



United Nations

Health & Life Insurance Section

FAQs – Information Session on UN Worldwide Plan on 10th June 2025

Annual Enrollment Campaign

1. When will changes go into effect?

Changes in the premium and contribution rates will take effect on 1 July 2025, therefore, any changes made during this annual enrolment campaign will be effective July 1st.

2. What is the difference between MMBP and BMIP?

The UN Worldwide Plan provides for 2 levels of cover, namely BMIP (= Basic Medical Insurance Plan) and MMBP (= Major Medical Benefits Plan). Both the BMIP and the MMBP cover periods run from 1 January through 31 December.

The MMBP covers 80% of the difference between the accepted costs and the amount reimbursed under the BMIP. To be entitled to any reimbursement under the MMBP, a calendar year maximum co-payment of 200 USD per plan member or 600 USD per family has to be reached. All payments under the MMBP are applied automatically and do not need to be applied by the UN Staff Member. When MMBP is activated, payment will increase from 80 to 96%.

Expenses that are subject to a maximum reimbursement (e.g. dental care, optical care, etc.) are not subject to a reimbursement under the MMBP component.

3. What changes can staff members make during the Annual Enrollment Campaign and how often can I update my changes during the campaign month?

Staff members can:

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

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

4. Is the Annual Enrolment Campaign open to retirees as well?

Retirees who are enrolled in the After-service health insurance (ASHI) and who want to 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 United States, 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.

5. 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

6. I am an American citizen based in Nairobi, Kenya and am currently enrolled in UN Worldwide Plan; however, I come to New York for my home leave every two years. Do you recommend that I change to a US-based plan?

Yes, you are highly recommended to change to a US-based plan. The plan does not offer adequate medical protection owing to the annual reimbursement limit of \$250,000 and the high cost of medical care in the United States. In addition, you will be responsible for the first \$10,000 per person or \$30,000 per family every year before the plan begins to pay for medical services received in the United States. In addition, expenses incurred in the United States will not be subject to the Major Medical Benefits Plan.

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

The Annual Enrolment 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.

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

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

9. Is it possible to change plans this year (e.g., from UN Worldwide Plan to Anthem) and then change back again next year in June 2025?

Yes, you may do so indeed.

10. Is infertility treatment covered under the UN Worldwide Plan?

Yes, infertility treatment is covered under the UN Worldwide Plan.

Prior approval is required and, following medical review, a total of 6 attempts per lifetime may be covered, only for women below 45 years of age upon start of treatment.

11. 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.

12. What is the currency of my reimbursement?

Claims will be reimbursed in USD by default. Upon request, reimbursement in other currencies is possible, but only if expenses were incurred in that specific currency and provided that the payment can be made by bank transfer. The extended list of currencies is available in the UN WWP benefits booklet. Only one payment currency per claim is possible.

13. 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.

14. 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.

15. 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, the Quantum 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 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.

16. How is the carryover 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 31/12/2023, this can be carried over and used in 2024. Orthodontic treatment has to start before the patient's 15th birthday and the maximum treatment period is 4 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.

17. When is prior approval required?

Prior approval from Cigna's medical consultant is required for all non-emergency hospitalisations. Prior approval means that reimbursement is guaranteed only in cases where our medical consultant grants his explicit approval for the treatment, on the basis of the medical justification, as well as a cost estimate furnished by the beneficiary at least one week prior to the planned admission. In case of a medical emergency, approval can be obtained post factum, on the basis of the same medical criteria. Other benefits that require prior approval Cigna's medical consultant include acupuncture, speech therapy, home health care, durable medical equipment or orthopaedic appliances, vitamins, minerals and food/nutritional supplements. If Plan members don't comply with this requirement, they run the risk of having their claim denied.

18. 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.

19. Does the UN Worldwide Plan (WWP) include dental and optical coverage?

Yes, the UN WWP includes dental and optical coverage with some limitations, such as annual reimbursement ceilings. Full details are available in the UN WWP Description of Benefits or on Cigna's portal: <https://www.un.org/insurance/content/un-wwp>.

20. Does the UN WWP cover egg freezing?

All fertility treatments, including egg freezing, require prior authorization from Cigna's medical consultant. For more details, refer to the Description of Benefits under "My Plan" at www.cignahealthbenefits.com.

21. Are vaccinations for dependents covered?

Yes, dependents have the same coverage levels as staff members. Coverage limitations may apply depending on the type of vaccine and age of the dependent.

22. Does the plan cover acne treatment?

Yes, but prior approval is required. Please contact Cigna directly for more information.

23. Is orthodontic treatment covered for staff members?

No. Orthodontic treatment is only covered for dependents under age 15. For adults, coverage is only granted if treatment is medically necessary due to an accident.

24. What does "waive dental" mean in Umoja?

This only applies to staff enrolled in US-based plans who opt not to enroll in a dental plan.

25. Do I need to continue contributing monthly to retain Cigna coverage after separation or retirement?

Yes. ASHI contributions are outlined in section 3 of [ST/AI/2007/3](#). Rates are available on the [Soon to Retire page](#).

26. Can I join ASHI if I retire before age 55?

Only under specific conditions, such as receiving a disability benefit. Otherwise, eligibility begins at age 55 with 10+ years of contributory plan participation. See [ST/AI/2007/3](#) for full criteria.

27. I am currently not enrolled in health insurance while on SLWOP. Can I enroll just before early retirement?

You must be enrolled in a UN health plan at the time of separation to qualify for ASHI. Enrolment must occur during the annual campaign or within 31 days of a qualifying event.

28. Will premium increases as of 1 July 2025 reduce my take-home salary?

Yes, both staff member and organization contributions will increase. Use the [rate simulator](#) or consult Annex 1 of [ST/IC/2025/4](#) to estimate your new rate.

29. Are there different premiums depending on where I live (e.g., Austria vs. Thailand)?

Yes. Premiums vary by geographic group. For example, Bangkok is in Rate Group 1 and Austria in Rate Group 3. Benefit levels remain the same.

30. Can I make insurance changes outside the annual campaign?

Only within 31 days of a qualifying life event (e.g. marriage, birth, divorce). See Sections 40 and 62 of [ST/IC/2025/4](#).

31. My spouse and I are both UN staff members. How is insurance managed for our dependents?

The higher-salaried staff member must carry the insurance for eligible dependents. Special rules apply when one staff member is on SLWOP. See page 9 of [ST/IC/2025/4](#).

32. What qualifies as a life event?

Life events include marriage, birth, divorce, or changes in employment status. Moving a dependent between staff members is not a qualifying event unless related to a salary change or SLWOP.

33. Does WWP cover emergency care in the US while on official mission?

Yes. The US deductible is waived for emergency care on official travel. Prior approval is still required. Visit [Cigna](#) for more information.

34. Will I be covered under WWP while teleworking from the US?

No, unless the telework is officially approved. Otherwise, the high US deductible (USD 10,000) applies.

35. My dependent receives virtual care from a US therapist. Will this be covered under WWP?

Such care would be subject to the US deductible. You may consider switching to a US-based plan during the Annual Campaign.

36. Can I switch from Cigna to Aetna or Anthem?

Yes. Changes can be made in Umoja during the Annual Campaign (until 30 June) or within 31 days of a qualifying event.

37. Will I receive guidance after changing to a US-based plan?

Yes. You will receive an insurance card by mail and can find additional guidance on the [US-based plans page](#).

38. How does the Aetna International programme work?

It allows access to in-network providers globally. Staff with addresses outside the US can register at aetnainternational.com to search for providers.

39. Can I enroll my parent as a dependent?

No. Secondary dependents are not eligible. See Section 32 of [ST/IC/2025/4](#).

40. How do I enroll a new dependent?

Contact your HR partner. You must enroll the dependent within 31 days of the qualifying event using Umoja Employee Self-Service.

41. Can I split family members between two UN plans?

No. A family must be covered under the same plan. It is not possible to combine UN-subsidized plans or enroll dependents without the staff member.

42. How do I appeal a rejected Cigna claim?

Contact Cigna directly. Appeals procedures are outlined in the Description of Benefits under “My Plan” on www.cignahealthbenefits.com.

43. Why did Cigna ask me to refund 20% after paying the provider 100%?

Some providers require full payment from the insurer. You may contact Cigna to find providers who allow co-payment at the point of service.

44. Does UN offer supplementary insurance for dental or other services under WWP?

No. The UN and Cigna do not provide top-up coverage. You may seek private insurance externally if needed.

45. I am retiring to Switzerland and told I must join UNSMIS. How does that work?

Please write to hlis@un.org for personalized support on your transition to UNSMIS.

46. I am a locally recruited General Service staff member. Should I be enrolled in WWP or MIP?

Locally recruited GS and NO staff are typically enrolled in MIP unless serving at a non-MIP duty station. See [ST/AI/2015/3](#) for details.

47. Can I purchase UN WWP if my contract ends before I turn 55?

No. UN health insurance plans are only available to current staff members.