



WHEN TO ENROLL

Any changes, including enrollment and termination of the coverage under the UN Health Insurance Programme may occur either **within 31 days of qualifying events** or during the **annual enrollment campaign** as specified below:

Annual Enrollment Campaign

The Annual Enrollment Campaign is held from **June 1st through June 30th** and is open to active staff members only. During this time, staff members may log on to the Umoja employee self-service portal to make changes to their coverage, which may include **changing their health insurance plan, adding a dependant who was not previously covered or terminating coverage** for a currently covered dependant. Such action should be completed by June 30th, as the system will automatically end the campaign period on that date.

Qualifying Events

Between annual campaigns, staff members and their eligible dependants may be allowed to enroll in the UNHQ administered medical and dental insurance plans only if at least one of the following **qualifying events** occurs and enrollment is completed **within 31 days** of such an occurrence through the specified channels:

- Date of staff member's **initial fixed-term or temporary appointment** or **reappointment** of at least three months' duration with the organization
- Date of **marriage** of the staff member, if after the staff member's entry on duty
- Date of **birth or legal adoption**, if after the staff member's entry on duty
- Date of **recognition** by the organization in the case of **stepchildren**
- **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.
- Upon **transfer to a new duty station**

ELIGIBILITY OF STAFF AND DEPENDANTS

All UNHQ staff and those from participating UN entities with an **appointment of 3 months or longer** are eligible to enroll themselves and eligible family members in one of the UNHQ-administered health insurance plans. The term **"eligible family members"** refers to:

- A **recognized spouse**
 - The UN health insurance programme recognizes only **one eligible spouse** for coverage



For further details, we kindly refer you to the ST/IC on the Renewal of the United Nations Headquarters-administered health insurance programme.

- One or more **dependent children**
 - Children have to be considered **household members** in Umoja (UN), Atlas (UNDP), SAP (UNICEF) or oneUNOPS (UNOPS)
 - Children are eligible to be covered under the programme **until** the end of the calendar year in which they become **25**, provided that they are **neither married nor employed full-time**
 - Children with **disabilities** may be eligible for continued coverage beyond the age of 25 provided that they are certified as disabled by:
 - the Medical Services Division, if the parent is an active staff member, or
 - the United Nations Joint Staff Pension Fund, if the parent is a retiree.

WHEN TO TERMINATE

Staff members and their eligible dependants may **terminate their coverage** under the medical and dental plans **between annual campaigns** only if one of the following qualifying events occurs and if application for termination is made **within 31 days** of such an occurrence:

- Upon **divorce**, in the case of a spouse
- Upon the **death** of a covered dependant
- Upon the **marriage or full-time employment** of a covered **child**
- **Upon employment of a spouse** with the UN Secretariat or a UN system organization through a non-temporary appointment at a higher grade and level and eligibility for medical insurance coverage. Employment of a spouse with any other employer will not be considered a qualifying event for termination of a UN health insurance plan.

HOW TO ENROLL AND TERMINATE

Enrollment in and termination of participation in the UN Health Insurance Programme may be done through:

- For **UN Secretariat staff**: Umoja employee self-service (ESS)
- For **UNDP staff**: Atlas
- For **UNICEF staff**: SAP system
- For **UNOPS staff**: "oneUNOPS"





CHOOSING THE RIGHT PLAN

UN WWP Overview

US Coverage under UN WWP

The UN offers a **comprehensive health insurance scheme under its headquarters' health & life insurance programme** that provides eligible staff members, retirees and their eligible dependants with **medical, dental and life insurance coverage**. Eligibility for the UNHQ administered health insurance programme is based on location, however, considering the cost of medical services in the United States, all staff members, retirees and their eligible dependants may enroll in one of the US-based plans.

Benefits included in this scheme are routine physicals, inpatient and outpatient services, pharmacy, optical care and other benefits. **Dental benefits** include diagnostic and preventative, restorative, and orthodontic care. Please note that it is **not possible** to cover staff members or retirees in a **different health insurance plan** than their eligible **dependants**. It is also not possible to cover dependants only.

For **UNHQ administered plans**, the UN and plan participants bear the costs collectively through a **cost-sharing arrangement** approved by the General Assembly.

Please note that it is recommended for staff members to **choose a plan based on benefits most applicable** to individual/family circumstances rather than initial premiums.

The UN WWP, **administered by Cigna International Health Benefits**, indemnifies members, within the limits of the plan, for reasonable and customary charges related to medical, hospital and dental treatment for **illness, accidents or maternity**.

Additionally, the plan provides coverage for some aspects of **preventive care**. The UN WWP covers current and former staff members who reside outside the US.

Current and former **staff members** and their dependants **who reside in the US** are **not eligible** for coverage under the UN WWP, given that it does not provide adequate coverage in view of the **cost of health care in the US**.

Coverage through the UN WWP is available only to staff members at **duty stations outside the US** and to former staff members with a mailing address outside the US.

Staff members and retirees **currently enrolled** in the UN Worldwide Plan (UN WWP) 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, given that the UN WWP does **not provide adequate coverage in the US**.

Staff members and retirees who choose to remain in the UN WWP will be subject to the **increased limitations and restrictions**.



US-based Plans



Benefit Coverage	Aetna PPO	Empire Blue Cross PPO
Coverage Amount and Process		
Annual Deductible	In-Network Providers: \$0 Out-Of-Network Providers: \$250/\$750	In-Network Providers: \$0 Out-Of-Network Providers: \$250/\$750
Insurance Coverage <i>(percentage at which the plan pays benefits)</i>	In-Network Providers: 100% Out-Of-Network Providers: 100%	In-Network Providers: 100% Out-Of-Network Providers: 80%
Annual out-of-pocket maximum	In-Network Providers: \$0 Out-Of-Network Providers: \$1500/\$4500	In-Network Providers: \$0 Out-Of-Network Providers: \$1250/\$3750
Claim Submission	In-Network Providers: Provider files Out-Of-Network Providers: Plan Participant files	In-Network Providers: Provider files Out-Of-Network Providers: Plan Participant files
Benefits Overview		
Hospital Care	Emergency Care at Hospital Emergency Room; Ambulance; Skilled nursing facility; Private duty nursing; Home Health Care; Hospice	Emergency Care at Hospital Emergency Room; Ambulance; Air Ambulance; Skilled nursing facility; Home Health Care; Outpatient kidney dialysis; Hospice
Physician Care	Non-surgical office visits; Telemedicine; Surgery; Second surgical opinion; Anesthesia; Allergy testing and treatment; Allergy injections	Non-surgical office visits; Telemedicine; Surgery; Second surgical opinion; Surgical assistant; Anesthesia; Allergy testing and treatment; Allergy injections; Chemotherapy and radiation therapy; MRIs/MRAs, PET/CAT scans and nuclear cardiology scans; Cardiac rehabilitation; Medical supplies
Maternity Care	Family Planning (incl. office visits and surgical procedures); Infertility Treatment (incl. office visits; artificial insemination and advanced reproductive technology)	
Preventive Care	Routine physicals and immunizations; Well-childcare and immunizations; Routine OB/GYN exam; Routine Mammogram; Annual urological exam	Routine physicals and immunizations; Well-childcare and immunizations; Routine OB/GYN exam; Routine Mammogram; Annual urological exam
Behavioral Health and Substance Abuse	Mental Health Services; Crisis Intervention; Autism and behavioral analysis; Inpatient Coverage for Substance Abuse; Outpatient Coverage for Substance Abuse	Mental Health Services; Inpatient Coverage for Substance Abuse; Outpatient Coverage for Substance Abuse
Vision and Hearing Care	Eye exam; Optical lenses; Hearing exam; Hearing devices	Eye exam; Optical lenses; Hearing exam; Hearing devices
Other Health Care	Physical and occupational therapy; Laboratory tests and diagnostic X-rays; Speech therapy; Outpatient diabetic management; Durable medical equipment; Acupuncture; Chiropractic Care	Physical and occupational therapy; Laboratory tests and diagnostic X-rays; Speech therapy; Durable medical equipment; Acupuncture; Chiropractic Care

Cigna Dental Plan

The Cigna Dental plan offers a **large network of participating providers**. A dental PPO functions like a medical PPO: the **network of dentists who participate in the Cigna Dental plan** accept as payment a **fee schedule** negotiated with Cigna.

When covered services are rendered by an **in-network provider**, Cigna reimburses the dentist according to the schedule while plan participants usually have **no out-of-pocket expenses**.

The Cigna dental plan is designed to encourage **yearly visits** to a dentist for **preventive care**.



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