ASSURANCE MUTUELLE
CONTRE LA MALADIE ET LES ACCIDENTS
DU PERSONNEL DES NATIONS UNIES



UNITED NATIONS OFFICE AT GENEVA

UNITED NATIONS
STAFF MUTUAL INSURANCE SOCIETY
AGAINST SICKNESS AND ACCIDENT

COMMUNICATION DU COMITE EXECUTIF

COMMUNICATION FROM THE EXECUTIVE COMMITTEE

AMENDMENTS TO THE INTERNAL RULES OF THE SOCIETY APPLICABLE FROM 1 January 2024

The Executive Committee of the United Nations Staff Mutual Insurance Society against Sickness and Accident has recommended to the Director-General certain amendments to the Internal Rules of the Society. In accordance with the Statutes of the Society, the Director-General has approved the following amendments (highlighted in italic), with effect from 1 January 2024.

Rule VIII – BENEFITS

Paragraph 4 (c): amended as follows:

To safeguard the financial solvency of the plan and to avoid abusive charging practices, the Executive Committee charges the Secretariat of UNSMIS, after consultation with the Medical Adviser, to limit reimbursement to usual, reasonable and customary charges (URC) in a given region/area. The Secretariat of UNSMIS shall make all reasonable efforts to review the pricing with the provider before applying the URC.

To ensure that insured members are not penalized, the Secretariat of UNSMIS reserves the right to request a quote in advance for all non-emergency surgery. The Secretariat of UNSMIS is responsible for informing all insured members when an advance quote is required and/or to ensure any reimbursements limits, in accordance with the URC, are clearly communicated.

ANNEX III – MEDICAL BENEFITS amended as follows:

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 their claim.

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Unless otherwise stated, 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 treatments not listed in this annex may be classified for purposes of reimbursement.

Please note that for all treatments that are based on sessions, UNSMIS applies a maximum limit of one session per day, irrespective of duration or length. Individuals who may require more than one session per day, outside of a hospitalization, must submit a written report for Prior Authorization by the Medical Adviser.

ANNEX VI – RESERVES AND PROVISIONS

Article 13 of the Statutes clearly defines the minimum and maximum amounts of the reserve fund.

The creation of any ad hoc reserve or provision will have to be approved by the Director General of UNOG following a recommendation of the Executive Committee of UNSMIS.

The amendments concerning **item 18.** – title amended as follows: **Mental and Developmental health** and the **item 22. Optical care** of Annex III of the Internal Rules are summarized in the attached table and is highlighted in italic. The updated Internal Rules will be published on the website effective 1st January 2024.

Distribution:

1 copy per staff member UNOG, UNDP, UNICEF, WMO, UNHCR, ITC, UNV, UNFCCC, UNCCD, UNSSC, ITU Retired members

The Executive Secretary

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Benefits	Conditions of	Application of	Prior	Other conditions
	reimbursement	supplementary plan	authorization	
18. Mental and Developmental health:				
a) Psychiatric or medico-psychological examination	80% once a year	Yes	No	
b) Psychotherapy:				
i) Inpatient treatments:				
- Hospital charges	Please refer to conditions in case of hospitalization in an approved establishment	Yes	No	Consultations by a psychiatrist beyond 12 sessions per year must be presented to the medical adviser for prior authorization. The report must
- Treatment by staff of the hospital, or by staff who is not part of the hospital	90%	Yes	No	detail a medical reason as to why regular psychiatrist treatment is needed in lieu of psychotherapy.
 ii) Outpatient treatments or day hospital consultations consultations by a psychiatrist including remote /telehealth care so long as there is a valid medical prescription, and the therapist is qualified and recognized by the local authorities in the country 	80% maximum 12 sessions per calendar year	Yes	Yes from the 13 th session	A psychiatrist who provides psychotherapy treatment will be reimbursed within the limits of psychotherapy.
 where they practice. Psychotherapy (max 50 sessions per annum) including remote /telehealth care so long as there is a valid medical prescription and the therapist isa qualified and recognized therapist in the country where they practice. 	80% max CHF 120 per session	No	No	Psychiatry sessions beyond 12 sessions per calendar year will be reimbursed as psychotherapy (80% up to a maximum of CHF 120 per session) if there is no Prior Authorization of the Medical Adviser

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Benefits	Conditions of reimbursement	Application of	Prior authorization	Other conditions
	remibursement	supplementary plan	authorization	
- Emergency/Crisis psychiatrist visits in a medicalized establishment	80%	Yes	No	A medical prescription by a Medical Doctor is imperative for psychotherapy sessions to be considered for reimbursement.
Therapies to help individuals with autism spectrum disorder (ASD), such as, but not limited to: <i>Applied Behavior Analysis (ABA)</i> , <i>Play</i>				The maximum number of sessions
Therapy, Relationship Development Initiative (RDI), Sensory Integration and Related Therapies and any other clinically proven ASD therapy. PLEASE NOTE:	80%	Yes	Yes	mentioned may be waived if the seriousness of the case so justifies, on the recommendation of the Medical Adviser.
 Psychotherapy and Psychiatry sessions that are part of ASD treatment are reimbursed in accordance with Psychiatry and Psychotherapy reimbursement rules. Occupational Speech therapy and Psychomotricity sessions that are part of ASD treatment are reimbursed in accordance with the rules governing these benefits. 				
c) Sleeping cures in an establishment with agreement of UNSMIS	80% (time limit)	No	Yes	
d) Day hospital accommodation charges	Not reimbursed			

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Benefits	Conditions of	Application of	Prior	Other conditions
	reimbursement	supplementary	authorization	
		plan		
22. Optical care				In case of new membership, the
a) Corrective eyeglasses (including contact lenses, bifocal or trifocal lenses	80% max. CHF 525/year	no	no	reimbursement maximum is in proportion to the number of months
or progressive lenses or any other corrective lens) provided that they	cumulative over two calendar	no	no	of coverage.
are certified as necessary by an oculist, ophthalmologist, optician or	years			In the case of a previous affiliation of
optometrist. The prescription must indicate the corrective value in				at least 2 years with another health
diopters. The eye exam done by an optician is not reimbursable.				insurance plan of the United Nations system, the full annual credit given
The eye exam done by an optician is not reimbursable.				will be available from the first day of
b) Cataract surgery	90% max.	no	no	affiliation.
Supplement for specific lens is reimbursed under item 22 a)	CHF 2,500/eye			Cross-border internet purchases are
Femtocataract (laser surgery)	90% max.			reimbursable.
Temocumitee (laser surgery)	CHF 1,500/eye	no	yes	
	000/			
c) Refractive surgery of the cornea (laser surgery)	90% max. CHF 2,000/eye in the lifespan	no	no	Refractive surgery for presbyopia is not reimbursable.
	the mespan			not remoursable.
d) Intravitreal injection (doctor fees)	80% max.	no	no	
	CHF 500 for doctor fees			
The medication for the intravitreal injection is reimbursed as medication as detailed in item 14 e)				Canes and Smart Canes do not need a Prior Authorization.
as detailed in item 14 c)				Braille Printers and other
e) Canes, Smart Canes, Braille Printers, Screen readers, and any	80% max CHF 3,500 every 5	No	Yes	technology-based devices will need
technology-based device that assists in the reading and mobility of a	years inclusive of repair costs.			the prior authorization of the medical
legally recognized blind / visually impaired individual				advisor and proof that the insured member I legally recognized as
				blind/visually impaired