



**Versicherungsanstalt
öffentlich Bediensteter**



BVA InForm

**Your Partner for
Health and Accident Insurance
and Pension Service**



**Director General
Gerhard Vogel**



**President
Fritz Neugebauer**

The leaf – a symbol of life

It is the wish and aim of the BVA to maintain and improve the health of its clients. The leaf, a symbol of life and a healthy environment, is synonymous with the underlying objective of the BVA.

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Although this brochure has been carefully drafted and checked, the possibility of mistakes cannot be ruled out entirely. However, no rights whatsoever can be deduced from any such mistake. This publication was written to address men and women alike. This document is an English translation of a German original. It is provided for information purposes only. The original German version of this brochure is binding and authoritative in all cases.

Dear Reader,

we would like to introduce to you and your co-insured family members the broad range of services offered by the BVA. The brochure **BVA InForm** serves to present the many aspects associated with our health and accident insurance as well as our Pension Service, should you be a retired civil servant.

Our employees are always on hand to answer questions and enquiries in person, by telephone or in writing via post, fax and e-mail. You can find details about our service centres, telephone and fax numbers, along with our opening hours in this brochure (page 48). You can call the **service center** of your BVA centre throughout Austria on **050405**.

We would also like to take this opportunity to invite you to visit our **website www.bva.at**. Here you can find a wealth of information concerning the range of services we offer, while also being able to take advantage of numerous **online services** such as inquiring about periods of insurance or **downloading** various forms.



Should you have any suggestions, we would be delighted to receive them.

Your health is important to us!

With compliments,

President Fritz Neugebauer

Director General Gerhard Vogel

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▶▶▶ The green arrows point to additional useful information



General Information

BVA is the German abbreviation of the Austrian Insurance Fund for Civil or Public Servants. In our position as the statutory health and accident insurance provider for civil servants in Austria, together with the new public sector employees under contract at a federal, regional, municipal and community association level, we provide services to around 750,000 clients (insured persons and co-insured relatives).

Our headquarters at Josefstädter Straße 80 in Vienna's 8th district are home not only to the head office, but also to the regional offices for Vienna, Lower Austria and Burgenland, as well as to an outpatient clinic for dentistry, oral health and orthodontics, ophthalmology and internal medicine (preventative medical checkups and screening). Additional regional offices are located in Graz, Linz, Salzburg, Klagenfurt, Innsbruck and Bregenz; two branch offices are situated in St. Pölten and Eisenstadt. We also run another dental outpatient clinic at our regional office in Salzburg. In addition to this, we also have a rehabilitation and spa health centre in Bad Schallerbach, a rehabilitation centre in Baden bei Wien and one therapy centre each in Waidhofen an der Ybbs and Bad Tatzmannsdorf.

The BVA's Pension Service is located at Barichgasse 38 in Vienna's 3rd district.

Our clients

Health and accident insurance for the public sector is regulated by the Austrian Civil Servants' Health and Accident Insurance Act (B-KUVG). In order to be eligible for this form of compulsory insurance, persons must have a public service employer (or must hold a respective mandate or a public function), and must be normally resident in Austria in the case of retired civil servants and retired new public sector employees under contract.

In its position as a health insurer, the BVA handles all reporting, insurance and contribution activities. This also covers branches of insurance (pension insurance, unemployment insurance) and contributions (e.g. to the Austrian Chamber of Labour, to severance pay funds, or housing subsidy contributions) that do not fall within the BVA's scope of responsibility.

As of 1 January 2007, the BVA has also been responsible for calculating and paying the federal civil servants' pensions (and their survivors' maintenance benefits) including care allowances. Pursuant to the Federal Pensions Office Transfer Act (BPAÜG), the BVA performs this task through indirect federal administration.

Compulsory insurance in the field of health and accident insurance

- **Civil servants**
Employees in a public-law employment relationship with the federal government, a federal province, a community association or a municipal authority.
- **„New“ public sector employees under contract („neue“ Vertragsbedienstete)**
 - Staff under contract with the federal government pursuant to the Act on Public Sector Employees under Contract (VBG) of 1948, whose employment began on or after 1 January 1999.
 - Staff under contract with a federal province, municipal authority or community association, whose employment began on or after 1 January 2001.
- **Employees of certain institutions**, such as public funds, foundations, institutes and companies that are run by the state, a province or a municipal authority, as well as employees of the Austrian National Theatres and of the Austrian Central Bank, whose private-law employment relationship fulfils three notable criteria:
 - non-terminable tenure
 - the employee's/survivor's legal right to future pension/maintenance benefit payments
 - the employee's right to receive full pay while on sick leave for at least six months
- **University employees** in accordance with the Austrian Universities Act (UG) 2002

- **Public representatives of the people and holders of public office**
People who are elected or appointed to public office to act as legislators or law enforcement officials or to administer justice.

Active insured persons (not retirees) are only subject to compulsory health insurance in compliance with the B-KUVG if their contribution base exceeds the marginal earnings threshold (Geringfügigkeitsgrenze).

If income is below or equal to the marginal earnings threshold, only accident insurance is compulsory according to the B-KUVG. Persons falling under this category of being partially insured have the option of voluntarily insuring themselves.

Compulsory health insurance only

- persons receiving retirement pay, i.e. retired civil servants
- persons receiving maintenance benefits, i.e. widows, widowers, surviving registered partners or orphans
- persons receiving own or survivor's pensions pursuant to the General Austrian Social Security Act (ASVG), if the economically active or deceased person was last health-insured in accordance with the B-KUVG
- persons receiving childcare benefit, as long as this is being received from the BVA

Compulsory accident insurance only

- insurance representatives in the administrative bodies of the BVA
- voluntary probation officers in accordance with the Austrian Probation Officers Act (BewHG)
- members of prison monitoring committees (Vollzugskommissionen)
- marginal part-timers (geringfügig Beschäftigte)

Persons exempted from compulsory insurance (health and/or accident insurance)

- members of an employer's health or accident welfare institution (KFA)
- persons performing non-military service

▶ ▶ ▶ In view of the great number of different groups of people who are insured by us, we have only provided some examples. Please refer to our social security act (B-KUVG, Articles 1 et seq.) for details.



Health Insurance

If you are ill (suffering from an abnormal physical and/or mental condition), we will cover the costs of the necessary medical treatment.

The law provides the framework by exactly defining the necessary course of treatment. This framework constitutes a set of measures suited to restoring, stabilising or improving a person's health as well as his/her ability to work and to take care of his/her own personal needs. The treatment must be sufficient and effective but may not go beyond what is necessary.

▶ ▶ ▶ You can find more detailed information on health insurance on our website at www.bva.at/kv.

Health insurance benefits

As far as health insurance benefits are concerned, a distinction is made between statutory insurance benefits and voluntary benefits.

Statutory insurance benefits

Statutory insurance benefits are benefits that constitute a legally enforceable entitlement:

- medical assistance provided by physicians
- services on a par with medical assistance provided by physicians
 - physiotherapy
 - treatment by an authorised massage therapist [pursuant to the Medical Massage Therapist and Massage Therapist Act (MMHmG)]
 - speech therapy
 - ergotherapy
 - diagnostic assessments by clinical psychologists
 - psychotherapy
- dental treatment and tooth replacement
- medication (drugs)
- medical aids and devices
- institutional care or home health care
- maternity benefits
- transport costs in certain cases
- monetary benefits (sick pay, maternity allowance – only for public sector employees under contract)

Similarly, the **preventative medical check-up** to diagnose diseases early is also classified as being a statutory insurance benefit.

Voluntary benefits

Extended medical treatment (e.g. health resort visits) constitutes a voluntary benefit that requires **prior approval** to be obtained from the BVA in every case. There is no legally enforceable claim.

By the same token, travel costs also generally constitute a voluntary benefit.

▶ ▶ ▶ When taking advantage of health insurance benefits, it may be possible to claim reimbursement of travel costs depending on the circumstances. Refer to page 29 for more information.

▶ ▶ ▶ You can find more detailed information on statutory insurance benefits from page 16 and on voluntary benefits from page 30.

Treatment contribution

The term treatment contribution refers to the situation where the insured person makes a percentage-based financial contribution to certain services provided by the BVA. Treatment contributions help to ensure the high level of quality provided by the BVA. Since its inception, the BVA has had a system in place in which patients are free to choose their doctors. This system, together with the remuneration for individual services, is regulated by the treatment contributions. In return, the insured person is involved in checking his or her own statement of services.

A treatment contribution is to be made for:

- a basic fee which has been levied for a consultation with a contract partner independent of any treatment provided (e.g. surgery visits, home visits, set charges for outpatient treatment)



- electrocardiographic (ECG) and ergometric scans
- imaging diagnostics (e.g. x-ray, sonography, computer tomography)

- medical diagnosis and therapy consultations
- laboratory tests
- physiotherapy
- psychotherapy
- conservative and surgical dental treatment and orthodontic treatment
- tooth replacement

Generally, the treatment contribution amounts to 20 % of the contractually agreed tariff.

Children under the age of 18 are exempt from making treatment contributions – except for orthodontic treatment.

No treatment contributions are payable for:

- clinical psychological diagnostics
- ergotherapy
- health resort treatments (outpatient therapies) within the framework of granted stays at health resorts requiring patient contributions
- the treatment of notifiable contagious diseases

In cases of flat-rate fees (e.g. hospital outpatient clinics), the treatment contribution is determined in the by-laws.

No treatment contributions are payable for in-patient hospital stays and surgeries.

Treatment contributions are usually billed in arrears.

▶ ▶ ▶ For more detailed information please contact your regional or branch office (addresses and telephone numbers can be found on page 48) or visit us on our homepage at www.bva.at/bb.

Exemption from treatment contribution

As early as 1920, the civil servants' health insurance law made provisions for a „doctor's fee“ (being fixed at 20 % of basic medical services in the B-KUVG 1967) to secure the freedom to choose a doctor. However, it was clear even then that this treatment contribution should not be allowed to place an unreasonable strain on the insured person – as a result, the BVA has had a safety net in place from the very beginning for the socially disadvantaged in the form of its very own guidelines. This has made it possible for the treatment contribution to be waived under certain conditions.

When calculating the maximum level that an insured person can be expected to pay in terms of excess, the so-called „standard value“ has proven to be the optimal method. This standard value is calculated based on a mathematical formula taking the **net family income** and the **number of family members entitled to social security benefits** (spouse, children) into account. Hence, this value is not a fixed amount as it is adjusted in line with the insured person's individual social circumstances.

Consequently, in practice, an individual standard value is calculated for every application, with the BVA covering any costs over and above this standard value.

Calculation period for exemption

The calculation period for exemption is three months minimum and twelve months maximum.

Additional shared costs taken into account

In addition to treatment contributions, prescription charges, shared expenses for medical aids and devices and patient contributions towards stays in health resorts, recovery, recuperation or rehabilitation centres are taken into consideration when calculating the exemption.



Making an application

To apply for exemption, all you need to do is send us an informal letter along with evidence of the net family income earned during the calculation period for exemption.



For more detailed information on exemption from treatment contribution please visit our website at www.bva.at/bb-nachsicht.

Entitlement to make a claim

Through their insurance contributions, our clients are entitled to health insurance protection for themselves and for their co-insured family members – usually without any additional contributions – if they are normally resident in Austria, and if they do not have their own health insurance (because of an occupation, apprenticeship, receipt of pension or unemployment benefits).



Co-insured family members may be:

- spouse/registered partner
- divorced spouse entitled to alimony/
former registered partners entitled to alimony
- children
- grandchildren
- household manager
- parents
- care-giving family members

As a rule, children and grandchildren are considered family members until they reach the age of 18.

However, they may still be entitled to receive insurance benefits when older, if they:

- continue further education or vocational training
- attend university
- attend a university of applied sciences (Fachhochschule)
- are unemployed
- are unfit for work due to illness or a bodily defect
- participate in an EU programme promoting the mobility of young people

▶ ▶ ▶ Children as well as adoptive children, stepchildren, foster children and grandchildren are usually co-insured free of charge. For all other groups, an additional contribution of 3.4 % of the insured person's contribution base is payable. Under certain conditions (e.g. providing documentary evidence of periods spent raising children, receiving care allowance, being in need of social protection), it is also possible to receive co-insurance cover free of charge.

▶ ▶ ▶ Being co-insured with another insurance provider does not count as holding one's own health insurance! For example, children whose parents are insured with two different health insurance providers are co-insured with both parents.

▶ ▶ ▶ For more detailed information please visit our website at www.bva.at/ab, or contact your regional or branch office (addresses and telephone numbers can be found on page 48).

▶ ▶ ▶ Since 1 January 2010, it has been possible for persons of the same gender to enter into a „registered partnership“. The rights and obligations of partners in such a partnership are more or less the same as those of husband and wife. Under the B-KUVG, registered partners enjoy the same status as husbands or wives. Consequently, they enjoy the same health insurance protection as other family members.

The right health insurance coverage for your holidays

In Austria. If you spend your holidays in Austria, take your e-card with you.

Abroad. With the European Health Insurance Card (EKVK; this can be found on the back of the e-card) you enjoy health insurance cover in Belgium, Bulgaria, the Greek part of Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom, in accordance with the prevailing conditions in the respective country.

The European Health Insurance Card should be presented to the contract doctor or hospital as required. As such, ensure that the information on the card is correct and that the expiry date has not passed.

Signatory countries

International agreements are in place with Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Turkey which guarantee insurance cover by means of care vouchers. These have to

be swapped for a local voucher for medical treatment at the local social security provider before consulting a doctor in that country.



Non-signatory countries

No health insurance cover is in place for any other country around the world. In case of emergency, you are treated as a private patient – any costs incurred for medical treatment have to be paid locally. You can submit the original receipts (with payment confirmation!) to the BVA. Note: the amount to be reimbursed is calculated in accordance with Austrian health insurance tariffs! In order to avoid any unpleasant surprises, we strongly recommend taking out private travel insurance before travelling to such countries.

- ▶ ▶ ▶ In a number of signatory countries you must pay an excess for certain services that cannot be reimbursed by the Austrian social security system. The scope of services is always subject to the legislation of the country concerned which may vary from the Austrian standard. Therefore, it is strongly recommended that you take out additional travel insurance in any case. This may also make provisions for transportation back to Austria, the costs of which are not normally covered by the Austrian health insurance system.
- ▶ ▶ ▶ Should you need to go abroad for other reasons (e.g. moving house, job relocation abroad, studies, medical examination or treatment), please consult your regional or branch office well in advance.
- ▶ ▶ ▶ If you do not have a valid European Health Insurance Card (EKVK), please apply for a substitute certificate for EEA countries
- ▶ ▶ ▶ Please order your care vouchers in good time (allow time for postal delivery!) from your regional or branch office or on our website www.bva.at/urlaub.

The freedom to choose your doctor

In case of illness you are free to choose a doctor you trust. In order to provide you with this freedom to choose your doctor, contracts have been concluded with doctors, group practices, hospitals, medical stores, opticians, outpatient clinics and institutes, etc. Upon presentation of your e-card, these **contract partners** will treat you **without the need for payment upfront**.

If any services are claimed that are not covered by a BVA contract [**private**

doctor („Wahlarzt“), private institution („Wahleinrichtung“)], the costs for these must be paid in advance by you.

You can find more information on this, with particular reference to the reimbursement of expenses, in the section entitled „Reimbursement for medical services“ on the following page.

In this way, you are assured of being able to visit the doctor of your choice (= the freedom to choose your doctor).

- ▶ ▶ ▶ On 1 January 2010, in order to provide for and guarantee an adequate supply of health care, the BVA concluded a group practice master contract and individual contracts based thereon for its clients and their family members.

e-card

For the insured person, the e-card is more than just a cheque-card-sized voucher for medical treatment. It is the key to the health care system, and with its so-called citizen card (Bürgerkarte) function it also provides access to e-government services. With the e-card, medical services are available to all insured persons and their family members in a paperless form.

Letters of referral are still necessary in order to be able to pass on medical information. The e-card and the letter of referral should both be presented to the contract doctor to whom you were referred.

The e-card does not actually have any data stored on it; these are pulled up online for every doctor's visit. As a result, it is not necessary to get a new e-card should



there be a change in your social security provider.

If any information visible on the front of the e-card change, or if the card is damaged, then a new one must be obtained. In such cases, you should contact your regional or branch office.

- ▶ ▶ ▶ Persons insured with the BVA do not have to pay a service fee for the e-card.

- ▶ ▶ ▶ For the insured person, the e-card is much more than just an electronic voucher for medical treatment. It is ready for digital signatures and therefore can be used as a so-called citizen card (Bürgerkarte). For more detailed information please visit our website at www.bva.at/e-card.

If you should lose the card or it be stolen, report this to us as quickly as possible by calling the e-card service hotline +43(0) 50124 33 11 or the BVA on +43(0)50405.

In 2010, most e-cards were replaced by new ones step by step (when the EKVK expired). The new e-card features Braille and is thus also immediately readable for the visually impaired.

- ▶ ▶ ▶ When your EKVK expires, you will automatically receive a new e-card.
- ▶ ▶ ▶ Even if you are insured with several health insurance providers, you only receive one e-card. The e-card is normally valid indefinitely.

Reimbursement for medical services

If you visit a private doctor or private institution, or a service is not covered by an existing contract, you must cover the costs of these in advance. After verifying the degree of medical necessity and suitability, the BVA will reimburse the amount that it would pay for the same service detailed on the bill with the nearest comparable contract partner, minus any excess due (e.g. treatment contribution).

If there is no contractually agreed tariff for the service with comparable contract partners, you will receive an allowance as determined in the by-laws – as long as there is evidence of medical necessity and suitability and it is medical treatment as defined by social security law.

You can apply for reimbursement at your regional or branch office by presenting an original bill that details the service(s) provided and has been settled plus (where necessary) a paying-in slip.



The bill must contain the following information:

- place of treatment
- date of treatment or
- period of treatment
- beneficiary (patient)
- diagnosis
- service(s) provided
- invoiced amount
- confirmation of payment or paying-in slip
- date of invoice

- ▶ ▶ ▶ You are no longer entitled to a refund of expenses if the application is not made within 42 months (3 ½ years) of the date of treatment.

Preventative health care

The prevention and early recognition of illnesses such as diabetes, cardiovascular disease and cancer are particularly important for the BVA.

Preventative medical checkup

Every insured person (family member) from the age of 18 is entitled to an annual preventative medical checkup.

This can be performed by certain contract doctors, contract institutions and the BVA outpatient clinic in Vienna. The e-card must be presented when registering.

There is no treatment contribution due for such a preventative medical checkup.

However, subsequent treatment and examinations that extend beyond the scope of a preventative medical checkup are not exempt from treatment contributions.

A basic preventative medical checkup incorporates the following points:

- a detailed medical history analysis to identify potential risks (family disposition, cardiovascular risk)
- determining lifestyle (exercise, alcohol, smoking)
- clinical examination of the body (head/throat, heart/lungs/arteries, abdomen, spine/joints, skin)
- checking hearing and sight from the age of 65
- blood tests focusing on lipids in the blood (total cholesterol/HDL cholesterol/ratio), blood sugar, triglycerides, gamma-GT; for women a red blood cell count is also carried out
- urine test for leucocytes, glucose, nitrite, protein, blood, urobilinogen
- measuring blood pressure
- measuring body-mass index and abdominal girth
- tests for periodontal diseases (gums, tartar)
- tests for blood in stool and the possibility of having a colonoscopy to check for bowel cancer (both from the age of 50)
- a smear test for women; a mammography every two years from the age of 40



During the closing discussion, you will receive the results and be given advice from the doctor on how you can lead a healthy life and reduce individual risk factors.

Pneumococcal vaccination

As part of its annual vaccination initiative, the BVA contributes € 7.00 to the cost of the pneumococcal vaccination for people over the age of 60, chronically ill people, children over the age of 2 with chronic illnesses and people with weakened immune systems. This contribution is deducted when purchasing the vaccine.

Vaccination against tick-borne encephalitis

The BVA makes a contribution of € 16.00 (laid down in the by-laws) to the cost of a vaccination against tick-borne encephalitis.

As a rule, the pharmacy or vaccination clinic sells the vaccine at a price which takes this contribution into account. All you have to do is to confirm receipt of the vaccine and the lower price on the relevant prescription form. The contribution can also be reimbursed in the form of a refund.

Human-genetic checkup

The BVA offers genetic family counselling, prenatal diagnostics and cytogenetic tests at specialised contract partners under certain conditions (to assess the risk of hereditary disease).

▶ ▶ ▶ For more detailed information on preventative health care please visit our website at www.bva.at/gv.

Medical assistance provided by a physician

When you are ill, you are free to visit the doctor of your choice:

- contract doctor/group practice
- the BVA outpatient clinic in Vienna
- contract partners of equal standing as doctors (e.g. physiotherapists, speech therapists)
For these, you require an additional medical referral!

- BVA contract institutions (e.g. hospitals, outpatient clinics)
- institutions (doctors, hospitals) that have not signed a contract for direct billing with us
Your e-card is not valid here. You must cover the costs billed for upfront and submit the bill to the BVA to receive a refund in accordance with standard tariffs. The right to choose your doctor prevails here, too.

▶ ▶ ▶ Read more on the right to choose your doctor on page 14 and on the refunding of expenses on page 15.

▶ ▶ ▶ For more detailed information on medical assistance please visit our website at www.bva.at/aeh.

Services on a par with medical assistance provided by physicians

In the field of medical treatment the following services are on a par with medical assistance provided by physicians:

- physiotherapy (e.g. medical gymnastics)
- treatment by an authorised massage therapist/medical massage therapist (pursuant to the Medical Massage Therapist and Massage Therapist Act)
- ergotherapy
- speech therapy
- clinical psychology (diagnostics only)
- psychotherapy



Please be advised that a refund of expenses can only be assured when such services are performed by legally recognised therapists, clinical psychologists and massage therapists.

▶ ▶ ▶ Given that a number of these services must be approved in advance, please contact your regional or branch office. You can find addresses and telephone numbers on page 48.

Medication (drugs)

The BVA covers the costs associated with necessary medication. You receive a health insurance prescription or private prescription, depending on whether you visited a contract partner or a private doctor/private health care facility.



Health insurance prescription

You can take this prescription to the pharmacy of your choice. The prescription is valid for one month from the date of issue. (Private doctors can apply for prescription authorisation from the BVA. Such private prescriptions are then to be treated as health insurance prescriptions and can therefore be handed in directly to any pharmacy.)

Authorisation by the BVA's medical superintendent (Chefarzt)

As of 1 January 2005, a new index of pharmaceuticals (Heilmittelverzeichnis) was introduced, called the Code of Reimbursement (Erstattungskodex). The conditions for covering the cost of medication are set out in a clear and understandable way.

With the introduction of the Code of Reimbursement, a large proportion of medication that used to require authorisation can now be prescribed without approval. If, however, your doctor should prescribe medication needing authorisation, he or she will obtain the necessary authorisation for medication electronically.

Private prescriptions

Private doctors who do not have prescription authorisation may only prescribe medication with private prescriptions.

You can hand a private prescription to a pharmacy on account of the BVA if it refers exclusively to medication listed in the green box of the Code of Reimbursement and the conditions of sale are adhered to.



In the case of medication requiring authorisation, you have to send the private prescription to your regional or branch office for such authorisation. Should you obtain medication requiring authorisation directly at the pharmacy without our prior consent, you will be obliged to cover the costs in the amount of the private selling price in advance.

In order to determine if any refund is possible, you can send the prescription and the original paid bill to your regional or branch office.

If a refund is possible, the BVA will cover the cost of the medication up to the amount it would have paid (price payable by social insurance providers), less the prescription charge.

Exemption from prescription charges

A prescription charge is levied for every kind of medication that you obtain from a pharmacy or self-dispensing doctor at the cost of the BVA. If the cost of the medication is lower than the prescription charge, then you have to pay for it yourself.

Persons receiving a supplementary allowance (Ergänzungszulage) or a compensatory supplement (Ausgleichszulage) are automatically exempt.

People with meagre income, on whom paying prescription charges represents an unreasonable financial burden can apply for exemption from prescription charges. In such cases, family income, family size and perhaps increased expenses due to illness or a bodily defect are taken into consideration.

Upper limit for prescription charge (REGO)

In one calendar year, every insured person must only pay prescription charges up to the point where these charges equate to 2 % of his or her annual net income. Once this limit has been reached, he or she is automatically exempt from prescription charges for the remainder of that calendar year. For family members no prescription charge limit is set. Prescription charges paid by family members are factored into the calculation of the insured person's prescription charge limit.

Prescription charges do not apply to prescriptions issued for medication needed to treat notifiable, contagious diseases.

▶ ▶ ▶ For more detailed information please visit our website at www.bva.at/med.

Medical aids and devices

Necessary medical aids and devices of a standard and appropriate nature are covered. Medical aids (Heilbehelfe) are devices which help to correct or compensate for disorders and include glasses, shoe insoles and bandages. Medical devices (Hilfsmittel) refer to objects and apparatuses that are suitable:

- to assume the role of a missing or inadequate body part, or
- to correct or eliminate physical or mental impairments associated with mutilation, deformation or bodily defects



So-called orthopaedic aids such as prostheses or orthopaedic apparatuses (lumber supports, etc.) usually require prior approval from the BVA.

A proportion of the costs of medical aids and devices is to be covered by the insured person and this is billed for by the contract partner.

The shared-costs percentage amounts to 10 % of the contractually agreed tariff – the minimum amount is, however, € 28.00. For visual aids, the current proportion of shared costs amounts to at minimum € 84.00 for insured persons and € 28.00 for co-insured youths. The BVA covers the costs of replacement body parts (prostheses) and wheelchairs up to a total amount of € 2,800.00. For all other kinds of medical aids and devices, the upper limit is € 1,120.00.

The following people are exempt from contributing to the costs of medical aids and devices:

- children up to the age of 15,
- people who are entitled to a higher family allowance,
- eligible people who are exempt from payment of prescription charges (except for those exempt due to having reached their prescription charge limit).

Moreover, medical aids and devices are free of charge if:

- they are on loan or provided for directly from our own stock,
- they fall within the terms of medical rehabilitation e.g. replacement body parts (prostheses),
- they fall within the terms of professional or social rehabilitation (voluntary benefit).

Institutional care

Hospital care is available for an unlimited period of time if the person's state of health is such that a stay in hospital becomes necessary.



Public and private hospitals receiving funding from federal provinces; private contracted hospitals

The costs of hospital stays for insured persons and their co-insured family members in the standard class of medical fees are completely covered (no treatment contribution).

However, the hospital administration department bills you for a contribution per day in hospital in line with the respective federal province's legislation. This amount may only be billed for a maximum of 28 days per calendar year. Persons exempt from payment of prescription charges are also exempt from this contribution (except for those exempt due to having reached their prescription charge limit). If you have any questions, please contact the hospital administration or the BVA.

Private hospitals without a contract; special patient status in public hospitals or private contracted hospitals

If the patient wishes to stay in a hospital which does not have a contract with the BVA, or wishes to be admitted to receive special treatment in a public hospital or a private contracted hospital, it is advisable to **contact** the competent regional or branch office **in advance**. There you can receive the relevant information concerning the costs that are refunded or covered in such cases.

▶ ▶ ▶ You can find addresses and telephone numbers of the regional offices and branch offices on page 48.

Dental treatment

Dental treatment falls into three categories:

- conservative treatment
- surgical treatment
- orthodontic treatment

Conservative and surgical dental treatments include examinations of your dental and oral situation and consequential treatments (such as fillings, endodontic treatment or surgical tooth extraction). The treatment contribution payable is 20 % of the contractually agreed tariff.



Orthodontic treatment is provided if needed in order to prevent severe damages to health or to remove blemishes which might hinder you in your professional life.

We distinguish between treatments using removable devices and such using fixed devices.

Based on your bite situation and the corrections necessary, your dentist will choose the most adequate type of treatment together with you.

Orthodontic treatment using **removable devices** is a **contractually covered benefit**. The treatment contribution of 20 % of the contractually agreed tariff (2011: € 158.00) is payable once for an entire year under treatment.

Treatments using **fixed devices** fall under the category of **benefits granted outside the contract** and must be paid upfront.

A respective medical indication provided, the grant for an orthodontic treatment with a fixed device, inclusive of all necessary measures and apparatuses is € 651.15 per treatment year. You will receive this grant upon presentation of the detailed and settled original invoice. In special cases, and provided that the costs exceed an amount reasonable for you, our guidelines may provide for an allowance granted out of the aid fund (Unterstützungsfonds). Please contact your regional or branch office in this matter.

- ▶ ▶ ▶ Please note that we usually cover the costs of orthodontic treatments for three years only.
- ▶ ▶ ▶ A treatment contribution is also payable for orthodontic treatment for children under the age of 18.
- ▶ ▶ ▶ For more detailed information on dental treatment please visit our website at www.bva.at/zb.

Tooth replacement

Tooth replacement comprises:

- acrylic resin dentures
- metal framework dentures with clasp crowns (clasps attached to crowns)
- dental crowns, pivot teeth, implants, bridges

The BVA covers the costs of essential tooth replacements necessary to avoid or correct health damages.

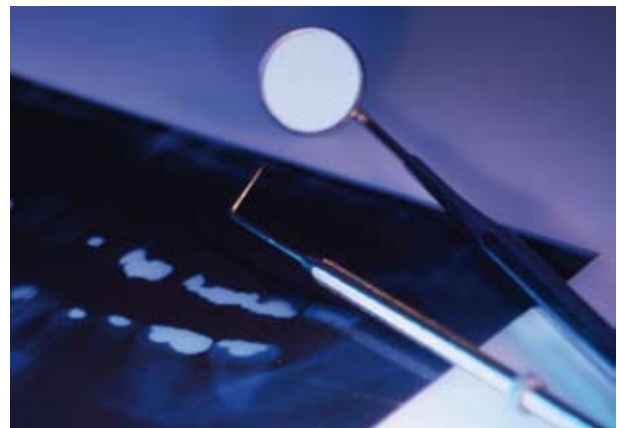
Usually, essential tooth replacement will be provided in the form of **removable dentures** including all medical-technical retainers (clasp crowns). **Fixed dentures** will be regarded as essential (and the BVA will bear the cost) only if other prosthetic solutions, and in particular removable dentures, are not possible for medical reasons.

Artificial teeth that are integrated into your existing set of teeth in a permanent way and can not be removed (dental crowns, pivot teeth and bridges) are **not a contractually covered benefit**. For this type of dentures, we award a grant pursuant to the provisions of the by-laws.

If you need a dental prosthesis, the contract dentist will apply for it on a dental treatment/denture voucher. You must then submit this voucher to your regional or branch office, for the denture must be **approved by the BVA before it is manufactured**.

Acrylic resin dentures and metal framework dentures with clasp crowns (clasps must be attached to crowns) are contractually regulated benefits.

The treatment contribution payable in the case of acrylic resin dentures and metal framework dentures including the clasp crowns that hold them in place is 20 % of the costs according to tariff.



The following medical facilities will provide treatment upon presentation of the e-card:

- contract dentists
- contract institutions of the BVA (outpatient institutions)

Contract dentists or institutions send the invoices for their services directly to us.

Dental treatment is also provided by our outpatient dental clinics in Vienna and Salzburg. However, orthodontic treatment is not offered at these clinics!

▶ ▶ ▶ The tariff for dental crown allowances is € 100.00.

The following facilities will not accept your e-card:

- dentists and outpatient clinics who/ which have not signed a contract for direct billing with us (private physicians)

▶ ▶ ▶ For regular patients or patients with special medical indications as well as patients with low income or little money, the BVA provides individual dental crowns or bridgework over three (in exceptions up to four) missing teeth. This service is offered at the BVA outpatient clinics in Vienna and Salzburg.

At such facilities you will have to pay the bills upfront. You can then seek reimbursement by submitting the detailed and settled original invoice to your regional or branch office within 42 months from the day when the service was provided or when you took advantage of the service.

Home health care

Home health care is understood as an alternative to cost-intensive hospital care and shall help to replace or shorten hospital stays, provided that the patient can be medically treated in his or her usual environment.

This includes:

- administration of injections
- tube feeding
- changing of dressings
- changing of catheters
- infusion monitoring, etc.

Home health care does not comprise non-medical basic care (e.g. personal hygiene) and household assistance for the patient.



Home health care will be prescribed by the doctor and provided by qualified nursing staff.

Home health care over a period of more than four weeks requires approval by the BVA.

Maternity benefits

The mother-child-booklet provides for mothers-to-be and the new-born child to undergo a number of medical examinations. The mother-child-booklet is handed out to the mother-to-be at the beginning of pregnancy.



Female insureds and also co-insured family members are entitled to the following benefits:

- aid by a physician, a midwife or a qualified paediatric and infant nurse
- medication and medical aids
- in-patient hospital care

Care during pregnancy, assistance at childbirth and care during the puerperium will be provided by a contract midwife against presentation of your e-card.

If, instead of a midwife, you consult a qualified paediatric and infant nurse who

is entitled to work freelance, you will be awarded the grant provided for in the by-laws by way of compensation. This regulation also applies to medical aid provided by a physician in private practice for normal childbirth.

Maternity allowance

For **female public sector employees under contract** the Maternity Protection Act (MSchG) provides for maternity allowance during the weeks of prohibition of employment.

We kindly ask you to send us in due time a confirmation by your doctor of the (expected) date of delivery and a salary confirmation statement by your employer.

In case of early prohibition of employment pursuant to the Maternity Protection Act we also require a confirmation by a public health officer from the district commission (Bezirkshauptmannschaft) or municipal administration (Magistrat). The amount of maternity allowance payable is calculated on the basis of the average earnings during the last thirteen weeks or (in the case of monthly salary payment) the last three months before the onset of the period of employment prohibition. Therefore, we also require confirmation of any unemployment benefit or unemployment assistance you might have drawn during this time.

After childbirth you must submit the birth certificate. Usually, maternity allowance for female public sector employees under contract is paid for a period of 8 weeks before the expected date of delivery, 8 weeks after the actual date of delivery and the day of delivery itself.

After premature deliveries, multiple births and Caesarean deliveries, maternity allowance is paid for a period of 12 weeks. In the case of premature delivery of multiple births we require a copy of the respective entry into the mother-child-booklet to be able to pay out the allowance. In the case of a Caesarean delivery, a confirmation of the hospital stay will suffice.

Female **civil servants** are not granted maternity allowance for they receive their usual salaries throughout the weeks of employment prohibition.

▶ ▶ ▶ For more detailed information please visit our website at www.bva.at/muttersch.

Child-care allowance

This benefit is paid out of the fund for the equalisation of family burdens (Familien-Lasten-Ausgleichsfond, FLAF).

While drawing child-care allowance, you have your own health insurance provided by the last insurance company you were insured with.

Since 1 January 2010, there has been a choice between two benefit systems. You can choose either flat-rate or income-dependant child-care allowance. It depends on the kind of benefit you choose what amount of child-care allowance you will receive and for how long you will receive it.

For detailed information please turn to our regional offices (the branch office in St. Pölten handles all child-care allowance matters of the regional office for Vienna, Lower Austria and Burgenland).

Mother-child-booklet

You and your child can undergo the medical examinations stipulated in the mother-child-booklet at contract doctors' and contract institutions. You just have to present your e-card. If you opt for these examinations to be carried out by a private doctor or a private institution you will be reimbursed for the costs in the amount of the contractually agreed tariff after submitting the detailed and settled invoice. For these examinations you do not have to pay a treatment contribution.



▶ ▶ ▶ More information on child-care allowance can be found on our website at www.bva.at/kbg.

Incapacity for work due to illness (sick pay)

BVA-insured **public sector employees under contract** only have a temporary entitlement to salary payment from their employer when they are unfit for work due to illness. For this reason, we award **sick pay** to this group of insureds within the meaning of the General Social Security Law (ASVG).

Reporting incapacity for work

Ask your doctor to confirm the onset, cause, and (expected) end or period of your incapacity for work due to illness (sick leave) immediately, i.e. **on the first day** of incapacity for work and pass this confirmation on to your regional or branch office (contract doctors send the confirmation directly or some even electronically to the BVA).

This BVA form will be sent to you upon request or can be downloaded from our website www.bva.at.

In case you have to stay in hospital, a confirmation of the hospital stay will suffice as a proof of incapacity for work.

If, after discharge from hospital, you are still unfit for work, you need a confirmation by your doctor (sick note).

End of incapacity for work:

- **prior to the expected date confirmed by the doctor:**
In such a case we do not require any confirmation by your doctor. You just have to submit an informal notice to your regional or branch office.
- **on the expected day:**
No notification required.
- **after the expected date confirmed by your doctor:**
In such a case we require a confirmation by your doctor of the prolonged sick leave.

Amount of sick pay

The **assessment basis** for the daily sick pay is 1/30 of the contribution base of the last month at full pay increased by 1/6.

You are entitled to a **daily sick pay** amounting to 50 % of this assessment basis. Starting from day 43 it is 60 %.

The image shows two forms from the BVA (Austrian Social Security Agency) for reporting incapacity for work. The top form is titled 'Arbeitsunfähigkeitsmeldung' and the bottom form is 'Arbeitsunfähigkeitsmeldung für den Dienstgeber'. Both forms include fields for personal data (name, address, insurance number), medical details (diagnosis, dates, doctor's name), and employer information (company name, address, contact details). The forms also contain checkboxes for various conditions and instructions for the insured person and the employer.

Period of entitlement to sick pay

Unless you are entitled to continued receipt of more than half of your salary and provided that your incapacity for work is reported within a period of seven calendar days, you will receive sick pay starting from the fourth calendar day. There are several grounds on which sick pay might be suspended or denied.

Depending on the insured event, BVA awards sick pay for a period of 26 weeks. Under certain conditions, the period of entitlement to sick pay may be extended to 78 weeks. If incapacity for work recurs within 13 weeks after the last entitlement to sick pay ended or the maximum period of entitlement expired, special rules apply. In such a case, we kindly ask you to contact your regional or branch office.

- ▶ ▶ ▶ Please note that many employers only require a sick note from a doctor, if the incapacity for work exceeds a period of three work days.
- ▶ ▶ ▶ Public sector employees under contract must report to the BVA every change of location (even if just within the town of residence) that lasts longer than one day.
- ▶ ▶ ▶ More information can be found on our website at www.bva.at/krankenst.

Support in emergencies

If you should incur major expenses due to your illness or bodily defect that are not or insufficiently covered by one of the above mentioned statutory benefits, you **may** be eligible for an allowance granted out of the aid fund (Unterstützungsfonds) pursuant to our guidelines.

Please contact your regional or branch office in this matter.

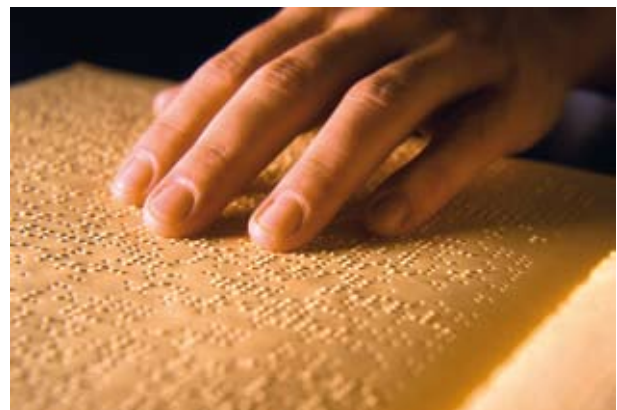
Application for sick pay

Please note that sick pay is awarded upon application only. In order to be able to calculate your sick pay, we need a confirmation of employment and salary which you will both receive from your employer.

Disbursement of sick pay

The BVA remits the daily sick pay for at maximum four weeks in arrears. This means that every four weeks you will receive the pay you are entitled to until that day – counted from the first day of your entitlement to sick pay.

Of course, a precondition for punctual disbursement is that we receive all information and documents necessary for the computation of your sick pay in due time.



Travel and transportation costs

Travel costs

Travel costs to the nearest, suitable treatment institution are covered as long as it is more than 20 km away from your place of residence.

Please ask for a confirmation of your enjoyment of service(s) at the treatment institution on our form (available at your regional or branch office or, for download, from our website www.bva.at). If it can be expected that you will need several treatments and you will thus incur travel costs repeatedly, it might make sense to stock up with our forms. Costs for means of transport within a city region (tramway, bus, metro) cannot be refunded.

For children up to the age of 15 and invalids we also bear the companion's travel costs.

There is **no legal entitlement** to reimbursement of travel costs. We refund travel costs up to an amount of € 0.09 per kilometre and in case of journeys made together with a companions up to a total amount of €0.14 per kilometre. This refund is paid independent of the means of transport used.

Transportation costs

We bear the costs of medically necessary transportation in an appropriate means of transport to the nearest, suitable treatment institution for **patients who are unable to walk**.

Your attending doctor or the one issuing the letter of referral must prescribe transportation by stating the diagnosis, the destination, the reason for your inability to walk as well as the medically required type of transportation.

For your transportation you may either employ one of our contract partners (ambulance service, commercial transportation and patient transportation service) who will send the invoice directly to us, or a transportation business that has no contract with us, in which case you will be reimbursed for the costs, provided that all of the other criteria are met.



If you travel by private car or taxi, please ask for a confirmation of your visit at the treatment institution on our form and apply for reimbursement by submitting it to us together with your doctor's transportation order (if you use a taxi, please also submit the invoice).

- ▶ ▶ ▶ Transportation to institutions not specializing in medical treatment (e.g. senior citizens' homes, residential homes and nursing homes or pharmacies) as well as rescue costs after accidents during sports or tourist activities are not covered.
- ▶ ▶ ▶ The BVA does not collect a patient contribution towards the cost of transportation.

Rehabilitation and extended medical treatment

You are **not legally entitled** to these benefits. Hence, before enjoying such services, you must seek approval by the BVA.

Medical rehabilitation

Medical rehabilitation is considered to be a compulsory task. Medical rehabilitation aims at restoring the health of the insured person and that of his or her family members to such an extent that they are able to take an adequate place in the community, preferably permanently and without requiring care and aid.

This involves in particular:

- stays at rehabilitation facilities
- granting of replacement body parts, orthopaedic aids and other medical devices
- medical assistance provided by a physician within a special framework
- supply with medication and medical aids within a special framework



Health stabilisation

The aim of health stabilisation is to optimise your health. This comprises:

- stays at health resorts
- stays at recovery or recuperation centres
- stays at spa facilities
- stays in the countryside for children (up to the age of 18)

Extended rehabilitation (social and professional rehabilitation)

Extended rehabilitation aims at restoring the health of insured persons to such an extent that they are able to take an adequate place in the working and business communities, preferably on a permanent basis. The handicaps must not be the result of an occupational accident or an occupational disease and must have occurred already during **active** tenure.

Extended rehabilitation benefits comprise in particular:

- vocational training measures
- assistance in acquiring a professional qualification equal in quality to what the person had had before
- granting of orthopaedic aids and devices
- disabled-friendly adaptation of the work place
- disabled-friendly adaptation of the home

▶ ▶ ▶ Social workers of the Department of Extended Medical Treatment and Rehabilitation offer advice to the insured persons.

Stays at rehabilitation centres and health resorts or grants for health resort stays, convalescent and preventative health care stays

In order to be able to claim one of the above benefits, please obtain an application form (available at your regional or branch office or, for download, on our website www.bva.at) and have the medical section filled in by your doctor. Complete the remaining data and return the form to your regional or branch office.

Convalescent and preventative health care stays

Stays for convalescence are available for patients for faster recovery after severe illness or surgery. **Preventative health care stays** will be authorised if needed to treat patients with lipid metabolic disorders or manifest hypertension.

Your contribution to the cost

We are legally bound to collect a contribution by the patient to the cost of rehabilitation, health resort, convalescent care and preventative health care stays. Such contribution is payable prior to the onset of the stay.

The amount of daily contribution to the cost of rehabilitation, health resort, convalescent care or preventative health care stays depends on the insured person's monthly gross earnings. Every year, the patient's contribution is calculated anew.

Eligible persons who are exempt from prescription charges are also exempt from this contribution payment (except for those exempt due to having reached their prescription charge limit).

Health resort stays and grants for health resort stays

A stay at a health resort (grant for a health resort stay) will be approved if a respective medical indication exists and the last such stay has been long enough ago. Normally, two health resort stays can be approved within a time frame of five calendar years. Rehabilitation stays (except for therapy and treatment immediately following release from hospital), stays granted by the accident insurance and respective benefits awarded by other social insurance funds will be taken into consideration, though. An application for a repeat stay at a health resort can be submitted no earlier than 18 months after the last stay has ended.

If all necessary criteria are met, you may either apply for a stay at a BVA-owned resort or at a contract health resort or for a grant for a health resort stay.

Grants for health resort stays are allowances paid towards the board and lodging expenses at the health resort. Such grants are usually provided for a period of 21 days for stays at places where BVA-facilities or contract health resorts exist, or at other places accepted by the BVA.

- ▶ ▶ ▶ All benefits of the extended medical treatment category require the prior approval by the BVA. Please wait for this approval in any case!
- ▶ ▶ ▶ Active public sector employees under contract with the federal government, a federal province, a municipal authority or a community association must submit applications for in-patient stays at rehabilitation facilities to their pension insurance provider.
- ▶ ▶ ▶ No patient contribution is payable towards the cost of medical aids and devices granted within the framework of medical rehabilitation.
- ▶ ▶ ▶ More information on the BVA-owned institutions, all contract facilities as well as grants for health resort stays can be found in the Extended Medical Treatment and Rehabilitation Directory (Verzeichnis über die Erweiterte Heilbehandlung und Rehabilitation) available at your regional or branch office or via the internet (www.bva.at).

Case Management in Health Insurance

Events like strokes, heart attacks or cancer are extremely stressful for patients and their families. Often, it is not the health concerns alone but lack of information and fear for one's existence that add to the burden.

Where do I get medical devices to improve mobility (e.g. a wheelchair) or sanitary devices (e.g. bathtub lifts, shower stools)? How can I get into rehabilitation as fast as possible? How will it go on?

In such a case, the BVA offers comprehensive service and advice.

The trained case managers of the BVA provide people with competent support in these difficult situations. They offer advice, attend to you, and help you navigate your way through the health care and social systems, which, due to the multitude of services on offer, are becoming ever more confusing.

A person is deemed to be in greater need of (health) care if health and medical deficits coincide with economic, occupational and social deficits.

The BVA case manager will put together your individual service package and will accompany you until you have reached your jointly defined goals.

The case manager's tasks

The case manager

- understands your needs and problems and helps you reach your individual goals,
- informs you about type and scope of benefits and your choices in the event of disease,
- helps you deal with authorities,

- sets up contacts, e.g. to nursing care services, medical stores, self-help groups,
- coordinates the provision of medical aids and devices (e.g. organizes a wheelchair, hospital bed, bathtub lift, or stair lift),
- sees to the smooth running of all procedures until you have found back to your daily routine and thereby eases the burden on your family and allows for cost savings by avoiding wasted time and duplicated work,
- contacts your hospital's discharge manager in order to get an overview of your situation.

But the case manager

- does not interfere with the treatment prescribed by your doctor,
- does not take on jobs of contract partners or aid organisations, like e.g. nursing care; he/she is just a neutral intermediary;
- does not have any influence on the approval of benefits, but may help speed up the process.

Case managers attend to all persons eligible for BVA benefits, and in particular to those who are in greater need of (health) care. Patients who are still working are seen to by the qualified social workers of the Extended Medical Treatment Department.

Just contact your regional office. This service is available to you and your co-insured family members without any obligation and, of course, free of charge.

Rehabilitation Centres and Health Resorts of the BVA



Rehabilitationszentrum Engelsbad

Weilburgstraße 7-9
 A-2500 Baden bei Wien
 Tel: +43(0)2252 845 71
 Fax: +43(0)2252 845 71-81888
 E-mail: rz.engelsbad@bva.at
 www.bva.at/engelsbad

Therapiezentrum Rosalienhof

Am Kurpark 1
 7431 Bad Tatzmannsdorf
 Tel: +43(0)3353 83 87
 Fax: +43(0)3353 83 87-83801
 E-mail: tz.rosalienhof@bva.at
 www.bva.at/rosalienhof



Rehabilitations- und Kurzentrum Austria

Stifterstraße 11
 4701 Bad Schallerbach
 Tel: +43(0)7249 425 41
 Fax: +43(0)7249 425 41-84888
 E-mail: rz.austria@bva.at
 www.bva.at/austria

Therapiezentrum Buchenberg

Hötzendorfstraße 1
 3340 Waidhofen a. d. Ybbs
 Tel: +43(0)7442 522 85
 Fax: +43(0)7442 522 85-82802
 E-mail: tz.buchenberg@bva.at
 www.bva.at/buchenberg





Accident Insurance

We provide benefits in connection with occupational accidents and occupational diseases. Our comprehensive range of benefits reaches from the best-possible medical treatment to securing your livelihood by way of financial compensation.

We regard it as our central task to support patients in returning to the job they did before the occupational accident happened or the occupational disease manifested itself.

On principal, we will act ex officio but you may also submit an application.

▶ ▶ ▶ For more detailed information on accident insurance please visit our website at www.bva.at/uv.

Occupational accident and occupational disease

Occupational accidents are accidents related to professional conduct or the insured function as to locality, time and cause.

This also comprises accidents which do not happen right at work but are directly related to it (e.g. accident on the way to/from work):

- accidents on the direct way between home and work place
- accidents on the way to or from the work place to a kindergarten or school for taking your child there or collecting it

- accidents on the way to a medical examination, if the visit to the doctor's was reported to the superior prior to leaving the work place
- accidents on an equal standing with occupational accidents, such as accidents during visits of vocational training events.

Occupational diseases are diseases caused by the professional activity and listed in the catalogue of occupational diseases [Berufskrankheitenliste; Annex 1 to the General Austrian Social Security Act (ASVG)].

▶ ▶ ▶ Not every illness caused by the job necessarily is an occupational disease. In case of doubt, please contact your accident insurance provider [phone: +43 (0)50405-21310].

Reporting an occupational accident or an occupational disease

Employers must report to the BVA within five days every occupational accident in which an insured person was killed or made completely or partly unfit for work for more than three days.

Occupational diseases (e.g. noise-induced hearing loss) are to be reported in the same way. Moreover, doctors have the duty to report any case of occupational disease they diagnose.



Medical treatment after accidents

Medical treatment after accidents must involve all measures suitable to eliminate the bodily injury and an impairment of earning capacity. If this is no longer medically possible, treatment must seek to at least alleviate the injury or prevent a worsening of the consequences of the injury.

Medical treatment after accidents comprises, in particular, medical assistance provided by physicians, supply with medication and medical aids and devices as well as institutional care, primarily at accident hospitals and accident departments of hospitals.

Rehabilitation

In case of a severe bodily injury, after first care at the hospital, the accident insurance strives to have the health of the insured person restored at a rehabilitation centre where state-of-the-art medical know-how is applied and all necessary technical aids and devices are used.



This is done in order to enable the insured person to continue work in his or her job, wherever possible. If necessary, the patient will be trained in living with replacement body parts and will be made familiar with all their possible applications.

Invalids with severe mobility problems may be granted allowances and loans to make their homes disabled-friendly or to acquire technical devices or vehicles for invalids in order to improve their mobility.

The guiding principle of the accident insurance is to deal with every insurance case in an individual way. Social workers of the BVA's accident insurance offer advice to the insured persons.

If it is no longer possible for the insured person to work in his or her old position, occupational retraining can be co-financed. During such vocational training, the insured person and his or her family members can be granted a maintenance allowance.

▶ ▶ ▶ All measures in the field of rehabilitation require the consent of the insured person.

No cost sharing

If, because of a recognized occupational accident/disease, medical assistance is provided by a contract partner, **no treatment contribution** is payable. Should you receive an invoice, please send it back to the BVA for review. If medical assistance is provided by a doctor or institution not under contract with the BVA, we will reimburse you for the costs in accordance with standard tariffs, also without deducting a treatment contribution.

For medical aids and devices required in consequence of a recognized occupational

accident/disease, **no excess** is payable. For medication prescribed because of a recognized occupational accident/disease, **no prescription charge** is payable.

Should you already have paid treatment contributions, excesses or prescription charges in connection with the medical treatment of a recognized occupational accident/disease, the BVA will reimburse you for these expenses upon receipt of your application and verification of the connection with the recognized occupational accident/disease by the medical superintendent.

Disability pension

A disability pension is paid to insured persons if their earning capacity is impaired by at least 20 %, and if such impairment lasts longer than three months from the day of the insured event. The disability pension is a monthly monetary benefit payable for as long as the impairment of earning capacity exists.

The impairment of earning capacity is medically assessed and is an abstract evaluation of the person's handicap in the context of the general labour market. The concrete handicap in the person's individual job is not taken into consideration.

The amount of pension payable depends on the assessment basis and the degree of impairment of earning capacity.

The assessment basis is the monthly salary inclusive of pensionable extra pays or the monthly remuneration (in the case of public sector employees under contract) without special bonuses at the time of the insured event. In the case of functionaries it is their compensation.



Onset of entitlement to disability pension

Entitlement to disability pension starts on the first day after the end of incapacity for work caused by the occupational accident/disease (this is usually the day of returning to the job after the accident), yet after the end of the third month following the occurrence of the insured event at the latest.

Assessment of disability pension

For calculating the individual benefit, the assessment basis is reduced by 1/3 (flat rate duties) to determine the full disability pension due in the case of a 100 % impairment of earning capacity.

If the earning capacity of the invalid is partly impaired in consequence of the occupational accident or occupational disease, he or she is eligible for a portion of the full disability pension that is in accordance with the degree of impairment of his or her earning capacity.

Severely disabled persons

Disability pension recipients suffering from an impairment of their earning capacity of at least 50 % due to one or more occupational accidents or occupational diseases are regarded as **severely disabled** and receive a supplementary pension (in the amount of 20 % of their pension) plus child benefits, if applicable.

If his or her earning capacity is impaired by at least 70 %, the invalid is entitled to a supplementary pension in the amount of 50 % of the disability pension or the sum total of disability pensions.



Child benefit (Kinderzuschuss)

Severely disabled persons are entitled to child benefit for every child up to the age of 18 in the amount of 10 % of their disability pension plus supplementary pension, yet € 76.31 per child at maximum. The sum total of pension plus child benefit must not exceed the assessment basis.

For children who have turned 18 a special application must be filed.

For children in tertiary education, an evidence of study is required. A child benefit is granted until your child turns 27, at the longest.

In addition, child benefit is granted for children who are unfit for work due to illness or a bodily defect.

Care allowance (Pflegegeld)

Recipients of a full disability pension (100 % impairment of earning capacity) are entitled to care allowance under the accident insurance scheme, provided that they require more than 50 hours of nursing care per month and that this need for nursing care is due to the occupational accident/disease.

The BVA as the health and accident insurance provider as well as the first instance pension authority in all matters of pension law for federal civil servants on

the one hand pays the care allowance in its capacity as accident insurer (provided that, as mentioned before, the need for nursing care is due to the insured event and that other criteria are met) and on the other hand administers and disburses care allowances within the framework of its pension service functions (see page 44).

▶ ▶ ▶ For more detailed information please visit our website at www.bva.at/pflegegelduv.

Widow's (widower's) benefit

If the widow or widower of a severely disabled person is not entitled to a widow's or widower's pension, for the death of the invalid was not a consequence of the occupational accident or occupational disease, then he or she will receive a one-off widow's/widower's benefit in the amount of six times the assessment basis.



Survivor's pensions

In the case of occupational accidents or occupational diseases resulting in the death of the insured person, the survivors are entitled to pensions.

Orphan's pension

The amount of pension payable is:

- 20 % of the assessment basis for half orphans
- 30 % of the assessment basis for orphans

For children who have turned 18, a special application must be filed.

For children in tertiary education, an evidence of study is required.

An orphan's pension is granted until the child turns 27, at the longest.

In addition, an orphan's pension is granted for children who are unfit for work due to illness or a bodily defect.

Widow's (widower's) pension/pension for bereaved registered partners

The amount of pension payable is:

- 20 % of the assessment basis for widows and widowers
- 40 % of the assessment basis for widows aged 60 or older and for widowers aged 65 or older

If the widow/widower her/himself has an impaired earning capacity (impairment of at least 50 %), she or he is entitled to 40 % of the assessment basis in any case.

The sum total of pensions for all survivors of an insured person must not exceed the amount of the disability pension and 80 % of the assessment basis, respectively.

The above provisions apply analogously to registered partners.

Partial reimbursement of funeral expenses

In the case of a fatal occupational accident or disease, we grant a partial reimbursement of funeral expenses in the amount of the assessment basis. As a rule, this partial reimbursement goes to the person who paid for the funeral. Close dependants have a right to receive any remaining surplus provided that they shared a household with the deceased.

This partial reimbursement in the amount of the assessment basis is granted even if the employer paid a death benefit.

Costs of transportation of the dead body may also be taken over. In cases of hardship, an additional allowance may be granted out of the aid fund to assist with the funeral costs.

Support in emergencies

In special cases and under consideration of the financial circumstances, a voluntary financial aid may be granted if the injuries are particularly severe and entail long-term post-accident treatment.





Pension Service



As of 1 January 2007, all of the tasks which were previously carried out by the Austrian Federal Pensions Office (Bundespensionsamt) were transferred to the BVA pursuant to the provisions of the relevant act (BPAÜG) of 23 June 2006.

This made the BVA the first instance pension authority in all matters of pension law for federal civil servants (and their survivors and family members). This includes, in essence, the tasks of official assessment and monthly disbursement of all retirement and survivor's benefits. Additionally, the BVA assists pension offices of outsourced institutions in the disbursement of monetary benefits and is also responsible for disbursing monetary benefits under the Emoluments Act (BezG). In addition, the BVA is the decision-maker in all matters regulated by the Austrian Federal Care Allowance Act (BPGG) and the Prisoners of War Compensation Act (KgfEG).

▶ ▶ ▶ More information on the pension service can be found on our website at www.bva.at/ps.

Onset of retirement and retirement pay

A civil servant's retirement falls within the area of responsibility of the authority for which the civil servant works. Retirement is entered into

- upon the civil servant's submittal of a declaration to the authority for which he or she works once the statutory retirement age pursuant to Art. 15 Civil Service Act (BDG) has been reached and in case of avilment of the special retirement scheme for manual workers (Hacklerregelung) and the pension corridor (Pensionskorridor);
- upon decision by the authority for which the civil servant works in case of permanent incapacity for work (in such a procedure, the Pension Service is acting as an expert consultant) and avilment of the so-called teachers' model (Lehrermodell) or the heavy labour retirement scheme (Schwerarbeiterregelung).

Upon the ending of the year in which the age of 65 has been reached, insured persons enter into retirement by virtue of law.

If you want to get an idea of when you will be able to retire, please consult the „retirement calculator for civil servants“ (Pensionsantrittsrechner für Beamte) on the government intranet at <http://oeffentlicher-dienst.intra.gv.at>.

Assessment of retirement pay

Once an insured person has retired, the data required for the assessment of the retirement pay are sent to the Pension Service. Until all data necessary for the final and official assessment have been collected, the pensioner receives retirement pay by way of advances.

The final assessment is currently made in accordance with the relevant provisions of the Pension Law (PG) of 1965. Since

1 January 2008, due to the ongoing harmonisation of the retirement systems, the provisions of the General Pension Act (APG) and the General Social Security Act (ASVG) have had to be taken into consideration, too.

Allowance for additional remunerations (Nebengebührenzulage)

Pensionable additional remunerations (Nebengebühren) are taken into account by way of a respective allowance (Nebengebührenzulage) payable in addition to the retirement pay. As soon as all relevant additional remunerations have been calculated, the total retirement income can be officially assessed.



Child allowance

Civil servants are legally entitled to child allowance in addition to their retirement pay for children for whom family allowance is granted out of the fund for the equalisation of family burdens.

Total retirement income

The total retirement income is the sum total of retirement pay plus all other allowances to which the pensioner is entitled and which are payable every month.

▶ ▶ ▶ For more detailed information on the pension account please visit our website at www.bva.at/pensionskonto.

Disbursement

Your monthly total retirement income is transferred to your pension account with a bank on European Union territory. Respective forms are available at Austrian banks. Forms for remittances to an EU member state other than Austria can be obtained from the Pension Service.



Survivor's maintenance benefit

Maintenance benefit for the surviving spouse/registered partner

Provided that the eligibility requirements are met, the widow or widower is entitled to a maintenance benefit (Versorgungsgenuss) in the amount of up to 60 % of the deceased civil servant's retirement pay, depending on the average income of the married couple during the last two calendar years preceding the death of the civil servant (if the deceased had a reduced income during the last two calendar years due to illness, the deceased's income of the last four years is to be taken into account, provided that this is of advantage for the surviving spouse).

These provisions apply analogously to registered partners.

Maintenance benefit for an ex-spouse/former registered partner

Under certain circumstances (e.g. entitlement to alimony), also an ex-spouse may be entitled to a maintenance benefit. Such benefit is payable upon application only.

These provisions apply analogously to registered partners.

Maintenance benefits for orphans

Up to the age of 18, children are entitled to maintenance benefits without having to fulfil any additional qualifications.



For children having reached the age of 18, maintenance benefits are only payable upon application

- until the age of 27 at the longest, if the child is still receiving school education or vocational training that takes up the major part of the child's working capacity (in the case of students, evidence of successful study must also be furnished);
- in case of complete incapacity for work since the 18th birthday or since the end of school education or vocational training (without a time limit).

The amount of maintenance benefit payable is 24 % of the retirement pay for half orphans and 36 % for orphans.

Supplementary allowance

Recipients of retirement pay or maintenance benefits whose total income is below the minimum threshold are eligible for a supplementary allowance which is payable upon application.

Care allowance

When are you entitled?

Preconditions for entitlement are

- the need for permanent care due to disability throughout a period of at least 6 months, provided that the time taken up by this care exceeds a certain time limit. Depending on the level of care required per month, seven classes of care allowance are distinguished. (More detailed information can be found in our information folder „Informationsblatt Pflegegeld“.)

Prisoners of war compensation

If a person had been a prisoner of war for at least three months, he or she can apply for benefits under the Prisoners of War Compensation Act (KgfEG).

Special contribution towards death and funeral costs

Survivors of a civil servant may apply for a special contribution towards the costs associated with the civil servant's death with the Federal Ministry of Finance, Dept. II/5, if the funeral expenses incurred by them are not covered by a legacy or if they have entered into financial difficulties due to the death of the civil servant.

▶ ▶ ▶ For more information please turn to the Pension Service staff at Barichgasse 38, A-1030 Vienna. They are always at hand to answer your questions in person from Monday through Friday from 8:00 to 12:00 or by telephone on +43 (0)504051 from Monday through Friday from 8:00 to 15:00. Detailed information on the benefits mentioned and latest news can also be found on the internet at www.bva.at/ps.



- normal residence in Austria or in a member state of the EU (EEA) or in Switzerland, provided that the person requiring the care is health insured in Austria.

Who is entitled?

- Provided that all qualifications are fulfilled, recipients of a basic benefit under **federal law** (e.g. full disability pension, civil servant's retirement pay or maintenance benefit, pension) are entitled to a care allowance paid by the state pursuant to the provisions of the Austrian Federal Care Allowance Act (BPGG).
- Provided that all qualifications are fulfilled, recipients of a basic benefit under **federal province law** (e.g. pension received from a federal province) and persons who receive none of the mentioned benefits (e.g. co-insured family members, working persons) are entitled to care allowance paid by the federal province pursuant to the provisions of the Care Allowance Act of the respective federal province (LPFIGG).



Where to apply for care allowance?

The following institutions (**in the below-listed hierarchy**) are in charge of disbursing care allowances and of deciding on eligibility:

- for recipients of a full disability pension whose need for care is due to an occupational accident or an occupational disease:
 - the respective accident insurance provider

- for recipients of a social insurance pension:
 - the respective social insurance (pension) fund
- for recipients of a civil servant's retirement pay or maintenance benefit
 - the BVA
 - Österreichische Post AG
 - Telekom Austria AG
 - Österreichische Postbus AG
 - Dienstleistungs-GmbH, the Pension Service of Österreichische Bundesbahnen
- for recipients of a benefit out of the War Victims Support Fund (Kriegsopferversorgung) or benefits under the Act on the Protection of the Armed Forces (HVG), the Crime Victims Compensation Act (VOG) and the Law on Harm Caused by Vaccinations (ISchG):
 - the Bundessozialamt and its branch offices in the federal provinces
- for recipients of a benefit under the Victims Welfare Act (OFG):
 - the offices of the provincial governments

Applications for care allowance must be made in writing and submitted to the respective responsible body. If a new application is filed within a year from the date when the previous decision obtained legal force, and if no substantial change in the qualifying conditions can be proven by latest medical reports, the new application will be dismissed.

Care allowance is paid twelve times a year and is disbursed by one single body together with the basic benefit.

▶ ▶ ▶ For more detailed information please visit our website at www.bva.at/pflegegeldps.

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Your contact addresses in the federal provinces

Head Office

A-1080 Vienna, Josefstädter Straße 80
Tel: +43(0)50405-0, Fax: +43(0)50405-22900
E-mail: postoffice@bva.at
Opening hours: Mo - Thu 8:00 - 14:00
Fri 8:00 - 13:00
Parking garage entry: Uhlplatz 2

Pension Service

A-1030 Vienna, Barichgasse 38
Tel: +43(0)504051, Fax: +43(0)504051-6190
E-mail: pensionservice@bva.at
Opening hours: Mo - Fri 8:00 - 12:00

Regional Office for Vienna, Lower Austria and Burgenland

A-1080 Vienna, Josefstädter Straße 80
Tel: +43(0)50405, Fax: +43(0)50405-23900
E-mail: Lst.wien@bva.at
Opening hours: Mo - Thu 8:00 - 14:00
Fri 8:00 - 13:00
Parking garage entry: Uhlplatz 2

Branch Office St. Pölten

of the Regional Office for Vienna,
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A-3100 St. Pölten, Bahnhofplatz 10
Tel: +43(0)50405, Fax: +43(0)50405-23891
E-mail: Ast.stpoelt@bva.at
Opening hours: Mo - Thu 8:00 - 14:00
Fri 8:00 - 13:00

Branch Office Eisenstadt

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A-7000 Eisenstadt, Neusiedler Straße 10
Tel: +43(0)50405, Fax: +43(0)50405-23991
E-mail: Ast.eisenstadt@bva.at
Opening hours: Mo - Thu 8:00 - 14:00
Fri 8:00 - 13:00

Regional Office for Upper Austria

A-4010 Linz, Hessenplatz 5
Tel: +43(0)50405, Fax: +43(0)50405-24900
E-mail: Lst.linz@bva.at
Opening hours: Mo - Thu 7:30 - 14:00
Fri 7:30 - 12:00

Visit us on the internet:

www.bva.at

Regional Office for Styria

A-8020 Graz, Grieskai 106
Tel: +43(0)50405, Fax: +43(0)50405-25900
E-mail: Lst.graz@bva.at
Opening hours: Mo - Thu 8:00 - 14:00
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Regional Office for Carinthia

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Regional Office for Salzburg

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Regional Office for Tyrol

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E-mail: Lst.ibk@bva.at
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Regional Office for Vorarlberg

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