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

UNITED NATIONS
STAFF MUTUAL INSURANCE SOCIETY
AGAINST SICKNESS AND ACCIDENT

COMMUNICATION DU COMITE EXECUTIF

COMMUNICATION FROM THE EXECUTIVE COMMITTEE

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Retired staff (as per mailing list)

INFORMATION NOTE

QUESTIONS / ANSWERS

1. What is my dental credits balance ?

The amount is indicated on your latest benefits advice. This information cannot be given to you over the telephone: the amount depends on any claims being processed, so the Reimbursement Unit has first to check before telling you. The amount changes at the start of each year because you can accumulate credits only for the last two years (today, for example, your balance for 2011 + your balance for 2012). The dental credit of each member is CHF 2,500.- per year cumulative over 2 years, therefore a total maximum of CHF 5,000.- except for new members during the first year of affiliation for whom the calculation is made in prorata to the number of months of affiliation. Dental treatment is reimbursed at 80% up to the dental credits available at the time when the treatment has been done.

It is not necessary to get our Medical Advisor's prior authorization for dental and/or orthodontic treatment.

Attention : for temporary staff with contracts of less than 3 months, dental treatment is not covered except for emergency treatments approved by the Medical Advisor at 80% up to a maximum of CHF 500.-.

2. What is my optical credits balance ?

Each member has an optical credit for lenses/optical lenses of CHF 450.- per year cumulative over 2 years (ie a total maximum of CHF 900.-) and for the frames CHF 75.- per year cumulative over 2 years (ie a total maximum of CHF 150.-) except for new members during the first year of affiliation for whom the calculation is in prorate to the number of months of affiliation. Optical care is reimbursed at 80% up to the credits available when the purchase has been made.

Attention : for temporary staff with contracts of less than 3 months, optical care is excluded.

3. Are contact lenses bought over the Internet reimbursed ?

Contact lenses are reimbursed only if bought over a site of the country of residence or of work of the member.

4. Staff joining the Society having contributed for more than three years to a medical insurance plan of the United Nations family of organizations ?

For staff and members of their family who have been insured under a health plan of an organization part of the United Nations system, dental and optical credits are opened at date of affiliation and this, in proportion of months left until year end (example : a staff who was insured with a New York plan for more than three years and joins the Society on 1 May will have the following credits : *dental* : CHF 2,500.- ÷ 12 x 8 = CHF 1,660.67 ; *optical* : *lenses* : CHF 450.- ÷ 12 x 8 = CHF 300.- ; *frames* : CHF 75.- ÷ 12 x 8 = CHF 50.-).

5. Have you settled my claim yet ?

Claims may take **four to five weeks on average** to be processed. Claims for hospitalization are given priority.

Payments are normally arranged on Fridays, with orders for payment into your bank account the following Wednesday. Payments in currencies other than the Swiss franc or the American dollar, or to accounts abroad, can take a couple of days longer.

6. Why did you reject my duplicata bill ?

We cannot be sure with a duplicata that the original has not been submitted to the Society or another insurance scheme. Besides, the auditors will not accept a duplicata unless it is duly certified to be correct.

7. Why do I need a prescription ?

The Society reimburses you for medical care prescribed by a doctor. The Society does not accept prescriptions issued by persons who are not recognized medical doctors, even though that may be current practice in some countries. In the absence of a prescription, no reimbursement for treatment or medication is payable. In addition, **prescriptions are valid for six months only** for medical reasons, to encourage members to get regular medical check-ups.

Bills for fees and other bills must be issued by the person providing the service or treatment, who must be authorized to provide that service. For example, the Society does not reimburse bills from fitness centres. Naturopaths or functional rehabilitation treatments are not reimbursed without a medical prescription. Acupuncture must be performed by a medical doctor.

8. What is the reimbursement rate for hospital care ?

The cost of hospitalization, normally for medical or surgical intervention, are reimbursed at 90% (a two-bed room). Follow-up or convalescence in a clinic or medicalized establishment is reimbursed at 80%. Reimbursement is only guaranteed for a maximum of 30 days. After these 30 days of convalescence, the reimbursement is up to a maximum of CHF 60.- per day.

Ambulatory treatments or acts in hospital centres are not considered as hospitalization cases and are reimbursed at 80%.

In cases where hospitalization or convalescence may exceed 30 days, a detailed medical report must reach the Society's Medical Adviser so that the Society can grant an extension of the length of stay and send it to the establishment concerned.

9. What is the "supplementary plan" ?

An example: ninety percent of a hospital bill of CHF 30,000.- is CHF 27,000.- and the insured would pay CHF 3,000.- out of their own pocket. However, beyond an accumulated amount of CHF 2,800.- per member or CHF 4,600.- per family, the supplementary plan kicks in and the Society pays 100% of the costs above the before mentioned amounts, i.e. in the example case the Society would reimburse in total CHF 27,200.-.

10. Why are certain drugs not reimbursable ?

The Society reimburses you only for medicine regarded as medically indispensable by the health authorities of the country where they have been purchased. So as not to penalize Society members, products reimbursable in Switzerland but purchased in France and vice versa are also reimbursed. Your consulting physician or pharmacist will know which medical products are reimbursable. Your doctor can prescribe a product that will be reimbursed in preference to one that will not be. The reference for reimbursement is the Compendium/Galénica in Switzerland and the Vidal in France.

11. Are generic drugs reimbursed ?

Society members are encouraged to request doctors to prescribe generic drugs which are less expensive (30 to 50 per cent less) than branded drugs. The Society will also reimburse generic drugs suggested by the pharmacist in replacement of the original drug provided the pharmacist indicates it on the prescription.

12. Are cures at health resorts reimbursable ?

The treatments prescribed by your doctor are reimbursable, but **not the costs of your accommodation**.

Treatments in **Thalassotherapy centres are not reimbursable**.

Doctors agree that, to be effective, a cure must last at least a fortnight and be repeated within a year. There are doubts as to the efficiency of some therapies and this explains why insurance schemes are no longer willing to pay for such treatment without an additional premium. In order to make it easier for you to seek approval for your treatment, the Society has prepared a cure prescription form to be filled out by your consulting physician and yourself. When duly filled, the form should be sent to the Insurance Society in order to get the prior authorization of the Medical Adviser. The form is available upon request from the Society's Secretariat.

13. Extent of protection ?

The Society guarantees coverage at all times and in all countries. However, if an insured person decides to obtain medical care away from the duty station or place of residence of the Society member, the maximum sum reimbursable is limited to the cost of equivalent treatment

provided in the canton of Geneva. If you are in any doubt, you are strongly advised to contact the Society first.

In the event of hospitalization in the United States, you should, if possible, notify the Society before the date of your admission to hospital so that an intermediary agency in the United States can take action to facilitate the financial arrangements.

For some benefits, the Society establishes reasonable thresholds based on the criteria generally applied by insurance companies in the country in which the treatment is provided. If you are in any doubt about a reimbursement, or about the level of reimbursement for a particular treatment, you are advised to ask in writing the Society's secretariat to give an opinion.

14. When do I need prior authorization by the Medical Adviser ?

You must request prior authorization from the Medical Adviser of the Society for certain medical benefits (e.g.: psychotherapy fees, transport, cures, prosthetic appliances, etc.).

You should do this before incurring any expenses, by submitting your prescription with a medical report (diagnosis/medical reason) for authorization to the Medical Adviser, c/o Medical Insurance, UNOG, office 26-1.

15. How to present a claim for reimbursement ?

With your reimbursement claim form, you must enclose your original prescriptions, bills and receipts. Duplicates, reminders, faxes and photocopies are not accepted. You must not modify, erase or write anything on your bills. The Insurance Society encourages the members to submit their medical bills as early as possible without accumulating too many invoices.

You must pay all expenses that entitle you to reimbursement. You may be asked to produce documentary evidence that you have paid such expenses. However, as cash payments cannot be substantiated in this way, it is in your interest to pay any amounts of more than CHF 500.- by cheque, credit card or postal giro (bulletin de versement), so as to avoid the need for verification, which can cause long delays.

If you claim pharmaceutical expenses, it is important to attach to your prescription the till receipt or the receipted bill providing proof of purchase. It is also advisable to attach any stickers from the packaging of your medicine, so as to facilitate reimbursement of the medicine and avoid any disputes over its acceptability to the Society.

If you are hospitalized in a public medical establishment in France, you must pay all bills or fees. When you pay, you will be given the "avis des sommes à payer" for reimbursement purposes. In case of an hospitalisation in a private establishment (clinic), you should submit the "facture détaillée des frais de séjour (ref. Form 615)" .

You must submit reimbursement claims no more than 12 months after the billing date or up to 18 months after the end of the treatment. You must sign and date them.

Benefits are calculated according to the invoice date in the case of fees for medical services, and according to the treatment date in the case of invoices for certain services relating to benefits that are subject to an annual ceiling.