



Groupement de prévoyance
et d'assurance des fonctionnaires internationaux
Provident and insurance group
of international officials

Information note

Edition 2021

Complementary health insurance

ILO

ADMISSION

The ILO complementary health insurance, provided by GPAFI, is intended for people covered by the basic insurance Staff Health Insurance Fund (SHIF).

GPAFI has concluded with UNIQA Assurances SA a group contract for the complementary health insurance, exclusively reserved for members of GPAFI.

The documents for admission to be submitted to GPAFI for each person to be insured are the following:

- Application for admission to UNIQA
- Copy of a valid identity document
- Bank details with IBAN and BIC/SWIFT codes, as well as the name of the account holder (RIB, bank statement), for payment of benefits

The age limit to apply for admission is set at the month of the 60th birthday. Admission is possible on the 1st day of each month for all or part of the family. Children can be insured only if one of both parents are affiliated.

UNIQA reserves the right to refuse any application for admission or to accept an application for admission with a reserve for a limited period.

The prenatal insurance, to be concluded before the birth, allows the newborn child to be covered from birth whatever his or her health.

TERMINATION

Termination of the complementary health insurance must be made in writing to GPAFI (letter with wet signature):

- at the end of each calendar year with three months prior notice
- no later than the end of the year in the event of premium increase the following year

In the event of termination of the basic insurance, the complementary health insurance will be terminated on the same date, on presentation of a certificate of termination delivered by the SHIF within two months. Otherwise, the date of termination is the month of the request.

INSURANCE PREMIUMS

Insurance premiums are subject to revision on January 1st of each year, particularly with regards to the increase of benefits.

Insurance premiums are payable on a monthly basis to GPAFI in Swiss francs. However a different payment schedule may be considered upon request.

The premium for one month started regardless of the date, is due for the whole month in question.

Late payment or non-payment of premiums may result in suspension of benefits, reminders fees, and/or the eventual exclusion of the member.

Monthly premiums depend on the age of the insured person on January 1st of each year and shall be as follows:

Age group	0 - 18	19 - 25	26 - 35	36 - 45	46 - 55	56 - 65	66 - 75	76 - 85	86 - 100
Premiums in CHF	69.-	116.-	121.-	150.-	168.-	198.-	244.-	244.-	244.-

A permanent discount of 10% for immediate membership is granted:

- to a staff member who joins the same date as his/her affiliation to the SHIF, as well as family members if they join on the same date (provided that the application for admission to UNIQA be made within two months of the date of admission to the SHIF)
- to the new spouse of the staff member if he/she joins on the date of the marriage
- to the newborn child affiliated on his/her date of birth.

A 50% discount is granted on the premium of the 3rd and subsequent insured child. The 50% and the 10% discounts may not be claimed at the same time.

HOSPITALIZATION

The complementary health insurance provides benefits in the event of hospitalization in a private room (100% of the part not covered by the basic insurance up to a maximum of Fr. 500.- per day).

UNIQA has negotiated special rates with several major hospitals and private clinics in the Lake Geneva area. In order for the insured person to benefit he/she must inform the hospital/clinic that he/she is covered by UNIQA's complementary health insurance upon arrival and/or when pre-reserving the hospital stay.

The hospital/clinic will then issue UNIQA with a guarantee of the negotiated rate.

If the insured person does not convey this information, the institution may charge the stay in a private room at a higher rate than the negotiated one. In this case, UNIQA will only reimburse the expenses for hospitalization in a private room up to the negotiated rate. The difference would have to be borne by the insured person.

WAITING PERIODE

The waiting period is the period between the effective date of insurance and when the insured person may be entitled to certain benefits. A waiting period applies to the following benefits:

- a) 12 months waiting period for maternity and childbirth.
Any pregnancy starting within 12 months from the date of the affiliation is not covered, including the costs of birth of the baby. The costs of a pregnancy starting from the 13th month of the affiliation are covered, including delivery charges. The insurer may request a medical certificate to verify the date of the beginning of the pregnancy.
- b) 24 months waiting period for sterility treatments, including in vitro fertilization.
Sterility treatments authorized by the basic insurance and starting from the 25th month of the affiliation might be covered. The sterility treatment starts from the first investigation in case of a possible sterility and includes all the other related treatments till the pregnancy.
- c) Psychological and psychiatric treatments: 12 months waiting period from the date of affiliation for adults and 6 months for children of the age group 0-18 years. The limit applies depending on the age at the date of the affiliation.
In all cases, the waiting period applies for outpatient or inpatient treatment for a psychological or psychiatric condition starting after the date of the affiliation. For existing or planned treatment at the date of the affiliation, the insurer may formulate an exclusion for a longer period. The insurer may take all necessary medical information about the start date of the disease and of the treatment.

BENEFITS

The benefits of the complementary health insurance are linked to the benefits of the Staff Health Insurance Fund (SHIF).

The benefits of the complementary health insurance are only paid in addition to the benefits paid by the SHIF, according to the basic benefits and under the conditions of the SHIF.

In lack of benefits from the SHIF, no benefits are paid by the complementary health insurance with the exception of natural medicine outpatient treatments which are not covered by the SHIF.

Ceilings and limits of the complementary health insurance are a maximum, even if the SHIF decides to pay supplementary benefits or ex gratia benefits.

The table below is a summary of benefits. Only the General Conditions of Group Health and Accident Insurance PERFORMA, the insurance policy and the schedule of benefits are contractual documents.

Summary of Benefits	Rate	Ceiling
1. Professional care :		
11 Doctor's services: consultations with a physician (general practitioner or specialist), treatment given by a physician, visits to home or institutions by a physician	20%	
12 Surgical operations, including surgeon's and anaesthetic services	20%	
13 Medical imagery made or prescribed by a physician or by a dentist	20%	
14 Laboratory services and other tests	20%	
15 Functional rehabilitation treatment	20%	
16 Out-patient medical nursing services for an acute condition	20%	
17 Psychiatry, psychoanalysis or psychotherapy	20%	
2 . In-patient and long-term care :		
2.1 Stays in a common ward in a public hospital	aimless	
2.2 Accommodation in a hospital or clinic	100%	Fr. 500.- per day
2.3 Accommodation in a hospital or clinic for convalescence or follow-up treatment	20%	
2.4 Cures	20%	
2.5 Long-term nursing services in an institution	20%	
2.6 Long-term nursing services at home Basic care in an EMS (Nursing home) or equivalent benefits at home	-	
2.7 Medical care in institutions (cf. 2.2, 2.3 et 2.4)	20%	
3. Prescribed medicaments	20%	
4. Dental care	20%	Fr. 500.- per year
5 . Medical appliances and prostheses (acquisition, rental and repair):		
5.1 Optical appliances (including contact lenses and frames)	20%	Fr. 300.- per year
5.2 Hearing aids	20%	
5.3 Prosthetic appliances (except dentures)	20%	
5.4 Wheelchairs and similar equipment	20%	
5.5 Other prescribed appliances	20%	
6 . Medical transport costs	20%	
7 . Funeral costs (including cremation)	-	
Natural medicine		
Expenses for ambulatory treatments according to the list of the recognized therapeutic methods and the recognized therapists not covered by the basic insurance	90%	Fr. 1'000.- per year

CLAIMS FOR REIMBURSEMENT

There is no form to complete. Refunds are made on presentation of the reimbursement advice of the Staff Health Insurance Fund (SHIF) within 12 months of the date of its edition.

A photocopy of the invoice must be attached in the following cases:

- Inpatient treatment (hospitalization, convalescent home, cures, etc.)
- Treatment limited in number of days or sessions (nursing services, physiotherapy, psychotherapy, speech and language therapy, etc.)
- Optical care, appliance and device, infertility treatment and transport
- The insured person admitted with a reserve must attach copies of all invoices for the duration of the reserve.

The reimbursement of the natural medicine expenses, not covered by UNSMIS, is made on presentation of the original invoices with proof of payment, sent by postal mail only, within 12 months of the invoice date.

Claims should be sent only once according to one of the following options:

1) In Member lounge of UNIQA extranet (recommended method)

- Access your account at www.uniqa.ch (information to create a new account are available on the site)
- Upload the reimbursement advice of the SHIF and copies of invoices, if necessary (see above)
- The claim processing can also be followed on this space

2) By email

- Use exclusively the address claims.gpafi@uniqa.ch
- Indicate the UNIQA insurance number at the beginning of the message subject
- Attach the reimbursement advice of the SHIF and copies of invoices, if necessary (see above)

3) By postal mail

- Send the reimbursement advice of the SHIF and copies of invoices, if necessary (see above) and/or the original invoices with proof of payment for natural medicine, to the following address:

[UNIQA Assurances SA, Rue des Eaux-Vives 94, Case postale 6402, 1211 Geneva 6](#)

PLEASE DO NOT SEND YOUR MEDICAL CLAIMS TO GPAFI, THANK YOU

INFORMATION AND DOCUMENTATION

GPAFI website: www.gpafi.org

Relevant information on various insurances provided by GPAFI can be found on its website. It is possible to print forms for application for admission to GPAFI and to the complementary health insurance, under Documentation and Forms.

UNIQA website: www.uniqa.ch

Upon request, UNIQA provides access to a secure extranet portal. The *Member lounge* allows access at any time to reimbursement advices, to print them, to be notified by email when a new one is available, to print an insurance certificate or a tax certificate. All information for access to the extranet portal is available on the website.

CONTACTS

For information, advice, admission formalities or payment of premiums, contact GPAFI:

[At the United Nations Office at Geneva](#)

Palais des Nations, Avenue de la Paix 8-14, 1202 Geneva

Door C6, Lift C7, Floor C4, Office C.419

Reception at the Client Support Center at UNOG

Tel.: +41 (0)22 917 29 69

Email: gpafi@un.org

For more details, especially regarding opening hours, please check www.gpafi.org

For information on benefits or reimbursement, contact UNIQA:

UNIQA Assurances SA, Rue des Eaux-Vives 94, Case postale 6402, 1211 Geneva 6

Monday to Friday from 8 am to 5 pm

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