



UNITED NATIONS VOLUNTEERS

Endorsement 4
to
Group Insurance Contract
International Volunteers
910.L31



Intermediary: Cigna International Health Services BVBA, Plantin & Moretuslei 299 - B-2140 Antwerp, Belgium Tel +32 3 217.51.11

Endorsement 4 to the Group Insurance Contract nr. 910L31

Between:

the United Nations Volunteers (UNV), Bonn, represented by the Administrator
hereinafter called "the Policyholder"

and

CIGNA Life Insurance Company of Europe S.A./N.V., 52 Avenue de Cortenbergh, 1000
Brussels, Belgium, underwriting 100% of the risk,

hereinafter called "the Insurer"

and

Cigna International Health Services BVBA (formerly named Vanbreda International BVBA),
Plantin & Moretuslei 299, B-2140 Antwerp (Belgium),

hereinafter called "the Intermediary"

it has been agreed that, as from **1 January 2015:**

Single Article

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SECTION I - GENERALITIES

Article 1 - Entry into effect and duration of the contract

This contract enters into effect on January 1 2012 for a period of 12 months. It is then automatically renewed by tacit agreement for further periods of 12 months at a time, unless it is terminated through notification of one party to the other by registered letter, at least three months before the date of expiry.

Article 2 - Definitions

The following definitions apply for the interpretation of the present contract :

Sickness : a deterioration in health confirmed by a legally qualified physician;

Accident: the sudden action of an external force causing impairment of physical integrity;

Medical treatment: all examinations or measures taken to restore health;

Beneficiary: the person who has a right to the benefits provided under the contract;

Maternity: the term maternity is taken in its wider sense and includes pregnancy;

Day Surgery: surgery requiring the use of a conventional operating theatre and performed on an in-and-out same-day basis without an overnight stay;

In-patient: in-patient care or treatment is treatment for which for medical reasons the patient has to stay overnight in hospital;

Out-patient: out-patient care or treatment is treatment for which the patient does not have to stay overnight in hospital;

Permanent dismemberment : dismemberment which is permanent and incurable or lasting for at least 12 months and being thereafter beyond hope of improvement.

Individual period of coverage: Period of twelve consecutive months. The first period starting on the day the insured person was first enrolled into this scheme.

Article 3 - Insured persons

1. The provisions of
 - Section II – Life Insurance
 - Section III – Dismemberment
 - Section IV – Medical Expenses and
 - Section V – Service Incurred Medical Expensesapply on a compulsory basis to the International Volunteers.

2. The provisions of Section IV – Medical Expenses apply on a voluntary basis to the family members (dependants) of International Volunteers for whom they are responsible, on the condition that these family members accompany the International Volunteer to the duty station.

Article 4 – Reporting of insured persons

Within 15 days after the end of each month, all insured persons are reported to the Intermediary by the Policyholder. The report will at least contain the following information per insured person: the unique identification number with UNV, last name, first name, gender, duty station, date of birth, start date of coverage, end date of coverage, premium amounts to be paid for the current and, if applicable, previous reporting periods.

Coverage is provided **as from** the date of entry into risk of the insured person as indicated in the report provided by the Policyholder.

Coverage **for provision of Section II, Section III and Section V** shall terminate **on the date of withdrawal from risk of the insured person as indicated on the list of names provided by the Policyholder.**

Coverage **for provision of Section IV** shall terminate **1 month** following the end date indicated in the report provided by the Policyholder.

Article 5 - Privileges and immunities

Nothing contained in this contract shall be deemed to be a waiver of any of the privileges or immunities enjoyed by the Policyholder.

Article 6 - Disputes

1. Disputes over non-medical matters

Except as provided in the following paragraph of this article, any dispute arising out of the interpretation or application of the terms of this contract shall, unless it is settled by direct negotiations, be referred to arbitration in accordance with the rules then obtained of the International Chamber of Commerce. The Policyholder and the Insurers agree to be bound by any arbitration award rendered in accordance with this section as the final adjudication of any such dispute.

2. Disputes relating to medical questions

The dispute shall be settled by a doctor designated jointly by a doctor chosen by the insured person and by the Insurer's doctor. If no agreement is reached the arbitrator shall be designated by the Président du Conseil de l'ordre des Médecins (Chairman of the Executive Board of the Order of Physicians) or by some other medical authority having competence in the insured person's domicile. The fees payable to the medical arbitrator are paid half by the Policyholder and half by the Insurers.

Article 7 - Territorial limits of the insurance

The coverage provided under the present contract applies throughout the world. In the event Insurers are unduly restricted by local governmental authorities from exercising any of their rights under this contract in a country in which an illness or accident covered by this contract occurs, the Policyholder upon written request from the Insurers may, in its discretion, use its good offices with such authorities with a view to enabling the Insurers to exercise their rights hereunder.

Article 8 - Subrogation

Within the limits of the reimbursement which they provide, the Insurers succeed to the right which the victim of an accident or illness possesses with respect to a responsible third party. Under penalty of forfeiture of coverage of the beneficiary concerned, the insured person is obliged to confirm this subrogation in writing when the Insurers so require.

Article 9 - Delegation of management

The Insurers delegate the management and implementation of the present contract to the Intermediary Cigna International Health Services, Plantin & Moretuslei 299, 2140 Antwerpen, Belgium.

In particular, the Intermediary is responsible for the collection of premiums and issue of receipts and for the payment of indemnities due to the beneficiaries. The Intermediary designates the arbitrators and the doctors of the Insurers.

Article 10 - Notification of claims

In the case of an accident, the Policyholder should mention the place and circumstances of its occurrence and if possible, the names and addresses of any witnesses or legal authorities involved. The Insurers have the right to request the insured person to provide them, and if necessary through the Policyholder, with information regarding the illness and treatment given. Confidential information may be sent under seal to the medical adviser of the Insurers, who will provide the claims departments only with the information necessary for the satisfactory conclusion of business. The Insurers may also have the person under treatment examined by a doctor of their own choice at their own expenses. The insured person is obliged to undergo this examination, but he may insist on the presence of his own doctor.

Article 11 - Exceptions

The insurers may apply the same exceptions in respect of insured persons claiming insurance benefits as are applicable to the underwritten Policyholder.

Article 12 - Excluded risks and special risks

A. The coverage of Sections III and IV does not extend to :

1. Periodic, preventive health examinations;
2. 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;
3. The insurance is suspended in time of war for insured persons who are mobilised or who volunteer for military service;

4. The results of wounds or injuries resulting from motor-vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
 5. The consequences of insurrections or riots, if by taking part the insured person has broken the applicable laws;
 6. The consequences of brawls, except in cases of self-defence;
 7. Spa cures, rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as the result of an accident for which coverage is provided;
 8. The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiation produced by the artificial acceleration of nuclear particles;
 9. Expenses for or in connection with travel or transportation whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the insured person between the place where he is injured by an accident or stricken by a disease and the first hospital where treatment is given will not be excluded hereunder;
 10. Any and all consequences of a voluntary or intentional act of the Insured person to commit fraud, for example to submit false reimbursement claims.
- B. 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 licence for the type of aircraft in question; the pilot himself may be the insured person.

Article 13 – Anti-Corruption and Bribery

The Parties agree that, except as explicitly stated in this Agreement, nothing of value has been offered or provided, by either Party or anyone acting on their behalf, in relation to this Agreement.

SECTION II - LIFE INSURANCE

Article 14 - Amounts of indemnities

The capital sum payable on the death of an insured person, whatever the cause may be, shall amount to USD 100.000. The Insurers will also refund the costs of repatriation of the corpse up to USD 10.000. This includes the cost of the coffin, preparation and transportation of the corpse (e.g. cost of transportation from the country of assignment to the country of origin/recruitment and from the arrival at the airport to the home of the late insured person and from the home to the burial ground).

The amount of indemnity payable in case of death is brought to USD 500.000 for International Volunteers when the death is attributable to malicious acts, i.e. for death caused directly or indirectly by war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, riots or civil commotion, sabotage, explosion of war weapons, terrorist activities (whether terrorists are the country's own nationals or not), murder or assault by foreign enemies or any attempt thereat. This means that if the death of an International Volunteer is not attributable to malicious acts as described above, the capital sum shall be USD 100.000. Bearing in mind that malicious acts are generally associated with the security situation prevailing in the given countries, UNV Headquarters may require a certification from the Designated Official that all security instructions have been complied with.

The capital sums mentioned above and the refund of the costs of repatriation of the body, are only payable if the death occurred before the 70th birthday of the Insured person.

Article 15 - Exclusions of risks

A. Suicide with sane and deliberate intent is covered only if it occurs not less than 2 years after the insured person's inclusion in this insurance.

However it will be covered from the date of inclusion in this policy if the person was not acting with sane and deliberate intent at the moment of suicide. The onus of proof for this rests with the beneficiary.

B. In the event of war, the cover under this contract will apply only insofar as determined by subsequent legislation on life insurance in wartime.



Article 16 - Limits of coverage

Coverage is provided under this section insofar the decease occurs during the insurance period and is notified to the Insurers within three months of its occurrence.

Article 17 - Payments of indemnities

On the death of an insured person, the insurers will pay the Policyholder the capital sum guaranteed within 15 days of receipt of the following documents :

- the insured person's birth certificate or equivalent extract from the birth records in an official statistics form;
- the death certificate;
- the medical certificate stating the cause of death.

The costs of repatriation of the corpse will be reimbursed on sight of the invoices or other documents stating the expenses.

SECTION III - DISMEMBERMENT

Article 18 - Definition

If any accident or disease listed below results within one year after being incurred or diagnosed in permanent dismemberment, the insured shall receive the whole or part of the sum insured of USD 100.000 in accordance with the following scale and conditions.

The admitted diseases are tropical disease, stroke, heart attack, meningitis, encephalitis, blindness, deafness, permanent total renal insufficiency.

Tropical disease means a sickness which is typical for tropical countries and cannot practically be incurred in another climate. Examples of tropical disease are: pestilence, leprosy, trypanosoma, etc.

The amount of indemnity payable in case of permanent dismemberment shall be the whole or part of the sum insured of USD 500.000 in accordance with the following scale and conditions when the permanent dismemberment is attributable to malicious acts, i.e. for permanent dismemberment caused directly or indirectly by war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, riots or civil commotion, sabotage, explosion of war weapons, terrorist activities (whether terrorists are the country's own nationals or not), murder or assault by foreign enemies or any attempt thereof. This means that if the permanent dismemberment of an International Volunteer is not attributable to malicious acts as described above, the capital sum shall be USD 100.000.

Bearing in mind that malicious acts are generally associated with the security situation prevailing in the given countries, UNV Headquarters may require a certification from the Designated Official that all security instructions have been complied with.

Scale and conditions:

**Part of the capital sum
reimbursed**

Incurable insanity incompatible with any gainful occupation	100 %
Total paralysis	100 %
Total blindness	100 %

Amputation or total irrevocable loss of use :

- both arms or hands	
- both legs or feet	
- one arm or hand and one leg or foot	100 %

Total and absolute loss by amputation or excision or total functional loss of :

	<u>Right</u>	<u>Left</u>
Arms	75 %	60 %
Forearm	65 %	55 %
Hand	60 %	50 %
thumb	20 %	18 %
index finger	16 %	14 %
middle finger	12 %	10 %
ring finger	10 %	8 %
little finger	8 %	6 %
movement of shoulder or elbow	30 %	25 %
movement of wrist	25 %	60 % 20 %
thigh		50 %
leg		40 %
foot		8 %
big toe		3 %
other toe		25 %
movement of hip or knee		30 %
eye, excised		25 %
eye, not excised		15 %
total deafness in one ear		40 %
total deafness in both ears		

For a left-handed person the rates stipulated for the right upper limb shall apply to the left upper limb and vice-versa, provided that left-handedness is specified in the claim.



Partial amputation or partial functional loss of the limbs listed above shall give rise to payment of benefits proportional to those payable in the case of total amputation or total functional loss.

In cases of partial dismemberment not mentioned above, the extent of dismemberment shall be determined by analogy with the foregoing scale without regard to the insured person's occupation.

No benefit shall be paid for the loss of limbs the use of which had been lost prior to the accident.

The benefit payable for injury to a limb previously crippled shall be based solely on the difference in the state of the limb or organ before and after the accident.

The extent of injury to healthy limbs as the result of an accident shall be assessed without regard to the crippled conditions of any other limbs not affected by the accident.

The total benefit payable for several dismemberments caused by the same accident shall be calculated by addition and shall not exceed either the total sum assured for total or permanent dismemberment or the partial sum assured for total loss of the injured limb or total loss of the use thereof.

Determination of the extent of permanent dismemberment shall be based solely on the final condition of the victim, which shall be duly established, but not later than two years after the accident.

Article 19 - Limits of coverage

Coverage is provided under this section insofar the accidental facts which are the causes of the permanent dismemberment, or the first statements of the disease occur during the insurance period and are notified to the Insurers within three months of their occurrence. No claim under this section will be accepted after a delay of two years beginning from the date of the accidental facts or the first statement of the disease occurred on or beyond the 70th birthday of the insured person.

Article 20 - Payment of indemnities

The indemnities are paid upon the statement of the permanent dismemberment by a physician acceptable to both the Policyholder and the Insurers.

SECTION IV - MEDICAL EXPENSES

Article 21 - Commencement and termination of coverage

Coverage is provided in respect of medical treatment obtained on or after the date of entry into risk of insured persons indicated on the lists of names provided by the Policyholder.

Coverage shall terminate **1 month following the end date** on which termination of employment or withdrawal from risk of the insured person occurs as indicated in the list of names to be provided by the Policyholder in accordance with Article 4.

Coverage is continued for widow(er) and dependents of a deceased International Volunteer who had insured status at the time of death. The period of cover shall not exceed 3 months after the International Volunteer's death.

Article 22 - Continuation of medical coverage upon termination/expiration

Upon expiration or termination of the individual agreement with the Policyholder, the **International Volunteer** has the right to convert the medical coverage into an individual contract, provided that **he/she** notifies the Policyholder of his/**her** intention at least 31 days prior to employment ending.

The individual contract will apply to the **International Volunteer** and, on a voluntary basis, all family members (dependants) covered at the time of the notification.

The premium rates relating to the individual contract shall be the same as described in section VI.

The individual contract has a maximum duration of 6 months and can be terminated on a per month basis. The premiums shall be paid in full by the **International Volunteer** on behalf of **him/herself and/or his/her dependants covered at the time** prior to the start of the individual contract. In case the individual contract is terminated within 6 months, the Intermediary shall reimburse the sum of premiums relating to the full months remaining in the contract.

Article 23 - General

The coverage under this section indemnifies insured persons, within the limits of the coverage, for reasonable and customary charges for medical treatment. The coverage under this section reimburses only treatment, supplies or other services that are widely and



generally accepted as medically necessary and appropriate for the condition being treated, and when such treatment, supplies or other services are prescribed by a licensed, qualified medical professional.

Cigna International Health Services has the fiduciary duty and discretionary authority to determine what constitutes a covered service or plan benefit under the plan.

In some cases, a prior approval from Cigna International Health Services' medical consultant is required to obtain a reimbursement (see **Article 24**. – Summary of covered benefits). Prior approval means that reimbursement is guaranteed only in cases where, on the basis of the medical justification furnished by the beneficiary, Cigna International Health Services' medical consultant grants his explicit approval for the treatment. If prior approval was not requested (e.g. in the case of medical emergency), approval can be obtained *post factum*, on the basis of the same medical criteria.

The aggregate reimbursement the Insurers shall be obliged to pay in respect of the total expenses which are covered by this section and are incurred by an insured person in any twelve consecutive months' period shall not exceed USD 150.000. The first twelve months' period starts as from the date of entry into risk of the insured person.

The provisions set forth below in this article shall be subject to the above limitations and to the limitations set forth in article 12. Notwithstanding the exclusion mentioned under article 12 A.1, vaccinations such as anti-cholera, anti-malaria, gammaglobuline, meningitis, children's vaccinations,... are reimbursed at 100%.

Article 24 – Summary of covered benefits

All amounts are expressed in USD. Yearly amounts are applied per insurance year unless indicated otherwise. PA indicates that preauthorization is required by Cigna International Health Services.

1. General

Reasonable & customary?	Yes
Prescriptions required?	Yes
Prior approval required?	See description of coverage below. PA indicates that preauthorization by Cigna International Health Services is required.
Overall maximum?	Yes, maximum of 150.000 USD per insurance period of 12 months
Pro rata ceilings?	No
Deductible?	No

Currency of payment	- USD - EUR for insured with duty station Cameroun, Central-African Republic, Tchad, Comores, Congo, Benin, Gabon, Ivory Coast, Niger, Senegal, Togo, Burkina Faso, Mali and Equatorial Guinea
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PA – Pre-authorisation required

2. Coverage

2.1. Out-patient doctor's fees

What	benefits
Medical care given by a doctor	100%
Annual subscription fees	Not covered

2.2. Paramedical fees

What	benefits
Physiotherapy	100%
Other treatments not provided by a doctor (and no physiotherapy)	100% PA
Medical act/supervision by a nurse (wound dressing, injections, ...)	100%
Custodial care (i.e. assistance with activities of daily living) by a person other than a nurse (e.g. garde-malade, home health aides, ...)	Not covered
Hospice care for terminally ill persons	Not covered
Dietician	100% , but only 1 visit per year to make up a treatment plan

2.3. Treatment of psychological problems

What	Benefits
Visit psychiatrist (=doctor)	100% wit a maximum of 1.000 USD per person per period of 12 months.
Psychotherapy at psychiatrist (=doctor)	as above

Psychotherapy at psychologist or other therapist (≠ doctor)	as above
Relationship therapy	Not covered

2.4. Travelling expenses doctor/paramedic

What	benefits
Travelling expenses	Not covered

2.5. Pharmaceutical products

What	benefits
General	100%
Drugs for obesity management / dietary products	Not covered
Chinese medicines	100%
Phytotherapy	Not covered
Homeopathy	100%
Food /nutritional supplements	Not covered
Vitamins	100%
Vaccinations/preventive medication (e.g. against malaria)	100% for all prescribed vaccinations and preventive products, also for children.
Medication to (temporarily) treat impotence (Viagra, Levitra, ...)	100% Only covered in case of one of these diagnoses : <ul style="list-style-type: none"> - Prostatectomy (nerve-saving) in case of malignant neoplasm of the prostate - In case of diabetic neuropathy - In case of vascular arteriosclerosis If other diagnosis => results of doppler of the penile blood vessels needed - PA
Bifosfonates / Medication to treat osteoporosis (Fosamax, Evista e.d.)	100% for women aged 50 years or over. For women age <50 or for males: results of Bone Mass Measurement required and approval of our medical consultant - PA
Nicotine substitutes	Not covered
Hair tonics	Not covered
Special shampoo	Not covered
Special tooth paste	Not covered
Dressings/bandages	100% only if for care of wounds

2.6. Medical imaging

What	benefits
Diagnostic medical imaging	100%

2.7. Lab tests

What	benefits
Lab tests	100%

2.8. Screening (preventive care)

What	benefits
General	Not covered
Complete check-up	Not covered
Mammography	100%
PSA test, urological exam	100%
HIV-tests	100%

2.9. Pregnancy & child birth

What	benefits
Amniocentesis	100%
Delivery in hospital	see 2.21
Outpatient delivery	see 2.20
Home delivery	100%
Visits midwife	100%
Maternity care / assistance	100% 8 days starting from the day of the delivery (the number of days stayed in the hospital will be deducted)
Maternity pack for home delivery	Not covered
Breast pump	Not covered
Birth premium	Not covered
Adoption premium	Not covered
Prenatal exercises	100% Only in case it is given by a paramedic
Postnatal exercises	100% Only in case it is given by a paramedic

2.10. (In)fertility

What	benefits
Prescribed contraceptives (eg birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection)	Not covered Remark: Contraceptives that are taken for medical reasons are reimbursable (to be evaluated case by case)
“over the counter” contraceptives (condoms, diaphragm, spermicides, ...)	Not covered
Sterilisation	Not covered
Reversal of sterilisation	Not covered
Abortus provocatus	Not covered
Hormonal treatment to stimulate fertility	Not covered
IUI (intra-uterine insemination)	Not covered
IVF and/or ICSI (intra-cellular sperm injection) Including the techniques to obtain sperm (PESA, TESE, MESA, ...)	100% with a lifetime maximum of 3 attempts
Cryopreservation	Not covered

2.11. Transportation

What	benefits
Ambulance	100%, only to the first hospital where first treatment is given
Medical transport (no ambulance) by professional services	100%, only to the first hospital where first treatment is given
Helicopter-ambulance	100%, only to the first hospital where first treatment is given
Search & rescue (e.g. in case of ski-accident)	Not covered
Taxi	Not covered
Own transportation	Not covered
Public transportation	Not covered

<p>Repatriation deceased patient to his home country</p>	<p>Under the limitations of section II – Life Insurance, the Insurers will also refund the costs of repatriation of the corpse of an International UNV up to USD 10.000. This includes the cost of the coffin, preparation and transportation of the corpse (e.g. cost of transportation from the country of assignment to the country of origin/recruitment and from the arrival at the airport to the home of the late insured person and from the home to the burial ground).</p> <p>In case of death of a dependant occurred at the volunteer's duty station, the cost of transportation (repatriation) of his corpse will be reimbursed at 100% up to a maximum of 5.000 USD.</p>
<p>Medical evacuation of patient to country where care can be given</p>	<p>100%, only covered if transport by ambulance from the place of the accident to the nearest hospital where care can be given</p>

2.12. Optical care

What	benefits
General	Not covered, also the fees for examination of the eye for glasses
Lasik/keratotomy and other procedures to change the diopter	100% but only in case of cataract or glaucoma

2.13. Orthopaedic devices /aids (a.o. for the disabled)

Preliminary remark:

Where applicable, VBI will only reimburse the rental of devices instead of the purchase. Therefore, PA is always required.

what	benefits
In general: orth. devices	100%
Repair of orth. devices	100%
Hearing aids	Not covered
Batteries hearing aids	Not covered

Wheel chair, adapted buggy	100%
Adaptations to the house (shower, elevator, special lavatory, ...)	Not covered
Hospital bed	100%
Rollator, Gehwagen etc.	100%
Sphygmo(mano)meter = blood pressure gauge	Not covered
Material for diabetics: * glucometer, insulin pump, strips * urine strips, ...	Not covered
Aerosol	Not covered
Home trainer	Not covered
Infrared lamp	Not covered
Decubitus material (special pillow, mattress)	Not covered
Incontinence material	Not covered
Wig	100%
Special bathing suit after breast amputation	Not applicable
Special bra after breast amputation	Not covered
CPAP-appliance	Not covered
Support stockings	100%
Orthopaedic insoles	100%
Orthopedic shoes	100%

2.14. Allergies

what	benefits
Anti-allergic eiderdown coverage, mattress cover, pillow cover	Not covered
Immunotherapy	100%
Humidifier	Not covered
Air cleaner	Not covered
(Baby) food in case of allergy (cow milk, gluten etc.)	Not covered
(Baby)food in case of serious metabolic disorder (bv. Amino acid deficiency)	Not covered

2.15. Dental care

what	benefits
Ordinary dental care	100% up to maximum of 700 USD per individual period of coverage (equal to twelve consecutive months' period).
Half yearly dental examination at dentist, orthodontist, dental hygienist, dental surgeon,	See ordinary dental care
Scaling	See ordinary dental care
Prosthesis	See ordinary dental care
Provisional prosthesis	See ordinary dental care
X-rays	See ordinary dental care
Orthodontic treatment: the device itself	See ordinary dental care
Orthodontic treatment: fees	See ordinary dental care
Dental hygienist	See ordinary dental care
Treatment plan	Not covered
Splint = mouthguard	See ordinary dental care
Implants	See ordinary dental care
Paradontosis treatment	See ordinary dental care
Dental surgery, stomatology	Hospital expenses: see 2.21 surgeon, anaesthetist, parts of implants/bridge: 100% up to the maximum for ordinary dental care
Surgical tooth extraction (wisdom teeth)	Hospital expenses: see 2.21 surgeon, anaesthetist, parts of implants/bridge: 100% up to the maximum for ordinary dental care

2.16. Special institutions / institutional care

what	benefits
Rehabilitation/convalescence after surgery	See 2.21
Home for the elderly/ nursing home	Not covered
Institution for the disabled	Not covered

2.17. Drug and alcohol abuse

what	benefits
In-patient	See 2.21
Out-patient	See 2.19

2.18. Cure

what	benefits
Stay/room charges	Not covered
Treatment	Not covered
Transport	Not covered
Doctor's fees, medicines, ... during the cure	Not covered

2.19. Out-patient treatment in cycles

what	benefits
Out-patient chemotherapy	100%
Out-patient radiotherapy	100%
Out-patient haemodialysis	100%

2.20. Out-patient surgery

what	benefits
Out-patient surgery (<i>operating theatre required</i>)	100%
Minor surgery in doctor's cabinet	100%

2.21. Hospitalisations

what	benefits
Second opinion	Not covered

Stay (bed and board expenses)	<p>In Europe and North-America: 100% on the basis of the price for a semi-private room Rest of the world: 100% reimbursement In case the hospital does not have semi-private rooms we reimburse 80% of a private room</p> <p>Internationals in Europe and North-America: 100% of the price for a <u>private</u> room is covered under the following circumstances:</p> <p>a) when the nature and gravity of the illness require private room care and such care is requested by the attending physician; b) when the patient is admitted on an emergency basis to a hospital, which has semi-private accommodation, but none is available at the time; c) when the patient is admitted to a hospital which does not have any semi-private accommodation, i.e. it has no standard of accommodation other than private rooms and general wards.</p>
All-in hospitalisation	100%
Fees surgeon and/or costs incurred during the surgery	100%
Fees treating physician	100%
Other hospital expenses	100%
Accompanying person	Not covered
Private nurse during hospitalisation	100% Only covered if there is a medical necessity - Prior approval
Psychiatric admission	100%
Transplantation: registration expenses	100%
Transplantation: expenses donor in case the insured is the recipient	100%
Transplantation: expenses donor in case the insured is the donor	Not covered

2.22. Decease

what	benefits
Funeral expenses	Not covered
Repatriation	<p>Under the limitations of section II – Life Insurance, the Insurers will also refund the costs of repatriation of the corpse of an International UNV up to USD 10.000. This includes the cost of the coffin, preparation and transportation of the corpse (e.g. cost of transportation from the country of assignment to the country of origin/recruitment and from the arrival at the airport to the home of the late insured person and from the home to the burial ground).</p> <p>In case of death of a dependant occurred at the volunteer's duty station, the cost of transportation (repatriation) of his corpse will be reimbursed at 100% up to a maximum of USD 5.000.</p>
Mortuary (in hospital)	Not covered



Article 25 - Reimbursement procedure

A. When the insured person is entitled to reimbursement by other sources, the Insurers shall make a reimbursement as appropriate, on the basis of the difference between the costs actually incurred and the reimbursement obtained from other sources.

B. The insured person or the Policyholder provides the appointed Intermediary with written evidence, in particular medical, surgical, pharmaceutical, hospital bills, etc. and by any payment slips made by other sources (with details of the amounts reimbursed). The Insurers will pay the amounts due within the fortnight following receipt of the written evidence, to the office or the beneficiary as indicated to the appointed Intermediary by the Policyholder. The Insurers retain the documents submitted to them indefinitely.

Payment in accordance with this contract shall be made by the Insurers to the insured person, but if the insured person is not living, payment shall be made in the sole discretion of the Insurers, or as directed by the Policyholder, to any person submitting satisfactory evidence that he is entitled to such payment.

The Policyholder accepts no financial or other responsibility regarding the accuracy of any request for reimbursement submitted by or on behalf of the beneficiary.

Article 26 - Period of limitation

A claim based on, and relating to, this section shall be paid by the Insurers only if it is submitted by the Policyholder or the insured person within two years, this period shall commence on the date on which the expenses were incurred for the first time during the insurance period.

Article 27 - Currency of reimbursement

The reimbursements are made by default in USD. For claimants with duty station Cameroun, Central-African Republic, Tchad, Comores, Congo, Benin, Gabon, Ivory Coast, Niger, Senegal, Togo, Burkina Faso, Mali and Equatorial Guinea the reimbursements are made in EUR.



SECTION V – SERVICE INCURRED MEDICAL EXPENSES

Article 28 – General

The coverage under this section indemnifies insured persons, for reasonable and customary charges for medical treatment, which is necessitated through a service incurred illness or accident.

The aggregate reimbursement the Insurers shall be obliged to pay in respect of the total expenses which are covered by this section and are incurred by an insured person in any twelve consecutive months' period shall not exceed USD 125.000. The first twelve months' period starts as from the date of entry into risk of the insured person.

Article 29 – Limitations

The coverage under this section is provided on a contingent basis and will only respond when an Insured Person's coverage under Section IV is exhausted or fails to respond to a claim.

SECTION VI - Premiums

Article 30 - Amount of premiums

The monthly premiums to be paid to the Insurers are laid down as follows:

- | | |
|---|------------------------------|
| 1. for the risk of Section II and Section III:
(Death & Permanent Dismemberment) | 53,66 USD per insured person |
| 2. for the risk of Section IV:
(Medical expenses) | 64,17 USD per insured person |
| 3. for the risk of Section V:
(Service Incurred Medical expenses) | 0,83 USD per insured person |

Each year, before 1st January, the rates mentioned above are reviewed. Justified proposals for the adjustment of insurance premium rates shall be submitted by the Insurers through the Intermediary to the Policyholder who shall have the opportunity to discuss them with the Intermediary before they become effective.

Article 31 - Payment of Premiums

As a practical arrangement, the Policyholder will make provision payments to the Intermediary each quarter. These payments will be made before the following dates: February 15, May 15, August 15 and November 15.

The amount of the quarterly provision payments will never be less than 80% of one-fourth of the total premium of the previous year.

After having received the monthly report referred to in article 4, the Intermediary will calculate and collect the insurance premium due for the concerned month.

Upon default in payment of premiums in accordance with the terms hereof, the Insurers may upon fifteen (15) days written notice to the Policyholder terminate this contract.



Agreed for execution in good faith.

Drawn up in English in two originals, each contracting party having received one original.

Signed and accepted on behalf of the Policyholder

Date:

Signature:

Signed and accepted on behalf of the Insurers

Date:

Signature:

Signed and accepted on behalf of the Intermediary

Date:

Signature: