



Division of Administrative and Common Services  
Human Resources Management Section

UNOV/INF.192  
UNODC/INF.193  
2 April 2004

## Information circular\*

### Group medical insurance: changes in premiums and benefits

#### General

1. The group medical insurance contract with Vanbreda 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. For the reference period from 1 October 2002 to 30 September 2003, the amount of reimbursements was lower than the premiums less administrative expenses and therefore resulted in a decrease in premium rates for 2004. A new premium adjustment formula for the same reference period also contributed towards the premium decrease.

2. On the basis of the above-mentioned factors during the recent review period, the premiums due to Vanbreda decreased by 4.06 per cent effective 1 January 2004. This decrease applies to both the Full Medical Insurance Plan (FMIP) and the Supplementary Medical Insurance Plan (SMIP). The Director-General of the United Nations Office at Vienna and Executive Director of the United Nations Office on Drugs and Crime has approved the recommendation of the Joint Advisory Committee for the above-mentioned decrease.

#### 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 2004 are:

| <i>Category Insured persons</i> |   | <i>FMIP</i>         | <i>SMIP</i> |
|---------------------------------|---|---------------------|-------------|
|                                 |   | <i>(Percentage)</i> |             |
| I                               | Staff member only                       | 2.695               | 2.064       |
| II                              | Staff member and one dependant          | 4.043               | 3.097       |
| III                             | Staff member and two or more dependants | 5.390               | 4.129       |

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

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\* Expiration date of the present circular: 31 December 2004.

4. Premium structure for “Other insured persons”:

| <i>Age</i> | <i>Male</i>  | <i>Female</i> |
|------------|--------------|---------------|
|            | <i>Euros</i> |               |
| 16-30      | 136.15       | 193.03        |
| 31-45      | 163.62       | 220.65        |
| 46-55      | 193.03       | 237.00        |
| 56-60      | 220.65       | 237.00        |
| 61-65      | 248.28       | 237.00        |
| over 65    | 279.41       | 253.90        |

  

| <i>Children</i> | <i>Euros</i> |
|-----------------|--------------|
| 1               | 99.22        |
| 2               | 194.99       |
| >2              | 273.86       |

**Cost containment**

5. The expenditure pattern of participants has resulted, for a second consecutive year, in a lower premium for 2004. Participants are therefore 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 United Nations Office at Vienna (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 para. 12 below) is only a cost-control measure and does not imply any limitation on the free choice of doctors, treatment, hospitalization and medication in line with the terms of the contract with Vanbreda. The agreement is made solely between Vanbreda and the provider, without the Organization's involvement. The inclusion of a list of preferred providers in the present circular and on the Vanbreda 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.

**Claims procedure**

7. 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 the information required by the insurer. The pre-addressed Vanbreda envelopes are forwarded through Mail Operations to Vanbreda every Tuesday. Participants are encouraged to use the claim forms on Vanbreda's web site <http://www.vanbreda-international.be>

8. Participants should address enquiries concerning coverage and requests for clarification of reimbursements to Vanbreda directly. Enquiries concerning hospital bills and their reimbursement should be addressed first to the hospital and then to Vanbreda.

9. Claims for medicines under the Vanbreda plan must include both the original prescription from the medical practitioner, bearing the pharmacy's stamp and the date, and the cash receipt from the pharmacy.

10. If the services of a preferred provider, pharmacy, dentist and so on offering a discount are used, participants are expected to pay the reduced bill first and submit a claim to Vanbreda for reimbursement of the remaining amount. Participants may provide evidence of their Vanbreda coverage by presenting their Vanbreda identification card or their Vienna International Centre grounds pass. Should such evidence fail to satisfy the provider, Ms. Ulrike Buniwer, room E1076, extension 5747, or Vanbreda may be requested to issue a certificate of coverage.

11. Vanbreda operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans (see para. 13).

#### **Preferred providers and others offering discount rates**

12. A list of preferred providers and others offering discount rates whom participants may wish to consider is presented below. The list can be viewed on the Vanbreda web site (<http://www.vanbreda-international.be>).

##### *Service providers*

##### *Cost calculation*

**Maria-Lourdes Apotheke**  
Vienna International Centre Room F0715

80 per cent reimbursement rate;  
discount given

**Laboratorium Dr. Gustav Scholda**  
**Institut für Medizinisch-Chemische**  
**Labordiagnostik (IMCL)**

90 per cent reimbursement rate;  
discount given

Rosensteingasse 49  
1170 Vienna

Telephone: 485 61 61  
Facsimile: 485 77 15 32  
Electronic mail: [labor.hernals@imcl.at](mailto:labor.hernals@imcl.at)  
Web site: [www.med-labor.at](http://www.med-labor.at)

Location of other IMCL laboratories:

**Labor Margareten**  
Stolberggasse 44  
1050 Vienna

Telephone: 545 31 82  
Facsimile: 545 31 82 201

**Labor Neubau**  
Mariahilferstrasse 82  
1070 Vienna

Telephone: 523 51 51  
Facsimile: 523 85 97 21

*Service providers*

*Cost calculation*

**Labor Favoriten**

Otto Probst-Strasse 22-24  
1100 Vienna

Telephone: 615 06 10

**Labor Währing**

Gymnasiumstrasse 39  
1180 Vienna

Telephone: 478 34 41

Facsimile: 478 02 40

**Labor Donauzentrum**

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. Mühl**

Praterstrasse 22  
1020 Vienna

Telephone: 214 84 82

Facsimile: 215 28 99

Prices are between 41 and 75 per  
cent lower than normal

*Dental treatment*

**Dentalklinik Sievering**

Dr. Ernst Weinmann  
Sieveringerstrasse 17  
1190 Vienna

Telephone: 320 97 97

Facsimile: 328 17 71 22

Web site: [www.dentalklinik.at](http://www.dentalklinik.at)

90 per cent reimbursement rate;  
discount given

**Dental and Oral Care Centre**

Contact person: Dr. Hani Farr  
Mischek Tower, Block 2  
Ground Floor, Door No. 2  
Leonard-Bernstein-Strasse 8  
1220 Vienna

Telephone: 260 52 50

80 per cent reimbursement rate;  
discount given

*Service providers*

*Cost calculation*

**Dr. Nenad Mirkovic**

Garnisongasse 3/5  
1090 Vienna

Telephone: 402 30 87

Facsimile: 402 30 87 20

Electronic mail: drcune@ins.at

**Vanbreda contact details**

13. Vanbreda operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans. The toll-free Vanbreda hotline for telephone calls made within Austria is (0800) 29 33 59. 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 office hours and at weekends (24 hours a day). The telephone number for calls made from outside Austria is +(32)(3) 217 69 59. Vanbreda can also be reached by facsimile at +(32)(3) 663 28 10, by electronic mail at [mcc013@vanbreda.be](mailto:mcc013@vanbreda.be) and at its web site (<http://www.vanbreda-international.be>).

14. The present circular supersedes information circular UNOV/INF.171-ODCCP/INF.172 of 16 January 2003.

## Annex

### Summary of benefits of group medical insurance plan as at 1 January 2004 (worldwide coverage)

| <i>Benefits</i>   | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</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                                     | 1 455  | <p>The maximum amount reimbursable is per calendar year, per person, with any unspent balance from the previous year being carried forward 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 maximum amount reimbursable 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</p> |

| <i>Benefits</i>  | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</i> | <i>Remarks</i>  |
|------------------|--|--|---|
|                  |  |  | <p>implants. The maximum amount reimbursable applies to fees of surgeons and anaesthetists. Hospital costs, however, are reimbursed according to class of accommodation.</p> <p>Orthodontic 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 are not covered. This also includes long-term provisional tooth replacements.</p> <p>Inpatient periodontic treatment involving an overnight stay in a hospital will not be considered hospitalization, but will be reimbursed in accordance with the above ceiling.</p> |
| (b) Lenses       | 80                                     | 291  | Coverage is for all types of prescribed lenses (including disposable and non-disposable contact lenses), whether there is a change in strength or not, per two-year period (calendar years), per person. In the case of disposable contact lenses, the period for which the lenses were bought must be indicated. Reimbursement for frames is excluded.   |
| (c) Hearing aids | 80                                     | 545  | The amount indicated is per ear, per three-year period (calendar years). A prescription and an audiogram are required.  |

| <i>Benefits</i>                     | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</i> | <i>Remarks</i>   |
|-------------------------------------|--|--|--|
| (d) Psychiatric care                |  |  |  |
| (i) Psychiatric care                | 80<br>(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<br>(dependant)                      | 1 890  | 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<br>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) Accommodation in a general ward | 100                                    |  | All-inclusive rate per day (hospital costs and doctors' fees).   |

| <i>Benefits</i>   | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</i> | <i>Remarks</i>  |
|---|--|--|---|
| (ii) Second-class hospitalization<br>(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) below) 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 listed in the appendix.  |
| (iii) First-class hospitalization<br>(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>Benefits</i>  | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</i> | <i>Remarks</i>  |
|--|--|--|---|
| (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  | Coverage is for one medical examination per calendar year per person.   |
| (ii) Birth control devices and medicine  | 80                                     | 73   | The maximum amount reimbursable 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 chiropractic therapy  | 50                                     |  | Treatment must be performed or prescribed by a physician and carried out by recognized paramedical personnel.<br><br>Alternative treatments not covered are acupressure, anthroposophical medicine, autogenic training, ayurveda, biofeedback therapy, bioresonance treatment, treatment within the framework of traditional Chinese medicine, colon-hydrotherapy, hypnosis therapy, foot reflexology, music therapy, |

| <i>Benefits</i>                          | <i>Basic coverage<br/>(Percentage)</i> | <i>Maximum<br/>amount<br/>reimbursable<br/>(if applicable)<br/>(euros)</i> | <i>Remarks</i>   |
|--|--|--|--|
|  |  |  | nutrition counselling, shiatsu massage and Kneipp therapy (the latter may be reimbursed, subject to prior approval, in connection with a prescribed spa cure). This list 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 1 (g), Hospitalization<sup>a</sup>

|                        |   |
|------------------------|---|
| 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                | Serbia and Montenegro                                   |
| Finland                | Slovakia  |
| France                 | Slovenia  |
| Georgia                | Spain   |
| Germany                | Sweden  |
| Greece                 | Switzerland   |
| Hungary                | The former Yugoslav Republic of Macedonia               |
| Iceland                | Turkmenistan  |
| Ireland                | Ukraine   |
| Israel                 | United Kingdom of Great Britain<br>and Northern Ireland |
| Italy                  |   |
| Kazakhstan             | United States of America                                |
| Kyrgyzstan             | Uzbekistan  |

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<sup>a</sup> In countries other than these, hospitalization in semi-private accommodation is reimbursed at 100 per cent (see 1 (g) (ii)).