



United Nations

Health & Life Insurance Section

FAQs – Information Session on the UN MIP on 17th June 2021

Annual Enrollment Campaign

What changes can UN MIP members make during the Annual Enrollment Campaign?

MIP members can add or terminate coverage for eligible dependants during the Annual Enrollment Campaign.

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:

- 1) 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.
- 2) 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 HLIS for a first review after which 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.

If we want to enroll in the health and dental insurance, do we have to do it through umoja?

For local staff, the enrollment of staff is automatic while they should enroll their eligible family members through ESS. Enrollment can be done within 31 days of qualifying events or during the Annual Enrollment Campaign that runs from 1st June through 30th June.

Where on your website can I find the information about the Annual Enrollment Campaign and how to make changes in UMOJA?

You can find all information about the Campaign as well as Umoja Guidance material, recordings, presentations and FAQs on the Annual Enrollment Campaign Page accessible via <https://www.un.org/insurance/content/upcoming-un-hlis'-annual-enrollment-campaign>.

What are "qualifying events" exactly?

Please refer to ST/AI/2015/3 section 2.6:

- (a) Date that the Plan is first introduced at the duty station;
- (b) Date of staff member's initial appointment or reappointment with the Organization;
- (c) Date of marriage with the staff member, in the case of a recognized spouse acquired after the staff member's entry on duty;
- (d) Date of birth or legal adoption, in the case of children born to the staff member or adopted after the staff member's entry on duty;
- (e) Date of recognition by the Organization in the case of stepchildren;
- (f) Loss of insurance coverage of a recognized spouse as a result of loss of employment beyond his or her control upon presentation of certification from the former employer of the period of insurance coverage while employed.

The Annual Enrollment Campaign is another option to enroll.

If we want to enroll for health and dental insurance, do we have to do it through Umoja?

For local staff, enrollment is automatic, however, they should enroll their eligible family members through the ESS. Please find guidance available via <https://www.un.org/insurance/content/checklists-and-guidance-material>. Please also note that enrollment can be done within 31 days of qualifying events or during the Annual Enrollment Campaign that runs from 1st June through 30th June.

ASHI

I will retire in November of this year. I won't apply for ASHI but want to have my current medical insurance until the end of December. I heard it's possible to have one more month after the separation month, but I don't know how. Please kindly provide guidance on how to apply and pay for it. Could you also provide guidance with regard to obtaining a medical insurance offered by UNFCU after the end of December?

Our plans do not cover any additional months. Your insurance coverage will cease with your contract termination.

For ASHI, does the staff member have to apply or is it only provided to staff members who serve more than 10 years?

You must apply within 31 days prior or after the date of retirement.

The ST/AI/2015/3 regarding insurance after retirement (ASHI) says that staff should have 10 years of continuous participation in the UN health insurance. Suppose I have insurance from say age e.g. 45 years to 55 years, and then discontinue the health insurance, after completing 10 years, will I be able to receive ASHI after enrolling again at later age in the month of July before the age of 62 or retirement age (reason for discontinue in enrollment of staff in HI is because spouse working outside UN has better/cheap health insurance from their company)?

This question is not relevant for MIP as it is mandatory for local staff. For international staff enrolled in the UN WWP or US-based plans, the cumulative contribution count provided it is done under the specified contract.

Is health insurance mandatory after retirement? If so, will the pension payment deductions be the same as when staff are active? Also will eligible family members be covered as well e.g., wife. Thanks.

Health insurance is not mandatory after retirement, however if you have the eligibility you can apply for health insurance after retirement. All eligible family members (eg spouse) will be eligible if you opt to apply for health insurance.

Please refer to section 7 of ST/AI/2015/3

https://www.un.org/insurance/sites/www.un.org.insurance/files/mip_stai20153.pdf.

Benefits

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.

Does the medical aid cover over the counter medication?

No, only prescription drugs are covered.

Why do we have to wait 12 months for coverage of eye glasses/optical expenses?

Waiting periods apply to vision benefits to avoid individuals signing up only for the year that they need the coverage for.

Can we please get access to over-the-counter medication with a doctor's prescription at a pharmacy in Cape Town, South Africa, so that we do not have to pay the full amount and claim back?

Medication is only covered if the medicines are prescribed, medically necessary and contain pharmaceutical components to treat a specified diagnosis.

Contact Inquiries and Information

What is the best way to reach the HLIS?

Through the "contact us" form on the website.

Coverage

What are the territorial limitations of the UN MIP?

The UN MIP is designed for care at the duty station. For each country with inadequate medical facilities, the UN MIP has established a 'regional area of care', i.e., a specific neighboring country or region designated by the UN, where staff members can seek medical treatment without requesting approval for a medical evacuation. Medical expenses incurred in such areas will be reimbursed up to the limits of reasonable and customary expenses of the country where the treatment or service is provided.

What do Stop Loss Clause and Out-of-pocket maximum actually mean?

'Out-of-pocket maximum' refers to the total sum of co-payments paid by all family members in a calendar year. Once the out-of-pocket maximum for covered treatments and services has reached the stop loss limit defined below, the MIP will start reimbursing an additional 80% of the out-of-pocket expenses. This is what is called the 'stop loss clause'.

I am under the coverage of Cigna and my kids are at school in the US, should I switch my insurance from Cigna to Empire Blue Cross/Aetna?

If you are in professional category, yes you will be able to switch. The window to switch is open through 30th June.

How much is the ceiling of hardship provision?

There is no ceiling for the hardship provision.

For surge deployment travel outside of the DS, if the R&C is much higher than the SM's current DS R&C, and if the SM is hospitalized, will they be responsible for the difference?

Emergency care on approved duty travel is covered at R&C rates of the country of expense. Once the stop loss limit of 50% of the monthly reference salary is reached, the plan will reimburse 96% of the cost.

What happens if we do not feel well when we travel (not on official mission)? Will the medical expenses be covered?

Yes, it will be covered but only up to the R&C level of the duty station. We strongly advise to purchase a travel insurance when you travel outside the duty station.

Will staff in multi-country offices (MCOs) get coverage in all countries that the office covers?

Coverage will be limited to the R&C level of the cost of healthcare at the designated duty station.

Are the travel costs to get treatment also covered, as in your example of travelling from Ethiopia to Kenya? Whereas otherwise, medical costs are only covered outside of the duty station?

The plan does not cover travel costs for treatments at a Regional Area of Care. The organization may cover it if it is an approved Medical Evacuation Travel, but not on the plan as the plan covers only medical expenses.

Doesn't the UN WWP cover expenses worldwide?

It does, except in the US, however, this session is only for UN MIP participants.

Eligibility and Enrollment of Dependents

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 dependents, 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.

Is marriage considered a change that requires an application within the 30 days of its occurrence?

If you would like to enroll your spouse, you must do so within 31 days of the date of marriage, or you won't be able to. Another option is to do so during the Annual Enrollment Campaign.

I accessed Umoja ESS to add my dependants but failed to find the right icon. Could you please assist?

Please use this job aid to enroll and please note that enrollment should be done before 30th June:

https://www.un.org/insurance/sites/www.un.org.insurance/files/Pdf/medical_enrollment_in_umoja_2.pdf

What is the minimum age after which a child can be enrolled in dental insurance?

This question is not relevant for MIP and UNWWP as dental coverage is included.

Is the dental care of a child of more than 20 years covered?

Children are eligible for dental and medical insurance through 31st December of the year they turn 25 unless they get married or full time employed. Accordingly, yes, dental care for a child of 20 years of age is covered. 80% up to max 50% of MIP monthly reference salary per person per calendar year. Orthodontic treatments are reimbursable at the rate of 80% if the treatment started before 15 years old, except in serious accident cases, subject to the maximum benefit under dental care per calendar year; that is, one half of the MIP reference salary for each eligible patient. Maximum treatment period is four years.

Is a retirees' new spouse eligible to join this plan?

Spouses and dependent children are covered if they have been insured through the staff member concerned and remained insured at the time of the latter's separation.

Can you add family members who are not listed as dependants, for example parents?

No, you cannot add your parents, only eligible dependants.

When and where can I add dependants?

You can add them through Umoja ESS. Please find elaborate instructions available via <https://www.un.org/insurance/content/checklists-and-guidance-material>. Especially the guidance on the bottom of the page (Umoja Guidance) will provide you with elaborate descriptions on where and how to add dependants. Regarding the when, the enrollment window is open through 30th June 2021 or according to qualifying events.

ID Cards

I am registered with the Aetna Global Health Plan. I have my family living in Kenya as I am assigned to MINUSCA (closer coverage), however, whenever I or my family members try to access the registered companies/providers in Kenya, we are denied care "until we get a Letter of authorization" which in some cases does not happen until 2 hours later which is too late. I received the following message from the Aetna agent in Kenya: "If you have a card stating Direct Payment Settlement, this problem would not happen." How can my family and I get these cards? Can I have my family be covered under Aetna in Kenya and me covered in the US and if so, how?

The information session on US-based plans was held on Tuesday, 15 June 2021. Please click the links below to listen to the recording and read the presentation. You can also call the member service number on the back of your card for additional information.

<https://www.youtube.com/watch?v=w0RKtL0sZuU&t=7s>

https://www.un.org/insurance/sites/www.un.org.insurance/files/annual_enrolment_campaign_2021_infosession_for_us-based_plans_final.pdf

Network Providers

Where can I look for in-network providers?

The Cigna health benefits pages and 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.

In South Africa, kindly go online and you will notice that we have some of the highest costs for medical cases. Can Cigna please get a list of network doctors in cape town because even the consultations are out of medical rates by 500% to 600%, and we as local staff have to pay the extra amount without reimbursement due to Cigna only paying a certain rate? For this to be fair, can Cigna provide us with in-network providers in Cape Town and Durban?

Cigna noted this and will work on it. Thank you.

Are there any in-network physicians outside the US if I participate in Aetna or Empire BCBS and am based in NY?

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<https://www.youtube.com/watch?v=w0RKtL0sZuU&t=7s>

https://www.un.org/insurance/sites/www.un.org.insurance/files/annual_enrolment_campaign_2021_infosession_for_us-based_plans_final.pdf

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 understand that staff members will be automatically enrolled upon return from SLWOP, but what about their dependants? Will they need to be re-enrolled?

Staff members returning from SLWOP will be automatically re-enrolled under the same coverage type in which you were insured before taking your SLWOP. A coverage type is defined as the family plan of your choice. Therefore, all dependants who were enrolled before your leave, will be automatically re-enrolled upon return from SLWOP and you cannot terminate insurance coverage for any of the dependants until the next enrolment campaign.

Telehealth

How much will a Cigna Global Telehealth consultation cost?

Cigna Global telehealth is at no additional out-of-pocket cost to UN WWP participants. While you will not pay any additional cost, 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.

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 their 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.

Fraud is something the organization takes seriously. Removal from service, legal actions and recovering of claims paid are a few of them that OIOS and the administration will be using against the people who commit fraud.

Fighting fraud is one of our top priorities. The cover provided by your plan reflects your employer's concern to ensure adequate and reasonably priced medical care for you.

Unfortunately, some health care providers and even plan members may misuse this protection by submitting false or inflated health care claims. To this end, we've drawn up an anti-fraud policy aimed at prevention, detection, investigation, reporting and recovery. This initiative demonstrates our commitment to the 10th principle of the UN Global Compact on the fight against corruption. Those committing fraud may obtain a short-term financial benefit, but in the long run all plan members lose out due to increased premiums and benefit limits. Therefore, we're counting on your help.

What can you do to avoid fraud?

- In case of direct payment, you'll receive a copy of the medical bill. Compare the billed amount to the treatment received to check whether the provider billed correctly.
- Contact your health care provider whenever you don't understand the billed charges, didn't receive the billed service or believe the service was not necessary.
- Do not respond to offers of 'free' medical tests or supplies in exchange for showing your Cigna membership card.
- Beware of advertisements that promise payment of certain care, supplies or equipment.

What sanctions would be applied to the employee if they commit fraud other than recovering the claims paid?

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is this session applicable to internationally recruited staff at the UNHQ? If not, is there a session for this group?

This is exclusively for MIP participants. There was a session held for International staff on Monday, but the recording is available on our website via <https://www.un.org/insurance/content/upcoming-un-hlis'-annual-enrollment-campaign>.

For the recording and presentation of these sessions, under which tab can I find them on the website?

We have a dedicated page for the Annual Enrollment Campaign that can be accessed via <https://www.un.org/insurance/content/upcoming-un-hlis'-annual-enrollment-campaign>.

Will all the recorded presentations, including yesterday's on the UN WWP be shared and if so, on which platform?

Yes, all the sessions are recorded and will be published on our website via <https://www.un.org/insurance/content/upcoming-un-hlis'-annual-enrollment-campaign>.

It would be great if you could consider direct payment for local staff, especially during a pandemic. Sometimes the claims take about 2-3 months to be reimbursed and affect their cash flow. Is there any specific reason for having it only provided through payroll?

It is related primarily to bank charges.

What is a Regional Area of Care or RAC?

Regional Area of Care is for MIP participants (locally recruited staff). Regional area of care refers to: A country or region of a country generally neighboring the duty station of the subscriber and enrolled family members that is specially designated by the UN where they can undergo medical treatment without the need for an approved medical evacuation. A regional area of care is designated solely owing to the lack of adequate facilities in the duty station or the country of duty station. Medical expenses incurred in such areas will be reimbursed at the reasonable and customary rate of the designated location. UN WWP participants can seek treatments anywhere, except if it is in the US where they will face high deductions.