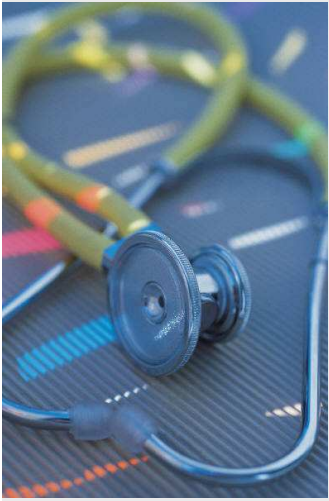


# UNHQ Programme

## 27 February 2013

### OVERVIEW OF UNHQ HEALTH INSURANCE PROGRAMMES

[www.un.org/insurance](http://www.un.org/insurance)



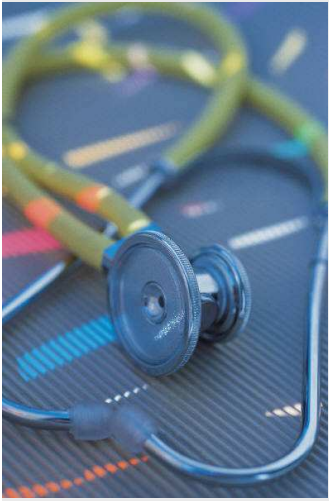
## Agenda

- High-level Overview
- Cost Containment
- Carrier Updates
- Eligibility Rules

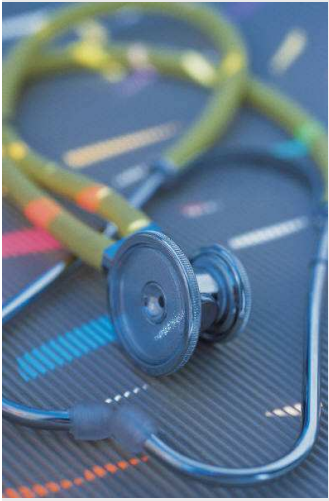


## Health Insurance

- Self-funded (self-insured) programme
  - Risk responsibility
- General Assembly cost sharing mandate
  - US based plans: 33% (Staff) – 67% (the UN)
  - Non-US based plan: 50% (Staff) – 50% (the UN)
  - MIP plan: 25% (Staff) – 75% (the UN)
- Carriers importance
  - Administrative services such as claims processing and staff member inquiries
  - Provider networks and experts services
- Plan cycle
  - July to June cycle



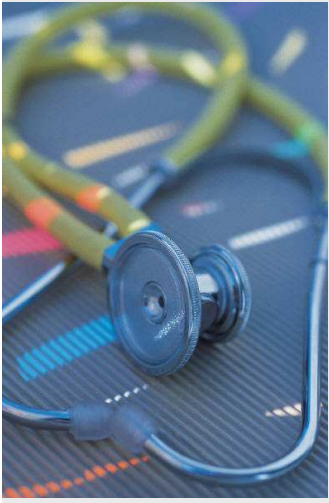
# Cost Containment





## How Premiums are Determined

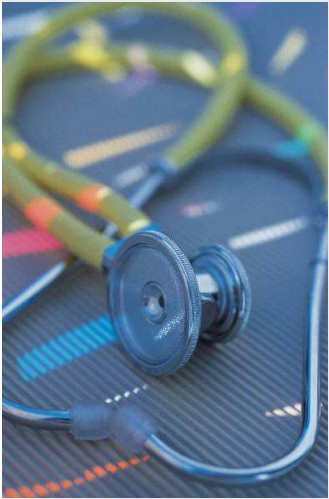
- **CLAIMS + TREND = PROJECTED CLAIMS**
- **PROJECTED CLAIMS + FEES = TOTAL COST**
- **TOTAL COST = REQUIRED INCREASE PREMIUM**



## How Premiums are Determined

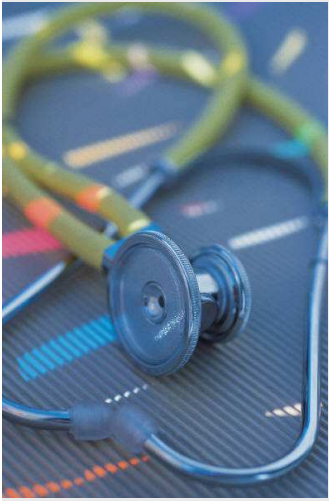
### Example

- Claims 1,000,000
- Trend at 10% +100,000
- Projected claims 1,100,000
- Administrative fees + 50,000
- Total Cost 1,150,000
  
- Current Premium 1,075,000
  
- Rate Increase 6.98%



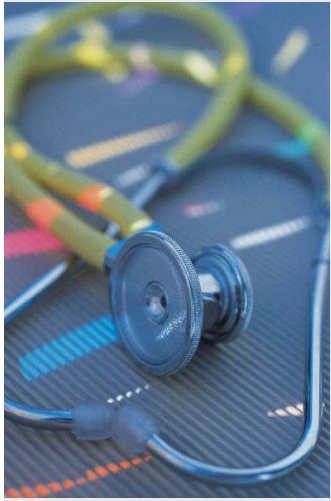
## Cost Containment

- All participants share the responsibility to contain cost
  - Knowledgeable consumers are vital to containing cost
  - For Aetna and Empire Blue Cross participants, in-network doctor visits are less costly
- Wellness initiatives are another way to save cost
  - ActiveHealth participants are seeing health improvements which lead to cost reductions

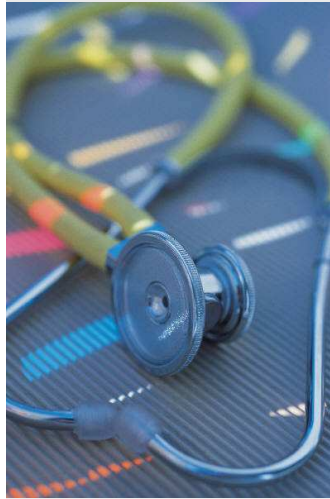


## In-network Benefits: Containing Costs in the US

- In-network visits are less costly for you and the UN
  - In-network providers deliver their services at “discounted” rates
  - Insurance generally picks up a larger portion of the bill
  - Out-of-network provider usage exposes staff to high financial risk
  - Use of in-network provider is encouraged





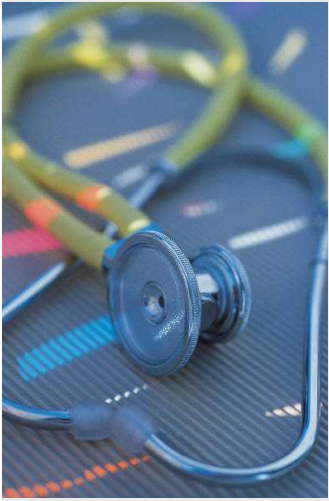


# Calculation of In-network (IN) vs. Out-of-network (OON) Cost

<u>In-network</u>		<u>Out-of-network</u>	
Office visit charge	\$140	Office visit charge	\$140
Network discount	- <u>\$60</u>	Network discount	- <u>\$0</u>
Contracted rate	= \$80	Rate charged	= \$140
Your PCP co-pay	- <u>\$15</u>	You pay	- <u>\$28</u>
UN insurance pays	= <u>\$65</u>	UN insurance pays	= <u>\$112</u>

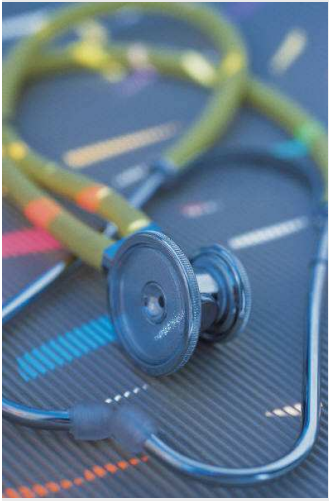
- For OON expenses, the staff pays **87% more** and the UN reimburses **72% more**. This example assumes that the charge of \$140 is reasonable and customary.
- Cost incurred affect future premium. Therefore, the additional cost for OON care is passed on in the form of increased premiums.

# Carriers



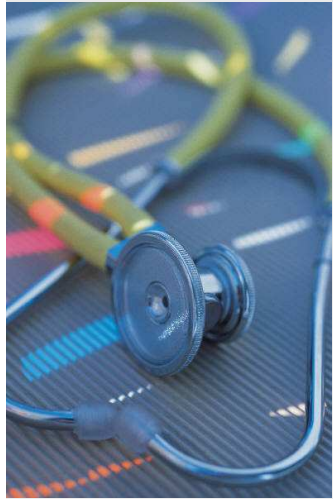
HEALTH PLAN OF NEW YORK





## Aetna/Empire Blue Cross (PPO Plan)

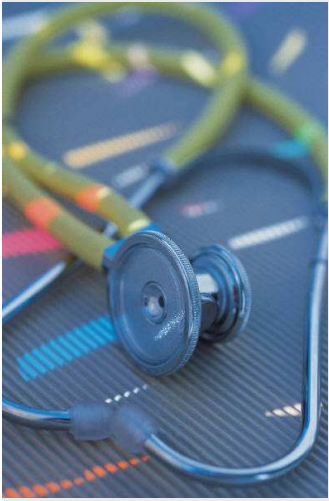
- Members pay a co-pay for medical services received in-network
- Members pay an annual deductible, coinsurance, and out of pocket maximum for services received out-of-network
- Members pay a 20% co-payment or a maximum of \$20 per prescription for drugs
- Medical services covered worldwide



## Empire Blue Cross (PPO) Plan

<u>In-network</u>		<u>Out-of-network</u>	
Annual deductible	\$0	Annual deductible	\$200/\$600
Office/Home visits	\$15/\$20	Office/Home visits	80% after
Routine Physical	\$15	Routine Physical	80% after
Hospital: in-patient	100%	Hospital: in-patient	80% after
Hospital: out-patient	100%	Hospital: out-patient	80% after

# Aetna (PPO) Plan



## In-network

Annual deductible	\$0
Office/Home visits	\$15/\$20
Routine Physical	\$15
Hospital: in-patient	100%
Hospital: out-patient	100%

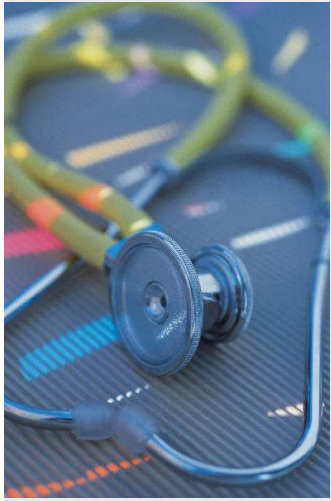
## Out-of-network

Annual deductible	\$175/\$525
Office/Home visits	80% after
Routine Physical	80% after
Hospital: in-patient	80% after
Hospital: out-patient	80% after



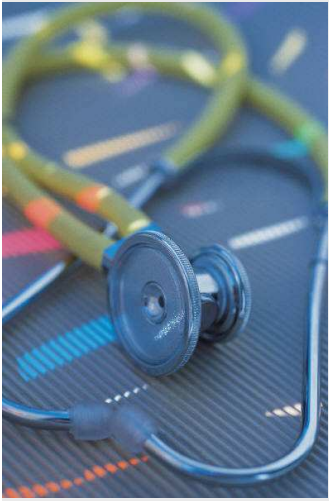
## HIP (HMO Plan)

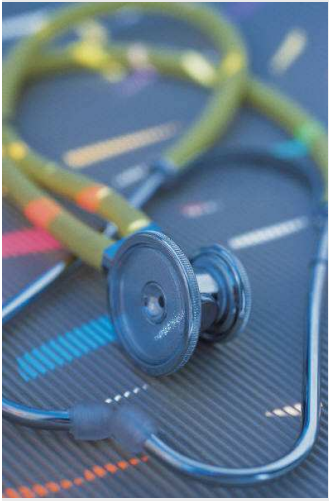
- In-network benefits and emergency only out-of-network benefits
- Members have no out-of-pocket cost for hospital and medical services received in-network
- Benefits include hospital services, physician services, behavioural health services, substance abuse services, occupational health services, prescription drug, vision and other health care benefits
- Members pay a \$5 co-payment per prescription for drugs
- Fully insured program. Premiums set by HIP



## CIGNA (Dental PPO Plan)

- Members pay nothing for basic dental services provided by an in-network dentist
- Members pay an annual deductible and coinsurance of 10% to 30% for services received from an out-of-network dentist
- CIGNA covers dental services worldwide and benefits include diagnostic, preventive, restorative and orthodontic care
- Total reimbursements are capped but the maximum cap depends on you.
  - Minimum cap is \$2,250 a year
  - Maximum cap can increase to \$2,550 a year



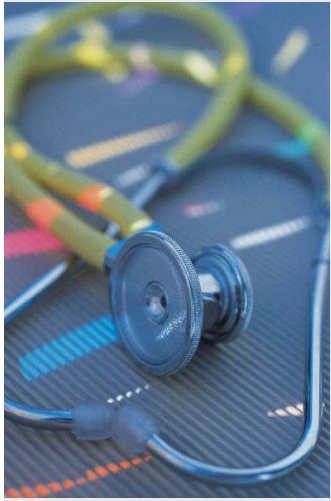


## Vanbreda International: Non-US Based Staff

- Comprehensive plan that covers medical and dental expenses for members outside of the US
- Members are reimbursed for medical and hospital treatment
  - Inpatient hospitalization: 100% subject to daily maximums
  - Other expenses: Up to 96% of “Reasonable and Customary” services
  - Annual maximum reimbursement: \$250,000

## Vanbreda Policy for Short-term Staff

- Covers emergency or immediate medical treatment for staff members only, including in the US
- Members pay a \$100 annual deductible and are reimbursed 80 percent of reasonable and customary fees
- Yearly reimbursements are capped at \$30,000



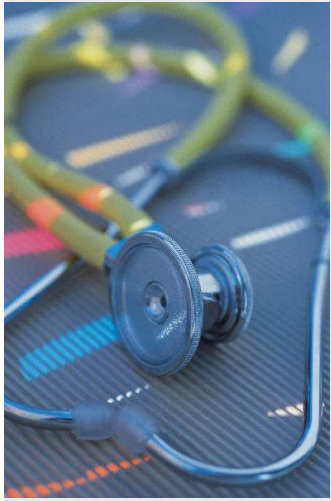
## ActiveHealth

- Confidential health management service
  - Medical Professionals w/ at Least a 4-yr Degree
- Disease management and wellness
  - Aetna
  - Empire Blue Cross
- Services
  - CareEngine and Care Considerations
  - Nurse Care Program
  - ActivePHR
  - 24-hour Informed Health Line
  - NuVal



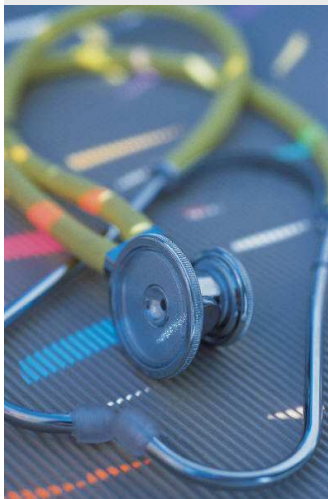
## FrontierMEDEX

- Available to Aetna and Empire Blue Cross participants 100 or more miles from home
- Coordinates delivery of care, emergency evacuations, and repatriations
- FrontierMEDEX does not pay the cost of evacuation and/or repatriation
- List of country specific telephone numbers on our website ([www.un.org/insurance](http://www.un.org/insurance))

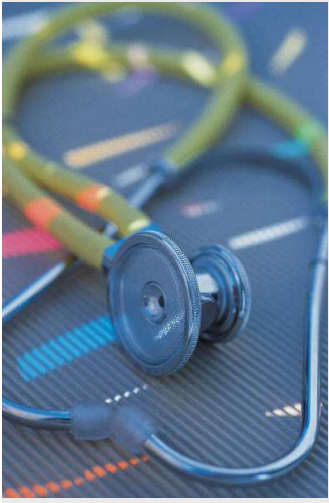


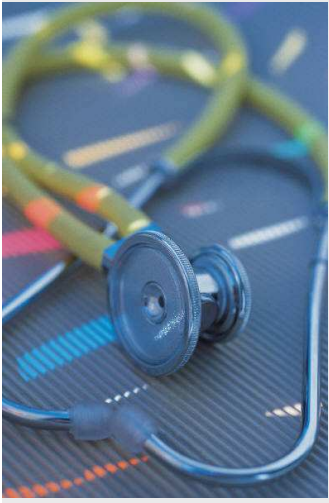
## Life Insurance

- Life insurance plan provides term insurance coverage
- No cash value
- Participation is voluntary
- No UN subsidy for coverage
  - Participating staff members finance



# Eligibility Rules

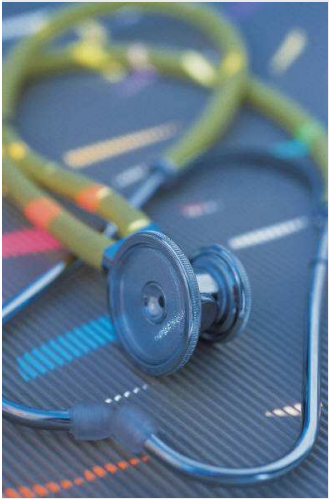




## Eligibility: Medical and Dental Plans

Eligible to join when the following events occur:

- Initial appointment of three months or longer
- Upon transfer from/to Headquarters from another duty station
- Vanbreda Short-term insurance plan: staff members are eligible to join the plan if they receive the following:
  - Temporary appointment of less than three months



## Health Insurance Enrolment Rules and Procedures

Enrolment must be done:

- Within **31** days of employment (reappointment) or
- During annual campaign

Changes due to an event below must be done:

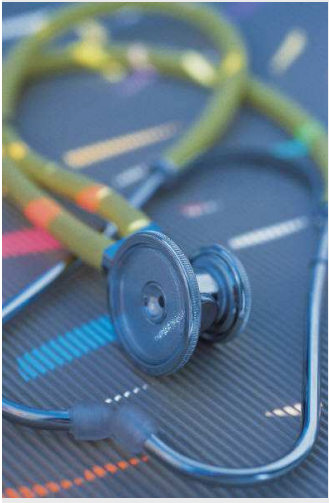
- Within **31** days of the event:



• Marriage/Divorce	• Birth/legal adoption of a child
• Reassignment/change of duty station to/from HQ	• Upon return from Special Leave without Pay (SLWOP)
• Upon assignment to a mission in the field	• Upon an inter-agency transfer
• Upon evidence of absence for enrolment	• Change in dependent status

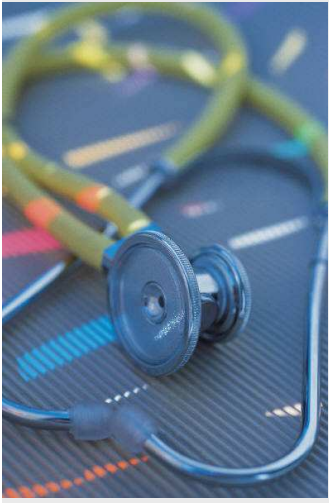






## Documents/Information Required for Enrolment

- Approved Personnel Action (PA)
- Dependents reflected in IMIS/SAP/ATLAS as household members
- Certified disabled status for all disabled dependents over 25
- Valid address in “mailing address” field in IMIS/SAP/ATLAS



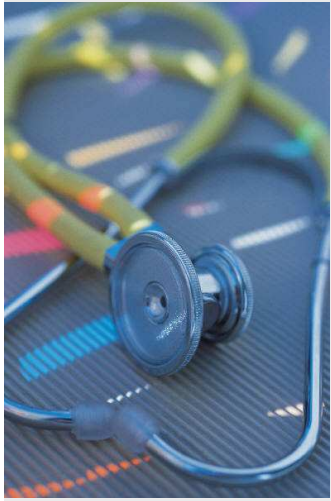
## Eligibility: Life Insurance Plan

Eligible to join when the following events occur:

- Contract for six months or longer
  - Must have received medical clearance upon appointment
- Automatic enrolment if application is submitted within **60** days of appointment
- Evidence of Insurability (EOI) required if staff apply 60 days after appointment

## Cessation of Coverage

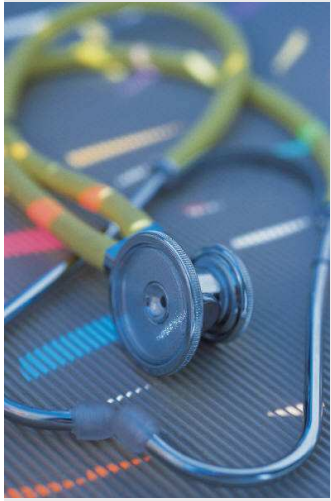
- Coverage automatically terminates when a separation PA is approved.
  - Changes in contract type often trigger a separation PA
    - A move from Temporary contract to Fixed-term contract
- For events that provide staff members a chance to change coverage (i.e. divorce)
  - The coverage is terminated upon the receipt of a written request from staff member.
  - The change becomes effective 1<sup>st</sup> of the month following receipt of the request to terminate.



## Special Leave Without Pay (SLWOP)

### Staff members:

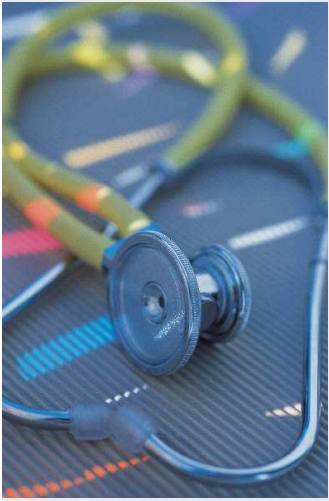
- Can continue coverage
- Should provide evidence of the approval
- Must submit advance payment covering the full premium
- Must submit a new application within 31 days of return
- Who drop coverage while on SLWOP may reapply for coverage
  - For Life insurance must provide an EOI



## ASHI Eligibility

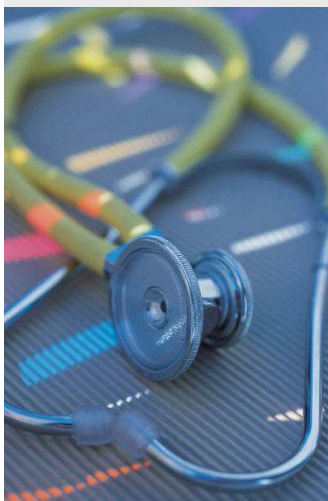
Eligible to join ASHI medical when the following events occur:

- At least 55 years old at time of retirement
- Participation in a UN sponsored health plan
  - For at least 5 yrs for unsubsidized coverage and 10 years for subsidized coverage if hired prior to 1 July 2007
  - For 10 years if hired after 1 July 2007
- Election to receive or be receiving a pension benefit from UNJSPF
- Granted a disability benefit by UNJSPF or under appendix D
- ST/AI/2007/3, dated 1 July 2007 provides ASHI details





## Relevant documents



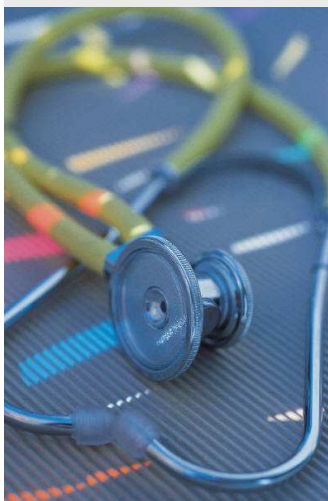
- ST/AI/343 – Medical Insurance Plan (MIP) for locally recruited staff at designated duty stations away from Headquarters



- ST/AI/2007/3 – After-service health insurance coverage
- ST/IC/2012/16 - UNHQ administered plans
- ST/IC/2005/55 – Aetna Global for services rendered outside the United States



- ST/AI/2002/6 – Life insurance
- ST/IC/2002/63 – UN group life insurance plan



## Questions



Contact Health and Life Insurance Section

Email: [insurance-unhq@un.org](mailto:insurance-unhq@un.org)

Website: [www.un.org/insurance](http://www.un.org/insurance)