

ANNEX III
MEDICAL BENEFITS

Expenses incurred in respect of any of the acts listed in the following table, unless otherwise stated and subject to the provisions of rules VIII.4 to VIII.8, shall be reimbursed at the rate of 80 per cent under the basic benefit plan.

Supplementary benefits may be paid in accordance with rules VIII.6 and VIII.7.

Reimbursement is subject to the procedures and conditions set forth in annex II.

For certain medical benefits the prior authorization of the Society in writing must be requested in accordance with rule VIII.4 (b). The member must append that written authorization to his claim. Such authorizations are only valid for a period of six months running from the date on which they are granted.

The Medical Adviser shall determine the categories in which therapeutic treatments not listed in this annex may be classified for purposes of reimbursement.

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|--|-----------------------------|-----------------------------------|---------------------|---|
| 1 a) Doctors' fees b) Outpatient medical fees in a medical establishment | 80% | yes | no | |
| 2. Surgical operations (subject to VIII.4 and VIII.8 of the Internal Rules) a) Surgeons' and attendants' fees b) Other expenses relating to surgery (operating theatre, anesthesia, dressings, etc.) | 90% | yes | no | |
| 3. Hospitalization in an approved establishment (subject to VIII.4 of the Internal Rules) including medical care provided by the staff of the establishment and other services normally provided by the establishment a) Hospitalization in a public ward of a public establishment (6 beds minimum) b) Comprehensive flat-rate charge for hospitalization including doctors' fees under annex III, items 1 and 2, and charges for treatment and stay (minimum 2-bed ward) | 100% | no | no | Reimbursement is normally limited to 30 days per hospitalization. Any extension of the length of stay is subject to approval by the Society's Medical Adviser, who will determine whether the treatment is curative. Supplement for private room not reimbursable. |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|--|---|--|---|---|
| <p>3. Hospitalization in an approved establishment (suite)</p> <p>c) Hospitalization in a semi-private room in an establishment approved by the competent health authorities of the country concerned</p> <p>d) Hospitalization in a private room in an establishment approved by the competent health authorities of the country concerned</p> <p>e) Hospitalization in an establishment not providing semi-private care, approved by the competent health authorities of the country concerned</p> <p>f) Day hospital at a rate inclusive of all accommodation expenses</p> | <p>90%</p> <p>Up to the maximum amount reimbursed for a semi-private room</p> <p>75%</p> <p>90%</p> | <p>yes</p> <p>Up to the maximum amount reimbursed for a semi-private room</p> <p>no</p> <p>yes</p> | <p>no</p> <p>no</p> <p>no</p> <p>no</p> | |
| <p>4. Post-hospital and/or post-operation convalescence (accommodation, care and treatment):</p> <p>a) In a hospital or a semi-hospital establishment</p> <p>b) In a hospital or a semi-hospital establishment for more than 30 days of convalescence for further treatment</p> | <p>80% for a period of up to 30 days</p> <p>80% up to a maximum of CHF 60.- per day</p> | <p>yes</p> <p>no</p> | <p>no</p> <p>yes</p> | <p>Any extension of convalescence under 4, (a) is subject to approval by the Society's Medical Adviser. Supplement for private room no! reimbursable.</p> |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|--|--|-----------------------------------|---------------------|--|
| 5. Long-term hospitalization in an establishment approved by the health authorities of the country concerned | 80% for a period of up to 365 days Supplement for private room not reimbursable | no | yes | Hospitalization at home prescribed by a doctor is covered under the same conditions. Any extension of the period of hospitalization by an additional 180 days is subject to approval by the Medical Adviser, who shall determine whether the treatment is curative or of an indispensable palliative nature. If this is not the case, the insurance cover will be reduced in stages as follows: - 80% with a maximum of CHF 180.- for 180 days; - 80% with a maximum of CHF 120.- for 180 days; - 80% with a maximum of CHF 60.- per day, for an indefinite period. |
| 6. Medical or paramedical benefits related to a long-stay in a medicalized establishment (including nursing and geriatric care and other services normally provided by the establishment) | 100% up to a maximum of CHF 90.- per day | no | yes | |
| 7. Short-term nursing care | 80% | no | no | Daily nursing care for a period exceeding 30 days is considered as long-term nursing care. |
| 8. Long-term nursing care at home or in a medical establishment provided by persons not on the staff of the establishment | 80% up to a maximum of CHF 60.- per day | no | yes | |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|---|-----------------------------------|-----------------------|--|
| <p>9.a) Nursing or home help services required after an illness or an operation when convalescence does not entail hospitalization</p> <p>b) Long-term home help services</p> | <p>80% up to a maximum of 30 days and of CHF 30.- per day</p> <p>80% up to a maximum of CHF 150.- per month</p> | <p>no</p> <p>no</p> | <p>yes</p> <p>yes</p> | <p>When prescribed by the attending doctor, specifying the person's health state of dependency.</p> |
| <p>10. Benefits for care in the home (nursing or home health services): assistance with hygiene and mobility</p> | <p>Total dependency; maximum 100% of CHF 90.- per day</p> <p>Partial dependency: maximum 50% of CHF 90. per day</p> | <p>no</p> | <p>yes</p> | <p>The Medical Adviser must first approve a detailed medical report indicating the degree of dependency of the person as regards basic activities of daily life (e.g. eating, getting in/ out of bed, continence, washing/bathing, dressing, mobility indoors)</p> |
| <p>11. Spa cures at establishments approved by the health authorities of the country concerned:</p> <p>a) Costs of treatment</p> <p>b) Accommodation</p> | <p>80%</p> <p>not reimbursed</p> | <p>no</p> <p>no</p> | <p>yes</p> <p>no</p> | <p>Maximum of three cures over a period of 5 calendar years and of 21 days per stay.</p> |

| Not reimbursable: thalassotherapy, slimming and biological cures | | | | |
|---|---|--|----------------------------------|--|
| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
| <p>12.a) Detoxication treatments (alcohol, drugs)</p> <p>Accommodation and/or treatment</p> | 80% max in an establishment approved by the Society and for a period approved in advance by the Society | no | yes | Lifetime maximum of three cures or treatments. |
| <p>b) Stop smoking treatments</p> | 80% max after approval of the proposed treatment and duration by the Society's Medical Adviser | no | yes | |
| <p>13. Treatment for obesity based on body mass index (BMI)</p> <p>- BMI > 30 : medical treatment and sessions with an approved dietician</p> <p>- BMI > 35 : medical treatment in hospital establishment and treatment costs</p> <p>- BMI > 40 : hospitalization and surgical procedures (if loss of weight > 50 kg, reconstructive surgery may be covered)</p> | <p>80% max. CHF 70.- per session, max. 10 sessions</p> <p>80%</p> <p>As for item 1, 2 and 3</p> | <p>no</p> <p>yes</p> <p>yes</p> | <p>yes</p> <p>yes</p> <p>yes</p> | <p>Upon doctor's prescription and on Medical Advisor's prior authorization and approval of the duration.</p> |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|---|---|---|--|
| <p>14. Pharmaceutical expenses (subject to VIII.8.g of the Internal Rules)</p> <p>a) Products reimbursed according to the criteria of the competent health authorities of the country concerned</p> <p>b) Recommended vaccinations on doctor's prescription</p> <p>c) Homeopathic products deemed to be reimbursable according to the criteria of the competent health authorities of the country concerned</p> <p>d) Homeopathic and phytotherapeutic products</p> <p>e) Products not reimbursed according to the criteria of the competent health authorities of the country concerned</p> | <p>80%</p> <p>80%</p> <p>80%</p> <p>60% max. CHF 1'000.-/year</p> <p>not reimbursed</p> | <p>no</p> <p>no</p> <p>no</p> <p>no</p> | <p>no</p> <p>no</p> <p>no</p> <p>no</p> | <p>Parapharmaceutical products are reimbursable only on recommendation of Medical Adviser following an accident.</p> |
| <p>15. Medical imagery (X-rays, etc.), laboratory analyses and tests</p> | <p>80%</p> | <p>yes</p> | <p>no</p> | |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|---|---|---|---|
| <p>16.a) Injections, radiotherapy and other specialized treatments approved by the Medical Adviser</p> <p>b) Sessions of lymphatic drainage (in particular further to treatment of cancer)</p> | <p>80%</p> <p>80%</p> | <p>yes</p> <p>yes</p> | <p>no</p> <p>yes</p> | |
| <p>17.a) Functional rehabilitation treatments:</p> <p>Physiotherapy, kinesitherapy, chiropractic, osteopathy, etiopathy, occupational therapy (ergotherapy), diathermy, ultrasounds, infrared, hydrotherapy, inhalations, fangothérapie.</p> <p>Acupuncture and mesotherapeutic treatments for functional rehabilitation performed by the treating physician are reimbursed under the same conditions as for functional rehabilitation treatments.</p> <p>b) Long-term functional rehabilitation treatments</p> | <p>80% max. CHF 70.- per session with a max. of 30 sessions per year</p> <p>80% max. CHF 70.- per session, max. 30 sessions per calendar year</p> | <p>yes as from the thirty-first session</p> <p>yes as from the thirty-first session</p> | <p>yes as from the thirty-first session</p> <p>yes as from the thirty-first session</p> | <p>Doctor's prescription must specify the number of sessions and the actual length of treatment. If this period exceeds six months, the treating physician must reassess the treatment after six months and issue a new prescription.</p> <p>Treatments requiring more than 30 sessions par calendar year and for a new pathology are subject to the Medical Adviser's prior authorization.</p> |
| <p>18. Psychiatric treatments : In case patient is hospitalized in a specialized department, prior authorization from the Medical Adviser is not required.</p> <p>a) Psychiatric or medico-psychological examination</p> | <p>80% once per year</p> | <p>yes</p> | <p>yes</p> | <p>Note :</p> <ul style="list-style-type: none"> In the case the insured person is younger than 18 years, there is no limit on the number of treatment sessions. |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|---|---|--|--|
| <p>18. Psychiatric treatments (suite) :</p> <p>b) Psychotherapy:</p> <p>i) Inpatient treatments:</p> <ul style="list-style-type: none"> - Hospital charges - Treatment by staff of the hospital - Treatment by a specialist who is not part of the staff of the hospital <p>ii) Outpatient treatments or day hospital consultations:</p> <p>Outpatient treatment prescribed and given by a psychiatric doctor or prescribed and provided by an approved psychotherapist:</p> <ul style="list-style-type: none"> - consultations by a psychiatrist (max. 6 visits per year) - for psychotherapy (max. 50 sessions per year) <p>c) Sleeping cures in an establishment with agreement of UNSMIS</p> <p>d) Day hospital accommodation charges</p> | <p>Same as item 3</p> <p>80%</p> <p>80% max. CHF 110.- per session</p> <p>80% Max. 6 visits per year</p> <p>80% CHF 110.- per session</p> <p>80% (time limit)</p> <p>not reimbursed</p> | <p>yes</p> <p>yes</p> <p>no</p> <p>no</p> <p>no</p> <p>no</p> | <p>yes</p> <p>yes</p> <p>yes as from the sixteenth session</p> <p>no</p> <p>yes as from the sixteenth session</p> <p>yes</p> | <ul style="list-style-type: none"> • In the case the insured person is older than 18 years, the maximum number of sessions mentioned may be waived if the seriousness of the case so justifies, on the recommendation of the Medical Adviser. <p>A prescription from a medical doctor is required for a treatment done by an approved psychotherapist</p> |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|--|-----------------------------------|------------------------------------|--|
| 19. Logopaedics, speech therapy and/or psychomotor treatments unrelated to learning difficulties | 80% max CHF 80.- per session | no | yes | Submission to the Society of an assessment by an approved logopaedist or speech therapist on the basis of a doctor prescription. |
| 20.a) Prosthetic appliances (other than dental) b) Made-to-measure orthopedic arch supports with medical prescription c) Lumbar support belts, neck braces (minerva jackets) joint support appliances with medical prescription d) Manual wheel chair with medical prescription and estimate | 80% of the accepted cost estimate accepted by the Executive Committee for consultation with the Medical Adviser 80% max. CHF 200.- max. one pair every year 80% max. CHF 300.- per item 80% max CHF 3'500.- | no no no no | yes no no yes | Hell and sole fittings purchases in pharmacy or specialized store are not reimbursable. |
| 21.a) Hearing aids, excluding replacement in case of loss or breakage The use of the device must be certified as necessary by an otologist and the prescription must be accompanied by an audiogram. | 80% of the accepted cost estimate max. CHF 2'600.- per hearing aid/per ear, max. one appliance every 5 years | no | yes | The use of the device must be certified as necessary by an otologist and the prescription must be accompanied by an audiogram. |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|--|--|-----------------------------------|--------------------------------|---|
| <p>21.b) Breathing device (nCPAP)</p> <p>- Initial trial period</p> <p>- Purchase</p> | <p>80% max. 6 months</p> <p>80% max. CHF 2'800.- every 5 years</p> | <p>no</p> <p>no</p> | <p>yes</p> <p>yes</p> | <p>Maintenance costs of the equipment may be reimbursed but are deducted from the 5 year overall credit.</p> |
| <p>22. Optical care</p> <p>a) Corrective eyeglasses (including contact lenses, bifocal or trifocal lenses or progressive lenses or any other corrective lens) provided that they are certified as necessary by an oculist, ophtalmologist, optician or optometrist. The prescription must indicate the corrective value in dioptries.</p> <p>b) Frames for corrective eyeglasses</p> <p>c) Refractive surgery of the cornea (laser surgery)</p> | <p>80% max. CHF 450.-/year cumulative over two calendar years</p> <p>80% max. CHF 75.-/year cumulative over two calendar years</p> <p>80% max. CHF 2'000.-/eye</p> | <p>no</p> <p>no</p> <p>no</p> | <p>no</p> <p>no</p> <p>yes</p> | <p>In case of new membership, the reimbursement maximum is in proportion to the number of months of coverage.</p> <p>Refractive surgery for presbystia is not reimbursable.</p> |

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| 23. Odonto-stomatological treatment (dental treatment) and laboratory charges for dentures, prosthetic dental fees and radiology/radiography fees | 80% max. CHF 2'500.-/year cumulative over two calendar years | no | no | In case of new membership, the reimbursement maximum is in proportion to the number of months of coverage. |
|--|---|----|----|--|

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|---|--|----------------------------|-------------------------|
| 24. Orthodontic treatment, including the cost of the apparatus | 80% up to the maximum of dental credits (item 23) | no | no | |
| 25. Maxillo-facial surgery in the event of hospitalization Reparative maxillo-facial surgical operations listed below performed by specialized maxillo-facial surgeons are reimbursed by UNSMIS with the prior approval of the Medical Adviser: <ul style="list-style-type: none"> - cranio-facial malformation - facial fissures - orthogathics - bone grafts - temporo-mandibular articulation | 90% | yes | yes | |
| 26. Maternity (exclusion of maternity costs for children from 21 to 29 years of age) a) During pregnancy: coverage of all tests and ultrasound scans | 80% | yes | no | |

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|--|--------------------|-----|----|--|
| b) Preparation for the delivery | 80% max. CHF 200.- | no | no | |
| c) Obstetrician or midwife's fees and nursing fees | 80% | yes | no | |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|--|--|----------------------------|--|
| 26. Maternity (suite) | | | | |
| d) Surgical operation (caesarian) | 90% | yes | no | |
| e) Stay in a clinic or hospital | Same conditions as for item 3 | yes | no | |
| f) After the delivery, coverage of 3 sessions or visits by a midwife or nurse if the length of stay in the medicalized establishment was not greater than 6 days | 80% | yes | no | |
| 27. Infertility treatment | | | | |
| The costs covered by the total credit include all care relating to infertility treatment, such as : medical procedures, consultations and examinations, including egg retrieval and embryo transfer, laboratory tests and fees, including fees for sperm preparation, hatching, micro-injection, embryo transfer, ICSI, freezing and cryopreservation, biologist's fees, scans, nursing care and services, operating fees, theatre charges, post-op, outpatient day care, materials and anaesthesia, medicaments, and other expenses normally associated with such treatment. | 80%. max. CHF 20'000.- in the lifespan | no | yes | A coverage form will be provided and has to be submitted with each medical reimbursement claim relating to such treatment. |

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|--|-----|-----|-----|--|
| 28. Transport | | | | |
| a) Emergency transport to the nearest place of treatment | 80% | yes | no | Repatriation costs are not reimbursable. |
| b) Other transport in an ambulance up to 200 km | 80% | no | yes | |

| Benefits | Conditions of reimbursement | Application of supplementary plan | Prior authorization | Other conditions |
|---|--|--|----------------------------|-------------------------|
| c) Round trip transport for outpatient treatment to the nearest place where appropriate treatment can be obtained up to a distance of 200 km Expenses for rescue (help and evacuation) not bound to a rash initiative or a dangerous sport. The transport must be made by a means which corresponds to the medical requirements of the case. | 80% 50% max. CHF 5'000.- per year | no no | yes no | |
| 29. Funeral expenses As far as they are not paid in full or in part by the Organization | CHF 1'000.- | no | no | |