



Complementary health insurance

Information notice

Basic insurance SHIF (ILO)

PREAMBLE

In order to improve the health care insurance coverage offered by the basic insurances of the United Nations Office at Geneva, the International Labour Organization and the World Health Organization, GPAFI, an entity of the International Civil Servants Mutual Associations (ICSMA), has entered into a partnership with the insurer UNIQA Osterreich Versicherungen AG, through a collective insurance contract.

GPAFI members, as well as their family members, insured with one of the basic insurances UNSMIS, SHIF (ILO) and SHI (WHO) can benefit from the advantages offered within the framework of this partnership.

ADVANTAGES OF THE COMPLEMENTARY HEALTH INSURANCE UNIQA

The UNIQA complementary health insurance allows to:

1. Supplement the benefits offered by the basic UNSMIS, SHIF and SHI insurances.
2. Benefit from a private room in case of hospitalization;
3. Get a coverage for natural medicine.

MEMBERSHIP REQUIREMENTS

The international civil servant who wishes to join the UNIQA complementary health insurance and who would also like to extend the benefits to the members of his/her family must be a member of GPAFI.

GPAFI membership may be requested at any time, only by active international civil servants working for an ICSMA member organization, provided that they submit their request no later than the month in which they reach the age of 65. Retired staff members may not join even if they have not reached the age of 65. However, if they are already enrolled at the time of retirement, they may continue their enrollment and benefits from the services.

Active international civil servants and their spouse may apply for the UNIQA complementary health insurance provided that they submit their application no later than the month in which they turn 65, are enrolled in one of the three basic plans, UNSMIS, SHIF, SHI, or have just submitted an application. One UNIQA application must be completed per person to insure.

Children can be enrolled in the UNIQA complementary health insurance provided that at least one of the parents is enrolled or applies for membership. If one or both parents apply for membership at the same time as one or more of their children, but one or both parents are not eligible for membership due to UNIQA's refusal, the child(ren) may still be enrolled.

Enrollment in the UNIQA complementary health insurance is done on the 1st of each month, for all or part of the family.

UNIQA has the right to refuse the affiliation of a staff member and/or his/her family members for medical reasons or to accept the affiliation but with a reserve related to medical care reimbursements that is limited in time.

Prenatal insurance, which must be taken out prior to delivery, allows the newborn child to receive insurance benefits regardless of his/her state of health at birth.

MEMBERSHIP

To submit an application for membership, applicants should proceed as follows:

1. Join GPAFI (the international civil servant only):
 - a. Fully complete a GPAFI application form;
 - b. Fully complete the payment form (payroll deduction according to the applicant's organization, standing order or direct debit LSV);
 - c. Submit a readable and valid copy of the national passport/identity card;
 - d. Submit a readable and valid copy of the carte de legitimation;
 - e. Submit a readable and copy of the personnel action form (PA).
2. Join UNIQA (the international civil servant and the members of his/her family):
 - a. Fully complete a UNIQA application form per person to insure;
 - b. Submit a readable and valid copy of the national passport/identity card of each person to be insured;
 - c. Submit a Bank Identifier Code (BIC) or a bank statement which contains the account holder's full name, address, IBAN and BIC/SWIFT codes in order to reimburse the medical expense. Reimbursements will be made to the account of the staff member affiliated to GPAFI.

All documents and forms must be sent by email to gpafi@un.org.

TEMPORARY SUSPENSION

In the event of leave without pay, secondment or inter-organizational transfer, staff and the members of their family, who have terminated their basic insurance, may temporarily suspend their complementary insurance for a minimum of 6 months and a maximum of 24 months. The suspension premium to be paid per month and in advance is CHF 16 per insured person.

To benefit from the suspension, members must submit a written request to GPAFI before the beginning of the suspension and attach a certificate of termination of the basic insurance. In case of extension of the leave without pay, secondment or inter-organizational transfer, members must immediately contact GPAFI and pay the premium for the whole period of suspension.

If members do not inform GPAFI of an extension of the leave without pay, secondment or inter-organizational transfer and do not pay the suspension premium, the termination of their basic insurance and that of the members of their family will be initiated.

In case of reaffiliation to the basic insurance, members must immediately contact GPAFI to reactivate the complementary health insurance, otherwise the cancellation of their basic insurance and that of the members of their family will be initiated.

TERMINATION

Termination of the UNIQA complementary health insurance must be made in writing to GPAFI and in strict compliance with the following provisions:

1. Termination of the complementary complementary insurance and continuation of the basic insurance UNSMIS - SHIF - SHI:
 - a. The request for termination can be made for the end of a calendar year as long as it is received by GPAFI with a 3-month notice (request received by 30 September at the latest);
 - b. In case of retirement the request for termination may be made at the date of separation from the organization;
 - c. In the case of premium increases only, the request for termination may be made provided that it is received by GPAFI by 31 December at the latest.
2. Termination of the complementary health insurance and of the basic insurance UNSMIS - SHIF - SHI:
 - a. In case of termination of the basic insurance, the UNIQA complementary health insurance can be terminated on the same date, but only upon presentation of a certificate of termination from UNSMIS - SHIF - SHI within 2 months;
 - b. In the event that GPAFI does not receive the certificate of termination of the basic insurance, the insurance premiums will continue to be deducted and will not be refunded;
 - c. In the event that GPAFI receives the termination notice for the basic insurance but the 2-month period has passed, the termination date for the UNIQA complementary health insurance will be the month during which GPAFI received the termination notice for the basic insurance. Insurance premiums paid after the 2-month period will not be refunded.

INSURANCE PREMIUMS

Insurance premiums are subject to revision on 1 January of each year.

At the end of each year, members receive a statement detailing the premiums that will be charged for the following year. They are requested to review the annual statement and submit any comments by 31 January. After this deadline the document will be considered as approved.

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

Age groups	0 - 18	19 - 25	26 - 35	36 - 45	46 - 55	56 - 65	> 65
Premiums in CHF	69	116	121	150	168	198	244

WAITING PERIOD

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:

1. Maternity and childbirth: 12 months

Any pregnancy beginning within 12 months of the date of enrollment is not covered, including the baby's birth expenses. From the 13th month of membership onwards, the costs of pregnancy, delivery and the birth of the baby are covered. UNIQA is entitled to request a medical certificate to verify the date of the beginning of the pregnancy.

If a pregnant woman joins the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, and joins the UNIQA complementary insurance no later than 2 months after joining the basic insurance (proof of this must be provided), the waiting period does not apply to the current pregnancy. However, in the event of a new pregnancy within 12 months of joining the UNIQA complementary insurance, the waiting period will apply.

2. Sterility treatments, including in vitro fertilization: 24 months

From the 25th month of membership, infertility treatments authorized by the basic insurance are covered. Infertility treatment includes the initial medical investigation to determine possible infertility as well as the subsequent treatment to achieve a pregnancy.

3. Psychological and psychiatric treatments: 12 months for adults and 6 months for children of the age group 0-18 years

The waiting period applies according to the age group on the date of enrolment and for any outpatient or inpatient treatment for a psychological or psychiatric condition starting after the date of enrolment. For existing or planned treatments at the time of enrolment, UNIQA may formulate an exclusion for a longer period.

4. UNIQA has the right to take medical information to find out the date of onset of the condition and treatment.

DISCOUNT ON INSURANCE PREMIUMS

A permanent 10% discount on insurance premiums is available:

1. To staff members who wish to join the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, provided that the UNIQA complementary insurance is taken out no later than two months after joining the basic insurance (proof of membership must be provided);
2. To the members of the family of the staff member who wish to join the UNSMIS - SHIF - SHI basic insurance and the UNIQA complementary health insurance at the same time, provided that they join the UNIQA complementary insurance within two months of joining the basic insurance (proof of membership is required);
3. In case of marriage of the staff member to his/her new spouse if he/she joins within 2 months after the date of marriage;
4. In case of birth to the newborn child if he/she is affiliated within 2 months from the date of birth.

A permanent discount of 50% is granted on the premium for the 3rd and subsequent insured children. This discount cannot be combined with the 10% discount for immediate enrolment.

PREMIUM PAYMENTS - FAILURE TO PAY ON TIME

The insurance premiums are payable in advance to GPAFI, before the beginning of the benefits, at the latest on the last working day of the month preceding the beginning of a month, in CHF.

Members may choose to pay premiums monthly, quarterly, semi-annually or annually.

Staff members whose payroll is processed by UNOG, UNHCR, ITU, UNON, UNDP, UNOPS, UNITAR will have the premiums deducted from their salary. Other members can opt for a bank transfer or a deduction from their bank account if it is in Switzerland (LSV). The latter option is preferred.

If the premiums are not deducted from the salary, members are requested to make sure that the payments are made accordingly and, in the case of transfer by LSV, that their bank account is well funded, otherwise the deduction will not be made.

The premium for a started month is due in full.

Late payment of premiums implies:

- a. An immediate freeze on benefits;
- b. Reminder fees of up to CHF 150,
- c. Termination of insurances membership if all premiums due have not been paid within 3 months;
- d. Exclusion from GPAFI.

If an insured has had his/her coverage terminated due to non-payment of insurance premiums, he/she will not be able to apply for reaffiliation for a minimum period of 5 years.

SCHEDULED HOSPITALIZATION – COVERAGE GUARANTEE

The UNIQA complementary health insurance pays benefits in case of hospitalization in a private room, i.e. 100% of the part not covered by the basic insurance up to a maximum of CHF 500 per day.

As UNIQA has negotiated preferential rates with the main hospitals and private clinics in the Lake Geneva area, the insured must inform the admissions department of the hospital where he/she will be hospitalized that his/her complementary insurance is UNIQA. The hospital will then send a request for coverage to UNIQA. If the insured does not report this information, the hospital may charge a higher rate for the stay in a private room than the one negotiated. In this case, UNIQA would only reimburse the costs up to the negotiated rate and the insured would have to pay the difference.

COMPLEMENTARY HEALTH INSURANCE BENEFITS

The benefits of the UNIQA complementary health insurance are established in relation to the benefits of the UNSMIS - SHIF - SHI basic insurance. Therefore, they can only be paid as a complement to the benefits paid by the basic insurances according to their basic plan and conditions of coverage.

In the absence of coverage by the UNSMIS - SHIF - SHI basic insurance, no other benefits are paid by the UNIQA complementary insurance, with the exception of outpatient natural medicine treatments, which are not reimbursed by the basic insurance.

The ceilings and limits of the UNIQA complementary health insurance are maximums, even if the UNSMIS - SHIF - SHI basic insurances decide to pay additional or ex gratia benefits.

HOW TO SUBMIT A MEDICAL CLAIM

Claims should not be submitted to GPAFI but only to UNIQA no later than 12 months from the date of treatment for natural medicines only, and from the date of issuance of the reimbursement notices by the basic insurances UNSMIS - CAPS - SHI.

1. Documents to submit to UNIQA:

Only statements received from the UNSMIS - SHIF - SHI basic insurance must be sent to UNIQA. If the statement concerns several members of the family, only one statement should be sent.

A copy of the invoices must be added only in case of hospital treatments or if the insured has been admitted with a medical exclusion. For natural medicines, a medical prescription is also required.

2. You can submit your claims to UNIQA the following ways:

- a. Electronically on the site www.myuniqua.ch or on your smartphone via the myUniqua application:



- b. By email in pdf format to: claims.gpafi@uniqua.ch,

- c. By post to the following address: UNIQA, Avenue de la Praille 26, 1227 Carouge, Switzerland.

In order to simplify the processing of requests received by email or postal mail, please mention the UNIQA policy number on the requests.

CHANGE OF PERSONAL AND PROFESSIONAL DATA

GPAFI members are requested to inform GPAFI of any change in their personal and professional data in order to ensure that their insurance coverage is maintained.

CONTACTS

The entities to contact in case of need are the following:

1. UNIQA in case of questions about reimbursements or medical benefits:

UNIQA GlobalCare SA, Avenue de la Praille 26, 1227 Carouge

Telephone: +41 (0) 22 718 63 30

Email: contact.gpafi@uniqua.ch

2. GPAFI in case of questions about the coverage, the premiums, a change of address, bank account or coverage termination:

GPAFI, Palais des Nations, ONU, Avenue de la Paix 8-14, 1211 Geneva 10

Telephone: +41 (0) 22 917 99 99, press 7

Email: gpafi@un.org

INFORMATION – DOCUMENTATION - FORMS

Further information, documentation related to UNIQA health care insurance and the PREMIUM version as well as forms related to GPAFI membership and insurance enrollment can be found on the GPAFI website, www.gpafi.org.

UNIQA COMPLEMENTARY HEALTH INSURANCE BENEFITS

The tables below is an informative summary of the insurance benefits. Only the General Terms and Conditions of the UNIQA_CGA GPAFI PERFORMA group insurance contract and the insurance policy are contractual documents.

BENEFITS	RATE	CEILING
1. Professional care		
a. Immunizations, diagnostic and medical examinations	20%	
b. Medical, surgical and obstetric services	20%	
c. Surgical operations, including maxillofacial surgery or dental surgery, plastic or reconstructive surgery and eye surgery	20%	
d. Physiotherapy and other therapeutic and rehabilitation treatments	20%	max. 20 USD per session and up to 40 sessions/year
e. Radiology and laboratory services	20%	
f. Domiciliary or institutional nursing services	20%	up to 500 USD/year
g. Long-term nursing care in an institution	20%	up to 690 USD/mois
h. Basic care in an EMS (Nursing home) or equivalent benefits at home	-	
i. Psychotherapy and psychoanalysis	20%	up to 800 USD/year or 40 sessions/year
j. Infertility treatment	20%	up to 6.000 USD/lifetime
k. Treatment for substance abuse	20%	up to 6.000 USD/lifetime
l. Traditional medicine recognized and provided by recognized therapists	20%	up to 240 USD/year
2. Hospitalization:		
a. Stays in a common ward in a public hospital	-	
b. Accommodation costs in a hospital establishment in a room other than a shared room	20%	
c. Costs of stay in hospital or clinic in private room	100%	CHF 500 / day
d. Accommodation costs for convalescence or further treatment	20%	up to 40 USD/day
e. Thermal cures	20%	1 cure of 21 consecutive days/year
f. Stay in a medical establishment	20%	up to 30 USD/day
3. Prescribed medicaments	20%	
4. Appliances and accessories		
a. Optical appliances (glasses and contact lenses)	20%	CHF 270 / year cumulative over 2 years
a2. Frames	20%	CHF 30 /year cumulative over 2 years
b. Hearing aids	20%	up to 750 USD every 3 years
c. Other prescribed appliances and prostheses	20%	
6. Emergency and medical transportation	20%	
7. Dental care	20%	CHF 500 / year cumulative over 2 years
8. Natural ambulatory medicine		
Treatment costs according to the list of recognized therapeutic methods and therapists not covered by the basic plan (acupuncture, poultices, lymphatic drainage, homeopathy, kinesiology, ayurvedic medicine, traditional Chinese medicine, mesotherapy, phytotherapy, reflexology, shiatsu, neural therapy, hypnosis, etc.)	90%	CHF 1,250 / year