



Division for Management
Human Resources Management Service

UNOV/INF.247
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8 June 2011

Information circular*

Group medical insurance and temporary disability 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 January 2010 to 31 December 2010, the annual review resulted in a decrease of 3.85 per cent in premium rates for 2011 for both the Full Medical Insurance Plan (FMIP) and the Supplementary Medical Insurance Plan (SMIP). The premiums in the category of "other insured persons" were increased by 2.3 per cent. 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 related recommendation of the Joint Advisory Committee.

2. The contract with Vanbreda International also provides for the Temporary Disability Insurance Plan (TDIP). There are no changes in the TDIP premium rates for 2011.

Medical insurance premiums

3. Effective 1 January 2011, 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:

| Category | Insured persons | FMIP | SMIP |
|----------|---|--------------|--------|
| | | (percentage) | |
| I | Staff member only | 2.9395 | 2.2515 |
| II | Staff member and one dependant | 4.4090 | 3.3770 |
| III | Staff member and two or more dependants | 5.8785 | 4.5025 |

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

* Expiration date of the present circular: 31 December 2011.



Premium structure for “other insured persons”

4. “Other insured persons” are persons insured in conjunction 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. The premiums for “other insured persons” have increased by 2.3 per cent; effective 1 January 2011. Those monthly premiums are:

| <i>Age</i> | <i>Monthly premium (euros)</i> | |
|------------|------------------------------------|---------------|
| | <i>Male</i> | <i>Female</i> |
| 16-30 | 185.03 | 262.33 |
| 31-45 | 222.36 | 299.86 |
| 46-55 | 262.33 | 322.10 |
| 56-60 | 299.86 | 322.10 |
| 61-65 | 337.42 | 322.10 |
| Over 65 | 379.74 | 345.07 |

| <i>Children</i> | <i>Monthly premium (euros)</i> |
|-----------------|------------------------------------|
| 1 | 134.84 |
| 2 | 265.00 |
| 3 or more | 372.19 |

Temporary disability insurance premiums

5. The Temporary Disability Insurance Plan (TDIP) is an addition to the group medical insurance with Vanbreda International. TDIP coverage is voluntary and available for participants in one of the medical insurance plans provided by the Organization holding fixed-term, probationary or permanent contracts upon the first appointment of one year or longer or upon completing one year of continuous service. The monthly premiums to be borne by staff members enrolled in TDIP, expressed as a percentage of their emoluments (net base salary plus post adjustment and all allowances), remain 0.162 per cent for the first five years of participation in TDIP and are 0.130 per cent thereafter.

Enhancement in benefits

6. *Lenses*. The maximum reimbursement amount increased to Euro 390.- (from Euro 291.-) as of 1 January 2011 (see item 1 (b) (“*Lenses*”) in the summary of benefits contained in the annex).

Cost containment

7. The 3.85-per-cent decrease in the health insurance premiums in 2011 is mainly a result of reduced reimbursements with regard to hospitalization.

8. Despite the fact that there was a decrease in the health insurance premiums, participants are reminded that the choices of medical service providers, medicines and medical appliances made by the insured participants and their eligible dependants have an impact on the group medical insurance plan and are 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 are available from the Vanbreda International website (<http://www.vanbreda-international.com>) or from the Staff Administration Unit (social security office), Human Resources Management Service (rooms E1138 and E1139), and may be used by participants to obtain advance information on the cost of inpatient hospitalization or day surgery and dental treatment.

9. It is emphasized that the concept of preferred providers (see para. 21 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 arrangement is solely between Vanbreda International and the provider, without the Organization's involvement. The inclusion of a list of preferred providers on Vanbreda's website 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

10. Claims for reimbursement of medical expenses have to be made within two years of the treatment.

11. 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. Claims for medical expenses have to be supported by the original invoice and evidence of payment. SMIP claims have to be sent to the Austrian Health Insurance Scheme (Wiener Gebietskrankenkasse) prior to submission to Vanbreda International. Claims for medicines 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.

12. The pre-addressed Vanbreda International envelopes are forwarded through Mail Operations to Vanbreda International twice a week, every Tuesday and Friday.

13. Participants are encouraged to use electronic claim forms, which are available on the Vanbreda International website (<http://www.vanbreda-international.com>). In order to use the electronic claim form, the option "Member 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 if the optional online settlement note has been selected (see para. 14 below). Under the "My Pages" section and "Download forms", the "Claim form — FMIP" or "Claim form — SMIP" should be selected, as appropriate. 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.

14. 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 by selecting "Member Access" and entering the number 013 and his or her insurance number and date of birth. Then, under the "My Pages" section, the option "Settlements" should be selected, and the online request form should be completed and sent. Vanbreda International will then send the participant a message by e-mail when 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.

Benefits and reimbursements

15. Plan benefits are summarized in the annex and medical expenses are reimbursed in accordance with the reimbursement rate there indicated. The summary is for general reference purposes and none of its provisions, or any omission therefrom, can replace or alter the terms of the policy. Participants are encouraged to keep the annex as a reference document. The summary is also accessible on the Intranet Social Security page of the Human Resources Management Service.

16. Reimbursements are made directly to the bank account provided by the participant on the claim form. In order to avoid delays in the settlement of claims, it is essential to indicate the IBAN and BIC (Swift) codes on the claim form.

17. Participants should address directly to Vanbreda International any enquiries concerning coverage and requests for clarification of reimbursements. Vanbreda International operates a call centre to provide prompt replies to requests for information from participants in the group medical insurance plans (see para. 20 below). Enquiries concerning hospital bills and their reimbursement should be addressed first to the hospital and then to Vanbreda International.

Major (catastrophic) medical expenses

18. Reimbursements of 100 per cent of major (catastrophic) medical expenses applies to the uncovered portion of reimbursable medical expenses in a consecutive 12-month period within two previous years that exceeds 5 per cent of the participant's annual emoluments¹ on the basis of which the health insurance contribution is calculated.

19. 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. The cost of first-class accommodation also does not count towards major (catastrophic) medical expenses if the first-class accommodation was the patient's own choice.

Vanbreda International contact details

20. Vanbreda International operates a call centre (24 hours a day, 7 days a week) 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 telephone number for calls made from outside Austria is (+32-3) 217 69 59. Vanbreda International can also be reached by fax at (+32-3) 663 28 10, by e-mail at mcc013@vanbreda.com and through its website (<http://www.vanbreda-international.com>). The mailing address of Vanbreda International is:

Vanbreda International
Plantin en Moretuslei 299
B-2140 Antwerpen
Belgium

¹ 1. Active participants: net base salary plus all allowances received in or projected for the claim period.

2. After-service health insurance (ASHI) participants: the annual retirement benefit used to calculate the ASHI contributions and any emoluments from assignments in an organization of the United Nations system in the calendar year in which the claim period commences.

Preferred providers and others offering discount rates

21. The detailed and updated list of preferred providers and others offering discount rates whom participants may wish to consider can be viewed on the Vanbreda International website (<http://www.vanbreda-international.com>) under the “Member Access” section.

22. If the services of a preferred provider, pharmacy, dentist and others 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. Proof of insurance is also available by downloading an Insurance Certificate from the Vanbreda website (<http://www.vanbreda-international.com>). This download functionality is available on the personal web pages (in the “My Pages” section, under “Downloads”) of plan members who have registered for the option of accessing settlement details online. Should such evidence fail to satisfy the provider, the Staff 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.

23. The present circular supersedes information circular UNOV/INF.243-UNODC/INF.244 of 11 May 2010.

Annex

Summary of benefits of group medical insurance plan as at 1 January 2011 (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 long 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 periodontal 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 of 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 periodontal treatment involving an overnight stay in a hospital will not be considered hospitalization but will be reimbursed in accordance with the above-mentioned ceiling.</p> |

| <i>Benefits</i> | <i>Basic coverage (percentage)</i> | <i>Maximum amount reimbursable, if applicable (euros)</i> | <i>Remarks</i> |
|--|------------------------------------|---|---|
| (b) Lenses | 80 | 390 | 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. The cost of laser treatment will be reimbursed under either the category of lenses or the category of day surgery, depending on the severeness of the refractive error of the eye(s) (see (g)(iv) below). It is therefore recommended to contact Vanbreda before starting a laser treatment. |
| (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 (24 consecutive months), 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. |
| (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. |

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

| <i>Benefits</i> | <i>Basic coverage (percentage)</i> | <i>Maximum amount reimbursable, if applicable (euros)</i> | <i>Remarks</i> |
|--|------------------------------------|---|--|
| 2. Major (catastrophic) medical expenses | 100 | | <p>latter may be reimbursed, subject to prior approval, in connection with a prescribed spa cure). This list is not exhaustive.</p> <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. 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 | Liechtenstein |
| Armenia | Lithuania |
| Austria | Luxembourg |
| Azerbaijan | Malta |
| Belarus | Monaco |
| Belgium | Montenegro |
| Bosnia and Herzegovina | Netherlands |
| Bulgaria | Norway |
| Canada | Poland |
| Croatia | Portugal |
| Cyprus | Republic of Moldova |
| Czech Republic | Romania |
| Denmark | Russian Federation |
| Estonia | San Marino |
| Finland | Serbia |
| France | Slovakia |
| Georgia | Slovenia |
| Germany | Spain |
| Greece | Sweden |
| Holy See | Switzerland |
| Hungary | The former Yugoslav Republic of Macedonia |
| Iceland | Turkey |
| Ireland | Ukraine |
| Israel | United Kingdom of Great Britain and Northern Ireland |
| Italy | United States of America |
| Kazakhstan | |

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