

GLOBAL GROUP MEDICAL INSURANCE POLICY
FOR FELLOWS, SCIENTIFIC VISITORS, TRAINING COURSE AND MEETING PARTICIPANTS OF A
UNITED NATIONS ORGANIZATION
FREQUENTLY ASKED QUESTIONS

This leaflet gives you an overview of the Frequently Asked Questions and is directed to fellows, scientific visitors, training course and meeting participants who are covered within the framework of the above-mentioned policy.

1 When does your coverage commence and terminate?

The coverage will be effective from the starting date of your fellowship, scientific visit, training course or meeting. Coverage is for the entire period of the fellowship, scientific visit, training course or meeting up to and including the last day for which an allowance is payable.

2 Who can be covered?

Only the fellows, scientific visitors, training course and meeting participants can be covered by the scheme; dependants cannot be included in this coverage.

3 What is the coverage for medical expenses?

The medical insurance policy provides for reimbursement of medical, hospital and dental treatment up to a maximum of US \$10 000/US \$15 000/US \$25 000/US \$50 000 per insured person (depending on the coverage selected by the organization) in any twelve consecutive months' period, subject to the following limitations:

3.1 Reimbursement at 100% of the expenses involved in respect of medical treatment prescribed by doctors qualified to treat patients. At the rate of 100% are also reimbursed the costs of hospital services such as:

- bed and board (maximum rate: the rate of the hospital concerned for a room for two or more patients)
- general nursing service
- use of operating rooms and equipment
- use of recovery rooms and equipment
- laboratory examinations
- X-ray examinations
- drugs and medicine for use in the hospital

The first US \$10 of any claim for medical expenses is not reimbursable (per 12 month period starting on the commencement of the coverage).

3.2 The following types of treatment alone are subject to certain limitations:

- **Dental treatment:** the cost of dental care, of periodontic treatment, of false teeth, crowns, bridges, other similar appliances and dentofacial orthopaedics is reimbursed only to a maximum sum of US \$600 in a any twelve consecutive months period per insured person.

- **Special examinations and treatments:**

- a) The costs of psychiatric treatment including psycho-analysis are reimbursable only if the patient is treated by a psychiatrist. The costs of psychiatric treatment are reimbursable only at the rate of 50% and to a maximum reimbursement of US \$600, for not more than 50 visits per Insured Person in any consecutive six-month period.
- b) The costs of radiological treatment are reimbursable only if the patient has been referred to the specialist by the doctor in attendance.
- c) Expenses of or in connection with travel or transportation whether by ambulance or otherwise are covered if a professional ambulance service is used to transport the insured person between the place where he/she is injured by an accident or has contracted a disease and the first hospital where treatment is given. In case of emergency or major disability, special transport of the insured person, including cost of accompanying person or attendant, will be allowed, up to a maximum of US \$7 500 (for coverage with an overall ceiling of US \$50 000 a maximum of US \$10 000 will be covered). In addition, preparation and repatriation of the mortal remains to the home country will be covered up to a maximum of US \$7 500.

3.3. Which services are **not** covered?

- Hearing aids;
- Spectacles;
- Fees for examination of the eye for glasses;
- Spa-cures;
- Periodic, preventive health examinations;
- Rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as a result of an accident occurred during the insured period;
- The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the insured person, e.g. attempted suicide, voluntary mutilation, and sexually transmitted diseases;
- The consequences of wounds or injuries resulting from motor vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
- The consequences of insurrections or riots, if by taking part, the insured person has broken laws applicable in the country concerned; the consequences of brawls, except in case of self-defense;
- The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiations produced by the artificial acceleration of nuclear particles;
- Aircraft accidents are only covered if the insured person is on board of an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid license for the type of aircraft in question.

4 Direct payment procedure

Vanbreda International has a wide range of agreements with health care providers and facilities located all over the world. These agreements may vary from one provider to another.

It is highly recommended that, in case of a **planned admission**, Vanbreda International duly receives at least **5 days in advance** a notification of hospitalisation from the member or the care provider. As such, all administrative

and financial aspects can be arranged well in advance, which guarantees a smooth admission and avoids deposit requirements.

Certain providers automatically arrange direct payment by contacting Vanbreda International. This means that they immediately provide the information required for sending a **guarantee of payment**. Others prefer to await our cost estimate form to complete and our accompanying letter, which already confirms enrolment under the medical plan of Vanbreda International.

In case of an **urgent admission**, the name and telephone number of the care provider suffice for our Customer Service Representatives to initiate the direct payment procedure.

Besides direct payment, Vanbreda International has negotiated specific tariff agreements and/or discounts with several health care providers and facilities. Although you may not be aware of this at the time of admission, the provider's billing and our settlement will reflect these preferential rates, which are of benefit both to the individual member and to the Vanbreda plan.

When does it apply?

In case of an **in-patient hospitalization**, i.e. a hospital admission including at least one overnight stay, Vanbreda International can set up a direct payment procedure with the care providers. To this end, the following information should be provided to our medical adviser: the diagnosis and treatment, the exact dates of admission and discharge as well as the detailed cost per type of care. Please use an estimate form which can be downloaded from Vanbreda International's dedicated website. The completed estimate form can be sent to:

- e-mail: admissions@vanbreda.com
- regular mail: Vanbreda International, PO Box 69, B-2140 Antwerpen (Belgium).

If the diagnosis and treatment are covered under the terms and conditions of the plan and the related expenses prove to be reasonable and customary, Vanbreda International will send a **guarantee of payment** to the care providers.

The hospital is requested to send all invoices directly to Vanbreda International for direct settlement, which leaves only the balance at your charge. You will be informed of the latter amount by means of our corresponding **settlement note**.

Together with this settlement note we send you a copy of the corresponding invoices we received directly from the provider. It is important that you check the hospital bill to make sure that it corresponds exactly to the services given.

Here are 5 golden rules to check your hospital bill:

- Check the dates of your admission and discharge in order to verify whether the correct number of days was billed;
- If you were in a semi-private room, make sure you have not been charged for a private room;
- Make sure you have not been charged twice for the same service, supplies or medication (e.g. doctors' fees billed by both doctor and hospital);
- Did you receive every service, treatment and medication for which you are being billed (e.g. your physician ordered an expensive test and then canceled it but you were charged anyway)?
- In case you are entitled to reimbursement from another insurance, is this clearly mentioned on the invoice?

Out-patient expenses however, are first to be settled by the insured person, who can afterwards claim reimbursement by means of the appropriate claim form, accompanied by the original, detailed invoices, the proof of payment and - if possible - a detailed medical report. This claim form is available online and can be downloaded from Vanbreda International's dedicated website.

5 How to submit claims

You can submit claims for reimbursement of medical, hospital and dental expenses by means of the attached claim form. You can fill it out and send it to:

Vanbreda International
PO Box 69
B – 2140 ANTWERPEN
BELGIUM

Please submit the claim for reimbursement to Vanbreda International together with a copy of the acceptance letter from your sponsoring organization and the original statement of the diagnosis as well as the medical, surgical, pharmaceutical and hospital bills, etc. as well as by any payment slips made out by possible other Insurers (with details of the amount reimbursed). If you are entitled to reimbursement by another Insurer, reimbursement by Vanbreda International will be made as appropriate on the basis of the costs actually incurred and the reimbursement obtained from other sources. Please make sure that you keep copies of the invoices for your own file which is very helpful in a case of loss.

Confidential information may be sent under seal to the medical adviser of Vanbreda International, who will provide the claims department with only the information, which is essential to the processing of the claim.

6 How and when will claims be settled?

Claims will be settled by cheque in US dollar within two weeks, following the receipt of satisfactory written evidence by Vanbreda International.

The conversion of medical expenses incurred in another currency than US dollar will normally be made at the UN-operational rate of exchange, in force on the date the claim was signed.

7 How can I contact Vanbreda International?

You can direct your queries on coverage, claims paid and reimbursements to Vanbreda International's Medical Claims Center:

- **mcc242@vanbreda.com**
- **Phone + 32 3 217 66 58**
- **Fax + 32 3 663 28 10**

We herewith kindly invite you to have a look at the Vanbreda International dedicated website www.vanbreda-international.com where you can find all relevant information.

Enter the website as follows:

- Go to member's access;
- Enter '**242**' in the first block of '**Personal Reference Number**';
- Enter '**EXTIAP**' (upper case required) in the second block '**Personal Reference number**';
- Enter '**06/06/1963**' in the block of '**Date of birth**'

The website shows you different tabs with information on coverage, direct payment, claims procedure, forms, contact data and Vanbreda International's proprietary provider list.

GROUP HEALTH INSURANCE
 PLAN DE GRUPO MÉDICO

Claim for reimbursement of medical expenses
Solicitud de reembolso de gastos médicos

Insured person / Asegurado	VANBREDA PERS. REF. NO. / N° DE REF. PERS.	242 /
NAME / NOMBRE		
ADDRESS / DIRECCIÓN		
DATE OF BIRTH / FECHA DE NACIMIENTO (D - M - Y/A)	SEX / SEXO	<input type="checkbox"/> M <input type="checkbox"/> F
E-MAIL		
PROJECT NO. / N° DE PROYECTO		
PERIOD OF CONTRACT / PERÍODO DE SU CONTRATO		
NAME OF THE ORGANISATION / NOMBRE DE LA ORGANIZACIÓN		
IN CASE OF ACCIDENT: IS A THIRD PARTY INVOLVED? / EN CASO DE UN ACCIDENTE: HAY TERCEROS?	<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No	
IF YES, PLEASE SEND US A 'NOTIFICATION OF ACCIDENT' FORM. / EN CASO AFIRMATIVO, POR FAVOR NOS ENVÍE EL FORMULARIO 'DECLARACIÓN DE ACCIDENTE'.		

Amounts claimed per currency / Importe reclamado por moneda		
CURRENCY / MONEDA	AMOUNT / IMPORTE	DATE OF SERVICE / FECHA DE ENTRADA EN FONCIÓN
Total		

Mode of payment by Vanbreda (complete only in case of change) Forma de pago por Vanbreda (complételo sólo en caso de cambio)	
<input type="checkbox"/> TRANSFER / TRANSFERENCIA BANCARIA	<input type="checkbox"/> MAIL CHEQUE TO / ENVÍE EL CHEQUE A
IBAN NO. / N° IBAN	NAME / NOMBRE
ACCOUNT NO. / N° DE CUENTA	
FULL BANK NAME AND ADDRESS / NOMBRE COMPLETO Y DIRECCIÓN DEL BANCO	ADDRESS / DIRECCIÓN
NAME ACCOUNT HOLDER / NOMBRE DEL TITULAR DE LA CUENTA	
BIC CODE / CÓDIGO BIC	
ID BANK / IDENTIFICACIÓN DEL BANCO	

SIGNATURE OF THE INSURED PERSON / FIRMA DEL ASEGURADO	In view of a smooth administration of the contract and/or settlement of the insurance claim, and only for that purpose, I hereby give my specific and informed consent regarding the processing of the medical data concerning myself and/or the members of my family (article 7 of the Belgian law of December 8, 1992 concerning the private life). En vista de una administración fluida del contrato y/o el reembolso de los gastos, y sólo para este uso, doy por la presente mi consentimiento específico en cuanto al procesamiento de mis datos médicos o de los datos médicos de los miembros de mi familia (artículo 7 de la ley belga del 8 de diciembre de 1992 sobre la protección de la privacidad).
DATE / FECHA	

Claims may be sent to: / Envíe esta solicitud a:
Vanbreda International • P.O. Box 69 • 2140 Antwerpen • Belgium
 NV • RPR Antwerpen • VAT BE 0414 783 183 • BFC 13799 A-R