



Division for Management
Human Resources Management Service

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10 July 2008

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 period. For the reference period from 1 October 2006 to 30 September 2007, the amount of reimbursements was higher than the premiums, less administrative expenses. For the above-mentioned reference period the premium adjustment resulted in an increase of 3.34 per cent. In the course of its recent meetings, the Joint Advisory Committee reviewed closely the proposed increase and mandated a group to meet and discuss with the insurance provider the basis for that proposal. The discussion resulted in a reduced premium increase of 2.68 per cent effective 1 January 2008 and a change in the reference period to be used for the annual review of the premiums, namely from 1 October-30 September to 1 January-31 December.

2. The revised increase of 2.68 per cent 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 increase.

3. The contract with Vanbreda International provides for the Temporary Disability Insurance Plan (TDIP). The TDIP premium rates have not changed since 2005. Based on the performance of the Plan, the insurance provider proposed an increase of 35 per cent in the TDIP premiums effective 1 January 2008. As per the outcome of the meeting with the insurance provider mandated by the Joint Advisory Committee, the increase in the TDIP premiums was reduced as follows: (a) an increase of 20 per cent has been implemented as of 1 January 2008; (b) when necessary and subject to the Plan's performance in 2008, an additional increase of 10 per cent will be applied effective 1 January 2009; and (c) in the course of 2009 the insurance provider will assess, on the basis of the performance of the Plan, whether an additional increase will be applied effective 1 January 2010. 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 premium increase as mentioned above.

* Expiration date of the present circular: 31 December 2008.



Health insurance premiums

4. Effective 1 January 2008, 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), is:

<i>Category</i>	<i>Insured persons</i>	<i>FMIP</i>	<i>SMIP</i>
		<i>(percentage)</i>	
I	Staff member only	3.219	2.465
II	Staff member and one dependant	4.828	3.698
III	Staff member and two or more dependants	6.438	4.931

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

5. “Other insured persons” are persons insured with a staff member participating in the group medical insurance by virtue of the fact that they are living in the same household and are financially dependent on the staff member. Such persons may be unmarried children over 25 years of age, parents, siblings, non-Austrian live-in household help or domestic servants. Effective 1 January 2008, the monthly premiums for “other insured persons” are:

<i>Age</i>	<i>Monthly premium (euros)</i>	
	<i>Male</i>	<i>Female</i>
16-30	172.51	244.57
31-45	207.31	279.57
46-55	244.57	300.30
56-60	279.57	300.30
61-65	314.58	300.30
Over 65	354.04	321.71

<i>Children</i>	<i>Monthly premium (euros)</i>
1	125.71
2	247.07
3 or more	347.00

Temporary disability insurance premiums

6. Effective 1 January 2008, the share of the monthly premiums to be borne by the staff members enrolled in TDIP, expressed as a percentage of their emoluments (net base salary plus post adjustment and all allowances), is 0.162 per cent for the first five years of participation in the Plan and 0.130 per cent thereafter.

Cost containment

7. The expenditure pattern of participants in 2007 increased and resulted in a higher premium for 2008. Therefore participants are reminded that the choice of medical service providers, medicines and medical appliances made by the insured participant has an impact on the group medical insurance plan and is reflected in its performance. The active cooperation of participants in being cost-conscious when incurring medical expenses is the most effective way to contain each participant’s own uncovered share and premium increases. Cost-estimate forms available from the Staff Administration Unit (social security office), Human Resources Management Service (rooms E1075 and E1076), may be used by participants to obtain advance

information on the cost of inpatient hospitalization or day surgery and dental treatment.

8. It is emphasized that the concept of preferred providers (see para. 17 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 group medical insurance contract with Vanbreda International. The agreement is made solely between Vanbreda International and the provider, without the Organization's involvement. The inclusion of a list of preferred providers in the present circular and on the Vanbreda International website (<http://www.vanbreda-international.be>) does not constitute a recommendation by the Organization to use the services of those providers; it is only meant to assist participants in containing costs.

Claims procedure

9. 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 International envelopes are forwarded to Vanbreda International every Tuesday and Friday.

10. Participants are encouraged to use electronic claim forms, which are available on the Vanbreda International website (<http://www.vanbreda-international.be>). In order to use the electronic claim form, the option "Member's Access" should be selected. Then, under "Personal Reference Number", the number 013 (the organization identification number of the plan) should be inserted, followed by the participant's six-digit insurance number. Then, the participant's date of birth should be entered or the password in case the optional online settlement note had been selected (see para. 11. below). Under the "Forms" section, "Claim FMIP" or "Claim SMIP" should be selected, as required. Once the form has been completed online, it should be printed, signed and forwarded in hard copy, together with all original bills, to Vanbreda International. The online form contains a bar code to facilitate the recording, tracking and retrieving of claims by Vanbreda International.

11. Participants are also encouraged to use the optional online settlement note as an alternative to the hard-copy settlement note. A participant may view his or her settlement notes on the Vanbreda International website (<http://www.vanbreda-international.be>) by selecting "Member's Access" and entering the number 013 and his or her insurance number and date of birth. Then, under the "Forms" section, the option "Request form—Settlement details online" should be selected and the online request form should be completed and sent. Vanbreda International will then send the participant a message by electronic mail (e-mail) whenever a new claim has been processed and the participant will be able to access his or her settlement notes online with a password sent by Vanbreda International to his or her e-mail address.

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

13. Claims for medicines under the Vanbreda International 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.

14. 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 International for reimbursement of the remaining amount. A participant may provide evidence of his or her Vanbreda International coverage by presenting his or her Vanbreda International identification card or Vienna International Centre grounds pass. Should such evidence fail to satisfy the provider, the State Administration Unit (social security office), Human Resources Management Service (extensions 4213 and 5747) or Vanbreda International may be requested to issue a certificate of coverage.

15. Vanbreda International operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans (see para. 16 below).

Vanbreda International contact details

16. Vanbreda International operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans. The toll-free Vanbreda International 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 International can also be reached by telefax at (+32-3) 663 28 10, by e-mail at mcc013@vanbreda.be and through its website (<http://www.vanbreda-international.be>). The mailing address of Vanbreda International is:

Vanbreda International
Plantin en Moretuslei 299
B-2140 Antwerpen, Belgium

Preferred providers and others offering discount rates

17. 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 International website (<http://www.vanbreda-international.be>).

<i>Service providers</i>	<i>Cost calculation</i>
Maria-Lourdes Apotheke Vienna International Centre, room F0715 or Tivoligasse 50, 1120 Vienna (please show your Vienna International Centre grounds pass)	80 per cent reimbursement rate; discount given
Laboratorium Dr. Gustav Scholda Institut für Medizinisch-Chemische Labordiagnostik (IMCL) Rosensteingasse 49 1170 Vienna Telephone: 485 61 61 Telefax: 485 77 15 32 E-mail: imcl@med-labor.at Website: www.med-labor.at	90 per cent reimbursement rate; discount given

<i>Service providers</i>	<i>Cost calculation</i>
Location of other IMCL laboratories:	
Labor Margareten Stolberggasse 44 1050 Vienna Telephone: 545 31 82 Telefax: 545 31 82 201	
Labor Neubau Mariahilferstrasse 82 1070 Vienna Telephone: 523 51 51 Telefax: 523 85 97 21	
Labor Favoriten Otto Probst-Strasse 22-47 1100 Vienna Telephone: 615 06 10 Telefax: 615 06 10 205	
Labor Währing Gymnasiumstrasse 39 1180 Vienna Telephone: 478 34 41 Telefax: 478 02 40	
Labor Donauzentrum Donaustadtstrasse 1 1220 Vienna Telephone: 203 32 13 Telefax: 203 81 64	
Laboratorium HAAS & PARTNER (former Dr. Klein) Dr. Karl-Lueger-Platz 2 1010 Vienna Telephone: 512 74 27 Telefax: 512 745751 E-mail: kleine@medicalnet.at	90 per cent reimbursement rate; discount given
Laboratorium Dr. Mühl Praterstrasse 22 1020 Vienna Telephone: 260 53 02 Telefax: 260 53 502 E-mail: mail@labors.at Website: www.labors.at	Prices are 41-75 per cent lower than normal
<i>Dental treatment</i>	
Dental and Oral Care Center Contact person Dr. Hani Farr Mischek Tower, Block 2 Ground Floor, Door No. 2 Leonard-Bernsteinstrasse 8 1220 Vienna Telephone: 260 52 50 Telefax: 260 52 509 E-mail: hani.farr@hotmail.com Website: www.farr.at	80 per cent reimbursement rate; discount given

Service providers

Cost calculation

Dr. Nenad Mirkovic

Garnisongasse 3/5

1090 Vienna

Telephone: 402 30 87

Telefax: 402 30 87 20

E-mail: drcune@inode.at

18. The present circular supersedes information circular UNOV/INF.232-UNODC/INF.233 of 13 March 2007.

Annex

Summary of benefits of group medical insurance plan as at 1 January 2008 (Worldwide coverage)

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursable, if applicable (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 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</p>

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursable, if applicable (euros)</i>	<i>Remarks</i>
			hospitalization but will be reimbursed in accordance with the above-mentioned ceiling.
(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.
(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)	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 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).
(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) 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.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursable, if applicable (euros)</i>	<i>Remarks</i>
(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 conceptive 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.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursable, if applicable (euros)</i>	<i>Remarks</i>
(ii) Neural therapy, ozone therapy and chiropractic therapy	50		<p>Treatment must be performed or prescribed by a physician and carried out by recognized paramedical personnel.</p> <p>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, 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.</p>
2. Major (catastrophic) medical expenses	100		<p>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.</p>

Appendix

List of countries for item 1 (g), Hospitalization*

Albania	Latvia
Andorra	Lithuania
Armenia	Luxembourg
Austria	Malta
Azerbaijan	Monaco
Belarus	Montenegro
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
Finland	Slovakia
France	Slovenia
Georgia	Spain
Germany	Sweden
Greece	Switzerland
Hungary	The former Yugoslav Republic of Macedonia
Iceland	Turkey
Ireland	Turkmenistan
Israel	Ukraine
Italy	Turkey
Kazakhstan	United Kingdom of Great Britain and Northern Ireland
Kyrgyzstan	United States of America
Liechtenstein	Uzbekistan

* In countries other than these, hospitalization in semi-private accommodation is reimbursed at 100 per cent (see item 1 (g) (ii)).