STAFF HEALTH INSURANCE FUND

Amendments to the SHIF Regulations and Administrative Rules

Amendments to the Regulations

Article 1.6 (“Voluntarily covered dependants”)
Article 2.10bis (“Agreements between the Fund and providers of services”)
Article 3.5 (“Contributions in respect of voluntarily protected dependants”)
Article 5.2 (“Forms and authorizations”)
Article 5.4 (“Effective date of these Regulations”)

Amendments to Appendix I: Schedule of benefits

Code 1.1 (“Doctor’s services”)
Code 1.3 (“Medical imagery”)
Code 1.5 (“Functional rehabilitation treatments”)
Code 1.6 (“~~Out-patient~~ At-home medical nursing services for an acute condition”)
Code 2 (“~~In-patient and long-term care~~ Stays in hospitals and other institutions”)
Code 2.1 (“Costs of hospitalization in a hospital establishment, in a common ward”~~Stays in a public institution making a global charge for accommodation and care~~)
Code 2.2 (“Costs of ~~A~~accommodation in a hospital ~~or clinic~~ establishment, in a room other than a common ward”)
Code 2.3 (“Costs of accommodation for convalescence/follow-up treatment”)
Code 2.4 (“Thermal ~~C~~cures”)
Code 2.5 (“~~Long-term nursing services in an institution~~Stay in a nursing home”)
Code 2.6 (“Long-term nursing services at home”)
Code 2.7 (“Medical care in institutions covered by Codes 2.2~~,~~ and 2.3 ~~and 2.4~~, or related to hospitalization at home”)
Code 3 (“Prescribed ~~medicaments~~medicines”)
Code 4 (“Dental care”)
Code 5 (“Prostheses, ~~M~~medical appliances and other medical devices~~prostheses~~”)
Code 5.1 (“Optical appliances”)
Code 5.2 (“Hearing aids”)
Code 5.3 (“Prostheses (except dentures)”)
Code 5.4 (“Wheelchairs and similar equipment”)
Code 5.5 (“Other appliances”)
Code 6.1 (“Transport in case of emergency”)
Code 6.2 (“Transport ~~when hospitalized~~in case of hospitalization or outpatient treatment”)
Code 6.3 (“Other ~~medical travel~~ transport for medical purposes”)
Code 8 (“~~Other medical expenses~~Prevention”)
Code 8.1 (“Preventive exams ~~and vaccines~~, procedures and screening”)
Code 8.2 (“Vaccines”)
Code 8.3 (“Contraception”)
Code 9 (“Alternative medicines”)
Code 10 (“Medically assisted reproduction”)

Amendments to the Administrative Rules

Article 3.5 (“Contributions in respect of voluntarily protected dependants”)
Article 5.2 (“Forms and authorizations”)

Code 1.5 (“Functional rehabilitation treatments”)
Code 1.6 (“~~Out-patient~~ At-home medical nursing services for an acute condition”)
Code 1.7 (“Psychiatry, psychoanalysis or psychotherapy”)
Code 2.2 (“Costs of ~~A~~accommodation in a hospital establishment~~or clinic~~, in a room other than a common ward”)
Code 2.3 (“Costs of ~~A~~accommodation for convalescence/follow-up treatment”)
Code 2.4 (“Thermal ~~C~~cures”)
Code 2.5 (“~~Long-term nursing services in an institution~~Stay in a nursing home”)
Code 2.6 (“Long-term nursing services at home”)
Code 3 (“Prescribed ~~medicaments~~medicines”)
Code 4 (“Dental care”)
Code 5.2 (“Hearing aids”)
Code 6.1 (“Transport in case of emergency”)
Code 6.2 (“Transport ~~when hospitalized~~in case of hospitalization or outpatient treatment”)
Code 6.3 (“Other ~~medical travel~~transport for medical purposes”)
Code 7 (“Funeral costs”)
Code 8.1 (“Preventive exams ~~and vaccines~~, procedures and screening”)
Code 8.2 (“Vaccines”)
Code 9 (“Alternative medicines”)
Code 10 (“Medically assisted reproduction”)

Purpose of the circular

1. The purpose of this circular is to notify persons insured under the ILO Staff Health Insurance Fund (SHIF) of proposed amendments to the SHIF Regulations under article 4.17 ("Amendments to the Regulations"), and to inform them of amendments to Appendix I ("Schedule of Benefits") and to the Administrative Rules.

2. The SHIF Management Committee approved these proposed amendments at its 243rd and 244th meetings on 23 October and 5 December 2017. The proposed effective date of these amendments is 1 July 2018.

3. Some of the proposed amendments in this circular are explained in detail below. All of the proposed amendments are appended to this circular, with the changes tracked.

Purpose of the amendments

4. The proposed amendments to the SHIF Regulations, Appendix I ("Schedule of Benefits") and the Administrative Rules, which fall within the authority of the Management Committee, are aimed at clarifying administrative procedures, amending the method of calculating the contributions in respect of voluntarily protected children, adjusting certain benefits, re-enforcing preventive measures and reimbursing certain forms of alternative medicine.

Background and measures

5. The Management Committee established a working group on the revision of the Regulations and Administrative Rules, which was tasked with presenting to the Management Committee a range of proposed amendments. The working group's mandate included identifying the SHIF reimbursement codes that could lead to misinterpretation, with a view to clarifying the SHIF reimbursement rules and facilitating payments.

6. The working group comprised members of the committee representing the insured persons and the Administration, the SHIF Medical Adviser and the SHIF secretariat. The group kept the Management Committee informed of its progress, and the Management Committee approved the amendments proposed by the working group at its 243rd meeting on 23 October 2017.

Amendments to the Regulations to adapt to administrative procedures

7. The SHIF is increasingly making payments directly to providers of services, particularly for hospitalizations. Therefore, there was a need to amend article 2.10bis of the Regulations to reflect the current practice, which provides insured persons with improved services and provides increased security for the SHIF.

8. The SHIF is planning to provide personalized access to a secure Internet site to enable insured persons, among others, to submit their claims for reimbursement online. The amendment to article 5.2 clarifies the claims procedures.

Voluntarily covered dependants

9. So as not to impede officials' mobility, the amendment will enable officials to have the persons referred to in article 1.6, paragraph (1)(a), (b) and (c), voluntarily insured when they are transferred to another duty station.

Contributions for voluntarily covered dependent children for insured persons with lower pay

10. Around 200 dependent children are voluntarily covered by the SHIF. They have a highly positive impact on the financial result. However, the current monthly contribution of US$260.00 may constitute more than 10 per cent of the remuneration of some officials outside headquarters, which means that this type of insurance is used primarily by officials and former officials who are able to afford this amount, and hence mainly at headquarters.

11. The Management Committee considers this to be unfair and has proposed that the contribution for voluntarily covered dependent children should be equal to 3.55 per cent of remuneration (that is, the same rate and hence the same contribution as for officials) and capped at the current amount of US$260.00. Under this new method of calculation, the contribution amount for voluntarily covered dependent children who are already insured will remain largely unchanged, but other SHIF insured persons, in particular in the field, will be able to insure their children at a reasonable cost, without any adverse impact on the financial situation of the SHIF.

Amendments to benefits

12. The amendments to benefits fall under several categories: a number of them are aimed at incorporating the decisions of the Standing Subcommittee of the Fund into the Regulations, some are adjustments to benefits, and others are for the purposes of re-enforcing the initial preventive measures introduced in 2016. Furthermore, a number of amendments primarily provide clarification on the administrative procedures.

Amendments incorporating the decisions of the Standing Subcommittee into the Regulations

13. In view of the increased number of claims for reimbursement of psychiatric treatments and psychotherapy, the Subcommittee has often had to take exceptional measures when the maximum number of sessions or the maximum approved expenses under Code 1.7 of the Administrative Rules was exceeded in a given period. The revised Code 1.7 proposes a number of sessions in one calendar year, instead of three calendar years. This is intended to improve coverage while also facilitating the administration of claims for reimbursement.

14. As the Subcommittee has also frequently had to decide on cases of medically assisted reproduction, the Management Committee has decided to authorize, under a new code (Code 10), approved lifetime expenses of US$30,000.00 for each protected person, on a similar basis to the practice of other health insurance schemes of international organizations, such as the WHO.

Amendments adjusting benefits

15. These amendments include adjustments to the existing maximum approved expenses of reference, such as for sessions of functional rehabilitation (Code 1.5, from US$85.00 to US$100.00 per session), accommodation for convalescence/follow-up treatment (Code 2.3, from US$170.00 to US$200.00 per day) and funeral costs (Code 7, from US$500.00 to US$750.00). These adjustments have proven necessary, as the previous amounts were not in line with the current costs in certain countries.

16. The limit of 45 days per protected person per calendar year, for reimbursement purposes, of in-patient care and convalescence has been reduced to 30 days (Codes 2.1, 2.2 and 2.3). Beyond that, the authorization of the Medical Adviser continues to be required, which will enable better monitoring of insured persons who are hospitalized. Furthermore, 30 days is in line with the practice in many countries, including Switzerland where the majority of hospital stays take place.

17. The creation of Code 9 (“Alternative medicines”) will enable coverage of new treatments (Ayurvedic medicine and traditional Chinese medicine) and will simplify the administration of some treatments that were previously covered under Code 1.5 (“Functional rehabilitation treatment”), such as acupuncture, mesotherapy, chiropractic and osteopathy, for which it was sometimes difficult to obtain a medical prescription and to define the therapists qualified to perform these treatments. The maximum approved expenses for this new code are set at US$1,200.00 per protected person per calendar year.

Amendments expanding the prevention policy of the SHIF

18. Following the initial measures implemented in 2016, the Management Committee is confident that prevention measures will lead to savings in the future as well as being beneficial to the health of protected persons, and therefore decided to expand the prevention policy of the SHIF and extend the range of vaccines, examinations and preventive procedures that will be reimbursed at a rate of 100 per cent, on the basis of WHO recommendations.

19. Consequently, some codes have been amended (Code 8, Code 8.1) and a new code has been created (Code 8.2) to specify the various types of preventive measures. The number of vaccines reimbursed at a rate of 100 per cent will be expanded to include all of the main vaccines (around 20 in total). Further preventive procedures will be reimbursed at a rate of 100 per cent (dental scaling, screening for HIV and hepatitis B and C, and prenatal screening).

20. Contraceptive pills and other contraceptive devices will be eligible for reimbursement at a rate of 80 per cent through a new code (Code 8.3).

Amendments representing administrative clarifications or a minor change

21. Other amendments to Appendix I (“Schedule of benefits”) and to the Administrative Rules for the following codes are solely administrative clarifications or minor changes:

Code 1.1, Code 1.3, Code 1.6, Code 2, Code 2.1, Code 2.2, Code 2.4, Code 2.5, Code 2.6, Code 2.7, Code 3, Code 4, Code 5, Code 5.1, Code 5.2, Code 5.3, Code 5.4, Code 5.5, Code 6.1, Code 6.2, Code 6.3.

Procedure

22. In accordance with article 4.17, paragraph 2, of the SHIF Regulations:

> Any proposed amendment approved by the Management Committee shall be notified to the insured persons. Upon the written request of 200 insured persons received by the Management Committee within three weeks after such notifications, the Management Committee shall submit the proposed amendment in writing to the insured persons for vote. If more than two-thirds of the votes cast are against the proposed amendment and at least 30 per cent of all insured persons have voted, the amendment shall not be proceeded with.

Florian Léger
Executive Secretary
Staff Health Insurance Fund

4 May 2018

Amendments to the SHIF Regulations and Administrative Rules

SHIF Regulations

(Note: Text in red and underlined shows additions or changes. Text in strikethrough shows deletions.)

ARTICLE 1.6

Voluntarily covered dependants

1. Subject to paragraph 2, the following dependants may, if they do not qualify for automatic coverage in accordance with article 1.5, be voluntarily covered as protected persons for renewable periods of one year:

(a) the insured person's spouse;

(b) the insured person's children who are under 30 years of age, unmarried and not in regular full-time employment;

(c) the insured person's parents and parents-in-law, upon adequate evidence of continuous support in accordance with the criteria applied under the provisions of the respective Staff Regulations relating to family allowances for secondary dependants.

2. A request for protection of a person referred to in paragraph 1 shall be accepted only if it is submitted by the insured person in writing within a period of ~~three~~ six months following his/her entry into the Fund or following the first day on which the person fulfils the conditions to qualify for voluntary protection~~,~~ or following the official's reassignment to another duty station, whichever is later. ~~In the latter case~~Furthermore, a request for protection of a person referred to in paragraph 1(c) shall be accepted only if the concerned person is below 70 years old and has relocated to the duty station of the insured person within the last ~~three~~ six months.

3. If coverage is interrupted, it may be resumed only if the Management Committee considers that bona fide and adequate reasons existed for the interruption.

4. In the event of the death of an insured person, the spouse, children, parents or parents-in-law who at the date of death were voluntarily protected under this article may become voluntarily insured as from that date, subject to the following conditions:

(a) at the said date of death they must have been protected persons for not less than one year;

(b) a child may become insured only if there is no surviving spouse and may remain insured only so long as satisfying the conditions stated in paragraph 1(b) of this article;

(c) application for such insurance must be made within three months of the date of death;

(d) article 1.5 and paragraph 1 of this article shall not apply to such insured persons;

(e) they shall pay contributions at the rate established pursuant to article 3.5 for voluntarily protected dependants;

(f) in all other respects they shall have the rights and obligations of persons insured under article 1.3.

5. In the event of divorce, a spouse who at the date of the divorce was automatically protected under article 1.5 or voluntarily protected under this article may continue to be protected as from that date, provided that he or she had been a protected person for not less than one year and applies for such insurance within three months of the divorce. Such insurance shall be subject to the conditions specified in paragraph 4(d), (e) and (f) of this article.

ARTICLE 2.10BIS

Agreements between the Fund and providers of services

1. The Fund may enter into agreements with providers of services in order to develop means which appear from time to time desirable for the proper administration of the Fund and prompt delivery of services. Such agreements may contain arrangements to guarantee bills and/or to make payment of the sums guaranteed directly to particular providers or classes of providers of services.

2. Where arrangements to pay benefits directly to providers are made, the following conditions shall apply:

(a) bills presented to the Fund by the provider shall~~, when the insured person has certified in writing that the services covered by the bill have been received,~~ be paid directly by the Fund to the provider;

(b) where the insured person is a serving official, the part of the bill for which he/she is responsible shall be paid to the Fund by the Organization employing the insured person and be deducted from his/her salary;

(c) any other insured person shall repay to the Fund the part of the bill for which he/she is responsible; if he/she fails to do so within one month of being requested, the Fund may set off the amount due to it against benefits payable to him/her or take other appropriate action.

ARTICLE 3.5

Contributions in respect of voluntarily protected dependants

Contributions in respect of dependants voluntarily protected under article 1.6 shall be ~~at a flat rate. Such rate shall be~~ fixed by the Management Committee, where appropriate by subgroups in such manner as to ensure that this group of protected persons is financially self-supporting within the Fund over time.

ARTICLE 3.5

(Contributions in respect of voluntarily protected dependants)

Rates of contributions (US$)

Category	Monthly contribution as of 1 ~~October~~ July 20~~10~~18
Children under 30 years of age	3.55% of remuneration, subject to a maximum of 260.00
Spouses	650.00
Parents and parents-in-law	1 400.00

ARTICLE 5.2

Forms and authorizations

1. Insured persons shall submit claims for benefit under cover of form ILO 937, "Claim for reimbursement"~~, and in accordance with the conditions stated thereon.~~ or via personalized access to the secure website of the SHIF.

2. Claims for reimbursement submitted using form ILO 937 shall be accompanied by the original i~~nvoices~~bills and other supporting documents, and shall be in accordance with the conditions prescribed on the form.

3. Claims for benefit submitted via personalized access to the secure website of the SHIF shall be accompanied by electronic copies of the original bills and of the other supporting documents, and shall be in accordance with the conditions prescribed on the site. The original invoices and supporting documents shall be retained by the insured person for a period of five years from the date of reimbursement and shall be submitted to the SHIF upon request for administrative purposes or for verification.

Amemdments to the Regulations

Appendix I
Schedule of benefits

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
1.	**PROFESSIONAL CARE** [1]				
1.1.	**DOCTOR'S SERVICES** [2]	80%	Yes		
	CONSULTATIONS with a physician (general practitioner or specialist), or in a hospital or clinic. VISITS to home or institutions by a physician.			~~Treatment specified in Code 1.7.~~	~~Treatment for weight loss will be reimbursed if prescribed by a physician and provided in a recognized institution only for cases of severe obesity (BMI>30) and for severe metabolic disorders. Payment of benefit shall be subject to verification by the Medical Adviser of compliance with the foregoing conditions.~~
	TREATMENTS given by a physician.			Treatments for aesthetic purposes. Treatments specified in Code 1.7.	
	~~VISITS to home or institutions by a physician.~~ CONSULTATIONS with a dietician				Subject to medical prescription and approval by the Medical Adviser. Treatments are reimbursed in case of obesity (body mass index greater than 30), anorexia or metabolic disorders, if prescribed by a physician and carried out in a recognized facility, where appropriate.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
1.2.	**SURGICAL OPERATIONS** Including surgeon's and anaesthetic services.	80%	Yes	Plastic surgery undertaken for aesthetic purposes, except for cases resulting from major injury, neoplasm or infection. If surgery is undertaken partially for aesthetic purposes, a corresponding proportion of expenses is excluded from reimbursement; such cases require the prior approval of the Medical Adviser who determines the proportion to be excluded. Surgery for aesthetic purposes is defined as surgery undertaken to improve a bodily disfigurement, which in itself does not cause any danger to life or health or any disability of bodily function.	
1.3.	**MEDICAL IMAGERY** ~~**(X-rays, MRI, CT-scan, mammograms, etc.)**~~ Made or prescribed by a physician (or X-rays made or prescribed by a dentist).	80%	Yes		
1.4.	**LABORATORY SERVICES AND OTHER TESTS** Made or prescribed by a physician.	80%	Yes		
1.5.	**FUNCTIONAL REHABILITATION TREATMENTS** Prescribed by a physician and provided by a ~~person authorized in the country concerned to do so.~~therapist who holds a diploma recognized by the Administration of the country in which he or she is authorized to practise.	80%	Yes	Treatments performed by ~~unqualified personnel~~ a therapist who does not hold a diploma recognized by the Administration of the country in which he or she is authorized to practise.	Subject to a maximum and other conditions as prescribed in the Administrative Rule, including the list of treatments eligible for reimbursement. Subject to prescription prior to the beginning of treatment.
1.6.	~~**OUT-PATIENT**~~ **AT-HOME MEDICAL NURSING SERVICES FOR AN ACUTE CONDITION (other than treatment specified in Code 2.6)** Prescribed by a physician, including the services of a nursing assistant or carer, and including midwifery services.	80%	Yes	Non-medical care, such as ~~cleaning~~housework, cooking, shopping, family help etc. Care provided by unqualified personnel, except where provided under ~~regular medical~~ the supervision of the prescribing physician.	Subject to a maximum and other conditions as prescribed in the Administrative Rules.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
1.7.	**PSYCHIATRY, PSYCHOANALYSIS OR PSYCHOTHERAPY** Consultations with a psychiatrist, and sessions of psychoanalysis or psychotherapy given or prescribed by a physician.	80%	Yes		Subject to a maximum and other conditions as prescribed in the Administrative Rules.
2.	~~**IN-PATIENT AND LONG-TERM CARE** **STAYS IN HOSPITALS AND OTHER INSTITUTIONS**			Plastic surgery or other treatment for aesthetic purposes – same conditions as for Code 1.2. ~~Anti-tobacco treatment.~~Weight-loss treatment, except with prior approval by the Medical Adviser.	
2.1.	~~**STAYS IN A PUBLIC INSTITUTION MAKING A GLOBAL CHARGE FOR ACCOMMODATION AND CARE**~~**COSTS OF HOSPITALIZATION IN A HOSPITAL ESTABLISHMENT, IN A COMMON WARD** ~~Stays in a common (public) ward in a public hospital~~ for examination, diagnosis or curative treatment.	100%	No		~~(i) Common (public) ward means accommodation in rooms with five beds or more, except as provided in the Administrative Rules.~~ ~~(ii) Subject to the condition that the hospital makes a global charge covering all items (accommodation, doctors', surgeons' and anaesthetists' fees, operating theatre charges, medical care, medicines, laboratory, etc.).~~ Benefit is limited to ~~45~~30 days per protected person per calendar year, unless the Medical Adviser certifies that accommodation is still for curative treatment and fixes the number of additional days.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
2.2.	**COSTS OF ACCOMMODATION IN A HOSPITAL ~~OR CLINIC~~ ESTABLISHMENT, IN A ROOM OTHER THAN A COMMON WARD** **(other than in cases falling under Codes 2.1, 2.3 and 2.5)** Accommodation in a recognized hospital or clinic for examination, diagnosis or curative treatment.	80%	Yes		Subject to a maximum per day and conditions prescribed in the Administrative Rules. Benefit is limited to ~~45~~30 days per protected person per calendar year, unless the Medical Adviser certifies that accommodation is still for curative treatment and fixes the number of additional days. ~~Distinct conditions, including conditions relating to maximum daily benefit and duration, may be prescribed for accommodation in a hospital or clinic for purposes of psychotherapy.~~
2.3.	**COSTS OF ACCOMMOEDATION FOR CONVALESCENCE/~~-~~FOLLOW-UP TREATMENT** Accommodation in a hospital~~,~~ ~~or~~ clinic or convalescent care facility for follow-up care, including cardiovascular re-education, or convalescence after hospitalization under Codes 2.1 or 2.2.	80%	Yes	Stays in hotels.	Subject to a maximum per day, as prescribed in the Administrative Rules. Benefit is limited to ~~45~~30 days per protected person per calendar year, unless the Medical Adviser certifies the continuing need for convalescence or follow-up treatment and fixes the number of additional days.
2.4.	**THERMAL CURES** ~~Stays prescribed by a physician in a nursing home, rest home, thermal or climatic centre, etc., for other convalescence or for cures.~~ Thermal treatment prescribed by a physician and delivered in a thermal establishment.	80%	No	Cost of accommodation Thalassotherapy Ayurveda Therapeutic fasting Detoxification cure Rejuvenation cure	Subject to conditions prescribed in the Administrative Rules. Subject to prior confirmation from the Medical Adviser that the thermal cure is part of a course of treatment of an already present pathology.
2.5.	~~**LONG-TERM NURSING SERVICES IN AN INSTITUTION**~~**STAY IN A NURSING HOME** Stays in a hospital, clinic, nursing or ~~rest~~ retirement home, temporary or respite care unit or day centre. Stays prescribed by a physician (other than for purposes of treatment, examination or diagnosis or for cure or convalescence) primarily for the provision of long-term care which cannot be provided at home.	80%	Yes		Subject to a maximum per day and other conditions, as prescribed in the Administrative Rules.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
2.6.	**LONG-TERM NURSING SERVICES AT HOME** ~~Codes 2.5 and 2.6 are in respect of the provision of c~~Nursing care for chronic or non-curative conditions, including the services of a carer or nursing assistant, prescribed by a physician.	80%	Yes	Non-medical care, such as ~~cleaning~~housework, cooking, shopping, ~~family help,~~ etc. Care provided by unqualified personnel, except where provided under ~~regular medical~~ the supervision of the prescribing physician.	Subject to a maximum per month and conditions prescribed in the Administrative Rules.
2.7.	**MEDICAL CARE IN INSTITUTIONS COVERED BY CODES 2.2~~,~~ AND 2.3 ~~and 2.4~~ OR RELATED TO HOSPITALIZATION AT HOME** ~~Subject to all conditions applicable to the item of care under the corresponding code of this Schedule.~~	80%	Yes		
3.	**PRESCRIBED ~~MEDICAMENTS~~MEDICINES** Pharmaceutical supplies, including drugs and dressings prescribed by a physician or dentist.	80%	Yes	~~(i)~~ Products excluded by the Administrative Rules. ~~(ii) Current~~ Common home pharmacy and household supplies. Parapharmaceutical products	Subject to prescription PRIOR to purchase. Subject to the conditions as prescribed in the Administrative Rules.
4.	**DENTAL CARE** [2] (i) Odonto-stomatological treatment and laboratory charges for dentures (other than X-rays – Code 1.3). (ii) Orthodontic treatment, including apparatus. **Benefit in respect of the following treatments shall be paid not under Code 4 but under the codes indicated:** (a) Maxilo-facial surgery in the event of hospitalization shall be reimbursed under Codes 2.2 and 2.7. (b) Maxilo-facial treatments *specified in the Administrative Rules* shall be reimbursed under Code 1.2.	80%	Yes		Subject to a maximum and other conditions as prescribed in the Administrative Rules. For (a) and (b), subject to approval by the ~~Management Committee PRIOR to treatment~~ Medical Adviser.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
5.	**PROSTHESES, MEDICAL APPLIANCES AND OTHER MEDICAL DEVICES (Acquisition, rental and repair)**				
5.1.	**OPTICAL APPLIANCES (including contact lenses)**	80%	Yes	Sunglasses without correction. Maintenance Delivery costs Insurance	Subject to a maximum and other conditions as prescribed in the Administrative Rules.
5.2.	**HEARING AIDS (including maintenance)**	80%	Yes	Batteries Delivery costs Insurance	Subject to a maximum as prescribed in the Administrative Rules.
5.3.	**PROSTHETIC APPLIANCES (except dentures)** Prescribed by a physician, including maintenance.	80%	Yes	Delivery costs	~~In case of purchase, s~~Subject to approval by ~~the Management Committee following advice from~~ the Medical Adviser.
5.4.	**WHEELCHAIRS AND SIMILAR EQUIPMENT** Prescribed by a physician, including maintenance, delivery and set-up	80%	Yes		~~In case of purchase, s~~Subject to approval by ~~the Management Committee following advice from~~ the Medical Adviser.
5.5.	**OTHER APPLIANCES** Prescribed by a physician, including maintenance, delivery and set-up	80%	Yes	Cost of acquisition, rental and repair of minor or auxiliary medical appliances ~~(lamps, alarm systems, etc.).~~	~~In case of purchase, s~~Subject to approval by ~~the Management Committee following advice from~~ the Medical Adviser.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
6.	**TRANSPORT COSTS**				
6.1.	**TRANSPORT IN CASE OF EMERGENCY** Transportation of the protected person by ground or air ambulance from the place of the emergency to nearest place of treatment.	80%	Yes	Transportation is excluded in the following cases: (a) ~~conditions sustained during travel or stays outside the protected person's country of primary residence and requiring either long-distance ground transportation or air transportation, where it could reasonably have been expected of the protected person that he/she take out travel assistance or travel insurance coverage to cover such cases;~~ transport for personal convenience to a location other than the nearest appropriate place of treatment. (b) conditions sustained during the practice of a high-risk sport ~~or leisure activity~~; ~~(c) conditions sustained during the practice of a sport or leisure activity, where it could reasonably have been expected of the protected person that he/she take out insurance specifically covering such activities;~~ ~~(d) conditions sustained, in his/her country of residence, by a person retired after 31 December 2011, where he/she does not reside in his/her country of origin or that of his/her spouse, nor in a duty station to which he/she was assigned as an ILO official, nor in a country neighbouring that duty station as defined in the Administrative Rules, where the condition requires either air transportation or long-distance ground transportation.~~	Subject to the conditions as prescribed in the Administrative Rules. ~~An emergency is a sudden, unexpected event requiring immediate medical action.~~ ~~Ground or air ambulance transportation, as the case requires, must appear as the only suitable means of transportation given the medical seriousness of the condition and the other circumstances of the emergency.~~ ~~It is left to the discretion of the medical team providing the transportation to determine the nearest place of treatment.~~
6.2.	**TRANSPORT ~~WHEN HOSPITALIZED~~IN CASE OF HOSPITALIZATION OR -OUTPATIENT TREATMENT**				
6.2.1.	Transportation of the protected person from one hospital facility to another, or to a medical convalescence centre.	80%	Yes	Transportation for personal convenience and transportation for the purpose of obtaining treatment for the condition that led to hospitalization, where such transportation is not medically justified.	Subject to approval by the Medical Adviser, payment for either medical ground or air transportation or transportation by taxi, subject to the limit specified in the Administrative Rules.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
6.2.2.	Ground transportation of the protected person, from the place of hospital confinement to her/his place of residence.	80%	Yes	~~(a)~~ Transportation for personal convenience and transportation which is not medically justified. ~~(b) Long-distance transportation as defined in the Administrative Rules.~~	Subject to approval by the Medical Adviser, payment for either medical ground transportation or transportation by taxi, subject to the limit specified in the Administrative Rules. Ordinary benefit paid once per hospitalization at the end of the period of hospital confinement.
6.2.3.	Transportation of the protected person between her/his ~~principal~~ place of residence and ~~a medical facility~~ the place of treatment, following a period of hospitalization, for the purpose of follow-up treatment of the condition that led to hospitalization.	80%	Yes	~~Long-distance transportation as defined in the Administrative Rules.~~	Medically justified transportation, either to the same facility as that at which the initial treatment was received, or to the ~~medical facility~~ place of treatment closest to the protected person's ~~principal~~ residence ~~at which the required treatment can be delivered~~. Subject to approval by the Medical Adviser, payment for either medical ground transportation or transportation by taxi, subject to the limit specified in the Administrative Rules.
6.2.4.	For the treatment of certain chronic illnesses or conditions specified in the Administrative Rules, transportation of the protected person between her/his principal residence and the place ~~of~~ where treatment takes place or is prescribed.	80%	Yes		Payment for transportation by taxi, subject to the limit specified in the Administrative Rules. Subject to ~~prior~~ approval by the Medical Adviser.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
6.3.	**OTHER ~~MEDICAL TRAVEL~~TRANSPORT FOR MEDICAL PURPOSES** Travel for the purpose of obtaining medical care ~~covered under Codes 1.2, 2.1 and 2.2 of this Schedule of Benefits~~, where adequate medical care cannot be obtained in the duty station or area of residence.	80%	Yes	(a) Transportation for the purpose of evacuation of the protected person for health reasons, where the cost of evacuation is covered by the organization employing the insured person or by the employer of the protected person. (b) Transportation within the duty station or area of residence, as defined in the Administrative Rules. ~~(c) Transportation of a person retired after 31 December 2011, where she/he does not reside in her/his country of origin or that of her/his spouse, nor in a duty station to which he/she was assigned as an ILO official, nor in a country neighbouring that duty station as defined in the Administrative Rules.~~	Subject to prior approval by the Medical Adviser and to the other conditions specified in the Administrative Rules.
7.	**FUNERAL COSTS (including cremation)**	100%	No		Subject to a maximum as prescribed in the Administrative Rules.
8.	**~~OTHER MEDICAL EXPENSES~~PREVENTION**				
8.1.	**PREVENTIVE EXAMS, PROCEDURES AND SCREENING ~~AND VACCINES~~**	100%	No		Subject to conditions prescribed in the Administrative Rules, including the list of exams, preventive procedures and screenings ~~and vaccines~~ eligible for reimbursement.
8.2.	**VACCINES**	100%	No		Subject to the conditions as prescribed in the Administrative Rules, including the list of vaccines eligible for reimbursement. Subject to medical prescription.
8.3.	**CONTRACEPTION** Contraceptive pills and other contraceptive devices	80%	Yes	Male condoms Female condoms	Subject to medical prescription.

Code	Items of expenditure	Benefits		Expenditure excluded from reimbursement (see also articles 2.1 and 2.4)	Qualifying conditions
		Ordinary (art 2.2)	Supplementary (art. 2.5)		
9.	**ALTERNATIVE MEDICINES** Treatments performed by a therapist qualified to practise in the country where treatment takes place	80%	No		Subject to a maximum and other conditions as prescribed in the Administrative Rules, including the list of treatments eligible for reimbursement.
10.	**MEDICALLY ASSISTED REPRODUCTION** Ovarian stimulation, artificial insemination, in vitro fertilization (IVF) with or without intracytoplasmic sperm injection (ICSI), including related laboratory examinations	80%	No	Surrogacy Transport costs to the place of treatment	Subject to a maximum and other conditions as prescribed in the Administrative Rules.

Notes: [1] General: All prescriptions for care or medicines must be made prior to the date of the service or the purchase. [2] According to article 2.1.3 of the Regulations, "Medical practitioner shall refer to physicians or dentists who are qualified and licensed to provide the various types of medical services referred to in the Schedule of Benefits in the country in which their professional services are used by a protected person".

Amendments to the Administrative Rules

Appendix I (Schedule of Benefits)

CODE 1.5
(FUNCTIONAL REHABILITATION TREATMENTS)

1. (a) The maximum approved expenses are set at US$85100.00 per session (i.e. ordinary benefit will be limited to US$6880.00 per session). The maximum number of sessions reimbursed is set at 3040 sessions for any one medical condition per protected person per calendar year.

(b) The number of sessions may be exceeded for cases of rehabilitation after an accident, ora major surgery, ora neuromuscular disease, an osteoarticular pathology or a disability, where the Medical Adviser confirms the necessity and indicates the number of additional sessions.

(c) Once every 12 months a new prescription will be required in all cases.

2. Benefit is not payable in respect of cures of less than two weeks or for more than one cure in any calendar year.

2.3. Only the treatments listed below are eligible for reimbursement:

– physiotherapy/kinesitherapy
– kinesitherapy
– chiropractice
– orthophony/logopedyspeech and language therapy
– handwriting therapy
– orthopty/optometry
– osteopathy
– ergotherapy
– psychomotor therapy
– lymphatic drainage (if lymphatic system affected)
– chiropody/pedicure for medical reasons.
– acupuncture and mesotherapy.

CODE 1.6
(OUT-PATIENT AT-HOME MEDICAL NURSING SERVICES
FOR AN ACUTE CONDITION)

The maximum approved expenses are set at US$2,500.00 per protected person per calendar year (i.e. ordinary benefit will be limited to US$2,000.00 per protected person per calendar year), unless the Medical Adviser certifies that nursing is still for an acute condition.

CODE 1.7
(PSYCHIATRY, PSYCHOANALYSIS OR PSYCHOTHERAPY)

The maximum is set at 6040 sessions or US$64,000.00 of approved expenses (i.e. ordinary benefit US$4,800.003,200.00), whichever comes first, per person in the period of three calendar years per calendar year.

Subject to approval by the Medical Adviser, the maximum number of sessions or the maximum approved expenses may be increased to up to 20 additional sessions or an additional US$2,000.00 of approved expenses per calendar year (i.e. a maximum ordinary benefit of US$1,600.00).

CODE 2.2
(COSTS OF ~~A~~ACCOMMODATION IN A HOSPITAL ~~OR CLINIC~~ ESTABLISHMENT, IN A ROOM OTHER THAN A COMMON WARD)

1. The maximum approved expenses and maximum ordinary benefit for accommodation in a hospital or clinic for examination, diagnosis or curative treatment (reimbursable at 80 per cent under Code 2.2) shall be the cost of a semi-private room~~accommodation (two or more patients in a room),~~ subject to the following ceilings:

Applicable from 1 April 2004		
Country	**Max. approved expenses: US$ per day**	**Ordinary benefit: US$ per day**
Canada, United States, Switzerland	500.00	400.00
All other countries	400.00	320.00

Where the institution in question offers only private accommodation, the~~ following rules shall apply~~ accommodation costs applied as the basis for reimbursement shall be 80 per cent of the cost of the room.~~:~~

~~(a) in Europe, Canada, the United States, Japan and South Korea, the cost of semi private accommodation, for the purpose of fixing the maximum approved expenses, shall be deemed to be 80 per cent of the cost of the least expensive private room;~~

~~in all other countries, the cost of semi private accommodation shall be deemed to be the cost of the least expensive private room.~~

2.~~3.~~ When a global charge is made, a maximum approved expense of reference will be attributed to accommodation and the balance of the global charge to medical services. The maximum ordinary benefit as stated in paragraph 1 above will, however, apply.

3.~~4.~~ The maximum approved expense of reference from 1 July 2011 is US$550.00.

4.~~5.~~ Where the maximum approved expense of reference exceeds one third of a daily global charge, one third of the global charge will be attributed to accommodation and the balance of the global charge to medical services. The ordinary benefit maximums stated in paragraph 1 above will, however, apply.

CODE 2.3
(COSTS OF ~~A~~ACCOMMODATION FOR CONVALESCENCE/FOLLOW-UP TREATMENT)

1. The maximum approved expenses per day are set at US$~~170.00~~200.00 (and the ordinary benefit per day is limited to US$~~136.00~~160.00).

2. When a global charge is made, one-third of the global charge will be attributed to accommodation and two-thirds to medical care

CODE 2.4
(THERMAL ~~C~~CURES)

Benefit is limited to one thermal cure in any calendar year, with a maximum duration of three weeks and a minimum of 15 days of treatment~~not payable in respect of stays for cures of less than two weeks. Benefit is limited to one cure and a maximum of 14 days in any calendar year~~.

CODES 2.5 AND 2.6
(LONG-TERM NURSING SERVICESSTAY IN A NURSING HOME)

1. The maximum approved expenses and maximum ordinary benefit for long-term nursing services stays in a nursing home shall be subject to the following ceilings are set at US$150.00 per day (i.e. a maximum ordinary benefit of US$120.00).:

Applicable from 1 January 2016			
In an institution		At home	
Max. approved expenses: US$ per day	Ordinary benefit: US$ per day	Max. approved expenses per month (US$)	Ordinary benefit per month (US$)
150.00	120.00	3 450.00	2 760.00

2. (a) Benefit in respect of stays in a nursing homelong-term nursing services is subject to approval by the Medical Adviser.

(b) A physician has to confirm, at least once every calendar year, the nature of the nursing care needed and that the institution or person in question can provide it.

3. In the event of interruption of payment of benefits for less than six months, the benefit shall continue to be paid on the same basis as previously.

CODE 2.6
(LONG-TERM NURSING SERVICES AT HOME)

1. The maximum approved expenses for long-term nursing services at home are set at US$3,450.00 per month (i.e. a maximum ordinary benefit of US$2,760.00).

2. (a) Benefit in respect of long-term nursing services at home is subject to approval by the Medical Adviser.

(b) The nature of the nursing services required shall be indicated on a medical prescription.

CODE 3
(PRESCRIBED MEDICAMENTSMEDICINES)

1. Expenditure for items and supplies included in the following (non-exhaustive) list has been identified by the Management Committee as shall be excluded from reimbursement under Code 3:

– small adhesive dressings, or household bandages
– distilled water and mineral waters
– dentifrice (any kind)
– toothbrushes
– toothpicks
– cleaning tablets for dentures
– personal hygiene products, such as cleaning cloths, talc, ear swabs, etc.
– sea salt
– bath salts
– cotton wool
– corn plasters
– pedicure products
– sunburn lotions
– dietetic products
– deodorants

– shampoos and hair restorers

– household disinfectants

– special cosmetics, notably those for sensitive or allergic skin

– cleaning liquid for contact lenses

– alcohol, wine and liquors

2. Where pharmacy items are purchased more than once, the prescription must specify clearly how many times or for which period they are to be repeated. A simple indication such as “to be repeated” will be considered as a prescription for one renewal only.

3. Once every 12 months a new prescription will be required in all cases.

4. Medication considered non-reimbursable in Switzerland and France in accordance with the list of officially recognized medication does not, in principle, give entitlement to benefits by the Fund unless it is established that they give entitlements to benefits within the scope of the general health insurance system of the country, other than Switzerland or France, in which the products were prescribed.

CODE 4
(DENTAL CARE)

1. No benefit shall be payable in respect of treatment undertaken within one year of protection.

2. Thereafter, the maximum approved expenses are set at US$1,500.00 per protected person per calendar year (i.e. ordinary benefit US$1,200.00).

3. The balance of approved expenses remaining at the end of any calendar year shall be carried over and added to the entitlement for the following year, subject to a maximum carry~~-~~over from one year to the next of US$4,500.00 (i.e. ordinary benefit US$3,600.00).

4. The following treatments or procedures shall not be considered~~treated~~ as dental care, but as medical care ~~cases of ordinary illness~~ for the purpose of benefit:

(i) treatment of cranio-facial malformation

(ii) facial fissure~~s~~ surgery

(iii) ~~orthographics~~orthognathic (jaw) surgery

(iv) bone grafts not associated with dental care

(v) treatment of temporo~~-~~mandibular ~~articulation~~joint dysfunction

(vi) treatment of congenital dental agenesis.

CODE 5.1
(OPTICAL APPLIANCES)

1. No benefit shall be payable in respect of acquisition or repair within one year of protection.

2. Thereafter, the maximum approved expenses are set at US$320.00 per protected person per calendar year (i.e. ordinary benefit US$256.00).

3. Within the maximum specified in paragraph 2, benefit for frames shall not exceed US$100.00.

4. The balance of approved expenses remaining at the end of any calendar year shall be carried over and added to the entitlement for the following year, subject to a maximum carry over from one year to the next of US$960.00 (i.e. ordinary benefit US$768.00).

5. The Management Committee may authorize payment of benefit beyond the maximum where, as a result of surgery, the condition of the eyes requires changes of lenses.

CODE 5.2
(HEARING AIDS)

1. No benefit shall be payable in respect of acquisition or repair within one year of protection.

2. The approved expenses shall be limited to US$3,750.00 (i.e. ordinary benefit US$3,000.00) per ear in the period of three calendar years.

CODE 6.1
(TRANSPORTATION IN CASE OF AN EMERGENCY)

1. ~~"Long-distance medical transportation" is defined as a round-trip journey totalling more than 200 km.~~An emergency is a sudden unexpected event requiring immediate medical intervention.

2. ~~It can reasonably be expected of the protected person that he/she take out travel assistance or travel insurance coverage when total travel time exceeds 72 hours by air or sea, or where the destination cannot be reached by land in fewer than 16 hours, but never in the case where the emergency occurs less than 100 km from the principal residence of the protected person.~~Transportation by ground or air ambulance, as appropriate, must be the only appropriate means of transportation in view of the seriousness of the medical condition and of the other circumstances of the emergency.

3. It is left to the discretion of the medical team providing the transportation to determine the nearest place of treatment.

~~3.~~ 4. A "high-risk sport~~ or leisure activity~~" is a sport ~~or leisure activity~~ that carries an aggravated risk of fall, impact, injury or illness, including (but not limited to) winter sports, water and underwater sports other than swimming, aerial sports and activities involving the use (as pilot or passenger) of private aircraft, combat sports, shooting sports and activities, the use of motorized vehicles for sporting purposes, climbing, mountaineering or rock climbing.

~~5.~~ In such cases, ~~I~~it can reasonably be expected of the protected person that he/she take out insurance specifically covering cases of emergency.~~conditions sustained during the practice of a sport or leisure activity when such insurance is available when joining a sports or leisure club, association or federation, or when booking a trip or purchasing a ticket, subscription or a pass.~~

~~6. For former officials who were employed at the headquarters of the ILO, France shall be defined as a country neighbouring the duty station.~~

CODE 6.2
(TRANSPORTATION IN CASE OF HOSPITALIZATION OR OUTPATIENT TREATMENT)

1. Repatriation, personal convenience and the right to a free choice of medical practitioner, pharmacist and medical establishment as per article 2.1 of the Regulations do not in themselves constitute medical justification for transportation.

2. For transportation by taxi, the maximum approved expenses are set at US$~~125.00~~500.00 per ~~round trip~~ one-way journey ~~(i.e. an ordinary benefit of US$100.00)~~.

~~3. "Long-distance medical transportation" is defined as a round-trip journey totalling more than 200 km (Codes 6.2.2 and 6.2.3).~~

~~4.~~ 3. The chronic illnesses and conditions eligible for reimbursement under Code 6.2.4 are:

– kidney failure requiring dialysis;

– cancers requiring chemotherapy or radiotherapy;

– incapacitating neuro-degenerative conditions.

CODE 6.3
(OTHER TRANSPORT FOR MEDICAL ~~TRAVEL~~ PURPOSES)

1. Repatriation, personal convenience and the right to a free choice of medical practitioner, pharmacist and medical establishment as per article 2.1 of the Regulations do not in themselves constitute medical justification for transportation.

2. "Area of residence" means the area contained within a 100 km radius of the protected person's ~~principal~~ residence.

3. Benefits are subject to prior approval by the Medical Adviser, who:

(i) certifies that adequate medical care cannot be obtained in the duty station/area of residence;

(ii) identifies the nearest place at which adequate medical care can be obtained.

4. Travel costs shall be paid only if the care is obtained in the nearest place identified by the Medical Adviser under paragraph 2 above.

5. The Executive Secretary may however decide to reimburse costs for travel to a place other than the nearest place identified by the Medical Adviser, such decision being based either on the preservation of the health or safety of the protected person, or on the financial interest of the Fund.

6. Benefits are paid only in respect of the cost of the cheapest ticket by the cheapest means of transportation available. Preference should be given to public transportation.

~~7. For former officials who were employed at the headquarters of the ILO, France shall be defined as a country neighbouring the duty station.~~

CODE 7
(FUNERAL COSTS)

The maximum benefit is set at US$~~500.00~~750.00.

CODE 8.1
(PREVENTIVE EXAMS, ~~AND VACCINES~~ PROCEDURES AND SCREENING)

1. Only the exams listed below are eligible for reimbursement at a rate of 100 per cent~~without co-payment~~:

– prostate-specific antigen (PSA) and digital rectal exam every year from age 50;

– mammogram every two years from age 40;

– pap smear and pelvic exam every two years;

– faecal occult blood screening in stool every year from age 50; ~~and~~

– colonoscopy every five years from age 50.

2. The preventive procedures and screenings listed below are eligible for reimbursement at a rate of 100 per cent:

– dental scaling every year;

– HIV screening, subject to a maximum approved expense of US$100.00;

– hepatitis B and C screening, subject to a maximum approved expense of US$100.00;

– prenatal screening.

3. More frequent preventive exams, procedures and screenings listed above shall be reimbursed at a rate of 80 per cent.

CODE 8.2
(VACCINES)

1~~2~~. The ~~V~~vaccines listed below are eligible for reimbursement ~~without co-payment~~ at a rate of 100 per cent:

– ~~I~~influenza ~~vaccine every year~~

– BCG (tuberculosis) and tuberculin tests

– diphtheria

– haemophilus influenzae type b

– hepatitis A

– hepatitis B

– herpes zoster (shingles)

– human papillomavirus

– Japanese encephalitis

– measles

– meningococcal conjugate vaccines A, C, W135 and Y

– mumps

– pertussis (whooping cough)

– pneumococcal polysaccharide conjugate vaccine

– poliomyelitis

– rabies

– rotavirus

– rubella (German measles)

– tetanus

– typhoid fever

– varicella (chickenpox)

– yellow fever.

~~3~~2. ~~More frequent exams or vaccines will be reimbursed at 80%.~~ If billed separately, the physician's or nurse's fee will be reimbursed at a rate of 80 per cent.

CODE 9
(ALTERNATIVE MEDICINES)

1. The maximum approved expenses are set at US$1,200.00 per protected person per calendar year (i.e. a maximum ordinary benefit of US$960.00 per protected person per calendar year).

2. Only the treatments listed below are eligible for reimbursement:

– acupuncture

– chiropractic

– Ayurvedic medicine

– traditional Chinese medicine

– mesotherapy

– osteopathy.

CODE 10
MEDICALLY ASSISTED REPRODUCTION

1. The maximum approved expenses are set at US$30,000.00 per protected person for the entire period or periods of membership.