



Division of Administrative and Common Services
Human Resources Management Section

UN/INF.536
15 January 1997

INFORMATION CIRCULAR

GROUP MEDICAL INSURANCE

Insurance contributions

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 participants over a 12-month review period. Since the amount of reimbursements made in the period from 1 October 1995 to 30 September 1996 did not exceed the premiums paid in the same period, no change in premium rates will be required in 1997.
2. Accordingly, from 1 January 1997, the share of the monthly premiums to be borne by staff members enrolled in the group medical insurance plan, expressed as a percentage of their emoluments, remains:

<i>Category</i>	<i>Insured persons</i>	<i>FMIP*</i> <i>(Percentage)</i>	<i>SMIP**</i>
I	Staff member only	2.652	2.032
II	Staff member and one dependant	3.979	3.048
III	Staff member and two or more dependants	5.305	4.064

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

Benefit structure

3. The benefits remain as heretofore and are summarized in the annex to the present circular. 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.

*Full Medical Insurance Plan.

**Supplementary Medical Insurance Plan over and above participation in the Austrian sickness insurance plan (*Wiener Gebietskrankenkasse (GKK)*).

4. Participants in the after-service health insurance scheme should note that with regard to major (catastrophic) medical expenses, effective 1 January 1997, the annual emoluments taken for the calculation of the threshold of 5 per cent will include any emoluments from assignments in a United Nations common-system organization.

Cost containment

5. The plan continued to show a positive performance during the period from 1 October 1995 to 30 September 1996 and the Organization appreciates the fact that staff have made efforts to be cost conscious, thereby contributing to the positive performance of the plan. Participants in the plan are reminded of the service offered by Van Breda and Co. International announced in information circular UN/INF.447 of 13 April 1995, which was designed to raise cost awareness and to contribute to a reduction in medical expenses. This service provides for a review procedure of the anticipated cost of treatment for all elective and non-emergency hospital treatment. The form *Kostenvoranschlag für Spitalsaufenthalt* ("Estimate of costs of hospitalization") is available from Social Security, room E1038.

6. Participants are also reminded of the claim procedures announced in information circular UN/INF.468 of 11 August 1995. The toll-free telephone number to call Van Breda from Austria is:

0 6 6 0 / 8 5 9 6

for information or clarification on the group medical insurance, or for certificates of coverage in case of hospitalization outside Austria.

7. This circular cancels and supersedes information circular UN/INF.489 of 15 January 1996.

Annex

SUMMARY OF BENEFITS OF GROUP MEDICAL INSURANCE PLAN FROM 1 JANUARY 1997
(Worldwide coverage)

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursed (if applicable) (Schillings)</i>	<i>Remarks</i>
Medical treatment, surgery, medicines and medical appliances	80		The reimbursement rate of 80 per cent applies for 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.
(a) Dental treatment	80		Provisional tooth replacements (provisoria) are not covered.
(i) False teeth, crowns, bridges, implants, gold and ceramic inlays	80	12 500	Per calendar year, per person, with any unspent balance of the previous year being carried over to the following calendar year. Any reimbursement will first be charged to the unspent balance of the previous calendar year. Any unspent balance of one calendar year can be carried over to the next calendar year but not beyond that year. (The maximum reimbursement in any given year is S 25,000, i.e. the unspent balance of the previous year plus the maximum for the current year.)
(ii) Orthodontic treatment	80	12 500	Per calendar year, per person, with the same carry-over provisions as in (a) (i) above. For a period of four consecutive years only. Treatment to start before the patient reaches the age of 14. If treatment starts between the ages of 14 and 18, approval is subject to medical grounds. Reimbursement can only be effected for services rendered and not in advance of treatment. Orthodontic surgery required as a result of an accident shall be reimbursed at 80 per cent.
(b) Lenses	80	3 000	For all prescribed lenses (whether change in strength or not) per two-year period (calendar years), per person. Reimbursement for frames is excluded.
(c) Hearing aids	80	7 500	Per ear in a three-year period (calendar years).

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursed (if applicable) (Schillings)</i>	<i>Remarks</i>
(d) Psychiatric treatment and psychotherapy			
(i) Psychiatric treatment	80		If performed by a psychiatrist.
(Staff member)	50	13 000	Subject to the above, per two-year period (calendar years), per dependant.
(dependant)			
(ii) Psychotherapy	80		Based on prescription by a psychiatrist for a defined therapy by a qualified provider and subject to prior approval by the insurer.
(staff member)	50	13 000	Subject to the above, per two-year period (calendar years), per dependant.
(dependant)			
(iii) 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 will be reimbursed as hospitalization.
(i) Therapy	80		Based on prescription by a physician.
(ii) Accommodation		200 per day	Based on prescription 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 involving overnight stay. Treatment for detoxification for alcoholism or drug abuse is to be reimbursed as in-patient treatment in a hospital up to a maximum of two treatments in all.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursed (if applicable) (Schillings)</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 in-patient costs. The costs of the stay of accompanying persons, and of the use of telephone, television and other non-medical facilities are excluded.
(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) Surgeons' and anaesthetists' fees	80		Except for (g) (i) above, the fees of surgeons and anaesthetists 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.
(h) Ambulant treatment	80		Out-patient treatment involving no hospitalization.
(i) Transportation	80		Covers emergency ambulance costs only; excludes taxi fares.
(j) Maternity	80		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	2 000	Covers one medical examination per calendar year, per person.
(ii) Birth control devices and medicine	80	1 000	Per calendar year, per person.

<i>Benefits</i>	<i>Basic coverage (percentage)</i>	<i>Maximum amount reimbursed (if applicable) (Schillings)</i>	<i>Remarks</i>
(iii) Induced abortion, salpingectomy, vasectomy or electrocoagulation of Fallopian tubes by laparoscopy	80	Once per person.	
(iv) Vaccinations and inoculations	80		
(I) Alternative medicine			
(i) Homeopathy, acupuncture	80	If performed by a physician 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	If performed by a physician or prescribed by a physician and carried out by recognized paramedical personnel.	
		Alternative treatments not covered are: acupressure, autogenous training, bioresonance treatment, biofeedback therapy, shiatsu, anthroposophical medicine, treatment within the framework of traditional Chinese medicine, hypnosis therapy, music therapy, nutrition counselling, <i>Kneipptherapie</i> (the latter may be reimbursed, subject to prior approval, in connection with a prescribed spa cure). This listing is not exhaustive.	
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 participant's annual emoluments. With regard to participants in the after-service health insurance scheme, effective 1 January 1997, annual emoluments shall include any emoluments from assignments in a United Nations common-system organization. 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.	