent for the services of “preferred providers”, which have agreed to provide discount tariffs for their services to Van Breda participants (see paragraph 12 below);

(c) The cost of accommodation for one parent accompanying a patient under the age of 12 will be reimbursed at the rate of 80 per cent provided that a medical certificate justifying the necessity has been submitted.

Cost containment

6. Participants are reminded that their choice of medical providers and products has an impact on the group medical insurance plans and is reflected in the performance of the plans. Being cost-conscious when incurring medical expenses is the most effective way for participants to contain their own uncovered share and premium increases. Cost estimate forms are available from the UNOV Social Security office (room E1073) for in-patient hospitalization or day surgery and dental treatment, to assist participants in obtaining information regarding costs in advance of treatment.

7. Introducing the concept of “preferred providers” is merely a cost control measure and is not intended to limit in any way a participant’s freedom to choose doctors, treatment, hospitalization and medication in accordance with the terms of the contract with Van Breda. Agreements with the “preferred providers” have been made solely between Van Breda and the providers, without the Organization’s involvement. The fact that a list of “preferred providers” is contained in the present information circular and appears on the UNOV Intranet and on the Van Breda web site does not constitute a recommendation by the United Nations Office at Vienna to use the services of those providers; it is only intended to assist participants in their efforts at cost containment. The benefit to participants is the higher reimbursement rate and/or the discount offered by each of the providers.

Claims procedure

8. To avoid delays in the settlement of claims, staff members should ensure that the form for claiming reimbursement has been completed correctly and that the supporting documentation includes all information required by the insurer. The pre-addressed Van Breda envelopes are forwarded to Van Breda through Mail Operations every Tuesday.

9. Participants should address any enquiries concerning coverage that cannot be resolved by referring to the summary of the benefits of the insurance plan (see annex) or any requests for clarification on reimbursements to Van Breda directly. Enquiries concerning hospitals bills and their reimbursement should be addressed first to the hospital and subsequently to Van Breda.

10. If the services of a “preferred provider” (pharmacy, dentist etc.) offering a discount are used, participants are expected to pay the reduced bill first and then claim the remaining amount for reimbursement by Van Breda. Participants may present their Van Breda insurance cards or their grounds passes to identify themselves as being insured by Van Breda. If that is not satisfactory to the provider,

the UNOV Social Security office or Van Breda may be contacted to provide a certificate of coverage.

11. Van Breda operates a call centre that provides prompt replies to requests for information from participants in the group medical insurance plans (see paragraph 13 below).

“Preferred providers” and others offering discount rates

12. The “preferred providers” and others offering discount rates are as follows (see also the Van Breda web site (www.int.vanbreda.com) and the Social Security home page on the Intranet (<http://intranet.un.or.at/hrms/security.htm>)):

(a) *Pharmaceuticals:*

Competitive prices are offered at the VIC pharmacy (Maria Lourdes Apotheke), in room F0715 (reimbursement rate: 80 per cent);

(b) *Laboratory services:*

- (i) Institut für Medizinisch-Chemische Labordiagnostik (IMCL) (reimbursement rate: 90 per cent):

IMCL Labor Donauzentrum
Donaustadtstrasse 1
1220 Vienna
Tel.: 203 32 13
Fax: 203 81 64

IMCL Labor Favoriten
Otto Probst-Strasse 22-24
1100 Vienna
Tel.: 615 06 10
Fax: 615 06 10 20

IMCL Labor Hernals
Rosensteingasse 49
1170 Vienna
Tel.: 485 61 61
Fax: 485 77 15 32
E-mail: IMCL@med-labor.at
Web site: www.med-labor.at

IMCL Labor Neubau
Mariahilfer Strasse 82
1070 Vienna
Tel.: 523 51 51
Fax: 523 85 97 21

IMCL Labor Waehring
Gymnasiumstrasse 39
1180 Vienna
Tel.: 478 34 41
Fax: 478 02 40

- (ii) Laboratorium Medizinalrat Dr. Hans Jörg Klein
(reimbursement rate: 90 per cent)
Karl Lueger Platz 2
1010 Vienna
Tel.: 512 74 27
Fax: 512 74 57 51

(c) *Dental treatment:*

- (i) Dental and Oral Care Centre (reimbursement rate: 80 per cent)
Contact person: Dr. Hani Farr
Leonard-Bernsteinstrasse 8 (Mischek Tower)
Block 2/Ground Floor/Door 2
1220 Vienna
Tel.: 260 52 50
Fax: 260 52 50 9
- (ii) Zahnklinik Dentalklinik Sievering (reimbursement rate: 90 per cent)
Contact person: Dr. Ernst Weinmann
Sieveringer Strasse 17
1190 Vienna
Tel.: 320 97 97
Fax: 328 17 71 22

Contacting Van Breda

13. Information may be obtained from Van Breda using the following:

Toll-free Van Breda hotline (for telephone calls made within Austria):
(0800) 20 8596

The hotline operates on weekdays from 8 a.m. to 6 p.m. It also operates a limited service (such as confirmation of coverage and issuance of cost guarantees to hospitals) outside regular office hours and at weekends (24-hour service).

Telephone number (for calls made outside Austria):
+(32) (3) 217 57 17

Fax number: +(32) (3) 235 01 24

E-mail address: mcw@int.vanbreda.be

Van Breda web site: www.int.vanbreda.com

14. The present circular supersedes information circular UNOV/INF.81-ODCCP/INF.82 of 23 March 2000.

Annex

Summary of benefits of group medical insurance plan, as at 1 January 2001

(Worldwide coverage)

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursement (if applicable)</i>	<i>Remarks</i>
1. Medical treatment, surgery, medicines and medical appliances	80		<p>The reimbursement rate of 80 per cent applies to generally recognized medical treatment as far as no other entitlement to reimbursement by another insurer exists. If an entitlement to reimbursement by another insurer exists, the applicable percentages or ceilings are applied to the difference between the cost actually incurred and the reimbursement obtained from other sources.</p> <p>Prescription by a physician does not necessarily create an entitlement to reimbursement of the cost of products such as vitamin and mineral supplements, skin and dental care products or certain drugs that are not provided for by the policy, such as Viagra, Xenical and similar products.</p>
(a) Dental and orthodontic treatment	80	ATS 20 000 EURO 1 453	<p>Maximum amount is per calendar year, per person, with any unspent balance from the previous year being carried over to the following calendar year. Any reimbursement is first charged to the unspent balance from the previous calendar year. Any unspent balance from one calendar year can be carried over to the next calendar year but not beyond that year. The maximum reimbursement in 2001 is ATS 40,000, i.e. any unspent balance from 2000 (applicable maximum ATS 20,000) plus the maximum for 2001 (ATS 20,000).</p> <p>The limit applies to any kind of dental care or dental treatment, such as dental consultations and examinations, gum examinations, X-rays, dental hygiene, scaling and periodontic (i.e. paradontic) treatment, fillings, root treatment, tooth extraction, crowns, bridges, inlays, tooth implantations, treatment of temporomandibular joint diseases, orthodontic treatment and other dental work. Dental treatment also includes dental surgery, performed as part of in-patient or out-patient treatment, such as surgery to remove wisdom teeth and surgery in connection with dental implants. The above limit on reimbursement applies to fees of surgeons and anaesthetists. Hospital costs, however, are reimbursed according to class of accommodation.</p>

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursement (if applicable)</i>	<i>Remarks</i>
			<p>Orthodontic treatment is covered for a period of four consecutive years only. Treatment should start before the patient is 14 years old. If treatment is to start when the patient is between the ages of 14 and 18, medical grounds will be required for approval. If an advance payment is required upon commencement of the treatment, reimbursement will be made in instalments in accordance with evidence received on services rendered. In case the price of the appliance cannot be given separately, the full amount paid to the orthodontist will be reimbursed in instalments. Orthodontic surgery required as a result of an accident is reimbursed at 80 per cent.</p> <p>Provisional tooth replacements (provisoria) are not covered. This also includes long-term provisional tooth replacements.</p> <p>In-patient periodontic treatment involving overnight stay in a hospital will not be considered as hospitalization but will be reimbursed in accordance with the above ceiling.</p>
(b) Lenses	80	ATS 4 000 EURO 291	As at 1 January 2000, the maximum amount reimbursed has been increased to ATS 4,000 (formerly ATS 3,000). The increase applies with the first two-year cycle after 1 January 2000. Coverage is for all types of prescribed lenses (including contact lenses and throw-away lenses) whether there is a change in strength or not, per two-year period (calendar years), per person. In case of throw-away lenses, it is necessary to indicate for which period the lenses have been bought. Reimbursement for frames is excluded.
(c) Hearing aids	80	ATS 7 500 EURO 545	The amount indicated is per ear in a three-year period (calendar years). A prescription and an audiogram are required.
(d) Psychiatric care			
(i) Psychiatric care	80 (staff member)		Psychiatric care comprises the consultation of a psychiatrist and any treatment prescribed by a psychiatrist. The cost of treatment prescribed by a psychiatrist shall be reimbursable, subject to prior approval, if it is for a defined therapy performed either by a psychiatrist or by a qualified provider.
	80 (dependant)	ATS 26 000 EURO 1 889	Subject to the above, per two-year period (calendar years), per dependant. As at 1 January 2000, the basic coverage has been increased to 80 per cent (previously 50 per cent) and the maximum amount reimbursed is ATS 26,000 (previously ATS 13,000 for psychiatric treatment and psychotherapy respectively). The increase is effective with the first two-year cycle after 1 January 2000.
(ii) Psychoanalysis			Excluded.
(e) Radiological treatment	80		If prescribed by a physician.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursement (if applicable)</i>	<i>Remarks</i>
(f) Convalescence and spa cures			Medically prescribed convalescence in a medical or rehabilitation centre within one week following hospitalization is reimbursed as hospitalization.
(i) Therapy	80		If prescribed by a physician.
(ii) Accommodation		ATS 200 EURO 15 per day	If prescribed by a physician for a specified therapy at a registered spa institution and subject to prior approval by the insurer.
(g) Hospitalization			In-patient treatment involves an overnight stay. Treatment for detoxification for alcoholism or drug abuse is reimbursed as in-patient treatment in a hospital for a maximum of two treatments in all.
Accommodation in a general ward	100		All-inclusive rate per day (hospital costs and doctors' fees).
(ii) Second-class hospitalization (two or three persons to a room)	90		The percentage is applied to the cost of bed and board, tests, general nursing service, use of operating theatre, laboratory tests, X-rays, drugs, medication and all other in-patient costs. The costs of the stay of accompanying persons (see (vii) Parent accommodation, below) and of the use of a telephone, television and other non-medical facilities are excluded.
	100		Hospitalization with semi-private accommodation (same conditions as above) in countries in Europe and North America and in other countries, including Israel. ^a
(iii) First-class hospitalization (single room)	70		The cost of first-class accommodation does not count towards major (catastrophic) medical expenses if first-class accommodation was the patient's own choice.
(iv) Day surgery	90		Reimbursement is at the rate of 90 per cent if the surgery requires the use of a conventional operating theatre and is being performed in a hospital on an "in-and-out-the-same-day" basis, without entailing an overnight stay.
(v) Surgeon's and anaesthetists' fees	80		With the exception of (i) Accommodation in a general ward, above, surgeons' and anaesthetists' fees are paid at the rate of 80 per cent, irrespective of the class of accommodation, whereas other doctors' fees during hospitalization are reimbursed according to the class of accommodation.
(vi) Hospice care			Hospice care is covered subject to prior approval by the insurer as an alternative to hospitalization and subject to reimbursement rates equal to the preceding hospitalization (see above).
(vii) Parent accommodation	80		The cost of accommodation for one parent accompanying a patient under the age of 12 will be reimbursed at the rate of 80 per cent provided that a medical certificate justifying the necessity has been submitted.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursement (if applicable)</i>	<i>Remarks</i>
(h) Ambulant treatment	80		Coverage is for out-patient treatment in a hospital other than day surgery (see above) involving no overnight stay.
(i) Transportation	80		Coverage is for emergency ambulance costs only and does not include taxi fares.
(j) Maternity	80		Coverage is for reasonable, related treatment in respect of pregnancy, as well as up to three applications of contraceptive methods leading to pregnancy.
(k) Preventive care			
(i) Medical examination	80	ATS 2 000 EURO 145	Coverage is for one medical examination per calendar year per person.
(ii) Birth control devices and medicine	80	ATS 1 000 EURO 73	Maximum amount is per calendar year per person.
(iii) Induced abortion, salpingectomy, vasectomy or electrocoagulation of fallopian tubes by laparoscopy	80		Once per person.
(iv) Vaccinations and inoculations	80		
(l) Alternative medicine			
(i) Homeopathy, acupuncture	80		Treatment must be performed or prescribed by a physician and carried out by recognized paramedical personnel. Herbal pharmaceuticals are excluded.
(ii) Neural therapy, ozone therapy and chiropractical therapy	50		Treatment must be performed or prescribed by a physician and carried out by recognized paramedical personnel. Alternative treatments not covered are: acupressure, anthroposophical medicine, autogenic training, biofeedback therapy, bioresonance treatment, treatment within the framework of traditional Chinese medicine, colon-hydro therapy, hypnosis therapy, <i>Fussreflexzonen-massage</i> , music therapy, nutrition counselling, shiatsu, and <i>Kneipptherapie</i> (the latter may be reimbursed, subject to prior approval, in connection with a prescribed spa cure). This listing is not exhaustive.
2. Major (catastrophic) medical expenses	100		Reimbursement of major (catastrophic) medical expenses applies to the uncovered portion of reimbursable medical expenses in a 12-month period that exceeds 5 per cent of the participant's annual emoluments on the basis of which the health insurance contribution is calculated. With regard to participants in the after-service health insurance scheme, annual emoluments shall include any emoluments from assignments in an organization of the United Nations system. The costs of treatment above the limits established or excluded by the group medical insurance plan cannot be taken into consideration in calculating eligibility for reimbursement of major (catastrophic) medical expenses.

^a Applicable to hospitalization with semi-private accommodation in the following countries:

Albania	Germany	Portugal
Andorra	Greece	Republic of Moldova
Armenia	Hungary	Romania
Austria	Iceland	Russian Federation
Azerbaijan	Ireland	San Marino
Belarus	Israel	Slovakia
Belgium	Italy	Slovenia
Bosnia and Herzegovina	Kazakhstan	Spain
Bulgaria	Kyrgyzstan	Sweden
Canada	Latvia	Switzerland
Croatia	Liechtenstein	The former Yugoslav Republic of Macedonia
Cyprus	Lithuania	Turkmenistan
Czech Republic	Luxembourg	Ukraine
Denmark	Malta	United Kingdom of Great Britain and Northern Ireland
Estonia	Monaco	United States of America
Finland	Netherlands	Uzbekistan
France	Norway	Yugoslavia
Georgia	Poland	