

# Annual Meeting Association of Former International Civil Servants (AFICS) 19 May 2016



# UN HEALTH INSURANCE PROGRAMME



http://www.un.org/insurance







# **Agenda**

- Introductions
- Medicare
- Insurance renewal for 2016
- Other reminders





# **Introductions**



- Insurance and Disbursement Service
  - Mr. Christophe Monier, Chief of Service



- Mr. Mario Tuason, Chief of Section
- Ms. Elma Witherspoon, Deputy Chief of Section









# **Medicare**









# **Medicare B reimbursements**

#### Change in reimbursement process

- Medicare premiums paid directly to retiree's bank account
- No longer applied against ASHI contributions deducted from monthly pension
  - Pension payments now reflect the true cost of your ASHI contributions
  - Changes in pension amounts only in July or if there are changes to coverage level or plan
    - e.g., from "Family" to "Retiree and one family member"
  - Timely reimbursement of correct premiums instead of offsetting which can take months if retroactive amounts are involved
- Now require updated banking information







# **Medicare B reimbursements**

# Delays and difficulties experienced by retirees

- Reimbursement of Nov and Dec even for retirees whose bank accounts were in Umoja
- Entry of bank accounts in Umoja
- Update of 2016 premiums if not at the standard amount
- Responses to phone and email inquiries
- Delayed/erratic reimbursements for retirees who are re-employed
- Receipt of bank account information
  - Assumed information with UNJSPF already available







# **Medicare B reimbursements**

#### Important reminders for current Medicare retirees

- If not yet provided, submit banking information to UN
  - Ensure correct bank account numbers
  - Ensure correct routing information of your bank
  - Provide voided cheque as much as possible
- Bank account must be in retiree's name even if spouse is the one enrolled in Medicare
- Provide updated banking information if there are changes
- Provide updated mailing address to UN
- Banking information or addresses provided to UNJSPF are not shared with UN so must inform <u>both</u> offices



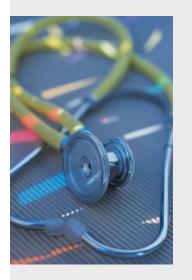


- US-based retirees and their spouses must enrol in Medicare Part B at age 65
  - If enrolled in Aetna, Empire Blue Cross and HIP only
- Enrol in Medicare B only
- DO NOT enrol in Medicare D
  - UN's plans provide just as good or better coverage
- Ignore advertisement and media hype about Medicare D (prescription drugs)





Ignore advertising and offers for Medicare Advantage plans







# **Medicare B**

#### **Existing Participants**

- Submit cost information from Medicare early
  - Only if your premium is not the standard amount
  - Fourth quarter of current year for following year
  - Submit once a year only unless there are adjustments midyear
  - Responsibility to be current with your Medicare payments

#### **New Medicare Enrollees**

- Enrol if you have legally resided in the US for the past 5 years.
- US citizenship and SS benefits not required to enrol
- Enrol at any SS office before you turn 65 years
- Claims adjudication will assume you have Medicare B even if you do not enrol

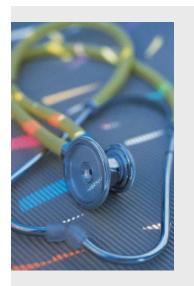






# 2016-2017 plan year









# Overview of the past plan year

- Plans' experience has been generally favourable
  - Expenses increased but at lower rate than prior years
  - Positive impact to projected requirements for the new plan year beginning 1 July 2016
- Aetna was the exception
  - 4% increase in medical expenses
  - 16% increase in pharmacy expenses
  - Projected increase in requirements for the new plan year of about 12.62% following relative stability over the past two years



# **Premiums for 1 July 2016 – 30 June 2017**



**Empire Blue Cross** 

1.50 % increase

HIP

1.80 % increase

Cigna dental

no change

UN Worldwide

0.60% increase

(formerly known as Vanbreda)









- > Aetna premiums will increase by 4.65% only
- ➤ No premium holiday declared for 2016-2017
- ➤ Benefit changes effective 1 July 2016
  - ➤ **Branded prescription drugs** co-insurance will increase to 25% with a maximum of \$30 per 30-day prescription
    - Generics remain at 20% up to a maximum of \$20
  - Emergency room co-pay will increase from \$50 to \$75 but will be waived if it results in an admission

Aligns with co-pay/co-insurance under the Empire Blue Cross plan







- ➤ Benefit changes effective 1 July 2016 (Aetna)
  - Annual out-of-pocket maximum will increase from \$1,250 to \$1,500 per person or from \$3,750 to \$4,500 per family when using out-of-network providers in the US
    - Out-of-pocket maximum must be met before the plan will reimburse at a higher percentage
    - Deductible remains \$250 per person/\$750 per family









How to minimize the impact of the benefit changes

- > Use of generic drugs whenever possible
- ➤ Greater use of urgent care facilities for nonserious medical issues
  - MedRite Urgent Care
  - CityMD
- Use of in-network providers





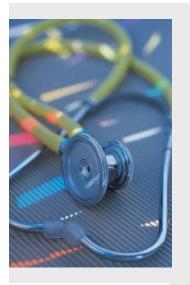


Telemedicine under the Aetna and Empire Blue Cross plans



- > Teladoc (Aetna) effective 1 July 2016
- LiveHealth Online (Empire) currently available
- Live video consultations with a US-based certified doctor 24/7 using smartphone, tablet or computer to discuss non-emergency health issues from home, work or wherever one may be with internet access
- > Pay same \$15 co-pay for primary care provider
- Sign up for these services by going to Aetna or Empire's websites









# **Insurance benefits**



ActiveHealth benefits included in the Aetna and Empire Blue Cross plans

- ➤ Nurse Care Programme for management of chronic conditions
  - Personal health coach (US-registered nurses)
  - One-on-one education and support
  - Regular calls arranged at your convenience
  - Information by mail
  - 40 chronic conditions like hypertension, diabetes, asthma, COPD, osteoporosis, chronic hepatitis B or C, Crohn's disease, migraines, cancer
- **24 hour informed health line** (800-556-1555)
  - Access to registered nurses
  - Audio library

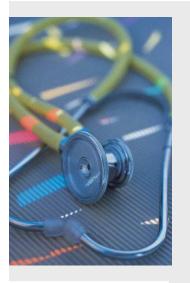






# **UN ASHI programme**

- ASHI is same plan you had as an active staff
- Plan changes for ASHI participants
  - Allowed once every two years in the US
- Enrol in US plan if you seek care in the US
- Self-insured programme
  - Member behaviour/choices influence premiums
  - Insurance companies have no incentive to deny coverage
- Carriers paid fees of 3% to 4% of plan cost
  - Administrative services
  - Provider networks and expert services







# **Cost Containment**

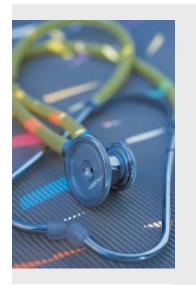
- All plan participants are responsible for using benefits wisely
  - Use in-network providers
  - Research and understanding costs prior to treatments
  - Consider alternative treatment facilities (standalone facilities vs hospitals; and urgent care centers vs emergency rooms)
  - Secure prior approval when required
  - Use of generic drugs whenever possible
  - Compare cost of mail order drugs to cost of retail drugs





# **Other reminders**









# Re-employment at the UN

Eligibility to ASHI
 ceases when a former
 staff member re-enters
 UNJSPF as a
 participant following
 re-employment



- Must re-enrol and contribute as active staff
  - Implications for Medicare
- Upon separation, must re-enrol to activate ASHI
  - No automatic reinstatement







#### **UN Health and Life Insurance website**

#### WWW.UN.ORG/INSURANCE

Visit our website on a regular basis for information











www.un.org/insurance