

**Medical Insurance / Coverage
for Supernumeraries
(MCS)**

1 January 2007



**FOOD AND AGRICULTURE ORGANIZATION
OF THE UNITED NATIONS**

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Summary of the Plan

Medical Insurance/Coverage Plan for Supernumeraries (MCS) of the Food and Agriculture Organization of the United Nations (FAO) and World Food Programme (WFP) provides world-wide insurance for medical expenses and compensation payments for (i) death and temporary or permanent disablement resulting from an accident, and (ii) temporary or permanent disablement (but not death) resulting from an illness, when the death, injury or illness which gives rise to the claim is not attributable to the performance of official duties. The MCS Plan provides the same reimbursement/compensation for HIV/AIDS – including diagnosis and treatment – similar to other covered illnesses.

For compensation for service-incurred death, injury or illness, see Manual Section 342.

Enrolment

Automatic Enrolment

Participants are automatically enrolled in the plan from the date of appointment unless the individual specifically requests exclusion. Upon appointment, participants complete a Designation of Beneficiary (Form Adm. 60). Any death benefit payable under the plan is paid to the designated beneficiary.

Medical Examination

A medical examination is not required for enrolment. A full entrance medical examination is required by the Organization for employment of supernumeraries for an appointment of six months or more. A medical certificate of fitness is required for employment with an appointment of less than and up to six months.

Contributions

Contributions are 1.00% of net salary, of which 0.50% is paid by the participant and 0.50% by the Organization. The participant's share is deducted from the monthly salary payments, or as a single payment lump sum due, as appropriate.

For consultants serving without compensation, the contribution is paid by the Organization at 1.00% of net salary.

Coverage

Coverage is for 24 hours a day during the period of employment or such shorter period during which the person is engaged on FAO duties.

Participation

Participation is compulsory and automatic wherever the location and irrespective of duration of appointment or extension for the following:

- Short-term staff, including conference staff.
- Consultants.
- Subscribers to Personal Services Agreements
- National Professional Project Personnel (NPPP) if specified in their contract.
- Volunteers

Participation is optional for retired staff receiving a United Nations Joint Staff Pension Fund (UNJSPF) pension and/or after-service medical coverage, who are re-employed on a short-term basis and if option is taken to participate. However,

- Retired staff receiving a UNJSPF pension but no group after-service medical coverage are only covered for the benefits set out in paras. 343.6.61. 343.6.621 and 343.6.631.
- Retired staff receiving a UNJSPF pension and group after-service medical coverage are covered only for the benefits set out in paras. 343.6.621 and 343.6.631.

Participation is allowable for consultants:

- Employed on a WAE basis only during the actual periods they are officially instructed in writing to perform FAO duties.
- Employed without compensation for benefits set out in para.343.6, except for those provided under paras.343.6.621 and 343.6.631.

Family members are not eligible to participate in MCS.

Benefits

A. MEDICAL BENEFITS

MCS reimburses medical expenses that are medically necessary, reasonable and appropriate, incurred by the participant for medical treatment prescribed by qualified physicians or other persons qualified to treat patients up to \$50,000 for any period of 12 months or part(s) thereof during which the participant is covered at the following rates:

Treatment		MCS
Medical and Pharmaceutical expenses, including physician's fees for services at consulting room, home or in hospital		80%
Hospital expenses excluding convalescence (maximum rate: the rate of the hospital concerned for a room for two patients)		100%
Hospital daily room and board charges effective 1 January 2000:	In Italy	100% first € 210 80% next € 210
	In Europe, outside of Italy	100% first US\$ 350 80% next US\$ 350
	In USA & Canada	100% first US\$ 750 80% next US\$ 450
	In other countries	100% first US\$ 200 80% next US\$ 500
Psychiatry and psycho-therapy expenses, up to US\$700 for not more than 50 visits per person in any period of six consecutive months for the cost of treatment prescribed by a psychiatrist and administered by trained professionals belonging to recognized professional associations.		50%
Physiotherapy expenses up to US\$500 per person in any period of twelve months. This limit does not apply for treatment required as a result of traumatic accident/illness, or because of a congenital condition, or a very serious degenerative/life-threatening illness. In such cases, a detailed medical reports on the condition of the patient and the treatment prescribed shall be required before reimbursements are made.		80%
Routine mammography and pap smears expenses (without pathology) done through Preferred Providers used by the FAO Medical Services.		100%

Treatment	MCS
Coverage of Preferred Providers by physicians at Walk-In-Clinic by FAO Medical Services	100%
Maximum benefit per participant per year or any period of 12 months or part(s) thereof	\$50,000

B. COMPENSATION PAYABLE FOR ACCIDENTS

Event	MCS
Temporary total disablement due to an accident	Full daily net salary until end of appointment, then half the daily net salary for each day of disablement up to maximum of 13 weeks thereafter.
Permanent partial disablement due to an accident	Proportion of three times of annual net salary Maximum \$75,000
Permanent total disablement due to an accident	Three times of annual net salary Maximum \$75,000
Accidental Death	Three times of annual net salary Maximum \$75,000
Maximum Indemnity	Total payments shall not exceed jointly \$75,000 for any one accident and for any one insured person.

C. COMPENSATION PAYABLE FOR ILLNESS

Event	MCS
Temporary total disablement due to an illness	Full daily net salary for each day of disablement, excluding the first 4 calendar days, until end of appointment, then half the daily net salary for each day of disablement up to maximum of 13 weeks thereafter.*
Permanent total disablement due to an illness	3/10 of annual salary for a maximum period of ten years but not beyond date of death.**

*The first 4 days of temporary disablement not covered by the MCS plan will be met by the Organization.

** When participant has sick leave entitlement under the terms of his appointment, the first 4 days of absence from duty are charged to such entitlement.

Limited Benefits

- For part-time personnel: Benefits are the same as full-time staff except for temporary disablement, when the rate of compensation is based on the daily net salary actually received for part-time service.
- For retired staff who are re-employed or consultants employed without compensation: Limited benefits.

Exclusions

- Coverage does not extend to death or disablement:
 1. caused by participant engaging or taking part in:
 - (i) naval, military or air force service or operations
 - (ii) driving or riding motorcycles or motor scooters over 200 cc
 - (iii) hunting or driving in any kind of race
 2. directly or indirectly caused by the insured person engaging in air travel except as passenger;
 3. resulting from suicide or attempted suicide or intentional self-injury or venereal disease or from deliberate exposure to exceptional danger (except in an attempt to save a human life) or from the participant's own criminal act or sustained while the participant is in a state of insanity;
 4. compensation payments for temporary total disablement due to pregnancy and confinement, with or without complications.
- Coverage is also excluded for:
 1. the contract does not cover medical expenses resulting from normal pregnancy or confinement; however it does cover medical expenses necessarily incurred in the treatment of complications of pregnancy up to the beginning of the confinement. Expenses relating to new born infants are excluded.
 2. routine health examinations;
 3. hearing aids, spectacles, costs of spa cures, nature clinics and health farms;
 4. dental and optical treatment except when necessary as the result of an accident;

5. rejuvenation cures and cosmetic treatment. Cosmetic treatment is covered when it is necessary as the result of an accident covered by this plan;
6. the direct or indirect result of ionising radiation or contamination by radioactivity;
7. expenses for or in connection with travel or transportation except for a professional ambulance service used to transport the insured person between the place where they are injured by an accident or stricken by a disease and the hospital where treatment is given;
8. non prescription items, hygienic and cosmetic products, dietary products including milk and syringes.

Submission of Claims

Claims for treatment should be submitted to:

De Besi-Di Giacomo S.p.A

Attn: Ms Simonetta Miccheli

FAO, Room D-006

☎ (+39) 06-570-56826

email: MCS-MCNS@debesidigiacomito.it

Medical

Claims should be submitted with the least possible delay. Claims for medical expenses arising from illness or accident occurring during the period of coverage must be submitted to the insurer within two years from the date on which the treatment was given. Any medical treatment and/or surgery expenses, incurred after the period of coverage has ended, will not be reimbursed. Any payment slips showing reimbursement by other medical plans must be attached to the claim.

Claims for medical expenses should be submitted by the participant on form Adm. 153a - Claim for Medical Expenses for Consultants under MCS Plan - through the Divisional Personnel Officer, for certification of contract, to Social Security, AFHS.

Disability

Claims for temporary or permanent disablement resulting from an illness occurring during the period of coverage and claims for death and permanent total or partial disablement resulting from an accident occurring during the period of coverage must be submitted to the

insurer within two years from the date which the illness declared itself or the accident took place.

Claims for compensation for temporary total disablement should be submitted by the participant on form Adm.153b Claim for Compensation/Disability Payments for Consultant under MCS through the divisional personnel officer for certification to Social Security, AFHS.

Claims for compensation for permanent total or partial disablement should be submitted by the participant in a letter or memorandum through the divisional personnel officer to Social Security, AFHS, together with supporting documentary evidence.

Reimbursement

After submission of the claim the insured person will be reimbursed directly from the broker who will follow the payment instructions given in the submitted claim.

In case of temporary or total disablement resulting from illness, MCS plan does not cover the first four days (see Manual Section 343.VI) and reimbursement of the claim will be paid to the Organization for the period of employment. If the insured person continues to be disabled at the end of his/her contract, payment is made directly to the insured person under the terms of the plan.

Life Insurance

Claims for death should be submitted by the designated beneficiary in a letter or memorandum through the divisional personnel officer to Social Security, FHP, together with supporting documentary evidence.

Cessation of Participation

Coverage ceases on the date of separation, however, benefit payments may continue if applicable under paras. 343.6.621 and 343.6.632. In addition, coverage ceases when the contract with the Insurer terminates.

For more detailed information, please refer to Chapter III of Personnel Manual Section 343 and/or contact Social Security:

 Medical_Insurance@fao.org

 06-570-52587 or 06-570-52585

N.B. This booklet is an informal summary of the MCS and is not to be used in the determination of the entitlements or the interpretation of the contract provisions. No information contained in this booklet, or omitted from it, can be taken to replace or alter the terms of the contract itself. The insurance contract, as summarized in Manual Section 343 and relevant Administrative Circulars, provides the official description of the medical insurance plans.

http://internal.fao.org/ois/AFP_Pages/AFPHome5.htm

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