



United Nations

Health & Life Insurance Section

FAQs – Information Session on UN Medical Insurance Plan on 8th June 2023

Annual Enrollment Campaign

1. What are the territorial limitations of the UN MIP?

The UN MIP is designed to adequately cover 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.

2. What changes can staff members enrolled in UN MIP make during the Annual Enrollment Campaign and how often can I update my changes during the campaign month?

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

You can make as many updates as desired until June 30th.

3. 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'.

4. 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

5. 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.

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

The Annual Enrollment Campaign relates to health insurance (medical and dental) only. Therefore, you can apply for life insurance anytime during the year by following the instructions as presented on our dedicated webpage: <https://www.un.org/insurance/content/life-insurance> : Within 60 days after your EOD: you can enroll in the life insurance plan without providing any additional documentation.

Should you have missed the 60-day limitation, enrollment becomes conditional which means that you 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 your individual profile and might require you to undergo additional medical examinations at the applicant's own expense.

7. What is the deadline to make changes during the Annual Enrollment Campaign?

You are allowed to make changes or enroll until the 30th June.

8. If I am currently enrolled in a medical plan and want to continue it without changes, do I have to take any action during the Annual Enrollment Campaign?

No, in this case you will not have to take any actions and your insurance coverage will remain the same as it was.

9. Is infertility treatment covered under the UN Medical Insurance Plan?

Yes, infertility treatment is covered under the UN Medical Insurance Plan.

Prior approval is required and, following medical review, a total of 3 attempts per lifetime may be covered, only for women below 45 years of age upon start of treatment.

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

"Eligible family members" referenced in the present circular 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 non-married dependent children and one or more eligible 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.

A child is eligible to be covered under the programme until the end of the calendar year in which the child attains the age of 25, provided that the child is neither married nor employed full time. Children with disabilities may be eligible for 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.

11. My daughter will turn 21 this year. Will she still be covered?

Dependent children are eligible to be covered under the programme until the end of the calendar year in which they attain the age of 25, provided that they are not married or full-time employed.

12. Are travel expenses to the Regional Area of Care covered?

No, transportation and DSA are not covered.

13. When should a Guarantee of Payment be requested?

All hospital admissions require prior authorization from Cigna’s medical consultant. For urgent and unplanned hospital admissions where a GOP is needed, please always call Cigna instead of emailing to avoid losing valuable time.

For planned admissions, Cigna can be contacted via email admissions@cigna.com or via the contact form on Cigna’s dedicated website.

14. I have two benefits questions to conclude:

- a. Is orthodontic care for adults covered?**
- b. Why do we need a medical prescription for over the counter medication**

No, the MIP foresees reimbursement of orthodontic treatments only when the treatment is started before the patient’s 15th birthday. Treatment duration is maximum 4 years.

Medicines are covered only when prescribed by a doctor, when medically necessary and need to contain active pharmaceutical components.

15. What is the documentation required by HR Partner to include eligible dependents in MIP?

One recognized spouse and all subscriber's children who meet the criteria for a dependent child under staff rule 3.6 (a) (iii) are eligible for MIP. HRP must add them to a HHM in Umoja to add them to the SM's MIP. Documentation requirement follows the HR recognized spouse and dependent children documentation. Although staff member does not receive a dependency allowance owing to local limits on the number of children for whom a dependency allowance is payable, they may also be considered as an eligible family member for the purpose of enrolment in MIP.

16. Is the health coverage and payment the same for every type of contract at local level (GS/NO)? Why is it that every time I have a salary change due to change in step, the amount I pay for insurance also increases?

UN MIP operates as a health insurance plan for which premiums are paid to finance the cost. To enable the Plan to provide for adequate medical care and in view of the costs involved, all subscribers in the Plan are required to contribute towards the payment of premiums, as is typical of all insurance plans of the United Nations system. As is the case in other United Nations health insurance plans, the Organization will also share in the cost of the premiums. The contribution to be paid by the subscriber is based on a percentage multiplied by the remuneration of the subscriber. The percentage of contribution for each category of coverage is set out in UN MIP circular ST/IC/2015/7.

17. How many years I have to contribute with payment to be eligible for ASHI? Is ASHI free of charge for UN retirees? Or does a retired staff have to continue to contribute/pay to be insured?

One of the requirements for ASHI is ten (10) years of contributory participation under a fixed term, continuing, or permanent, contract. Retirees have to make monthly premium contributions to be covered under MIP ASHI.

18. How to find a Cigna Global telehealth doctor on my native language?

Currently, video consultations are available in English and Spanish while telephonic consultations are available in English, Spanish, French, German, Portuguese, Mandarin Chinese, Japanese, Hindi and Arabic. Please contact Cigna's customer service center directly for any other questions relating to Cigna Global Telehealth.

19. When a staff is separated from the organization, what will happen to the insurance coverage?

Coverage terminates upon separation unless separating staff is eligible and applied for ASHI. Using your insurance card after separation, if not enrolled to ASHI, is a crime and will have legal consequence.

20. Dependent child travels to attend a full-time education abroad e.g. USA. Can the staff member terminate the enrollment of his child right away?

No, changes to the insurance coverage can only be made during the annual enrolment campaign or within 31 days following a qualifying event (see Q4 for overview of qualifying events).

21. If we take Addis Ababa, a lot of medications are not available, and people gets it from abroad - then how come the cost reimbursement is based on Addis Ababa while the medicine is not available?

Medication is reimbursed up to the reasonable and customary level of care in the country of purchase rather than the reasonable and customary level of the duty station.

22. What if the staff member is on vacation outside the duty station. While on leave, she/he gets sick and gets medical treatment from the country she/he was staying in. Is the staff member get a reimbursement for the medical expense incurred?

Yes, however, you will be reimbursed based on the reasonable and customary cost of your duty station.

23. I saw yesterday that ASHI is free of charge for a retired participant. Now, you say that a retiree still should pay monthly. How much a retiree should pay monthly from his/her pension?

Though subsidized graciously, ASHI is not free, the amount is computed based on the periodic pension benefits.

24. If the SM decided to terminate his/her dependent from Cigna services in Umoja, what are the financial implications involve? I mean do former dependent claim anything from the Cigna?

Staff members may terminate their eligible dependents from MIP between annual campaigns only if one of the qualifying events applies, and if application for termination is made within 31 days of such occurrence.

As per section 2.24 of ST/AI/2015/3 withdrawal of enrolled family members from the insurance plan must be submitted in writing to the administering office within 31 days of the following “qualifying” events:

- Upon divorce, in the case of a spouse;
- Upon the death of a covered dependant;
- Upon marriage or full-time employment of a covered child;
- Upon employment of a spouse with the United Nations or a United Nations system organization where medical insurance coverage is likewise mandatory.

Except for death of a covered dependent, if enrolled family members are not terminated in accordance with the conditions set out above, no retroactive refund of contribution can be made as a result of the staff member’s failure to provide the Organization timely notification of any changes in the status of his/her covered family members.

25. What is UN MIP ASHI?

UN MIP After-Service Health Insurance coverage is optional and is allowed only as a continuation of in-service coverage for separating locally recruited staff members at designated duty stations and for their eligible family members who, at the time of separation.

- 26. Yesterday, I saw that the medical documents for reimbursement can be submitted within 2 years. Today, I see that a staff member has to submit the documents within a one year. What is correct?**

Claims under MIP should be submitted within one year, or they will be denied. The previous instruction applies to UN WWP.

- 27. How is 10 years contribution for ASHI is counted? If, i.e. I am in a plan of staff and family. But during my service, there was a divorce and a new marriage and the same plan? Is for a new family the count of 10 years starts from the time of participation of a new family? What about the time participated with the former marriage?**

Your participation counts regardless of the number of dependents covered under your plan. For staff members who joined the UN after July 1, 2007, dependents are eligible if enrolled at the time of separation for minimum of five years or two years if the spouse had coverage outside or if just enrolled if newly gotten and enrolled within 31 days.

- 28. How much do retirees have to contribute from their pension to ASHI?**

For former staff members, the calculation of the contribution is based on the application of the relevant percentage set out in Annex 2 of the UN MIP circular in force to 50 per cent of the monthly net base salary corresponding to the grade and step of the former staff member at the time of separation and adjusted periodically in accordance with the global cost-of-living increases declared by the United Nations Joint Staff Pension Fund.

The global cost-of-living increase refers to the adjustment of the United States dollar pension entitlement. The contributions of the eligible surviving spouse and children is one half of those of the former staff members through whom they were originally insured. That is, the contribution is based on the application of the relevant percentage set forth in Annex 2 of the UN MIP circular to 25 per cent of the monthly net base salary corresponding to the grade and step of the former staff member at the time of separation and adjusted periodically by the global cost-of-living increases declared by the United Nations Joint Staff Pension Fund.

Your contribution is based on a percentage as set forth in Annex 2 of the UN MIP circular in force according to the desired coverage level multiplied by the remuneration indicated above.

- 29. Can you tell me if UMOJA automatically removes eligibility of children covered under MIP at the end of the calendar year when they become 25 years old?**

Either your HR Partner or HLIS terminates the coverage. Cigna auto terminates. SMS should return the card to HR focal point or discard it.

- 30. They only paid around 40% of my prenatal medical costs and did not share the rates that they consider standard and reasonable. Can I get the standard care costs table for Senegal?**

If you visit out-of-network providers, please make sure to request prior approval from Cigna by submitting a cost estimate in advance. In countries where doctor fees, outpatient treatments and/or other types of treatment are regulated, Cigna determines R&C referring to official tariffs. In countries where fees are not regulated, Cigna refers to its claims database to determine R&C prices.

31. Are my parents eligible family members? does health insurance apply to them?

No, parents are not eligible for coverage under any of the UNHQ administered health insurance plans

32. What is an electronic ID?

It is your insurance ID/Card that you receive via email or download from your Cigna account.