

E^sCB
**Staff Committee of the European
Central Bank**

CSAIO3, London 26/27 September 2002
Medical Insurance

ESCB

Staff Committee of the European Central Bank

Staff Committee vision.

We want to constructively contribute, shaping the ECB into a world class organisation, characterised by professionalism and continuous improvement.

Keep staff highly motivated, and recognised as the main asset of the institution.

Establish an ECB corporate culture, built on staff participation and mutual respect.

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General information (I) Headquarters Agreement

Article 15

Non-applicability of German labour and social welfare law

Pursuant to Article 36 of the ESCB Statute, the conditions of employment of the members of the Executive Board and the employees of the ECB shall not be subject to either the substantive or the procedural labour and social welfare law of the Federal Republic of Germany.

Article 16

Eligibility to join statutory health insurance scheme

Members of the Executive Board and employees whose participation in the statutory health insurance scheme has ceased upon their taking up employment with the ECB or by their having been employed by the EMI, shall be eligible to join the statutory health insurance scheme, in application *mutatis mutandis* of Section 9, paragraph 1 (No. 5) of Vol. 5 of the code of social law, if they again take up employment within two months of the termination of their employment with the ECB. The health insurance scheme shall be notified of their joining within three months of their taking up employment.

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General information (II) Conditions of Employment Mandate of the Staff Committee

- 45. A Staff Committee whose members are elected by secret ballot shall represent the general interests of all members of staff in relation to contracts of employment; staff regulations and remuneration; employment, working, health and safety conditions in the ECB; social security cover; and pension schemes.

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General information (III)

- A comprehensive medical benefits and dental plan has been agreed with "Les Assurances Générales" de France SA (Paris).
- There is no waiting period and no prior medical examination for the member of staff and those insured with him/her.
- The contract is administered by the broker J. Van Breda & Co. International (Antwerp), who handles all claims.
- World-wide validity, effective from date of appointment

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Broad lines of financing

- The monthly premium for the period 01.10.00 – 30.09.02 amounts to 4.496% of the basic salary.
- 0.128% for reimbursement of expenses due to accidents at work and occupational diseases shall be fully borne by the ECB.
- On the remaining 4.368%, the ECB shall bear two-third of this premium. The one-third staff contribution to the premium amounts to 1.456% of the basic salary.
- The premium is deducted from the monthly salary payment.

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Who is covered

- Provide staff, dependant spouse*, recognised partner, dependant children with coverage against medical and dental expenses
- Short-term staff have the option to be insured through Van Breda or not - proof of sufficient medical cover must be submitted
- A person entitled to reimbursement of expenses under another health insurance scheme shall in the first instance claim for benefit under the other insurance. If reimbursement under the other insurance is lower than the reimbursement which would normally be paid under the ECB's plan, the ECB insurer shall pay the difference.

*Dependant spouse = annual earning less than EUR 44,581.00

*Dependent child = the legitimate, natural or adopted child of a member of staff or of his/her spouse or recognised partner; a child in the custody of a member of staff for whom the member of staff has lodged an application of adoption with the competent national authority; or a child of the ex-spouse or ex-recognised partner of a member of staff but not of the member of staff, who resides in the member of staff's household.

In addition, the child must actually be being maintained by the member of staff, where "actually being maintained" means that the child does not have a personal gross annual income in excess of EUR 9,073 and is not on military or alternative service.

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Percentages of cover

- 85% of most expenditure on ambulant treatments*
- 85% of expenditure for medical prescriptions
- 80% of dental care
- The ceiling for dental care is EUR 7,670.00 per person per consecutive periods of 24 months, the first period starting at the inception date of each members individual coverage.
- 100% of expenditure for hospitalisation and serious illnesses. Some preventive care is also covered (annual check-up, cancer tests, half-yearly dental check-up, vaccinations).
- Medical expenses in respect of treatment due to an accident at work or an occupational disease shall, in principle, be reimbursed at the rate of 100%, without maximum ceiling.
- If, during a calendar year, expenses not reimbursed by way of basic cover exceed EUR 1,000.00, an additional reimbursement shall be effected. The non-reimbursed portion of the expenses which is in excess of the threshold of EUR 1,000.00 shall be reimbursed at 100%.

* Ambulant treatment requiring the use of an operating room (e.g. laser surgery), qualifies for 100% reimbursement.

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Reimbursement / claims processing

All claims for reimbursement are administered by J. Van Breda & Co. International, our broker, who is situated in Antwerp (Belgium).

After the claim form has been completed, the required bills (original documents) are attached, it can be send through the ECB mail system to Van Breda (a stamp is not necessary).

Address Labels are available for this purpose as well.

Staff satisfaction

High degree of satisfaction

Good cover of medical needs

Excellent price/quality comparison (German statutory health scheme 20% contribution for less cover)



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Long-term care

- Not covered under the Medical Insurance
- Subject of a separate contract to be tendered out in the near future

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Reintegration into national health scheme

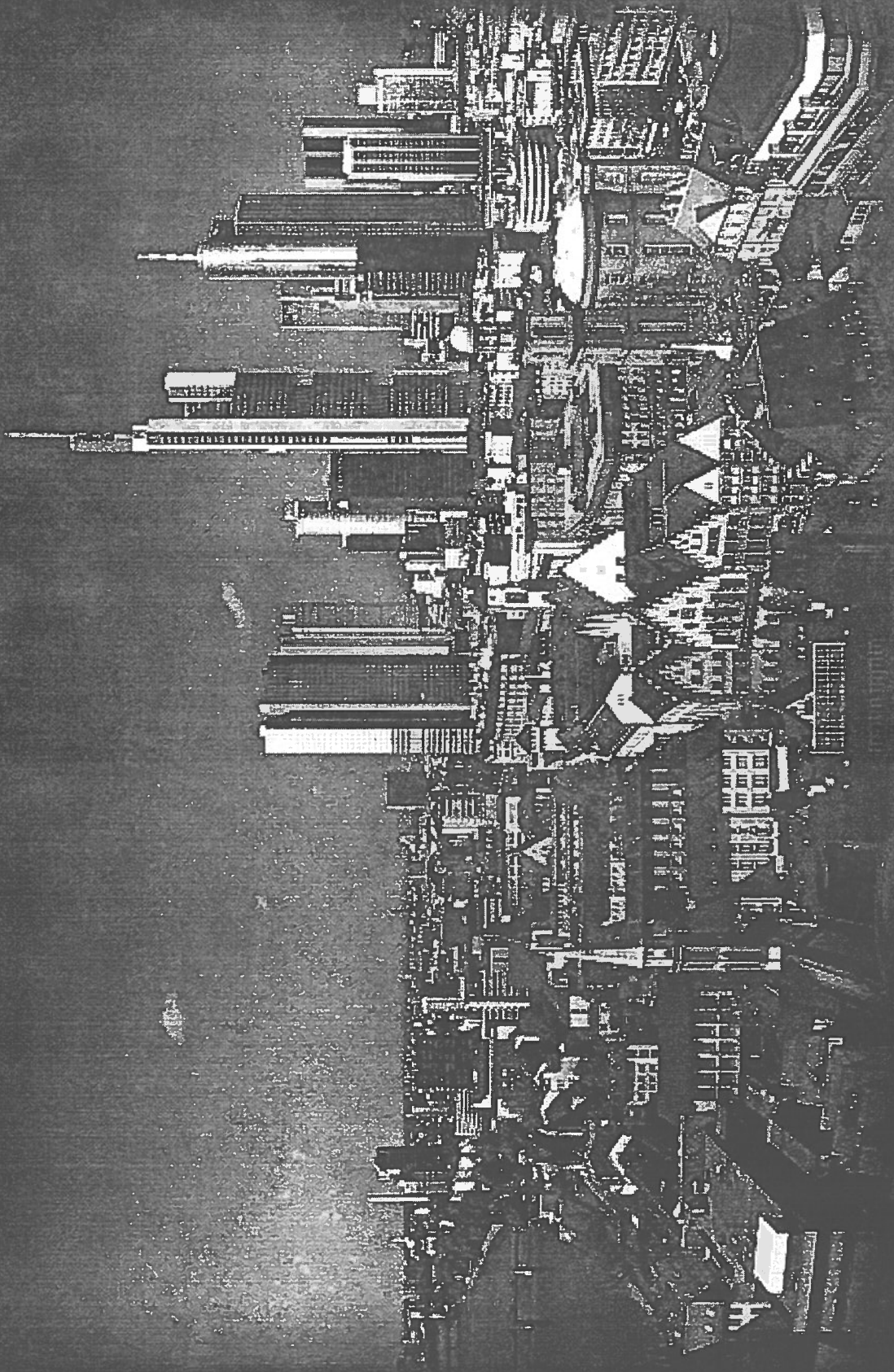
- Cover normally ceases on the date on which employment with the ECB ends or, in respect of the member of staff's spouse, recognised partner or children, on the date on which they are no longer considered as dependent.
- Continuation or conversion of cover may be arranged according to the following rules:
- Cover may be continued for a maximum period of six months (or longer in the case of former members of staff in receipt of unemployment benefits), starting on the day following the date on which the insured person would normally cease to be covered under the ECB's medical and dental plan. The premium shall be calculated on the basis of the last full basic monthly salary. Where a member of staff is entitled to the unemployment benefit of the ECB the premium will be shared equally by the ECB and the member of staff concerned.

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Medical cover for retirees

- A former Member who is in receipt of a pension on retirement immediately following active Service or a Dependant who is in receipt of a pension following the death of such a former Member shall have access to the medical and dental insurance of the ECB. The participation of such persons shall be governed by the same terms and conditions in force for members of staff. For the calculation of the premium, however, “salary” shall be substituted by “pension”, as determined below.
- In the case of former Members, the basis of the premium shall be the pension to which they were entitled on retirement, before any part of the pension was converted to a lump sum, and shall be subject to increases in line with that pension.



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