



Division of Administrative and Common Services
Human Resources Management Section

UNOV/INF.147
ODCCP/INF.148
25 March 2002

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 2000 to 30 September 2001 was higher than the premiums less administrative expenses for the same period and therefore result in an increase in premium rates for 2002.

2. On the basis of the performance of the group medical plans during the recent review period, the premiums due to Van Breda increased by 4.1 per cent effective 1 January 2002. This increase applies to both the Full Medical Insurance Plan (FMIP) and the Supplementary Medical Insurance Plan (SMIP). The Officer-in-charge of UNOV and ODCCP has approved the recommendation of the Joint Advisory Committee for the above-mentioned increase.

Premiums

3. The share of monthly premiums to be 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), effective 1 January 2002, will be:

<i>Category</i>	<i>Insured persons</i>	<i>FMIP</i>	<i>SMIP</i>
		<i>(Percentage)</i>	
I	Staff member only	2.824	2.163
II	Staff member and one dependant	4.237	3.245
III	Staff member and two or more dependants	5.649	4.327

The same share will be borne by the Organization as a subsidy.

* Expiration date of the present circular: 31 December 2002.

4. Premium structure for “Other insured persons”:

Age	Male	Female
	€	€
16-30	131.64	186.63
31-45	158.19	213.34
46-55	186.63	229.15
56-60	213.34	229.15
61-65	240.05	229.15
over 65	270.15	245.49

Children	€
1	95.93
2	188.53
>2	264.78

Cost containment

5. Participants are reminded that the choice of medical providers and products made by the insured participant has an impact on the group medical insurance plans and is reflected in their performance. The active cooperation of participants in being cost-conscious when incurring medical expenses is the most effective measure to contain the participant’s own uncovered share and premium increases. Cost-estimate forms available from the UNOV Social Security office (room E1075) may be used by participants to obtain advance information on the cost of in-patient hospitalization or day surgery and dental treatment.

6. It is emphasized that the concept of preferred providers (see paragraph 7 below) is only a cost-control measure and does not mean any limitation on the free choice of doctors, treatment, hospitalization and medication under the terms of the contract with Van Breda. The agreement is made solely between Van Breda and the provider without the Organization’s involvement. The inclusion of a list of preferred providers in the present circular, on the UNOV Intranet and on the Van Breda web site does not constitute a recommendation by UNOV to use the services of those providers; it is only meant to assist participants in cost containment. The benefit to participants is the higher reimbursement rate and/or the discount offered by the provider.

Preferred providers and others offering discount rates

7. A list of preferred providers and others offering discount rates that participants may wish to consider is presented below. The list can be viewed on the Van Breda web site (www.int.vanbreda.com) and on the UNOV Intranet (<http://intranet.un.or.at/hrms/security.htm>).

Service providers

Cost calculation

Maria-Lourdes Apotheke (VIC-based pharmacy service (room F0715) at competitive prices)	80 per cent reimbursement rate; discount given
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Service providers

Laboratorium Dr. Gustav Scholda
Institut für Medizinisch-Chemische
Labordiagnostik (IMCL)
Rosensteingasse 49
1170 Vienna
Telephone: 485 61 61
Facsimile: 485 77 15 32

Location of other IMCL laboratories

Stolberggasse 44
1050 Vienna
Telephone: 545 31 82

Mariahilferstrasse 82
1070 Vienna
Telephone: 523 51 51
Facsimile: 523 85 97 21

Otto Probst-Strasse 22-24
1100 Vienna
Telephone: 615 06 10
Facsimile: 616 06 10 20

Gymnasiumstrasse 39
1180 Vienna
Telephone: 478 34 41
Facsimile: 478 02 40

Donaustadtstrasse 1
1220 Vienna
Telephone: 203 32 13
Facsimile: 203 81 64

Laboratorium Medizinalrat Dr. Hans Jörg Klein
Dr. Karl-Lueger-Platz 2
1010 Vienna
Telephone: 512 74 27
Facsimile: 512 74 57 51

90 per cent reimbursement rate;
discount given

Laboratorium Dr. Muehl
Praterstrasse 22
1020 Vienna
Telephone: 214 84 82
Facsimile: 215 28 99

Prices between 41 and 75 per
cent lower than normal

Dental treatment

Dentalklinik Sievering
Dr. Ernst Weinmann
Sieveringer Strasse 17
1190 Vienna
Telephone: 320 97 97
Facsimile: 328 17 71 22

90 per cent reimbursement rate;
discount given

Service providers

Cost calculation

Dental and Oral Care Center
Contact person: Dr. Hari Farr
Mischek Tower, Block 2
Donaupark
Leonard-Berstein-Strasse 8
1220 Vienna
Telephone: 260 52 50

80 per cent reimbursement rate;
discount given

Dr. Nenad Mirkovic
Garnisongasse 3/5
1090 Vienna
Telephone: 402 30 87
Facsimile: 402 30 87 20
E-mail: drcune@ins.at

Claims procedure

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

9. Participants should address directly to Van Breda any requests for clarification concerning reimbursement or any enquiries concerning coverage that cannot be resolved by reference to the summary of benefits annexed to the present circular. Enquiries concerning hospital bills and their reimbursement should be addressed first to the hospital and then 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 to claim from Van Breda the remaining amount for reimbursement. Participants may provide evidence of their Van Breda coverage by presenting their Van Breda identification card or their VIC grounds pass. Should such evidence fail to satisfy the provider, the UNOV Social Security office or Van Breda may be requested to issue a certificate of coverage.

11. Van Breda operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans.

Van Breda contact details

12. The toll-free Van Breda hotline for telephone calls made within Austria is (0800) 20 8596. The hotline operates on weekdays from 8 a.m. to 6 p.m. and, for limited service (such as confirmation of coverage and issuance of cost guarantees to hospitals), outside regular hours and on weekends (24 hours a day). The telephone number for calls made from outside Austria is +(32) (3) 217 57 17. Van Breda can also be contacted as follows: by facsimile +(32) (3) 235 01 24; by e-mail at <mcw@int.vanbreda.be>; and on its web site at <www.int.vanbreda.com>.

13. The present circular supersedes information circular UNOV/INF.121-ODCCP/INF.122 of 2 April 2001.

Annex

Summary of benefits of group medical insurance plan from 1 January 2002 (Worldwide coverage)

<i>Benefits</i>	<i>Basic coverage (Percentage)</i>	<i>Maximum amount reimbursed (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	€1 453 (S 20 000)	<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.</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 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 inpatient or outpatient 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> <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</p>

<i>Benefits</i>	<i>Basic coverage (Percentage)</i>	<i>Maximum amount reimbursed (if applicable)</i>	<i>Remarks</i>
			instalments. Orthodontic surgery required as a result of an accident is reimbursed at 80 per cent.
			Provisional tooth replacements are not covered. This also includes long-term provisional tooth replacements.
			Inpatient periodontic treatment involving an overnight stay in a hospital will not be considered as hospitalization, but will be reimbursed in accordance with the above ceiling.
(b) Lenses	80	€291 (S 4 000)	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 the 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	€545 (S 7 500)	The amount indicated is per ear in a three-year period (calendar years). A prescription and an audiogram are required.
(d) 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.
(i) Psychiatric care	80 (dependant)	€1 889 (S 26 000)	Subject to the above, per two-year period (calendar years), up to the maximum amount, per dependant.
(ii) Psychoanalysis			Excluded.
(e) Radiological treatment	80		If prescribed by a physician.
(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		€15 (S 200) 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			Inpatient treatment involves an overnight stay. Treatment for detoxification for alcoholism or drug abuse is reimbursed as inpatient treatment in a hospital for a maximum of two treatments in all.

<i>Benefits</i>		<i>Basic coverage (Percentage)</i>	<i>Maximum amount reimbursed (if applicable)</i>	<i>Remarks</i>
(i)	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 inpatient costs. The costs of the stay of accompanying persons (see vii) and of the use of a telephone, television and other non-medical facilities are excluded.
		100		Hospitalization in semi-private accommodation (same conditions as in (ii) above) in countries other than those countries listed in the appendix.
(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)	Surgeons' 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 need for such accompaniment has been submitted.
(h)	Ambulant treatment	80		Coverage is for outpatient 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	€145 (S 2 000)	Coverage is for one medical examination per calendar year per person.

<i>Benefits</i>		<i>Basic coverage (Percentage)</i>	<i>Maximum amount reimbursed (if applicable)</i>	<i>Remarks</i>
(ii)	Birth control devices and medicine	80	€73 (S 1 000)	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		
(1)	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 chiropractic 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-hydrotherapy, hypnosis therapy, foot reflexology, music therapy, nutrition counselling, shiatsu massage and Kneipp therapy (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.

Appendix

List of countries for item (g) Hospitalization

In countries other than these hospitalization in semi-private accommodation is reimbursed at 100 per cent (see g (ii))

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