

# SHI NEWSLETTER

## Staff Health Insurance

February  
2019

### Greetings from the SHI Secretariat with best wishes for a happy and healthy 2019!

#### SATISFACTION SURVEY

The results of the **2018 satisfaction survey** were encouraging for SHI.

The survey was sent to 6,653 staff/retirees with a 50% response rate, 72% from active staff and 28% from retirees. Given the high response rate, the results can be considered as representative of the global population (the previous survey in 2014 had 4,347 respondents with a 37% response rate).

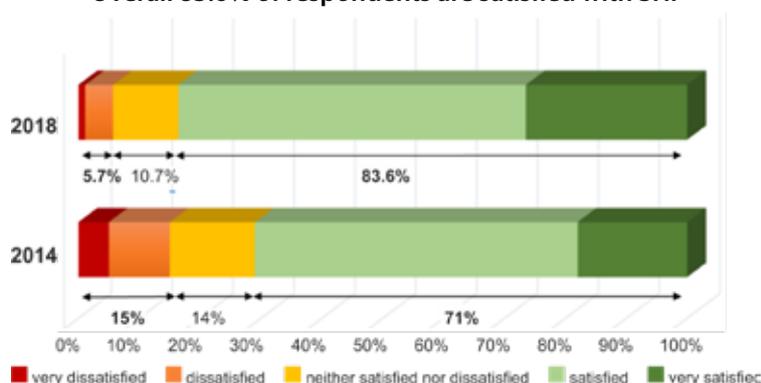
**Overall: 83.6% of respondents are satisfied or very satisfied with SHI (compared to 71% in 2014).** This excellent evolution is probably due to efforts and investments made during the last 4 years to improve Governance, processes, communication and management.

**Communication:** the survey showed that 26% of respondents do not know where to find the SHI Rules and 38% of respondents did not read the SHI newsletters. It can therefore be concluded that further efforts need to be made on the communication side.

**Emergency Number:** the survey shows that 4% of respondents (287 persons) called the emergency number. 206 of them (i.e. 72%) received a satisfactory reply while 81 of them (i.e. 28%) did not receive a satisfactory reply. The SHI Secretariat has investigated the reasons for unsatisfactory replies and has discussed this with the assistance company to resolve the issues.

**Note: the survey was only sent to former staff who provided an email address. Former staff wishing to participate in the next survey should provide an email address to [shihq@who.int](mailto:shihq@who.int).**

#### Overall 83.6% of respondents are satisfied with SHI



#### Facilitated access to treatment



At the beginning of 2018 SHI had negotiated **170** agreements with hospitals and clinics in **27** countries. There are currently **314** agreements in **91** countries (the list can be found at the end of this Newsletter - see Annex 3).

It will soon be possible to access this information via a new feature on SHI-Online. An icon for "access to treatment" will lead to a world map where hospitals and clinics will be identified by clicking on a given country. SHI's goal is to have at least one agreement per country by the end of 2019.

If you are in a location where you are having difficulty accessing treatment, you can request assistance from SHI. SHI is also collaborating with the health insurances of other UN Organizations towards facilitating access to treatment further.

#### Fraud prevention and detection



WHO and SHI have a "zero tolerance" approach regarding fraud. Every year, SHI detects suspected cases of fraud for subsequent investigation. If, in accordance with the established procedures, fraud is confirmed, this may lead to disciplinary measures and under the SHI rules, to recovery of damages and automatic exclusion of the participant

concerned and of his/her participating family members from SHI. See SHI Rules H6-H8.

To further strengthen fraud prevention and detection, SHI has recently appointed a dedicated SHI Compliance Officer. The SHI Compliance Officer will work closely with SHI staff, DAFs and BFOs and Internal Oversight Services (IOS), to ensure that adequate controls and training are put in place in day-to-day processes to help prevent and detect fraud.

See also the new SHI Rule C.28 under which cash payments from participants to health care providers are not allowed above US\$ 500.



## Amendments to SHI Rules effective 1 January 2019

as further amended effective 1 February 2019 (see Annex 3 and its annex).

## Help SHI to contain costs

### Medicare in the USA

Under new SHI rule E.13, all former staff members, dependants and other eligible family members participating in the SHI Plan ("participating family members") and who qualify for participation in the United States Medicare Part A and/or Part B (Medicare Part A and/or Part B), as applicable, are required to enroll in Medicare Part A and/or Part B, as applicable.

As from 1 January 2020, those former staff members and participating family members who choose not to enroll in Medicare Part A and/or Part B as applicable, will have their medical expenses in USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by former staff members and participating family members who are 75 or older on 1 January 2019. In this regard, a communication will be sent separately to concerned former staff.

A subsidy equal to 100 per cent of the contribution towards participation in the Medicare Part A and/or Part B, subject to certain conditions will be made (see SHI Rule C.27).

### Pharmacies in the HQ area

In general medicaments are **40% cheaper** in France than in Switzerland. Participants living in the HQ area are therefore strongly encouraged to purchase their medicaments from pharmacies in France. It is understood that this is not always an option and with that in mind, together with other international organizations, SHI has concluded a convention (in Geneva) with the group **pharmacieplus** offering reductions for the purchase of medicaments (including generics) and other reimbursable items:

- 10% reduction when less than CHF 100.
- 5% reduction when costing between CHF 100.05 and CHF 1,000.

See the list of pharmacies concerned here:

<http://www.pharmacieplus.ch/fr/pharmacies>

## Help your SHI Team to help you!

SHI Online is mandatory for active staff members (except PAHO) from 1 January 2019. We also strongly encourage former staff to dive in and try it!

### For online claims

- Maximum 5 bills/invoices/receipts per submission;
- One claim per person;
- One currency per claim;
- Good quality of scans/PDFs;
- Satisfactory proof of payment attached (credit card receipt, copy of bank statement or orders executed for e-Banking). For bills paid in cash, the mention "paid" should be specified with the doctor's stamp and signature (see also SHI Rule C.28 under which cash payments from participants to health care providers are not allowed above US\$ 500);
- Copy of the prescription attached for **each submission** of ongoing treatment (medications/rehabilitation and other services);

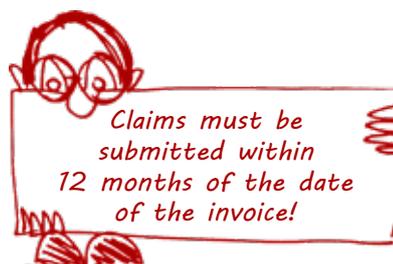
Note: [shi-online@who.int](mailto:shi-online@who.int) should be contacted for technical issues only.

### For PAHO and former staff using paper envelopes

- One envelope per person;
- Use clear writing, including retiree/paying member number, signature and date;
- Satisfactory proof of payment attached (credit card receipt, copy of bank statement or order executed by e-Banking). For bills paid in cash, the mention "paid" should be specified with the doctor's stamp and signature (see also SHI Rule C.28 under which cash payments from participants to health care providers are not allowed above US\$ 500);
- Original renewable prescription attached at the end of the treatment period (where copy has been submitted previously);
- Total amount of the bills submitted equals to the amount marked on the envelope;
- Envelope should not be glued, stapled, taped or paper clipped;

### When writing to the SHI Medical Adviser

- Provide your staff/paying member number;
- Indicate the SHI Rule that may be applicable to your case;
- Where possible, please attach medical reports through SHI Online with cost estimates.



## GOVERNANCE

**The Global Oversight Committee (GOC)** met once in June and twice in November, to continue to review the operations and the financial status of the SHI. During the meeting in June it was requested and later approved by the Director-General that a specific working group be set up to look at improving the disease prevention measures reimbursed at 100% by SHI, with regards to the SHI rules (paragraphs B.150 to B.159). This working group will report back to the GOC in June 2019 and should propose concrete rules in this area.



Mr James Rose, Certified Public Accountant (CPA) and holder of certifications in Internal Auditing (CIA), Risk Management Assurance (CRMA) and Information Systems Auditing (CISA, CISSP), joined the SHI Governance as external adviser to GOC appointed by the Director-General in 2018. Mr Rose is Managing Director of SunHawk Consulting LLC where he provides consulting on governance and regulatory matters in the healthcare and governmental industries, while serving as Chair of the Jefferson County Public Schools Audit and Risk Advisory Committee. His past activities have included serving for eight years as a member of the Audit Committee of the United Nations World Food Programme in Rome.

**The Global Standing Committee (GSC)** met 11 times and dealt with a total of 58 cases from all regions and the **PAHO SHI/GSC Sub-Committee** met 6 times and dealt with 17 cases. In addition, there were several meetings to discuss proposed changes to the SHI Rules which were submitted to the GOC for review and agreement.

## INFORMATION FOR FORMER STAFF

1. Statement of SHI Contributions for 2019 are being mailed to you.
2. SHI-Online can be accessed by signing in through a WHO Application Directory Service (ADS) account. To learn more about creating and managing an ADS account go to: <http://extranet.who.int/ads/adswebinterface/help.aspx>. ADS accounts and passwords are managed solely by the WHO Global Service Desk ([globalservicedesk@who.int](mailto:globalservicedesk@who.int)).
3. **28% of former staff still have not provided an email address. In this respect, a form is being mailed to you for completion.**
4. The term of the current SHI/GOC and SHI/GSC members and alternate members elected by former staff members who are participant in the SHI will come to an end on 31 August 2019. The related new election process will begin in March 2019.

## CATARACT OPERATIONS IN THE GENEVA AREA

See SHI Rule B.113 and B.113.1 (ceiling of US\$ 3,500 per eye). Conventions have recently been signed with 5 clinics to ensure quality of care and cost containment, namely : Hôpital Jules Gonin (VAUD), Clinique de l'Œil Onex (GE), Centre Ophtalmologie Genevois (FR), Centre de l'Œil Prévessin (FR), Centre Hospitalier Alpes-Leman (FR). More details concerning these clinics can be found at page 23.

## SHI CARDS



Never leave home without your SHI card or make sure you have a picture of it on your phone. It is not a payment card but an attestation of SHI coverage for presentation to health care providers, including in case of emergency. Please let the SHI Secretariat know if personal data is incorrect on the card and a new card will be issued (new cards are printed twice per month. The data for the cards for active staff comes from GSM, so if your family name has changed, you should take the relevant action in GSM. Former staff should contact SHI directly.

### In case of an emergency: \*

1. During office hours, call the regional office number marked on the SHI card.
2. Outside office hours, call the emergency number on the SHI card. The emergency service will take your call and can call you back if necessary.

**N.B.** US-based participants should use their AETNA cards unless they have an emergency outside of the USA (vacation/duty travel), in which case they should use their SHI card.



\* **Emergency = Life-threatening**

If you would like to provide feedback on your SHI experience, please email us at [shihq@who.int](mailto:shihq@who.int)

## PREVENTION CORNER

### Getting vaccinated as an (older) adult



*Dr Friede being vaccinated in WHO Staff Health & Wellbeing Services.*

As from 2019, SHI removed the reimbursement caps on vaccination, and now vaccines<sup>1</sup> are 100% reimbursed for all beneficiaries<sup>2</sup>. Hopefully you were all already getting your kids fully vaccinated, and medical services was keeping staff up-to-date on most of their vaccines – but this change in policy will have a positive impact on staff and their families.

#### Vaccines for those of us who think we have outgrown the need for vaccines

For those of us hitting the half-century mark or beyond, lots of interesting, and sometimes painful, medical problems await us. One many of us will face is shingles, also known as Herpes Zoster. While not usually life-threatening, this rash, which

is a 're-awakening' of the chicken-pox you had as a child, can be intensely painful. Shingles usually resolves on its own within a few weeks, however some people go on to develop post-herpetic neuralgia, a long-lasting and horrendously painful neurological complication.

One out of three people develop shingles in their life, and the risk increases as we grow older. This risk can however be considerably reduced by getting vaccinated. There are two vaccines approved for this. While both provide protection, the recently approved Shingrix™ is preferred by some health agencies due to its better efficacy, and is recommended for adults 50 years and older to receive two doses 6 months apart.

These vaccines are now fully reimbursed by SHI. While getting your shingles vaccine also think about getting a tetanus booster vaccine: these should be given every ten years and many of us forget about tetanus – yet in industrialised countries the majority of cases of tetanus are in older adults (who have usually forgotten to get vaccinated and are enjoying life gardening and getting exposed to tetanus spores which are everywhere).

And while many of us have gone through our adult life brushing off influenza as 'a type of bad cold', as we grow older that 'bad cold' can be really, really bad, and have severe consequences including hospitalization in the intensive care unit, the loss of independence, and an earlier-than-anticipated death. There are two ways to reduce the risk of getting influenza: living inside a sterile bubble is one; getting vaccinated annually is the other. The sterile bubble is not covered by SHI, the vaccine is. After the age of 65 it is highly recommended to get the annual influenza vaccine.

Getting the influenza vaccine is also recommended for those that are not yet 65: for those that are pregnant, or have underlying medical conditions, influenza can be fatal. For those that are young and in good health, while influenza infection may not be much of a threat to you, your infection can be transmitted to your infants or elderly parents – so by getting the vaccine you reduce their risk. Staff are offered the vaccine every year, and vaccinating family members is now fully reimbursed.



## Vaccines for our daughters and sons

The HPV (human papilloma virus) vaccine protects against chronic infection with HPV that can lead to cervical cancer in women, as well as other cancers in both women and men. It is recommended that all girls receive two doses of this vaccine before the age of 15 to protect them against cervical cancer. Boys also benefit from the vaccine. These HPV vaccines can be quite costly, but are now reimbursed 100% by SHI, so think of your kids.

<sup>1</sup> The list of vaccines reimbursed is mentioned in paragraph B.150 of the SHI Rules.

<sup>2</sup> Any reimbursement of any vaccination is subject to prescription under the SHI Rules.



Article by Dr Martin Friede, Initiative for Vaccine Research

**#VACCINESWORK TO PROTECT INDIVIDUALS AND COMMUNITIES**

Immunization is our shield against serious diseases.

When **immunization rates are high**, the wider community is **protected** including:

- Infants who are too young** to receive their vaccines.
- Older adults** at risk of serious diseases.
- People who take medication** that lowers their immune systems.

Check with your doctor that you are fully vaccinated.

 World Health Organization



# EXECUTIVE SUMMARY OF THE SHI ANNUAL REPORT FOR 2017

The SHI Fund generated a surplus of \$ 130.3 million in 2017, compared with \$ 125.0 million in 2016. The result is explained by both exceptionally good investment income, and the surplus of contributions over claims.

The Fund balance as at 31 December 2017 stood at \$ 979.2m (up 15.3% from the \$ 848.9m balance as at 31 December 2016).

Contributions totalled \$ 137.1 million (\$ 190.5 million in 2016, given that this latter amount included a substantial cumulative transfer of PAHO-administered assets worth \$ 64.6 million), with claims of \$ 89.9 million (\$ 82.9 million in 2016). Therefore, despite overall contributions reducing in 2017, underlying contributions were higher, reflecting continuation of the approved annual 4% rate increase. Claims increased in 2017 compared to 2016, due to higher hospitalization and medication costs paid (particularly in the Americas). Despite a decrease in the number of major claims (>US\$ 50,000) in 2017, these were higher in value.

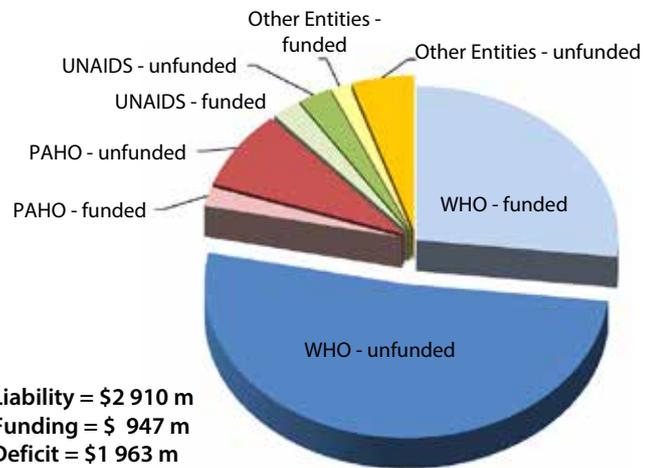


## Funding the Gap

Although the Fund balance experienced another healthy increase in 2017, the SHI Fund's independent actuary (AON) estimated a greater increase in the Fund's After Service Health Insurance (ASHI) Liability. This long term liability was \$ 2,910.4m as at 31 December 2017 (up 23.2% from the \$ 2,361.9m balance as at 31 December 2016).

In other words, both current and future former staff will be entitled to after-service health insurance (ASHI) benefits of this magnitude based on their current/future service, under both SHI Rules F.8.2 and F.8.3. After setting aside SHI Fund assets worth \$ 32.1m to pay four months of combined in-service and after-service claims (SHI Rule F.8.1), an unfunded deficit of \$ 1,963.3m (or 67% of the Total Liability) remains as follows:

**After Service Health Insurance (ASHI) Liability by entity as at 31 December 2017**



As a reminder, there are some fundamental reasons for the size of this deficit, and therefore why the SHI Governance has been increasing contribution rates in recent years:

### 1) Medical inflation is much higher than normal inflation



According to AON, in many countries the average percentage increase in medical costs is in fact forecast to be in double digits.

### 2) Time value of money

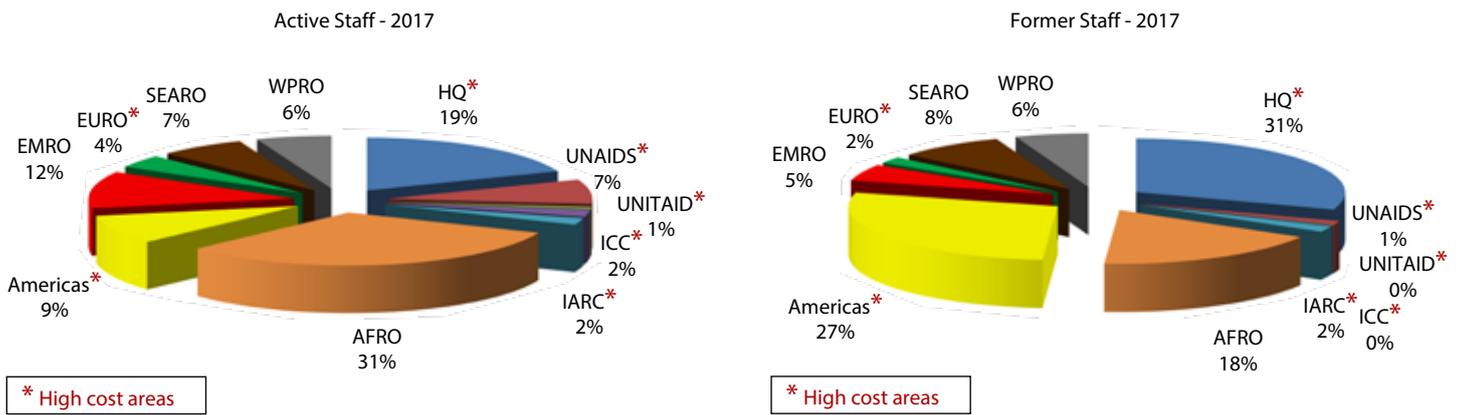


Given the recent period of relatively low interest/discount rates experienced worldwide, this low rate results in a higher present value of the actuarial valuation. With rising interest rates, the actuarial valuation will decrease.

### 3) Challenging demographics of the insured population

As life expectancy increases worldwide, the SHI Fund is faced with a larger former staff population (who have a greater need for healthcare in later years, than whilst they are active staff). In fact, the United Nations Joint Staff Pensions Fund (UNJSPF) has recently advised that participants are living for an extra 2 years on average.

Also, it remains a fact that many of the insured staff choose to retire in countries with high medical costs (such as USA and Switzerland). As at 31 December 2017, 44% of insured active staff were living in regions where the cost of health care is high whereas (63%) of insured former staff, refer to the following pie-charts.



#### 4) Maintaining the level of benefits for future generations

The SHI Fund wishes to avoid pressure to reduce or eliminate benefits as a way to cover costs that are not funded. Therefore, in order to avoid the need to curtail benefits, the after-service health insurance (ASHI) benefits earned by current generations need to be paid for by those generations, instead of future ones. This is why the contributions have been increasing (based on actuarial recommendations) whilst participants are in service.

Of course, it is important to note that the SHI Governance is also exploring alternative ways to fund the ASHI Liability rather than merely increasing premiums. For example, both cost containment measures and SHI plan design changes are being considered.

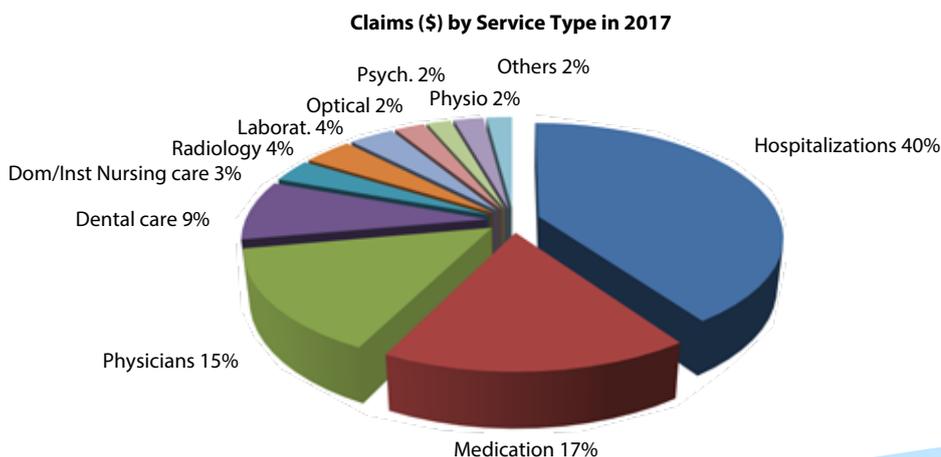
### Membership

The table below shows that, as at 31 December 2017, the SHI Fund had 676 more members than on the same date the previous year. This increase (1.7%) follows the increase observed in the previous year (1,029). The percentage of former staff and their dependants remains at 22% in 2017.

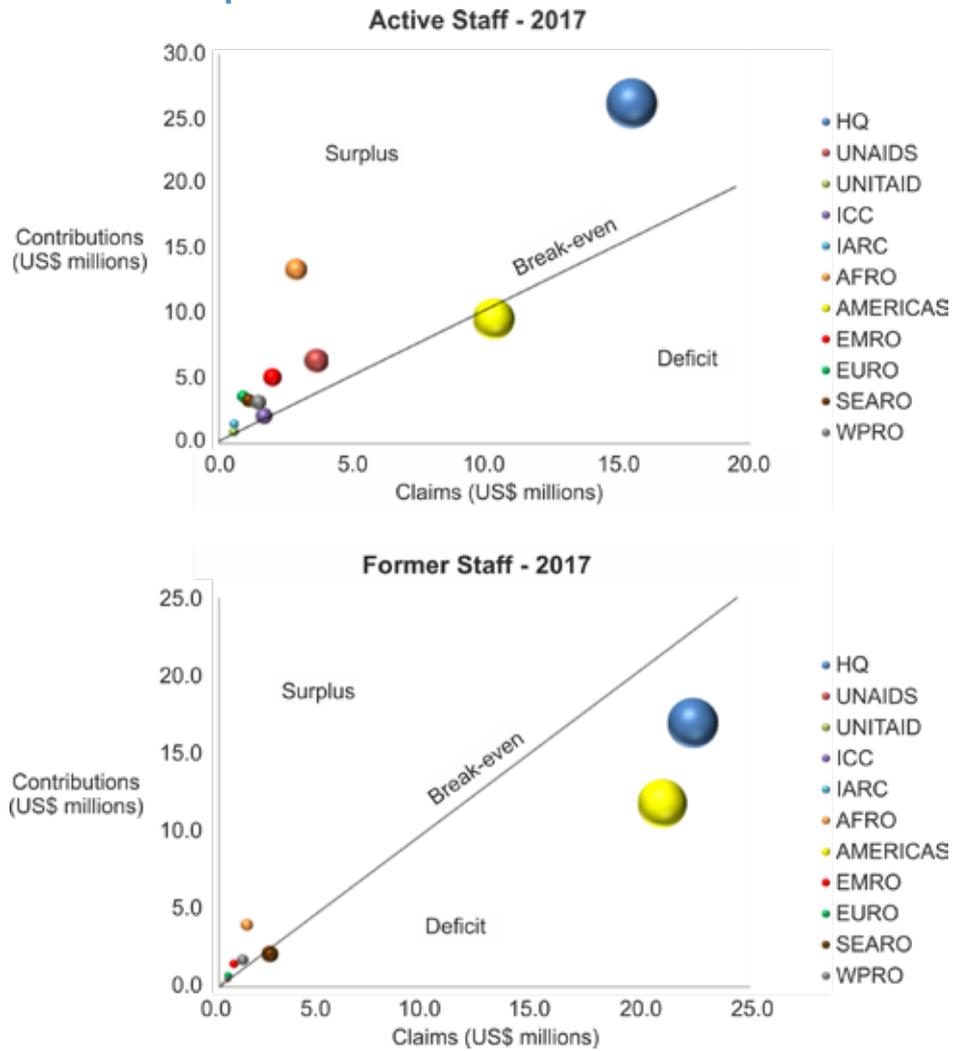
	2017		2016	
Active staff and their dependants	30,783	78%	30,180	78%
Retiree staff and their dependants	8,825	22%	8,752	22%
<b>TOTAL</b>	<b>39,608</b>	<b>100%</b>	<b>38,932</b>	<b>100%</b>

### Contributions and Claims

Hospitalization (accommodation + medical care) continues to represent the largest item of expenditure (for both active and former staff) as shown in the following pie-chart:

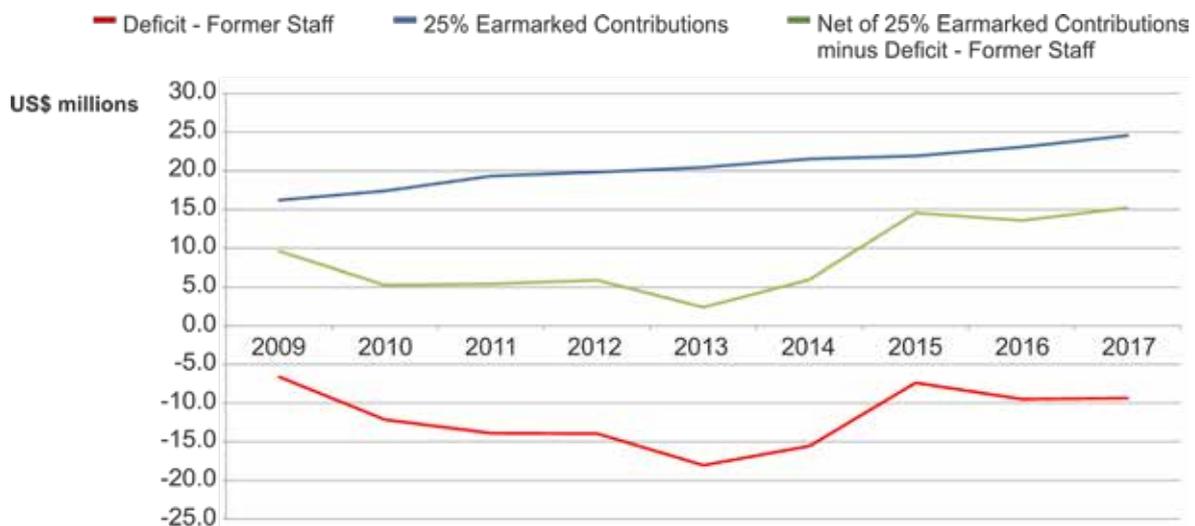


## Contributions/Claims relationships in 2017



The deficit for former staff continues to be mainly generated by both the Americas and HQ regions.

## Former Staff–historic trend

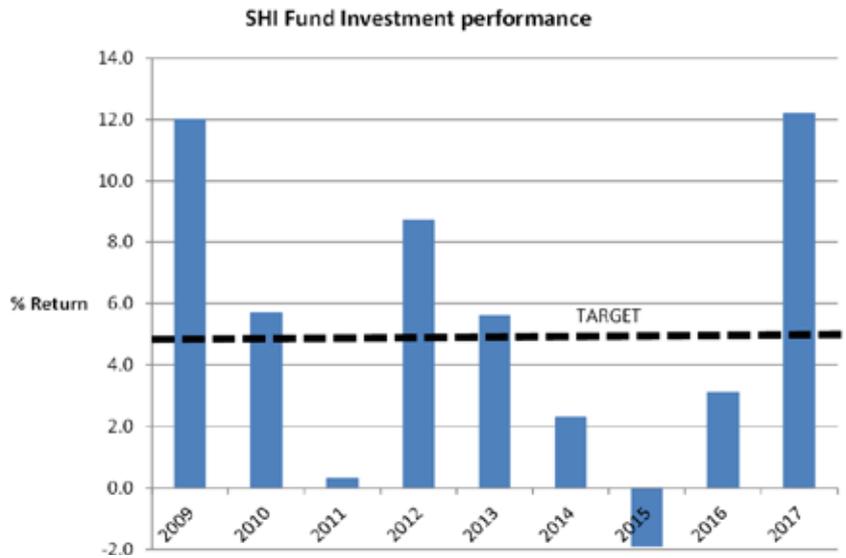


The mechanism to earmark 25% of active staff contributions for the former staff deficit is working.

## Investments

Overall, SHI Fund investments yielded 12.2% in 2017 (3.1% in 2016), which represented a net return of \$ 90.3 million (compared to a return of \$ 23.7 million in 2016).

2017 was an exceptionally positive year for the fixed income and equities markets in which the SHI Fund's assets are invested. Markets were buoyed by synchronised growth across all major economies, benign inflation, accommodative monetary policies and an absence of volatility. These factors combined to generate strong corporate earnings, which caused equities values in particular to rise strongly.



## SHI contributions in 2019

Following the eighth meeting of the SHI Global Oversight Committee from 27-28 April 2017, the Director-General endorsed the recommendation of the Committee to continue to increase the SHI contributions in order to ensure long-term sustainability of the SHI Fund.

As a consequence, SHI rates of contributions will have increased by 4% as from 1 January 2019. As an example, staff member/retiree contributions previously 2.40% in 2018 becomes 2.50% in 2019.

For your information, the individual impact of the increase can be determined via use of the SHI rate calculator (available via SHI-Online):

	Staff Member Share	WHO Share
For a (former) staff member or spouse	2.50%	5.00%
For dependent child (0-21)	0.34%	0.68%
For non-dependent child (18-28)	1.01%	2.02%
For secondary dependant (parent, brother or sister)	5.58%	11.16%
For Temporary staff on contracts of 60 days or less	0.84%	1.68%

Rates of contributions rounded to 2 decimal places.

# Your SHI Teams around the globe...



**SHI Team – Regional Office for South-East Asia**  
with Budget Finance Officer and Finance officer  
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## SHI SEARO HAS RELOCATED

In view of the proposed reconstruction of the World Health House (situated at Indraprastha Estate, New Delhi – 110 002), the Staff Health Insurance/Budget and Finance Unit in the South-East Asia Regional Office (SEARO) has temporarily been relocated to the following address:

**World Health Organization -  
South-East Asia Regional Office  
3rd Floor, Red Fort Parsvnath Capital Tower 1,  
Bhai Vir Singh Marg, Gole Market, Sector 4,  
New Delhi 110 001, India**

Paying members who reside in India and are affiliated to SEARO can send their SHI claims on the above address.

The reconstruction work of the new building is expected to be completed within three (3) years. However, the permanent address for SEARO remains the same, i.e.:

**World Health House, Indraprastha Estate,  
Mahatma Gandhi Road  
New Delhi 110 002, India**



**SHI Team – Regional Office  
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## SHI Team – Headquarters (IARC, UNAIDS, UNICC and UNITAID)

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The opening hours of the **SHI Helpdesk** will change as of 1 February 2019 to be:  
Tuesday, Thursday and Friday mornings between 9-11 am, and  
Monday, Tuesday and Thursday afternoons between 1-3 pm.

☎ +41 22 791 18 18





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Ms Carin Andersson and Ms Rosnani Rais (Human Resources) provide support to issuance of letters of guarantee for the Staff in Global Service Center in Cyberjaya, Kuala Lumpur (SHI reimbursement claims from Staff in GSC are processed by WPRO/SHI)



Dear SHI participants,

Since 1 January 2019, I am in charge of Compensation (ACCC Matters) and Pension under the supervision of the Comptroller.

I would like to thank the SHI team for the great achievements and work we have done together since my arrival in WHO in 2003.

I have enjoyed serving the SHI plan and its participants during the last 15 years.

I wish Samantha Bell-Shiers and her team success and all the best for the coming challenges. I know that they will continue to be dedicated to this unique and wonderful plan. I wish you all a happy and healthy 2019.

Best regards.

Claude Hennetier Rossier  
 Coordinator, Compensation and Pension Services



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# ANNEX 1

## Message from Former Staff elected representatives on the SHI Global Oversight Committee and the SHI Global Standing Committee

It has been another active and challenging year for your elected representatives on each of the two SHI global committees. The Global Standing Committee (GSC) met monthly with always a strong participation of your representatives. It has continued to deal with a significant number of individual cases and has made recommendations for rule changes to the Global Oversight Committee (GOC) based on its experience. The GOC met three times during the year.

The first meeting was devoted mainly to financial matters whilst the other two meetings concentrated on specific topics including some proposed rule changes. One important issue for the GOC related to the financing of the actuarial deficit and the rate of increase in contributions each year. These discussions are ongoing and we hope that ways of moderating the increase in contributions will be found while at the same time maintaining the current level of benefits.

WHO health insurance has always been regarded as a model within the UN system and we should do everything possible to preserve that model. In order to do so, SHI relies on all of us to use the system in a responsible manner avoiding unnecessary expenses and focusing on appropriate levels of care.

There also needs to be an increased focus on preventive care and promotion of healthy lifestyles. With that in mind, the GOC has established a Working Group on Preventive Care and Health Promotion and invited participation from both the GOC and GSC. Retired staff are represented on that Group by two participants. For the USA, the GOC again discussed participation in Medicare which the Director-General had already approved. This should result in a net saving for the SHI Fund. By the time this Newsletter goes to print, those affected by this change in the USA should have received details of the change and its implementation.

In our message last year, we referred to the study on Long-term Care and we mentioned that we were hopeful that measures could be taken to assist participants with reduced autonomy to remain in their own homes. Before making recommendations to the Director-General, the GOC had asked for additional financial information which has not yet been obtained. We will pursue this matter next year.

The WHO Administration plans to economize on the cost of printing and postal services. This means that it relies more and more on communications by electronic mail. We once again strongly encourage those of you who have not yet provided your email address to SHI ([shihq@who.int](mailto:shihq@who.int)) AND to us at [shi.retreprs@gmail.com](mailto:shi.retreprs@gmail.com) to do so in order that you can continue to receive all information related to SHI.

Ann Van Hulle-Colbert,  
Hilary Wild  
(Global Oversight Committee)

and

Marjory Dam,  
Jean-Paul Menu,  
Carol Collado,  
Françoise Héry-Person  
(Global Standing Committee)

## How well do you know the SHI Rules?

L	D	O	O	N	P	X	W	C	O	L	U	F	N	E
T	W	E	L	V	E	N	H	A	A	E	V	O	D	P
M	O	F	D	O	E	R	O	T	C	N	S	D	E	R
E	R	C	T	H	N	R	H	A	P	A	A	E	N	E
D	L	L	W	C	R	O	N	R	R	I	L	D	T	S
I	D	R	H	T	A	E	S	A	W	S	H	I	A	C
C	S	E	P	H	E	R	P	C	N	D	L	O	L	R
A	C	T	V	I	E	A	E	T	O	C	A	N	M	I
L	O	P	T	I	C	A	L	X	N	P	E	L	C	P
U	T	I	O	A	S	H	L	H	E	O	Y	I	L	T
O	R	G	A	N	I	Z	A	T	I	O	N	N	E	I
C	A	T	A	S	T	R	O	P	H	I	C	E	S	O
E	S	T	A	F	F	A	C	C	I	D	E	N	T	N
T	R	E	I	M	B	U	R	S	E	M	E	N	T	L

### Questions:

+ at least 10 other SHI-related words or terms to be found.

1. Which document is required for reimbursement of physiotherapy in addition to the bill and proof of payment?
2. What is a sudden event resulting in an injury for SHI purposes?
3. To which country other than USA does paragraph C.6 (place of treatment) of the SHI Rules currently apply?
4. What is the name of the supplementary benefit limit?
5. Which vaccine is reimbursed at 100% up to US\$500?
6. How many months do you have to submit a bill from its date of issue?
7. Which eye operation is reimbursed up to US\$3 500?
8. This screening test is reimbursed at 100% from age 50 up to US\$1 200 every 10 years.

(Answers on page 28)

## ANNEX 2

### SHI GUIDE TO HOSPITALIZATION

(non-emergency)

This Annex is intended solely for the information of SHI participants. The information provided in the lists is not exhaustive and is subject to changes. It does not form part of the SHI Rules, which is the only document that contains the complete and updated text of the SHI Regulations (please refer to <http://shi-online.who.int>).

#### Planned hospitalization (SHI Rule B.30)

For planned hospitalization (inpatient or day-care surgery), prior approval by SHI is required. The paying member should:

1. Request a **medical report and cost estimate** from the Health Care Provider (HCP), in particular if required by the SHI Rules<sup>1</sup>;
2. Submit both documents to the **SHI Medical Adviser** at [shimedicaladviser@who.int](mailto:shimedicaladviser@who.int);
3. If a medical report is not required, submit the cost estimate and diagnostic to **SHI Direct Payment** at [shidirectpayment@who.int](mailto:shidirectpayment@who.int);
4. Request a **Letter of Guarantee** to SHI Direct Payment, at least 2 weeks before the planned entry date.

After review and approval by SHI, a Letter of Guarantee will be issued directly to the HCP, who will send its invoice to SHI Direct Payment. The payment will be made at 100% for active staff members (recovery of the 20% by salary deduction) and at 80% for former staff members or active staff members whose contract expires within 3 months of the date of receipt of the bill (100% letter of guarantee may be provided upon request).

SHI reimbursement rates depend on the choice of HCP and the type of care (public, private or semi-private):

Health Care Provider	Type of rooms	Max. reimbursement rate	Maximum Out-of-pocket Expenses	Payment of invoice	Additional costs
Public hospital	Public ward	100 %	None	By SHI	N/A
	Private or semi-private (2 beds)	80%	20% + amount above the max. regional daily rate (see SHI Rule B.30.2)	By SHI	Contact SHI Direct Payment for private room rates.
Private hospital with convention	All				
Private hospital <b>without convention</b>	All	80%	20% + amount above the max. regional daily rate (see SHI Rule B.30.2)	<b>By the paying member</b>	

**Accommodation rates (including nursing care) during hospitalization are limited to a maximum amount per day based on local prices (check with your SHI regional team).**

#### Prior approvals

For maximum reimbursement ceilings and/or requirements for prior approval, see Part B (Benefits) and paragraph C.6 (Place of Treatment) of the SHI Rules.

#### Outpatient care

A Letter of Guarantee may also be requested on a case-by-case basis.

#### Contacts

<b>AFRO:</b> <a href="mailto:afgoshi@who.int">afgoshi@who.int</a> ☎ + 472 41 392 99	<b>PAHO:</b> <a href="mailto:fmr_fn_shi@paho.org">fmr_fn_shi@paho.org</a> ☎ + 1 202 974 3751
<b>EMRO:</b> <a href="mailto:emrgobfu@who.int">emrgobfu@who.int</a> ☎ +202 227 650 00	<b>SEARO:</b> <a href="mailto:seshi@who.int">seshi@who.int</a> ☎ +91 11 233 708 04
<b>EURO:</b> <a href="mailto:eushi@who.int">eushi@who.int</a> ☎ +45 45 337 000	<b>WPRO:</b> <a href="mailto:wproshi@who.int">wproshi@who.int</a> ☎ +632 528 8001 ( <a href="mailto:wprogscshi@who.int">wprogscshi@who.int</a> For Global Service Center)
<b>HQ:</b> <a href="mailto:shidirectpayment@who.int">shidirectpayment@who.int</a> ☎ 11818 (internally) or ☎ +41 22 791 18 18 (option 1)	

<sup>1</sup> Even when not required under the SHI Rules, participants are encouraged to obtain a cost estimate before undergoing treatment (especially surgeries), and ask for a second medical opinion if they feel it is necessary.

Notwithstanding the stated benefits of using Health Care Providers (HCP) which have entered into an agreement with WHO, the use of any HCP is and remains your exclusive responsibility. WHO cannot guarantee that the services of any HCP will be satisfactory, and will not be responsible for any negligence, errors and/or malpractice on the part of this HCP.

### Conventions with Hospitals in AFRO (public and private)

Country	Town / Region	Name
ALGERIA	Algiers	Clinique Al Azhar Clinique Diar Saada Clinique medico diagnostic du val Clinique Ennahda Clinique medico-chirurgicale Chazhrzed
BENIN	Cotonou	Clinique Sainte Anne d'Afrique Clinique de l'Union Clinique neurochirurgicale Clinique Point E Hôpital d'instruction des armées Centre médical Apithy Centre national hospitalier universitaire Hubert Koutoukou Maga (CNHU-HKM) Clinique Dr Pierre Boni Clinique ophtalmologique la lumière Clinique Atinkanmey Clinique polyvalente Mahouna Polyclinique les cocotiers
BURUNDI	Bujumbura	Kira Hospital SA
BURKINA FASO	Ouagadougou	Polyclinique Notre Dame de la Paix Polyclinique Internationale Ouagadougou Radiologie Centrale Clinique Philadelphie Centre Médical Protestant Schiphra Centre Hospitalier Universitaire pédiatrique Charles de Gaulles Centre Hospitalier Universitaire Valgado Ouedraogo Centre Hospitalier Universitaire de Tingandogo Clinique Frany Clinique Les Genêts
CHAD	Njamena	Clinique medico-chirurgicale Providence Hôpital de la Renaissance Clinique le Sao
CONGO	Brazzaville	Cabinet de cardiologie Clinique pasteur Hôpital central des armées Pierre Mobengo Polyclinique Elikia
CÔTE D'IVOIRE	Abidjan Area	Polyclinique avicennes Polyclinique internationale Sainte Anne-Marie (SOGEMED-PISAM) Polyclinique deux plateaux Polyclinique Divine Grâces Centre médical Chenal Centre medico-chirurgical France-Ivoire Clinique médicale Saint Viateur Clinique Saint Gabriel Clinique médicale Danga Clinique médicale le grand centre Clinique médicale les oliviers Polyclinique hôtel dieu d'abidjan Polyclinique internationale de l'indenie Polyclinique centrale d'abobo

DEM. REPUBLIC OF CONGO	Kinshasa	CIMAK Centre Hospitalier Monkole Centre Médical de Kinshasa Centre Médical de la Brèche Centre Médical Diamant Hôpital Biamba Marie Mutombo Clinique de Ngaliema
ETHIOPIA	Addis Ababa	American medical center/Samaritan surgical center Hallelujah General Hospital ICMC General Hospital
GABON	Libreville and area	Centre hôpitalier universitaire de Libreville (CHUL) Centre hôpitalier universitaire d'Angondjé-Libreville (CHUA) et Institut de cancérologie-Libreville Hôpital d'instruction des armées Omar Bongo Ondimba Libreville Polyclinique el Rapha Polyclinique Chambrier/Société de gestion des hôpitaux (SOGHO) Centre médical inter-entreprises Cabinet de groupe clinique Montagne Sainte Libreville Polyclinique union médicale Polyclinique sos médecins Samu Libreville centre CHUL
KENYA	Nairobi	Gertrude's children's hospital The Kenya hospital association Aga Khan university hospital
LIBERIA	Several	Aspen medical International
MADAGASCAR	Antananarivo	Polyclinique d'ilafy
MALI	Bamako	Hôpital Mali-Gavardo/Bamako Polyclinique Pasteur Polyclinique Guindo Polyclinique Alliance Médicale Centre de radiologie diagnostic et intervention Centre Yeleen Centre d'infectiologie Charles Mérieux Centre médical CELY Laboratoire d'analyses médicales Eureka Laboratoire PA & KA
MAURITANIA	Nouakchott	Clinique Kissi
NIGERIA	Abuja	Mizamiye hospital
SIERRA LEONE	Freetown	Aspen medical International Choithram memorial hospital Ecomed laboratory
SOUTH AFRICA	Several	Netcare hospitals (which covers over 300 facilities) Arwyp medical centre
SOUTH SUDAN	Several	Aspen medical International
TOGO	Lomé	Clinique Biasa Clinique Le Coeur
UNITED REP. OF TANZANIA	Dar es Salaam	Jakaya Kikwete Cardiac Insitiute of Dar es Salaam Muhimbili National Hospital Aga Khan Health Service / Aga Khan Hospital
UGANDA	Kampala	Kampala hospital ltd Nakasero hospital limited Paragon hospital Kampala ltd Uganda martyrs hospital Lubaga
ZAMBIA	Lusaka	Forest Park Specialised Hospital
ZIMBABWE	Harare	Trauma Centre Borrowdale

### Conventions with Hospitals in EMRO (public and private)

Country	Town / Region	Name
AFGANISTAN	Kabul	United Nations assistance mission in Afghanistan (UNAMA)
EGYPT	Cairo	Wadi El Nile Hospital Andalusia Hospital Al Maadi Misr International Hospital Alexandria New Medical Centre (Alex NMC) Al-Image Pharmacy National Eye Hospital (NEH) As Salam International Hospital
JORDAN	Amman	Jordan Hospital AlKhalidi Hospital and Medical Center
	Irbid	King Abdullah II hospital
LEBANON	Beirut	The American University of Beirut, medical center Hôtel Dieu de France hospital Trad hospital Saint Georges hospital Rizk hospital Clemenceau medical center
LIBYAN ARAB J.	Tripoli	United Nations support mission in Lybia
MOROCCO	Rabat	Polyclinique Internationale de Rabat
TUNISIA	Tunis	Polyclinique les jasmins Clinique Ennaser Clinic Carthagene International clinic Hannibal
UNITED ARAB EMIRATES	Dubai	Aster Hospital Zulekha hospital Canadian Specialist Hospital N.M.C Specialist Hospital Thumbay hospital

### Conventions with Hospitals in WPRO (public and private)

Country	Town / Region	Name
PHILIPPINES	Manila	Manila doctors hospital Makati medical center St Luke's medical center Asian hospital, inc. University of Santo Tomas hospital Dela Salle university hospital Medical center Paranaque
FIJI	Suva	Miot pacific hospitals Pacific specialist health care
MALAYSIA	Kuala Lumpur area	KPJ specialist hospitals Kuching specialist hospital Puteri specialist hospital Kedah medical centre Damai specialist hospital Sri Manjung specialist centre Kuantan specialist hospital Sibu specialist medical centre Pasir gudang specialist hospital Sunway medical centre Pantai hospitals Gleneagles Kuala Lumpur Gleneagles Penang Tropicana medical centre Sunfert international fertility centre Andorra women and children hospital
PAPUA NEW GUINEA	Port Moresby	Pacific International Hospital

### Conventions with Hospitals in EURO (public and private)

Country	Town / Region	Name
HUNGARY	Budapest	Honved Korhaz Military Hospital Uzsoki Hospital
TURKEY	Istanbul  Bursa, Kocaeli, Adana, Kayseri, Eskişehir, Bördüm and Ankara	ACIBADEM Healthcare Group : Maslak Hospital Fulya Hospital Kadıköy Hospital Atakent Hospital International Hospital Bakırköy Hospital Taksim Hospital Kozyatağı Hospital Bursa Hospital Kocaeli Hospital Adana Hospital Kayseri Hospital Eskişehir Hospital Bodrum Hospital Ankara Hospital
UNITED KINGDOM	London	London Medical The Royal Marsden NHS Foundation Trust

### Conventions with Hospitals in SEARO (public and private)

Country	Town / Region	Name
BANGLADESH	Dhaka	Apollo hospitals Square hospitals United hospital ltd
INDIA	New Delhi	Batra Hospital and Medical Research Centre MAX Health Care Saroj Super Speciality Hospital Sitaram Bhartiya Institute of Science and Research Hospital Pushpawati Singhanian Hospital and Research Institute Manipal Hospital VIMHANS Primamed Hospital BLK Super Speciality Hospital Gleneagles Hospital Millennium Cancer Center
	Nagpur	Zulekha HCP
	Gurgaon	Medanta – The Medicity
MYANMAR	Yangon	Parami Hospital
THAILAND	Bangkok	Bangkok Hospital Bumrungrad Hospital BNH Hospital Sirirajpiyamaharajkarun Hospital Samithivej Hospital Yanhee
	Hua Hin	Bangkok Hua Hin Hospital
	Udon Thani	Bangkok Hospital Udonthani
	Chiangmai	Chiangmai Ram Hospital
TIMOR-LESTE	Dili	Stamford Medical Lda. Clinic

### Conventions with Hospitals in AMRO/PAHO (public and private)

Country	Town / Region	Name
ARGENTINA	Buenos Aires	Centro de diagnostico Dr Enrique Rossi Hospital Aleman Congragación hijas de San Camilo Casa hospital San Juan de Dios Organización médica atlántica Sanatorio Mater Dei smd
BOLIVIA	La Paz	Clínica del sur S.A.
BRAZIL	Brasilia	Sabin laboratory
COLOMBIA	Bogotá	Hospital universitario de la fundación santa fe de Bogotá Clínica el Rosario Centro médico imbanaco s.a. Administradora country s.a. bógota
COSTA RICA	San José	Hospital San José sociedad anónima Hospital clínica bíblica
CUBA	La Habana	Comercializadora de Servicios Médicos Cubanos S.A.
DOMINICAN REPUBLIC	Santo Domingo	Centros de diagnósticos y medicina avanzada de conferencias médicas y telemedicina (CEDIMAT)
ECUADOR	Quito	Conjunto clínico nacional – Conclina C.A.
GUATEMALA	Guatemala	Empresa Hospitalaria Cemesa S.A.
GUYANA	Georgetown	Guyana and Trinidad mutual life insurance company limited
HAITI	Milot	Hôpital Albert Schweitzer (HAS) Hôpital Sacré-Coeur
HONDURAS	Tegucigalpa	Honduras medical center,
JAMAICA	Kingston	University Hospital of the West Indies Private Wing Ltd.
NICARAGUA	Managua	Hospital Metropolitano Vivian Pellas Hospital PAME – Hospital Militar Dr. Alejandro Dávila Bolaños
PARAGUAY	Asunción	Sanatorio Migone Battilana S.A.
USA	Several	TPA agreements
URUGUAY	Montevideo	Instituto Quirúrgico Sudamericano SRL

## Conventions with Hospitals in HQ (public and private) (Switzerland)

Note: The list below is not exhaustive and lists only hospitals in the local area. Contact SHI to know the status of any hospital not on this list.

Region/State	Name	Website	Location(s)	Speciality
GENEVA	HUG - Hôpitaux Universitaires de Genève	<a href="http://hug-ge.ch">hug-ge.ch</a>	GENEVA	All
	Clinique de Joli-Mont	<a href="http://hug-ge.ch/joli-mont">hug-ge.ch/joli-mont</a>	GENEVA	Convalescence Medical or surgical treatment follow-up
VAUD	CHUV - Centre Hospitalier Universitaire Vaudois	<a href="http://chuv.ch">chuv.ch</a>	LAUSANNE, PRANGINS, PRILLY, YVERDON-les-BAINS	All
	GHOL - Groupement hospitalier de l'ouest Lémanique (Hôpital de Nyon & Hôpital de Rolle)	<a href="http://ghol.ch">ghol.ch</a>	NYON, ROLLE	General healthcare services Surgery Intensive care Dialysis center Maternity unit Paediatrics Orthopaedic surgery Pneumology (Rolle)
	Hopital ophtalmique Jules-Gonin (CHUV)	<a href="http://ophtalmique.ch">ophtalmique.ch</a>	LAUSANNE	All ophthalmologic care, including emergencies Refractive surgery
VALAIS	Clinique Genevoise de Montana (HUG)	<a href="http://cgm.ch">cgm.ch</a>	CRANS-MONTANA	Internal medicine Psychosomatic medicine Rehabilitation Pain treatment
Region/State	Name	Website	Location(s)	Speciality
GENEVA	Clinique GENERALE BEAULIEU	<a href="http://beaulieu.ch">beaulieu.ch</a>	CHAMPEL	General healthcare services Surgery Maternity
	Clinique des GRANGETTES	<a href="http://grangettes.ch">grangettes.ch</a>	CHÊNE-BOUGERIES	General healthcare services Surgery Maternity
	Clinique LA COLLINE	<a href="http://lacolline.ch">lacolline.ch</a>	GENEVA	Surgery Dermatology Gastroenterology Gynaecology Orthopaedics Urology Psychiatry
	LA TOUR Réseau de Soins <sup>2</sup>	<a href="http://la-tour.ch">la-tour.ch</a>	MEYRIN & CAROUGE	General healthcare services, Surgery Maternity Gynaecology Cardiology Sports medicine

Region/State	Name	Website	Location(s)	Speciality
VAUD	Clinique BOIS-BOUGY	bois-bougy.ch	NYON	Functional rehabilitation Convalescence Geriatrics
	Clinique LA LIGNIERE	la-ligniere.ch	GLAND	Cardiovascular rehabilitation Functional rehabilitation Psychiatry Internal medicine
	Clinique LA METAIRIE	lametairie.ch	NYON	Psychiatry Psychotherapy Addictions
Multiple locations	GENOLIER Swiss Medical Network (GSMN) <sup>3</sup>	genolier.net	GENOLIER, FRIBOURG, NEUCHÂTEL, SION and others	Various, depending on location

<sup>2</sup> La Tour Réseau de Soins : Hôpital de la Tour, Clinique de Carouge, Centre Médical de Meyrin (out-patient treatments).

<sup>3</sup> Clinics of the GSMN : Clinique de Genolier (VD), Clinique de Montchoisi (VD), Clinique de Privatlinik Valmont (VD), Clinique Générale St-Anne (FR), Clinique de Valère (VS), Hôpital de la Providence (NE), Obach (SO), Privatlinik Villa Im Park (AG), Privatlinik Bethanien (ZH), Privatlinik Lindberg (ZH), Clinica Sant'Anna (TI), Clinica Ars Medica (TI).

## Conventions with Hospitals in HQ (public and private) (France)

Note: The list below is not exhaustive and lists only public hospitals in the local area. Please contact SHI to know the status of any hospital not in this list.

Country/State	Name	Website	Location(s)	Speciality
FRANCE/ HAUTE-SAVOIE (74)	Centre Hospitalier Alpes-Léman (CHAL)	ch-alpes-leman.fr	CONTAMINE- sur-ARVE	General healthcare services Surgery Intensive care Maternity and paediatrics
	Centre Hospitalier Annecy Genevois (CHANGE)	ch-annecygenevois.fr	ANNECY	General healthcare services Surgery Intensive care Maternity and paediatrics Psychiatry Hospitalisation at home
	Hôpital intercommunal Sud Léman Valserine	ch-annecygenevois.fr	SAINT-JULIEN EN-GENEVOIS	General healthcare services Surgery Maternity and paediatrics Hospitalisation at home
	Hôpitaux du Léman (Georges Pianta)	hopitauxduleman.fr	THONON- LES-BAINS	General medicine Surgery Geriatrics Maternity and paediatrics Psychiatry Hospitalisation at home
FRANCE/ AIN (01)	Centre hospitalier de Bourg-en-Bresse	ch-bourg-en-bresse.fr	BOURG- EN-BRESSE	General healthcare services Surgery Oncology Intensive care Maternity and paediatrics Geriatrics
	Centre hospitalier d'Hauteville	chph.org	HAUTEVILLE- LOMPNES	Rehabilitation Convalescence Geriatrics Addictions
	Centre hospitalier du Haut Bugey	ch-hautbugey.fr	OYONNAX	General medicine Surgery Maternity unit
FRANCE/ RHÔNE(69)	Hospices Civils de Lyon	chu-lyon.fr	LYON	All

Region/State	Name	Website	Location(s)	Speciality
HAUTE-SAVOIE (74)	Clinique Générale d'Annecy	clinique-generale.net	ANNECY	General healthcare services, Surgery Maternity and paediatrics Oncology, Radiology
	Clinique d'Argonay	generale-de-sante.fr	PRINGY	Surgery Medicine
	Hôpital Privé Pays de Savoie	generale-de-sante.fr	ANNEMASSE	General healthcare services, Surgery Intensive care Maternity and paediatrics Ophthalmology Gastroenterology
	Clinique des Vallées	cdv-inicea.fr	VILLE-LA-GRAND	Psychiatry
AIN (01)	Clinique Dr. Convert	clinique-convert.fr	BOURG-EN-BRESSE	General healthcare services Surgery
RHÔNE (69)	Clinique Natecia	natecia.fr	LYON	Maternity

### Conventions with outpatient care providers (France and Switzerland)

Note: SHI members benefit from preferential rates

Region/State	Name	Website	Location(s)	Speciality
GE	Clinique de l'Œil - Onex	monoecil.ch	ONEX	Ophthalmology, including outpatient surgery
VD	Hôpital ophtalmique Jules-Gonin (CHUV)	ophtalmique.ch	LAUSANNE	All ophthalmologic care, including emergency service Refractive surgery
FRANCE	Centre Ophtalmologie Genevois	cogenevois.com	ANNEMASSE	All ophthalmologic care
FRANCE	Centre de l'Œil Prévessin	centroeil.fr	PREVESSIN-MOËNS	All ophthalmologic care
GE	Centre Médical de Meyrin (La Tour Réseau de Soins)	la-tour.ch	MEYRIN	Health care services, including emergency consultations
GE, VD, and nearby France	SITEX	sitexsa.ch	PLAN-LES-OUATES, LAUSANNE	Nursing services at home, Hospitalisation at home
VD	Fondation Vaudoise pour le Dépistage du Cancer du Sein	brust-screening.ch	LAUSANNE	Breast cancer screening
GE	Fondation Genevoise pour le Dépistage du Cancer du Sein	brust-screening.ch	GENEVA	Breast cancer screening
GE	Pharmacie de Budé		GENEVA	Medicaments
	<b>Other pharmacies on a case by case basis</b>			

## ANNEX 3

### AMENDMENTS TO THE SHI RULES EFFECTIVE 1 FEBRUARY 2019

Information Note 38/2018 issued on 28 December 2018 informed participants that the Staff Health Insurance (SHI) Rules had been amended, effective 1 January 2019 (**Annex 1**). These amendments included new rules regarding Medicare in the USA and in particular the requirement for eligible participants to enroll in the United States Medicare **Part B** under new SHI Rules C.27 and E.13. The purpose of this Information Note is to inform all participants that SHI Rules C.27 and E.13, as well as the related definition under Part A, have been further amended, **effective 1 February 2019**, as shown below, to **also** include the requirement for eligible participants to enroll in the United States Medicare **Part A**.

In addition to the above, SHI Rules B.30.1 and B.70.1 have been amended to include "Switzerland".

The SHI Rules, as amended effective 1 January 2019 and further amended effective 1 February 2019 as described above, have been published on [SHI-Online](#).

SHI Rule	Changes effective 1 February 2019 in red
<b>Part A – Appendix</b>	
Definition for SHI purposes for "Medicare <b>Part A and Part B</b> "	components of the Medicare national health insurance programme administered by the United States of America federal government (Medicare).
<b>Part B – Benefits</b>	
B.30.1	In Canada, <b>Switzerland</b> and USA: minimum cost of a semi-private (2 beds) room, subject to max. regional daily rate.
B.70.1	In Canada, <b>Switzerland</b> and USA: cost of a semi-private (2 beds) room, subject to max. regional daily rate in a recognized medical institution: convalescent, nursing or geriatric home, cardiovascular rehabilitation.
<b>Part C – Claims procedure and reimbursement</b>	
<b>New title "Medicare (USA)"</b>	
New Rule C.27	"Former staff members, their dependants and other eligible family members participating in the SHI ("participating family members") and referred to in paragraph E.13 and enrolled in the United States Medicare <b>Part A and/or Part B</b> (Medicare <b>Part A and/or Part B</b> ), as applicable, will receive – through a corresponding payment to the former staff member concerned - a subsidy equal to 100 per cent of their contribution towards participation in the Medicare <b>Part A and/or Part B</b> , as applicable, subject to the conditions set forth in WHO/SHI Medicare reimbursement Form and related Guidelines, Application for Reimbursement of Medicare <b>Part A and/or Part B</b> Premiums."
<b>Part E – Eligibility and contributions</b>	
New Rule E.13	"All former staff members, dependants and other eligible family members participating in the SHI Plan("participating family members") and who qualify for participation in the United States Medicare <b>Part A and/or Part B</b> (Medicare <b>Part A and/or Part B</b> ) are required to enroll in Medicare <b>Part A and/or Part B</b> , as applicable. As from 1 January 2020, those former staff members and participating family members who choose not to enroll in Medicare <b>Part A and/or Part B</b> , as applicable, will have their medical expenses in USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by former staff members and participating family members who are 75 or older on 1 January 2019."

## Annex 1

## AMENDMENTS TO THE STAFF HEALTH INSURANCE RULES EFFECTIVE 1 JANUARY 2019

The purpose of this Information Note is to inform all participants that the Staff Health Insurance (SHI) Rules have been amended as a result of the decisions made by the Director-General following the tenth, eleventh and twelfth Meetings of the SHI Global Oversight Committee in June and November 2018.

The amended SHI Rules, effective 1 January 2019, have been published on [SHI-Online](#). A summary description of the amendments to the SHI Rules effective 1 January 2019 can be found in the below **summary description**.

Staff are reminded that SHI benefits are subject to conditions, limitations and/or exclusions as contained in the SHI Rules. It is the responsibility of participants to inform themselves of the SHI Rules, including any amendments thereof.

Before seeking medical care, participants are encouraged to consult the SHI Rules and ascertain whether benefits are subject to conditions, limitations and/or exclusions. For maximum reimbursement ceilings and/or requirements for prior approval, please refer in particular to Part B (Benefits) and paragraph C.6 (Place of Treatment) of the SHI Rules. For examples of benefits limited to a maximum number of sessions, see paragraphs B.96 to B.109 and B.240 to B.241 of the SHI Rules. Also note that accommodation rates (including nursing care) during hospitalizations are limited to a maximum amount per day based on local prices (please check with your SHI regional team).

We particularly draw your attention to new rules with regard to:

**Medicare in the USA** which concerns former staff and future former staff who qualify for participation in the United States Medicare Part B (Medicare Part B) are required to enroll in Medicare Part B programme, as applicable – for more information please read SHI rules C.27 and E.13.

**Fraud Prevention** – is a major concern for SHI and as such several new rules have been established in order to assist with its prevention and also to align SHI rules with those of the Organization. Please take note of C.28 which no longer allows payment of bills in cash above US\$ 500. Please also read SHI rules C.26 and H.6 to H.8 on Fraud, Infringement of SHI Rules.

If participants have any doubts with respect to reimbursable benefits, they should contact the SHI team (list of contacts can be found [here](#)). In addition, participants are encouraged to obtain a cost estimate before seeking medical care (in particular in the case of benefits with reimbursement ceilings or surgeries or other expensive medical care) and contact SHI to verify the adequacy of the cost estimate on the basis of usual charges in the locality for similar services.

### Amended SHI Rules effective 1 January 2019 - Summary description

SHI Rule	Main changes
<b>Part A – Appendix</b>	
Definition for SHI purposes for “Medicare”	federal U.S. health insurance program for people who are 65 or older, certain younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).
Definition for SHI purposes for “Medicare Part B”	component of the Medicare national health insurance programme administered by the United States of America federal government (Medicare).
Definition for SHI purposes for “out-of-network treatment”	treatment provided by a physician, health care facility or other health care provider which has not contracted with WHO/PAHO’s third party administrator (TPA) for reimbursement at negotiated prices.
<b>Part B - Benefits (excluding editorial changes)</b>	
B.21 “maxillofacial surgery”	no longer requires SHI/GSC approval but that of the SHI Officer.
B.86 “Spa treatments/Thermal cure”	“Thalassotherapy” added to services not reimbursed.
B.113 “Cataract”	New Rule B.113.1 No increase in ceiling and simplification of process for standard surgeries within approved limit of US\$ 3500 per eye.
New Rule B113.2	Cataract with complications and/or hospitalization reimbursed without limit in exceptional cases and with prior approval and medical report.
New under B.150 “Vaccines”	<ol style="list-style-type: none"> <li>a. Ceiling of US\$ 200 has been removed.</li> <li>b. Other vaccines have been added to the list: BCG, Cholera, Diphtheria containing vaccines, Measles containing vaccines, Meningococcal conjugate, Pertussis-containing vaccines, Pneumococcal conjugate, Polio-containing vaccines, Rubella-containing vaccines, Tick-borne encephalitis, Typhoid conjugate and polysaccharide.</li> <li>c. HPV ceiling of US\$ 500 has been removed.</li> <li>d. Zoster/Shingles - the age has been lowered to 50 from 60 and “two doses” has been added.</li> </ol>

SHI Rule	Main changes
B.161 "Preparation for birth delivery classes given by a midwife"	"Nurse" has been added.
New B.186 "Food supplements/baby milk"	revised to require a medical report and to have prior approval by SHI Officer in HQ.
B.212 "hearing aids including maintenance"	prior approval is no longer required.
B.214 "Insoles"	revised from US\$ 500 per year to US\$ 1000 every 2 years.
B.219 "Medical Bed"	revised to require SHI Officer HQ prior approval and no longer SHI/GSC's.
B.225.1 and B.225.2 "Apnea Machine"	purchase or rental revised to require a medical report every 5 years.
B.251.1 "Surface ambulance between health care facilities"	medical report and prior approval no longer required.
<b>Part C – Claims procedure and reimbursement</b>	
<b>New title "Limitations" Added</b>	
New Rule C.7 "Out-Of-Network-Treatment in the United States of America"	<p>"For staff members under C.6.1(i), former staff members under C.6.1(ii), and their related dependants and eligible family under C.6.3, including with respect to benefits under C.6.1(iii) and medical care under C.6.1(iv), effective 1 January 2020, the ceiling for reimbursement of out-of-network treatment received in the United States of America will be two times the Medicare rate for such treatment (the Medicare ceiling).</p> <p>C.7.1 This ceiling of reimbursement may be waived in exceptional cases or in cases of emergency when travel is not possible for medical reasons.</p> <p>C.7.2 For the purpose of application of paragraph C.2, the amount above the Medicare ceiling rate is not included in supplementary benefit (catastrophic limit) calculation.</p> <p>(Note: The transition period of one year is applied from 1 January 2019, to allow participants who have their treating physician outside the Third Party Administrator (TPA) network to find a new physician in-network)."</p>
<b>New title "Suspected fraud or attempted fraud – withholding of payments"</b>	
New Rule C.26	"In case of suspicion of fraud or attempted fraud in respect of the funds of the SHI, the SHI Officer in HQ may withhold payment of benefits under these rules until a decision is made on whether fraud or attempted fraud has been committed. Exceptionally, the SHI Officer in HQ may authorize payment of benefits through direct payment to the health care provider of the cost of reimbursable care up to the SHI's maximum liability under these rules. Once it has been established whether fraud or attempted fraud has been committed, any payment of withheld benefits will be made subject to, and in accordance with, these rules and taking into account any deductions under paragraph C.23 , as the case may be."
<b>New title "Medicare (USA)"</b>	
New Rule C.27	"Former staff members, their dependants and other eligible family members participating in the SHI ("participating family members") and referred to paragraph E.13 and enrolled in the United States Medicare Part B (Medicare Part B), as applicable, will receive – through a corresponding payment to the former staff member concerned - a subsidy equal to 100 per cent of their contribution towards participation in the Medicare Part B, as applicable, subject to the conditions set forth in WHO/SHI Medicare reimbursement Form and related Guidelines, Application for Reimbursement of Medicare Part B Premiums."
<b>New title "Cash payments"</b>	
New Rule C.28	"Cash payments (from participants to Health Care Providers) are strongly discouraged and not allowed above US\$ 500. Requests for exceptions should be sent to the appropriate SHI Officer and may be granted on a case by case basis."

SHI Rule	Main changes
<b>Part E – Eligibility and contributions</b>	
New Rule E.5.1	“Notwithstanding paragraph E.5, when one spouse is a staff member on a fixed-term or continuing appointment (staff member on FT/CA) and his/her spouse is a staff member on a temporary appointment under Staff Rule 420.4 (staff member on a TA), before separation from service of the staff member on TA, the staff member on FT/CA may elect to request cover for his/her spouse as a dependent or non-dependent spouse, as applicable, from the separation date until the effective date of the spouse’s new WHO appointment (if any) or the date his/her eligibility ceases under these Rules, whichever is earlier. Where such coverage is elected, the contribution for the spouse is deducted from the salary of the staff member on FT/CA for the duration of the coverage.”
New Rule E.13	“All former staff members, dependants and other eligible family members participating in the SHI Plan (“participating family members”) and who qualify for participation in the United States Medicare Part B (Medicare Part B) are required to enrol in Medicare Part B, as applicable. As from 1 January 2020, those former staff members and participating family members who choose not to enroll in Medicare Part B, as applicable, will have their medical expenses in USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by former staff members and participating family members who are 75 or older on 1 January 2019.”
<b>Part F – Finance</b>	
F.6.5	“any administrative expenses are charged, up to a maximum of 6% of total contributions collected and other sources of income.”
<b>Part H – Appeals and general provisions</b>	
H.6 “Fraud, infringement of SHI Rules”	“All cases of fraud, confirmed, attempted or suspected, against the funds of the SHI shall be dealt with in accordance with the procedure for reporting and follow-up of cases of fraud and losses of cash or property laid down in the relevant provision of the e-Manual <u>and may result in disciplinary measures and recoveries of any indebtedness to the SHI and any other action under WHO’s Staff Rules and policies and these rules.</u> ” <del>“If it is established that fraud has in fact been committed or attempted, the case shall be referred to the SHI/GSC or SHI/GSC Sub-Committee.</del>
New Rule H.7	“Except as set out in paragraph H.7.1, if it is established that fraud has been committed or attempted, the participant concerned shall be automatically excluded from participation in the SHI. His/her dependants and other eligible family members participating in the SHI (“participating family members”) shall also be automatically excluded. The exclusion shall be effective from the date of notification thereof to the participant concerned or, in case of serving staff members who are dismissed or summarily dismissed for misconduct, from the effective date of the dismissal or summary dismissal of the staff member concerned.”
New Rule H.7.1	“In the exceptional case where it is established that fraud has been committed or attempted, but the serving staff member is not dismissed or summarily dismissed for misconduct, the automatic exclusion from participation in the SHI will not apply.”
New Rule H.8	“Any appeal of a decision referred to in paragraphs H.7-H.7.1 must be made in writing to the SHI/GSC within two months of the date of notification thereof. The SHI/GSC shall report to the Director-General who shall make the final decision. The participant concerned may refer the decision of the Director-General to the Administrative
	Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.”

SHI can be contacted for any additional information by email [shihq@who.int](mailto:shihq@who.int) or by telephone 022.791.18.18.

## Claims Trivia

- Of the 105,600 claims that were processed in 2018, 74,800 were on-line and 30,800 were by envelopes in 148 different currencies.
- The average number of claims per person in 2018 is 3.02.
- 7,131 participants submitted claims on-line. 6,347 of which were active staff members, and 784 retirees/survivors.
  - Retirees: 65% paper, 17% online, 18% no submission
  - Staff: 10% paper, 61% online, 29% no submission

(Figures exclude AMRO/PAHO)



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*Have a healthy 2019!*



**How well do you know  
 the SHI Rules?  
 Here are the answers!**

N	C	G	I	N	S	U	R	A	N	C	E	C	E	P
L	D	O	O	N	P	X	W	C	O	L	U	F	N	E
T	W	E	L	V	E	N	H	A	A	E	V	O	D	P
M	O	F	D	O	E	R	O	T	C	N	S	D	E	R
E	R	C	T	H	N	R	H	A	P	A	A	E	N	E
D	L	L	W	C	R	O	N	R	R	I	L	D	T	S
I	D	R	H	T	A	E	S	A	W	S	H	I	A	C
C	S	E	P	H	E	R	P	C	N	D	L	O	L	R
A	C	T	V	I	E	A	E	T	O	C	A	N	M	I
L	O	P	T	I	C	A	L	X	N	P	E	L	C	P
U	T	I	O	A	S	H	L	H	E	O	Y	I	L	T
O	R	G	A	N	I	Z	A	T	I	O	N	N	E	I
C	A	T	A	S	T	R	O	P	H	I	C	E	S	O
E	S	T	A	F	F	A	C	C	I	D	E	N	T	N
T	R	E	I	M	B	U	R	S	E	M	E	N	T	L