



# UNITED NATIONS VOLUNTEERS

Endorsement 4  
to  
Group Insurance Contract  
National Volunteers  
910.L32



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

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Endorsement 4 to the Group Insurance Contract nr. 910L32

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 Insurers"

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**

The Group Insurance Contract is replaced with following text :

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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 at 00:00 hours 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 national volunteers whose names are reported by the Policyholder.
  
2. The provisions of Section IV – Medical Expenses apply on a voluntary basis to the family members of the national volunteers for whom they are responsible, on the condition that these family members reside at 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 indicated on the list of names provided by the Policyholder.

Coverage shall terminate on the date of withdrawal from risk of the insured person as indicated in the list of names provided by the Policyholder.

Within 30 days after the end of each month, the Policyholder shall provide a list showing the changes which have taken place to that listing during the month.

### 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 BVBA, 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 naval, air or 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;

In case of emergency or major dismemberment, special transport of the insured person, including costs accompanying person or attendant will be reimbursed, up to a maximum of 7.500 USD. The Insurers will also refund the cost of preparation and repatriation of the body to the home country, up to a cost preparation and repatriation of the body to the home country, up to a maximum of 7.500 USD.

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**

(as a result of accident or from any cause as may be insured)

### **Article 14 - Amounts of indemnities**

The capital sum payable on the death of an insured person, shall be 10.000 USD. However in the event of death of an insured person aged over 63, only 50% of the benefit will be paid.

The above includes death by all causes other than those included in article 13. There is no age limit for eligibility to life insurance benefit.

### **Article 15 - 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 16 - 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, if cover for medical expenses has not been effected.

## SECTION III – DISMEMBERMENT

(as a result of accident or from any cause as may be insured)

### Article 17 – Total Permanent Dismemberment.

If the permanent dismemberment is total, the Insurers will pay the capital sum of 20.000 USD.

### Article 18 – Partial Permanent Dismemberment

If the permanent invalidity is partial, a proportion of this capital sum will be paid, according to the degree of invalidity in accordance with the following scale:

|   |       |
|---|-------|
| Incurable mental alienation   | 100%  |
| Total organic paralysis   | 100%  |
| Total blindness   | 100%  |
| Amputation or the permanent loss of the use of:                       |       |
| - both arms or both hands   | 100%  |
| - both legs or both feet  | 100 % |
| - one arm or hand and one leg or foot                                 | 100 % |
| Total loss of the sight of one eye with ablation                      | 30%   |
| Total loss of one sight without ablation                              | 25%   |
| Loss of whole thickness of the skull over:                            |       |
| - An area at least 6 cm <sup>2</sup>                                  | 40%   |
| - An area of from 3 to 6 cm <sup>2</sup>                              | 20%   |
| - An area of less than 3 cm <sup>2</sup>                              | 10%   |
| Incurable total deafness in both ears                                 | 40%   |
| Incurable total deafness in one ear                                   | 15%   |
| Ablation of the lower jaw:  |       |
| - Total   | 70%   |
| - Partial ( upright branch plus the whole half of the maxillary bone) | 40%   |

|  |           |
|--|-----------|
| Loss of top and bottom teeth and their sockets<br>(impossibility to fitting dental prosthesis) | 10% - 30% |
| In the case of possible prosthesis with established functional<br>Improvement                  | 1% - 10%  |

|  | <u>Right</u> | <u>Left</u> |
|--|--------------|-------------|
| Loss of arm or hand  | 75%          | 60%         |
| Total paralysis of an upper limb   | 65%          | 55%         |
| Total paralysis the of circumflex nerve                                      | 20%          | 15%         |
| Total paralysis of the median nerve  | 45%          | 35%         |
| Total paralysis of the cubital nerve at the elbow                            | 30%          | 25%         |
| Total paralysis of the nerve at hand   | 20%          | 15%         |
| Total paralysis of the radial nerve above the triceps                        | 40%          | 30%         |
| Complete ankylosis of the scapulohumeral articulation:                       |              |             |
| - With immobilisation of the shoulder-blade                                  | 65%          | 55%         |
| - With mobility of the shoulder-blade  | 35%          | 25%         |
| Non-consolidated fracture of the arm<br>(constitution if pseudo-arthritis)   | 30%          | 25%         |
| Total loss of movement of the elbow:   |              |             |
| - In an unfavourable position  | 40%          | 35%         |
| - In a favourable position   | 25%          | 20%         |
| Non-consolidated fracture of the fore-arm (constitution if pseudo-arthritis) |              |             |
| - Both bones   | 25%          | 20%         |
| - A single bone  | 10%          | 8%          |
| Total loss of movement of the wrist:   |              |             |
| - In an unfavourable position (flexion, forced extension of supination)      | 40%          | 30%         |
| - In a favourable position (straight or prone)                               | 20%          | 15%         |
| Amputation of the thumb:   |              |             |
| - Total  | 20%          | 18%         |
| - Partial (ungual phalax)  | 10%          | 8%          |
| Ankylosis of thumb:  |              |             |
| - Total  | 15%          | 12%         |
| - Partial (ungual phalax)  | 10%          | 8%          |
| Amputation of index finger:  |              |             |

|   |           |      |
|---|-----------|------|
| - Total   | 16%       | 14%  |
| - Two phalanges   | 12%       | 10%  |
| - One phalanx   | 6%        | 5%   |
| Amputation of second finger   | 12%       | 10%  |
| Amputation of third finger  | 10%       | 8%   |
| Amputation of fourth finger   | 8%        | 6%   |
| <br>  |           |      |
| Total paralysis of the lower limb   |           | 60 % |
| Complete paralysis of the internal popliteal sciatic nerve  |           | 30 % |
| Complete paralysis of the external popliteal sciatic nerve  |           | 30 % |
| Complete paralysis of both popliteal sciatic nerve  |           | 40 % |
| Shortening of lower limb:   |           |      |
| 1. At least 5 cm  |           | 30%  |
| 2. From 3 to 5 cm   |           | 20%  |
| 3. From 1 to 3 cm   |           | 10%  |
| Complete ankylosis of the hip:  |           |      |
| 1. In a bad position (flexion, adduction or abduction)  |           | 60%  |
| 2. In a straight position   |           | 40%  |
| Amputation of the thigh:  |           |      |
| 1. Upper half   |           | 60%  |
| 2. Lower half   |           | 50%  |
| Non-consolidated fracture of the thigh or both bones of the leg<br>(construction of pseudo-arthritis)   |           | 50%  |
| Complete ankylosis of the knee:   |           |      |
| 1. In flexion (from 130 degrees)  |           | 50%  |
| 2. Straight or almost straight  |           | 25%  |
| Chronic hydrarthrosis according to the degree of muscular atrophy   | 3% to 20% |      |
| Non-consolidated fracture of the knee cap with wide separation of<br>the fragments and considerable difficulty in extension of leg from the thigh |           | 40%  |
| Amputation of leg   |           | 50%  |
| Tibio-tarsian ankylosis   |           | 15%  |
| Amputation of foot:   |           |      |
| 1. Total (tibio-tarsian disarticulation)  |           | 50%  |
| 2. Sub-astragalian  |           | 40%  |
| 3. Media-tarsian  |           | 35%  |



|                                      |     |      |
|--------------------------------------|-----|------|
| 4. Tarso-metatarsian                 | 30% |      |
| Amputation of all toes               |     | 20%  |
| Amputation of big toe                |     | 10%  |
| Amputation of toe other than big toe |     | 5%   |
| Anchylosis of the big toe            |     | 3,5% |

For a person who is left-handed, on condition that he has so declared in the application for insurance, the rates relative to the upper right limb will be applied to the left and vice-versa.

The invalidities which have not been mentioned before, shall be indemnified according to their importance compared to those which have been mentioned, the Insured's profession not being taken into consideration.

The total loss of the use of a limb will be considered like the loss of a limb.

The total indemnity payable for several invalidities resulting from the same accident shall never be superior to the total capital sums insured.

#### **Article 19 - 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 20 - 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 at the **end of contract date** 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 National Volunteer who had insured status at the time of death. The period of cover shall not exceed 3 months after the National Volunteer's death.



## Article 21 - 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 22.** – 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 22 – 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 25.000 USD per insurance period of 12 months  |
| Pro rata ceilings?       | No  |
| Deductible?              | No  |
| Currency of payment      | - Default: USD  |

### 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 500 USD per person and max. 50 visits per period of 6 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)              | For costs incurred after 1/1/2009: 100% for all prescribed vaccinations and preventive products, also for children.  |
| Medication to (temporarily) treat impotence (Viagra, Levitra, ...)     | <p>100%</p> <p>Only covered in case of one of these diagnoses :</p> <ul style="list-style-type: none"> <li>- Prostatectomy (nerve-saving) in case of malignant neoplasm of the prostate</li> <li>- In case of diabetic neuropathy</li> <li>- In case of vascular arteriosclerosis</li> </ul> <p>If other diagnosis =&gt; results of doppler of the penile blood vessels needed</p> <p>- PA</p> |
| Bifosfonates / Medication to treat osteoporosis (Fosamax, Evista e.d.) | <p>100% for women aged 50 years or over.</p> <p>For women age &lt;50 or for males: results of Bone Mass Measurement required and approval of our medical consultant</p> <p>- PA</p>  |
| 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                 | For costs incurred after 1/3/2009: 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%<br>8 days starting from the day of the delivery<br>(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   |
|--|--|
| Contraceptives (eg birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection)     | Not covered<br>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)<br>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   | <p>100% of charges for professional ambulance service used to transport the insured person between the place where he/she is injured by an accident or stricken by a disease and the first hospital where treatment is given will not be excluded hereunder.</p> <p>In case of emergency or major dismemberment, special transport of the insured person, including the costs of an accompanying person or attendant will be reimbursed, up to a maximum of 7.500 USD. The Insurers will also refund the cost of preparation and repatriation of the body to the home country, up to a cost preparation and repatriation of the body to the home country, up to a maximum of 7.500 USD.</p> |
| Medical transport (no ambulance) by professional services | Yes, only to the first hospital where first treatment is given. See "Ambulance"   |
| Helicopter-ambulance                                      | Yes, only to the first hospital where first treatment is given. See "Ambulance"   |
| Search & rescue (e.g. in case of ski-accident)            | Not covered   |
| Taxi  | Not covered   |
| Own transportation  | Not covered   |
| Public transportation                                     | Not covered   |
| Repatriation deceased patient to his home country         | The cost of preparation and repatriation of the body to the home country, up to a maximum of 7.500 USD  |

## 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 dioptré | 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<br>= blood pressure gauge   | Not covered    |
| Material for diabetics:<br>* glucometer, insulin pump, strips<br>* 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 500 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 hygiënist  | 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<br>surgeon, anaesthetist, parts of<br>implants/bridge: 100% up to the maximum for<br>ordinary dental care |
| Surgical tooth extraction (wisdom<br>teeth) | Hospital expenses: see 2.21<br>surgeon, anaesthetist, parts of<br>implants/bridge: 100% up to the maximum for<br>ordinary dental care |

## 2.16. Special institutions / institutional care

| what  | benefits    |
|---|-------------|
| Rehabilitation/convalescence after<br>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 section “Hospitalisation” (2.21)                    |
| Out-patient | See section “out-patient treatment in cycles”<br>(2.19) |

## 2.18. Cure

| what   | benefits    |
|--|-------------|
| Stay/room charges                                | Not covered |
| Treatment  | Not covered |
| Transport  | Not covered |
| Doctor’s fees, medicines, ... during<br>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 (operating theatre required) | 100%     |
| Minor surgery in doctor's cabinet                | 100%     |

## 2.21. Hospitalisations

| what   | benefits  |
|--|---|
| Second opinion   | Not covered   |
| Stay (bed and board expenses)  | 100% on the basis of the price for a semi-private room.<br>- If no semi-private rooms are available in the hospital: 100% on the basis of 80% of the price for a private room |
| 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<br>PA   |
| 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           | The cost of preparation and repatriation of the body to the home country, up to a maximum of 7.500 USD. |
| Mortuary (in hospital) | Not covered   |

### **Article 23 - 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 15 days 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 24 - 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 25 - Currency of reimbursement**

All reimbursement of claims and payment of premiums are made in USD. The conversion of medical expenses incurred in a currency other than USD will normally be made at the UN-operational rate of exchange, in force on the date the claim form is signed.



## **SECTION V – SERVICE INCURRED MEDICAL EXPENSES**

### **Article 26 – 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 75.000. The first twelve months' period starts as from the date of entry into risk of the insured person.

### **Article 27 – 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 28 - Amount of premiums**

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

1. For the risk of Section IV (medical expenses): 34,79 USD per insured person.
2. For the risk of Section II & III (death and permanent dismemberment): 4,75 USD per insured person.
3. For the risk of Section V (service incurred medical expenses): 1,49 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 29 - 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 collect the insurance premium due for the concerned month.

For periods of less than one month, a pro rata premium is due, with as minimum 1/3 of the monthly premium.

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 three 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: