



United Nations

Health & Life Insurance Section

FAQs – Information Session on the UN WWP on 16th June 2021

Annual Enrollment Campaign

What changes can staff members make during the Annual Enrollment Campaign?

Staff members can make the following changes during the Annual Enrollment Campaign:

- enroll or terminate enrollment in the United Nations Headquarters-administered insurance programme
- change to another plan
- add or terminate coverage for eligible dependants

Is the Annual Enrollment Campaign open to retirees as well?

Retirees, enrolled in the After-service health insurance (ASHI), who change their country of primary residence following separation may also transfer from one insurance plan to another if a different plan is more appropriate to the new country of residence. With respect to health insurance plans available to ASHI participants who reside in the US, transfer from one plan to another may be made subject to the condition that there must be two years of coverage under any such plan before a change can be made. Therefore, the Annual Enrollment Campaign is not open to retirees, and retirees, like active staff can only be enrolled in the UN WWP when residing outside the US.

Can I make changes to my insurance coverage between Annual Enrollment Campaigns?

Only if at least one of the following qualifying events occurs and enrollment is completed within 31 days of such an occurrence:

- Appointment or re-appointment
- Transfer or assignment to a new duty station
- Marriage or divorce of a staff member
- Marriage or full-time employment of a covered child
- Birth, legal adoption, or death
- Presentation of proof of loss of employment and loss of coverage by the staff member under a spouse's health insurance plan

Can we also apply for life insurance during the Annual Enrollment Campaign?

There are two ways to enroll in the UN HLIS administered life insurance plan:

- a) Unconditional Enrollment: To enroll, staff members will have 60 days from their date of employment to enroll in the life insurance plan without providing any additional documentation.
- b) Conditional Enrollment: Should a staff member miss the 60-day limitation, enrollment becomes conditional which means that the staff member will have to submit The Hartford's "Evidence of Insurability" (EOI) form to the HLIS for a first review after which the HLIS will forward the form directly to The Hartford which will evaluate eligibility for life insurance enrollment based on the individual profile and might require the applicant to undergo additional medical examinations at the applicant's own expense.

I was recruited for the 1st time in the UN system in October 2019 and am currently serving in a peacekeeping mission. Is it too late to enroll in the UN Worldwide Plan and if not, which service could be of some help here on the ground? Also, is the enrollment related to the same wage for everyone (FS, P, etc.) regardless of the level?

You may switch plans now during the Annual Enrollment Campaign until 30th June 2021. You may do it through UMOJA ESS. A premium rate simulator can be found on our website via <https://www.un.org/insurance/content/insurance-rate-simulators>.

Of course, you can also reach out to your HR colleagues for help and further support is available on our Insurance website via <https://www.un.org/insurance/content/checklists-and-guidance-material>.

Do we have to subscribe to the Annual Enrollment Campaign even if no changes are needed with regard to our family coverage?

No need to reapply.

ASHI

Should I apply for ASHI after my retirement even though my wife will be still working with UN? Should my wife enroll and add me to her health insurance in the UN or can she just enroll herself while I am covered under ASHI?

Please submit your ASHI application to preserve your right to ASHI. Then your spouse would have to apply to add you to her active staff coverage in line with section 6 of ST/AI/2007/3. Please access the application forms via <https://www.un.org/insurance/content/forms>

In the event that my wife loses her contract with the UN, will I still be eligible to enroll for ASHI at that point and add her since I was enrolled with Health Insurance for more than 20 years in the UN?

You should apply for ASHI upon retirement, even if your spouse is still in active service and you join your spouse's plan as required by policy. If your spouse's contract is terminated, you can still enroll in ASHI if you applied at time of retirement and met the ASHI eligibility criteria.

Who can advise staff members who will leave the organization midway through the 21/22 cycle and will need to move onto the ASHI plan (from USA back home to Europe)?

We have toolkits available on our website for Retirees or Soon to Retirees. For further clarifications, please write to hlis@un.org.

<https://www.un.org/insurance/content/soon-retire>

<https://www.un.org/insurance/content/retirees>

I am already covered under the UN WWP. Once I retire, should I enroll again or will my enrollment continue?

ASHI enrollment is not automatic. Please submit your ASHI application to hlis@un.org no later than 31 days following your separation from the organization. Please also find more information on the "soon to retire" toolkit available on our website via

<https://www.un.org/insurance/content/soon-retire>.

I am not married. If I marry after retirement, will my wife be covered?

ASHI is only available as a continuation. For dependants to be eligible for ASHI coverage, they have to at least be covered under the active health insurance plan at the time of retirement. The only exception are children born within 300 days following the separation. Further details on dependents ASHI eligibility can be found in para 2.3 of ST/AI/2007/3 as available via

<https://www.un.org/insurance/content/policy-documents>.

If I am retiring in a few months, when should I enroll in the international medical plan? So far, I am covered until the expiration of my contract by Empire BCBS.

Please submit your ASHI application to hlis@un.org no later than 31 days following your separation from the organization. Further references are available on our website under the Retiree or Soon to Retire Toolkits:

<https://www.un.org/insurance/content/retirees>

<https://www.un.org/insurance/content/soon-retire>

I am an ASHI UNWWP member and don't want to make any changes before 30th June 2021 so the premium should be taken from my pension directly for the next year.

The Annual Enrollment Campaign does not apply to ASHI participants. They may be eligible to switch plans under certain conditions. If you do not wish to make any changes to your current plan, then no action is further required from your end. For further clarifications, please write to ashi@un.org.

If a staff member leaves the UN before the retirement age, for ex. at 50 years old, can (s)he maintain coverage under the UN WWP?

The minimum age requirement for ASHI is 55 years old, or at any age if entitled to a UNJSPF disability benefit.

I will be retiring next year and participated in the UN for 3 months less than 6 years. Will I be eligible for UN WWP and if so, under what condition?

Please write to hlis@un.org to request your ASHI eligibility review.

Is the premium split of 50/50 still relevant for retirees or do retirees pay higher % towards the premium?

It depends. ASHI contributions paid by participants are based on Section 3 of ST/AI/2007/3. The balance will be shouldered by the organization if eligible for the subsidy.

I am UNS local staff but haven't enrolled in the UN insurance yet. I am covered under my spouse's Cigna insurance. My spouse will retire in December and enroll in ASHI. Can I enroll in the US-based insurance in December or only now? Can he switch to my family insurance in December and can I switch back to his insurance when I stop working with the UN?

Health insurance coverage Married Staff Members:

Coverage of a retiring spouse should be transferred to the active spouse. This is in line with Section 6 of ST/AI/2007/3 as available via <https://www.un.org/insurance/content/policy-documents>.

I am currently covered under a US-based plan but will be retiring in my home country this September. Should I change my plan now or upon retirement?

Retirees can change their health insurance carrier to one that is more suitable to their new country of residence when they enroll in ASHI. This is in line with section 8 of ST/AI/2007/3 as available via <https://www.un.org/insurance/content/policy-documents>.

If I scan my application for ASHI and forward it to hlis.un.org, do I get an acknowledgment of receipt of my application?

ASHI application forms sent to hlis@un.org will receive an acknowledgement.

Is there insurance coverage for staff retiring at the age of 55, as in early retirement?

Yes, if eligible for ASHI. Eligibility is stipulated in Section 2 of ST/AI/2007/3 as available via <https://www.un.org/insurance/content/policy-documents>.

Can I submit my ASHI application 31 days before separation or do I have to separate first?

ASHI applications can be submitted 31 days before your separation date but no later than 31 days following the separation.

Benefits

Does the UN Worldwide Plan provide coverage for maternity care, also called maternity assistance?

Yes, maternity care is covered at 80% and is reimbursable until 8 days after delivery. Each day in the hospital has to be deducted, e.g., when a patient stays in the hospital for 5 days, she can

have 3 days of maternity care at home. The plan pays up to a maximum of 7 hours per day. In case of home delivery, midwife fees and material, these are also covered at 80%.

How are benefits coordinated if I am covered by two or more plans?

The United Nations health insurance programme does not reimburse the cost of services that have been or are expected to be reimbursed under another insurance, social security, or similar arrangement. For those participants covered by two or more plans, the United Nations health insurance programme coordinates benefits to ensure that the participant receives as much coverage as possible, but not in excess of expenses incurred. Plan participants covered under the United Nations health insurance programme are expected to advise the Third-Party Administrators when a claim can also be made against another insurer.

How is the carry over for dental care applied and can you also elaborate on coverage details for orthodontic care?

The general cover of dental care equals 80% up to 1,000 USD. Any unspent balance can be carried over to the next year. In practice, this means that in case there is an unspent balance for dental care on 31/12/2021, this can be carried over and used in 2022. Orthodontic treatment has to start before the patient's 15th birthday and the maximum treatment period is 4 consecutive years. It is never reimbursable for adults over the age of 18 unless the treatment is medically necessary as a result of an accident. Orthodontic care is included in the General cover for dental care, hence limited to 1,000 USD + carry over.

I noticed that Cigna has an annual limit of USD 250,000 per person. I know that transplants / cancer treatment could cost more. What would happen if the treatment required by an insured individual would cost more?

The plan participant can request exceptional reimbursement for amounts over \$250K. The process is explained in ST/IC/2021/10.

What is the process to request/suggest/trigger revision on the annual limit for a plan? The dental coverage with CIGNA is \$1000 per year. In my duty station country, a simple check and clean costs over \$200 (so that is already \$400). e.g. my son had to do a orthodontic treatment that cost over \$7000 for which I had to cover most of it.

The adequacy of the ceilings is reviewed annually for the group.

Is osteopath treatment considered physiotherapy or preventative therapy?

Osteopathy treatment is covered under the ceiling for physiotherapy which is covered at 80% for up to sixty sessions per calendar year.

Can medical prescription for Psychotherapy be done by a doctor or does it have to be done by a psychiatrist?

Psychotherapy can be prescribed by a licensed General Practitioner.

Is the optical coverage of USD 250 per plan member or total for the family?

The optical coverage ceiling applies to one plan participant, ie a ceiling per individual.

What exactly is a session with regard to the 60 approved sessions of physiotherapy? Is a session one day on which you can attend several procedures? Or is a session one specific procedure?

One specific procedure, which is typically limited to 30 minutes or 1 hour.

What benefits are available with Empire Blue Cross?

For more information, please check the ST/IC/2021/10.

Contact Inquiries and Information

What is the best way to reach HLIS?

The best way to reach us would be through the "contact us" form on the website:

<https://www.un.org/insurance/content/contactus>

My dependent has a medical condition whose treatment requires pre-approval by Cigna's medical board. I would like to apply for this pre-approval prior to switching my medical insurance. Can you please share an email of a contact person at Cigna that I can contact regarding this? Can it please not be the generic email/phone number as I cannot seem to be able to reach anyone via that contact.

You can reach out to our medical consultation via the designated email address medicalconsultant@Cigna.com.

Empire BCBS hasn't been reimbursing my out-of-network claims for my dependant's mental health benefits since February 2021. Up until the end of last year, they always promptly reimbursed these claims in the past. When I call to follow up, I am told that either they did not receive the claims (despite repeatedly mailing copies and resubmissions many times) or I was told they were rejected for error in location or claim number. How can I get help with this problem from the Health and Life Insurance Section since the plan entitles me to 80% for out-of-network mental health consultations?

Could you please contact HLIS directly through the Contact Us form on the website with the details of your case?

I may need to take a PCR test soon to travel to a tourist destination. Can I claim this from Cigna?

The UN WWP only covers medically necessary CV-19 testing, e.g., for diagnostic purposes.

Who can I speak to about switching to a US-based plan? I have many questions because of particularities of my case that I would like to clarify.

You could reach out to Aetna, Empire and Cigna Dental directly to discuss the details you are looking for:

Aetna

- Phone: +1 (800) 784 3991
- Email: UnitedNationsOpenEnrollment@aetna.com

Empire Blue Cross

- Phone: +1 (855) 220 3341
- Email: UNOpenEnrollmentQuestions@anthem.com

Cigna Dental

- Phone: +1 (800) 564 7642

Coverage

When will my new coverage go into effect?

As soon as 1st July 2021. Health care rendered starting 1st July 2021 will be covered under the plan you select in June.

Can you please remind me of the restrictions under the UN Worldwide Plan for care in the US?

A deductible of 5,000 USD per insured person or 15,000 USD per family per calendar year has to be met before any reimbursement is made under the programme. The programme will reimburse 80% of all medically necessary treatment under the BMIP and the participant will pay the 20% residual cost after the deductible is met.

When you say the UN WWP covers internationally recruited staff, retirees, and their eligible family members, does the use of 'internationally recruited' only refer to P level staffs or those at G level and other Categories as well?

The UN covers all eligible SMs in all categories enrolled in the UNHQ-administered insurance plans.

I understand that staff members cannot combine two plans e.g. the Cigna Dental Plan and the UN Worldwide plan (WWP). Is it possible to modify the contents of the UN WWP, for instance increase the amount of coverage cap for dental treatment, and/or reduce the coverage cap for other treatments without changing the annual limit?

The adequacy of the plan benefits for the group is assessed annually and the same benefits apply to all participants.

Can you suggest a change in how often doctor referrals are needed for treatment to disabled persons? My son is permanently physically disabled and requires regular physio and other therapies. Current rules require doctor referral every year which is impractical and makes no sense given the permanent nature of the disability.

Prescriptions are valid for a period of 1 year under UN WWP and UN MIP. For continuous medication, the physician has to indicate that the drug is required for a longer period and specify that period.

If you are based outside of the US, can you increase the amount of coverage you have with CIGNA? Or is it limited to just one rate/one set of benefits?

The adequacy of the plan benefits for the group is assessed annually and the same benefits apply to all participants.

I have a question regarding the submission deadline. What does it mean expense incurred? Is it when invoice and payment was made, or when a consultation with doctor happened? I had a case where my doctor missed to invoice me for some visits and sent the bill when it was already 2 years later. Would this be covered given that invoice and payment was received just a few days before I submitted the claim?

All claims must reach Cigna within two years as of the date on which the expenses were incurred (the invoice date). The treatment date has to match the date of invoice.

As international staff, do we have alternative companies like the options you have for the US or is it only Cigna?

The only available, subsidized, option is UN Worldwide Plan. Cigna is merely the administrator.

I cannot see an option to increase coverage from the Basic Plan to the Major Coverage plan. Can you please advise? In ESS I am only given the option of the UN Worldwide Plan while all other options are US-based plans and I am based outside the US.

This update is done automatically once you hit the 200 USD out-of-pocket maximum for family per calendar year or 600 USD out-of-pocket maximum.

Can we cumulate the UN WWP with a national plan?

Yes, you can. Coordination of benefits will apply.

Does CIGNA also cover accidents or only reimbursement of medical expenses?

UN WWP covers medical expenses resulting from illness, accident and maternity as well as dental and optical expenses.

Can I change to a US-based plan and still get insurance coverage at my duty station (not the US)? I currently have two insurance policies:

- 1) Aetna in the US from my previous employer (I travel constantly to the US for medical checkups)**
- 2) Cigna worldwide from the UN. I therefore pay twice each month for my insurance policies and I would ideally like to have only one insurance in the US with my family still being able to receive coverage at my duty station.**

Both Aetna PPO, Empire Blue Cross PPO and Cigna Dental PPO cover expenses outside the US as well.

Coverage outside or at different Duty Stations

My duty station is not in New York. Can I enroll in a US-based plan?

Yes, staff members and retirees who are considering coverage for family members residing in the US or who intend to seek medical care in the US on a regular basis are reminded that they should consider enrolling in a US-based plan during the Annual Enrollment Campaign.

Under the UN Worldwide Plan, would I be insured while on holidays (e.g., AL) or would I need to buy travel health insurance?

Coverage under the UN WWP applies worldwide and 24/7, but please note that certain restrictions are applicable for medical care in the US. More details can be found in the Description of Benefits.

I am currently at the UNHQ, covered by a US-based plan. I will be going to a field mission for an extended period of time (more than 1 year) - should I keep my US-based plan or switch to the UN Worldwide Plan? If I were to switch to the Worldwide Plan, can I easily switch back to a US-based plan upon my return to the UNHQ?

Yes, you may keep your US based plan if you will seek care in the US. However, as soon as the duty station changes, and a PA is created in the system, you may be able to switch plans between the UN WWP and a US-based plan. based.

I am a UNHQ Professional staff, accompanying my spouse under FWA to Geneva, where she is taking up an appointment and will be insured under the UN WWP.

(1) Can I enroll under her plan?

(2) Is her appointment in Geneva a qualifying event to switch from a US-based plan?

If there will be a PA changing the duty station from NY to Geneva, then this might be a qualifying event and an adjustment reason will be available for your spouse to make the change through ESS.

The worldwide plan precludes that a \$5000 deductible has to be paid first in the U.S. Why is this stipulation placed on the US only and not all other countries as well? It's natural for citizens of any country to consider having major health care work done in their home country; why is \$5000 being imposed on one country in a worldwide plan?

The UN Worldwide plan is not priced for the high cost of medical services in the US and obtaining care in the US drives up the premium of other plan members. Please enroll in a US-based plan if you plan to seek care in the U.S.

I'm currently on the Empire plan that includes insurance for the US. However, I will relocate to The Hague towards the end of next month (July). Could someone advise what I should do to remain covered for the month of July with the US-based plan, but can then switch to the cheaper Europe plan as from 1st August?

Your US-based plans will be terminated at the end of July. You have the option to apply to the UN WWP from 1st August onwards.

I've been working in NY on FWA, but my post officially transferred to The Hague as from 1st July 2020. Is your answer above still relevant/correct in this case?

If your new contract with the Hague starts on 1 July, your US based plans will be terminated at the end of June this will allow you re apply to a US based plan or to apply to the UN WWP.

Which one is better while being away from UNHQ, the UN WWP or a US-based plan?

We are not able to advise you on what plan is best for you as it depends on your own needs. I would recommend you visit our website and read about the differences in coverage for the two plans. The link below will take you to the detailed information about the plans:

<https://www.un.org/insurance/content/us-based-plans>

Do the US-based plans provide coverage when we are travelling overseas?

For this info, please be referred to the ST/IC/2021/10 posted on our website:

www.un.org/insurance

I am NY-based UN staff with an address outside the US. Can I enroll in the UN WWP?

If you're duty station is NY, you should enroll in US-based plans only.

What must I do if I am out of the mission and I need to use my Cigna insurance for an hospitalization?

Concerning hospitalizations out of your mission, kindly note that you have worldwide coverage except in the US where you have important limitations to your coverage. The plan's area of coverage is worldwide except for specific conditions (deductible & limited coverage) within the US. You can reach us anytime, anywhere, in your preferred language.

If you're looking for a doctor or hospital, you can select the health care provider of your choice or rely on our professional network of more than 10,000 hospitals, doctors and specialists. In case you require an emergency hospital admission while on mission, please call Cigna using the contact details on your membership card so we can reach out to the hospital to issue a Guarantee of Payment.

I am based in New York and have Empire BC/BS. My son who is under my plan goes to college in Boston. How does Empire cover out-of-state medical claims?

Empire BC/BS covers all of the US. Your son can also look for Doctors and pharmacies in the BC Network in Boston.

Do the US based-plans also provide coverage all-over the world?

Yes. For more info, please check the ST/IC/2021/10 posted on our website:

www.un.org/insurance.

If using online/phone consultation with CIGNA, how would the prescription work? At my duty station (Denmark) I would probably need prescription from an authorized doctor in Denmark.

If the Telehealth doctor has enough medical information on your case (and when legally available), then a prescription or treatment recommendation can be provided. Doctors may issue prescriptions for medicines when, in their professional judgment, it is safe, appropriate and they are licensed and authorized to do so. Should you receive a prescription, you will need

to bring it to a local pharmacy to be filled. There may be times when a Global Telehealth doctor may not be able to provide a prescription or feels that an in-person consultation is needed in order to obtain a prescription.

I will be retiring in Canada and plan to visit the US often to visit my children. If I go often, what is the best arrangement so that I am covered in case of sudden illness or accident when traveling to the US?

We strongly advise you to enroll in Aetna PPO or Empire Blue Cross PPO for medical expenses and Cigna Dental PPO for dental expenses. The UN WWP does not provide adequate coverage in the US.

I enrolled in Aetna instead of Cigna, however, I am not working in the US, How can I change it?

If you are a UN Secretariat staff, you can make changes in Umoja ESS up until 30 June 2021. If you are employed through another UN organization, you should complete the Annual Enrolment Form and submit it your HR focal point.

I am reassigned from a Field Mission to the UNHQ. Me and family have Cigna Global. Can I continue with Cigna without changing to Empire Blue Cross as my family will stay in the UK?

If your DS is in the US, you are not allowed to be enrolled under the UN WWP (CIGNA Int'l). Empire BC or Aetna also have international coverage. For more info, please check the ST/IC/2021/10.

While telecommuting, can enrolled members avail medical services in the US? Are there any specific regulations?

Staff members who are planning to seek care in the US, are strongly advised to enroll in a US-based plans.

Are we covered whilst travelling?

All UNHQ-administered health insurance plans provide worldwide coverage, sometimes with restrictions in specific areas.

Can you please comment on staff who are working remotely from the US (i.e. Field staff working from the US)? Please confirm if it is possible to switch from the UN WWP to a US-based plan.

Yes, but you should make that change during the annual enrolment campaign, by 30 June 2021.

While telecommuting, can enrolled members avail primary medical care services in the US? Are there any specific regulations?

All SMs residing or telecommuting in the US must be enrolled in any of the US-based plans. The UN WWP is not allowed in the US.

Eligibility and Enrollment of Dependants

Will my newborn baby be covered?

Yes, provided that you enroll your newborn in your health insurance plan within 31 days after birth.

Which family members are eligible to enroll in my health insurance plan?

“Eligible family members” do not include secondary dependants, family members of temporary staff members with appointments of less than three months or family members of occasional workers. The term “eligible family members” refers to a recognized spouse and one or more dependent children. The United Nations health insurance programme recognizes only one eligible spouse for coverage. A dependent child is one who meets the definition according to staff rules and is a household member in the Umoja system of the United Nations, the Atlas system of UNDP, the SAP system of UNICEF or the “oneUNOPS” system of UNOPS. A child is eligible to be covered under the programme until the end of the calendar year in which he or she attains the age of 25, provided that the child is neither married nor employed full time. Children with disabilities may be eligible for continued coverage beyond the age of 25 if they are certified with a disability by the Division of Health-Care Management and Occupational Safety and Health, if the parent is an active staff member, or by the United Nations Joint Staff Pension Fund if the parent is a retiree.

Can one enroll grown-up children upon retiring (pensioner to pay for full premium)?

Dependent children are covered through the end of the year in which they turn 25 years old, provided they are neither married nor full time employed.

I am in a field mission and covered under the Cigna Insurance. I have a daughter that is yet to be registered. Should I register her in umoja or somewhere else?

Yes, you can enroll your daughter before 30th June 2021 through Umoja self-service.

My daughter is covered under the US-based plan. As she moves to university outside of the US, will she be eligible for the UN WWP?

Your US-based plans also have international coverage. For more info, please check the ST/IC/2021/10 posted on our website: www.un.org/insurance.

Is it possible to add a secondary dependent to the plan? I would be willing to pay an additional premium if possible.

No, only eligible dependants are allowed to be part of the plan.

I am not married and work on a peace mission. Can I enroll my elderly parents as dependants?

No, only immediate family members are allowed to enroll as the UN enrolls first dependents only. Please review the ST/IC/2021/10 for more information.

I have a secondary dependant, my mother, can she be covered by CIGNA?

No, she cannot be covered by the UN WWP. Secondary dependants are not eligible.

Can I enroll my father if I pay additional premiums?

No, he cannot be covered by the UN WWP. Secondary dependants are not eligible.

Up to what age do you cover children of staff members?

Children in the UN are covered until the end of the year when reached 25 years old, provided they are neither married nor full-time employed.

Can my partner be covered under the UNHQ-administered health insurance or it is only for married people?

Eligible dependants are a subscriber's subscriber's recognized spouse and one or more dependent children, as defined in staff rule 3.6 (a) (iii). The United Nations health insurance programme recognizes only one eligible spouse.

How many dependents, including my spouse, can I enroll with Cigna?

Eligible dependants are a subscriber's subscriber's recognized spouse and one or more dependent children, as defined in staff rule 3.6 (a) (iii). The United Nations health insurance programme recognizes only one eligible spouse.

Why are parents not considered primary dependants?

Please ask your HR partner.

How many dependants under 25 can I register with Cigna?

Eligible dependants are a subscriber's recognized spouse and one or more dependent children, as defined in staff rule 3.6 (a) (iii). The United Nations health insurance programme recognizes only one eligible spouse.

Can I take my child off my Cigna insurance if he is 18?

You may do so during the Annual Enrollment Campaign, however, children may remain covered until the age of 25 providing they are neither married nor full time employed.

How do I remove my child?

In UMOJA through ESS and during the Annual Enrollment Campaign only.

Does the UN count my spouse's retirement as an eligible event?

Enrolment in ASHI is a qualifying event to change between UN US-based plans.

Forms and Guidance Material

Could you please provide a link to the Cigna benefit booklet?

The link to our member's webpages are <https://www.cignahealthbenefits.com/en/plan-members/>.

Does the HLIS accept scanned documents if I am about to retire or do I have to send originals and if so where do I send the documents?

No, please submit your scanned docs to hlis@un.org.

ID Cards

When can I expect my new ID card should I decide to enroll in a new health insurance plan effective 1st July 2021?

Cards are shipped by the Third-Party Administrators to subscribers' mailing addresses on average 10 business days after the upload of the Insurance Eligibility file which is transmitted to the Insurance carriers at the start of the month. Please allow for 1-2 months upon enrollment.

If I remove a dependant, will I get a new insurance number/card?

No. Your ID# and card will remain the same.

Life Insurance

What is the coverage amount for life insurance?

You can read about the coverage levels and estimate your maximum coverage level on the dedicated website page: <https://www.un.org/insurance/content/life-insurance> .

Network Providers

Where can I look for in-network providers?

The Cigna health benefits pages and the Cigna health benefits application offer provider search options where plan participants can look for in-network providers per country, city, specialty and provider type. Cigna offers three types of agreements:

- Out-patient direct billing
- In-patient direct billing
- Preferential rates.

My mom is a UN retiree and traveling back and forth to the Philippines. May I please know where I can access a list of hospitals that would accept our insurance there if covered under Empire BCBS?

Please login to www.empireblue.com.

SLWOP

What actions do I need to take upon return to work following my SLWOP?

Upon return to duty following your special leave without pay (SLWOP), Umoja automatically reinstates coverage for United Nations staff members under the health insurance plan and coverage type in which you were insured before taking your SLWOP. In case you wish to drop insurance coverage, you can request withdrawal from the plan within 31 days of the return from your SLWOP. Failure to withdraw within 31 days of the return from your SLWOP will result in you being unable to withdraw until the next Annual Enrollment Campaign.

I started my enrolment under the UN WWP in December 2006 and I was on SWLOP for one year in 2016. During this one year I did not contribute. Since 2017, I am continuing. Will I be eligible to continue this insurance after my retirement?

Please write to hlis@un.org to request your ASHI eligibility review.

Telehealth

How much will a Cigna Global Telehealth consultation cost?

Cigna Global telehealth is offered at no additional out-of-pocket cost to UN WWP participants. While you will not bear any additional costs, the advantages of consulting a doctor through telehealth are numerous: no commute time, comfort of your home, specialized doctors who might speak your mother tongue, doctors take their time, etc.

Will doctors' notes provided through Global Telehealth consultations be acceptable for sick leave certificates for the certified sick leave?

No, they will not be accepted.

Other

How can I help fighting fraud, waste, and abuse?

You are strongly encouraged to review your explanation of benefits (EOB) or claim statement carefully to ensure that only services received from the respective provider are billed. Furthermore, it is the responsibility of the plan participants to report any questionable charges to the Third-Party administrators so that they can be investigated.

Are 250,000 USD the maximum yearly amount payable UN WWP? If one's medical costs are larger one year, does one have to pay the difference?

Medically necessary treatments exceeding the 250,000 USD annual maximum, will be submitted for exceptional review to the Health and Life Insurance Committee.

How do you determine the doctor fee in a hospitalization case where the hospital does not split the invoice but only provides one total amount invoice?

For UN WWP: the all-in bills are split up the following way:

- o 20% Doctors' fees
- o 40% Bed and board
- o 40% Other hospital expenses

If Cigna is a Third-Party group of administrators, who is providing the medical advice to decide on the case and the treatment as well as the reimbursement of our claims?

Cigna's Medical Board reviews medical reports and formulates an advice in accordance with the plan rules.

I am onboarding and filling out the 1st application form, however, there doesn't appear to be a section where I would communicate which plan I wish to be enrolled in regarding the BMIP or MMBP. When/how do we communicate our choice?

The MMBP will automatically kick in when the out of pocket maximum is reached. Plan participants should not take any action.

What do you suggest as a complementary insurance to cover expenses beyond the USD 250,000 USD limit?

Medically necessary treatments exceeding the 250,000 USD annual maximum, will be submitted for exceptional review to the Health and Life Insurance Committee.

My duty station is NY. Do we have a different Dental Plan available other than Cigna? Since the UN WWP is also Cigna, it seems like Cigna is the only Dental Plan available through the UN? The Cigna Dental plan coverage has a lot of restrictions compared to the Aetna Dental Plan I used to have with WHO.

UN WWP and Cigna Dental PPO are the only subsidized UNHQ-administered health insurance plans covering dental expenses. Please note that the plan design, including coverage levels, is determined by UN.