

AFICS and HLIS Webinar

Learn about our UNHQ-administered health insurance plans ahead of the upcoming insurance year beginning 1 July 2026

21 MAY 2026

Our agenda for today

UNHQ-administered health insurance plans – understanding our UN health insurance plans

Cost avoidance and sustainability efforts – how can we all contribute to sustainable health insurance plans

After Service Health Insurance (ASHI) – continuation of active coverage for those eligible and enrolled

Medicare Part B – mandatory for eligible retirees

Ways to stay informed – useful documents, website links and other communication channels



UNHQ-administered health insurance plans

funded by staff members, retirees and the Member States



Participants - Roles & Responsibilities

- Provides 5 self-funded health insurance plans
- Bears financial risk
- Funds a significant share of premiums
- Defines premium rates, benefits, eligibility rules and services offered under each plan

United Nations



- Administers the UNHQ health and life insurance programme
- Supports plan participants and HR Partners
- Partners with Third-Party Administrators

UN HLIS



- Fund portion of the premium amounts
- Stay informed
- Use benefits responsibly
- Help combat fraud, waste and abuse

Plan Participants



- Process claims by following and applying plan rules
- Pre-certify treatments and respond to benefits questions
- Offers services as requested by UN

Third-Party Administrator



Self-funded health insurance plans

- Aetna PPO, Anthem PPO, Cigna Dental, UN Worldwide Plan and UN Medical Insurance Plan are all self-funded
- Better oversight and strategic control over plan design, financing and long-term sustainability
- Premiums are based on actual projected plan cost (claims cost + administrative fees)
- Financial risk of claims exceeding premium collections is borne directly by the Organization

Unlike commercial insurance, UN self-funded plans use premiums directly to reimburse eligible healthcare claims



Self-funded health insurance plans – in practice

Health Care providers



Pays 2,060 USD to service providers

Third-Party Administrators



Fee for service 60 USD

Charges 2,000 USD of covered expenses



Collects 2,060 USD from premium contributors

Member States



Plan Participants



Up to 66% or 1,374 USD through premium

A minimum of 33% or 686 USD through premium

Determination of required premium amount



- Health and Life Insurance Committee (HLIC) – standing body of the Joint Advisory Committee, represented by staff and management, observed by AFICS, UNDP and UNICEF
- HLIC reviews:
 - Historic and current claims experience per plan
 - Projected medical trends based on UN plan-specific claims experience
 - Proposed benefits changes to align with industry practice
 - Cost avoidance initiatives, including Medicare Part B enrolment requirement
 - Health insurance reserves per plan
 - Loss ratios per plan; expressed as proportion of total plan cost to total premium collected over a given period
- HLIC recommends premium and benefits changes to different plans on consensus basis



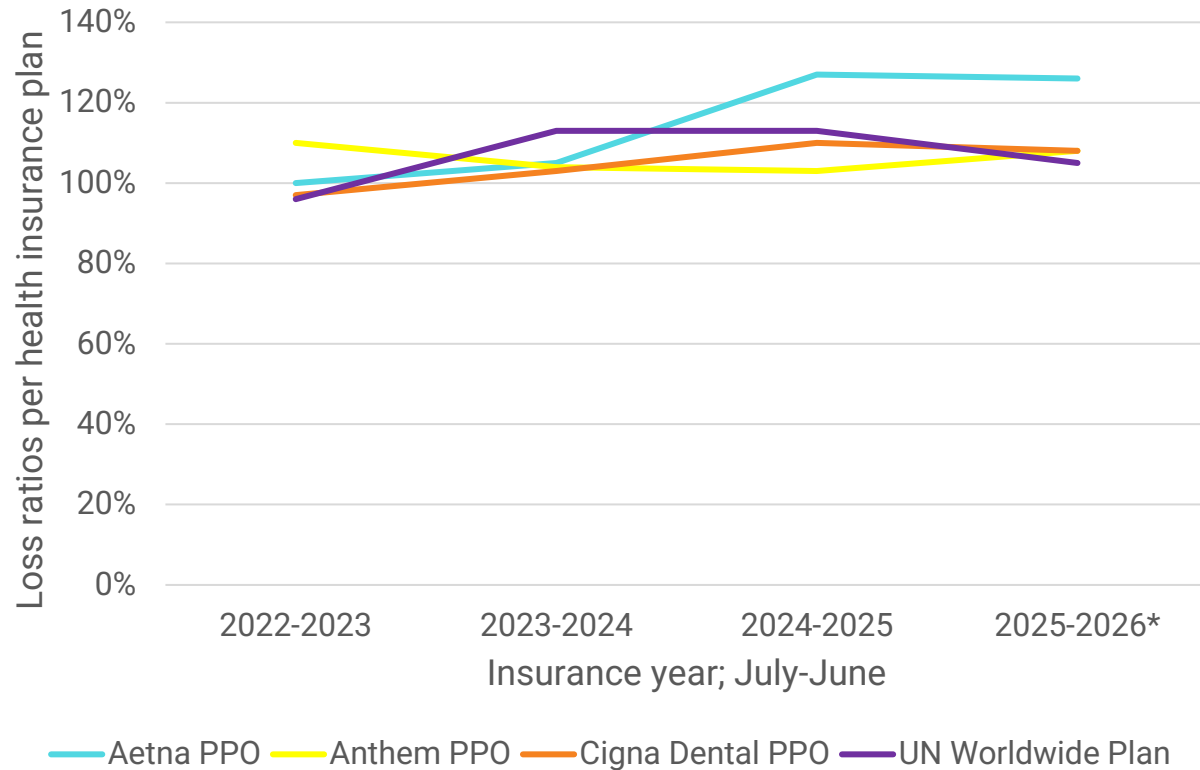
Key drivers of UN claims experience



- **Medical inflation** driven by overall inflation and new technologies, workforce shortages and infrastructure expenses
- **Maturing and aging plan participants** leading to higher plan utilization
- **Rising drug costs**, especially for specialty medications and those without generics
- **A post-COVID rebound** in healthcare utilization, driven by previously deferred care and the progression of more serious conditions resulting from delayed diagnoses and lack of preventive care.
- **Use of out-of-network providers**, leading to higher reimbursement rates
- **Emergency Room (ER) visits for non-emergency issues**, resulting in avoidable high-cost care
- **Underutilization of preventive services** can lead to late-stage, more expensive treatments
- **Chronic conditions and mental health issues** intensified by delayed care during the pandemic



Loss ratios per plan



* projected based on 9 months paid claims

- Loss ratio = proportion of programme cost to premiums collected
- Programme cost = claims cost + administrative fees
- Premiums = combination of subscriber contributions and organization's subsidies
- If loss ratio > 100%; premium rate increases are required



Cost avoidance measures

Our shared responsibility to keep our health insurance plans sustainable



10 ways participants can help control costs



- 1. Use in-network providers** to benefit from negotiated rates and avoid excess charges
- 2. Prioritize preventive care** including vaccinations, screenings, and annual check-ups
- 3. Engage in free nurse case management services** offered by TPAs if you are in the hospital or have a serious health condition
- 4. Avoid ER visits** by visiting urgent care or GP visits instead of the emergency room for non-emergencies
- 5. Leverage telehealth services** like LiveHealth Online, Teladoc or Cigna Global Telehealth for convenient, cost-effective consultations
- 6. Enroll in Medicare Part B if eligible**, Medicare becomes the primary payer and the UN health insurance plans becomes the secondary payer
- 7. Review plan documents and updates** to stay informed on covered services and policy changes
- 8. Seek pre-certification for upcoming treatments** to allow support and avoid claim denials
- 9. Opt for generic medications** when available to reduce prescription drug costs
- 10. Fight fraud, waste and abuse** by verifying your Explanations of Benefits and claiming medically necessary care only



Visit in network providers – Example of impact

Anthem PPO plan	In-Network hospital	Out-of-Network hospital
Cost hospital admission	\$20,000	\$20,000
Network discount	\$6,000	\$0
Rate charged by hospital	\$14,000	\$20,000
You pay	\$0	\$4,200
Self-funded plan pays	\$14,000	\$15,800

What do you need to know?:

- Ask your in-network provider if they are part of the network and **if the invoice will be submitted as an in-network claim**
- Make sure to verify that **your treating practitioner is also part of the network** as some facilities offer both in-network and out-of-network care givers

In-network care protects both participants and the plan



Engage in free nurse case management services

- If you are in the hospital or have a serious health condition, a nurse care manager provided by the Third-Party Administrator can:



Help answer your questions.



Coordinate your care with different doctors.



Show you how to use your health benefits.



Educate you about your health issue and treatment options.



Give you tips on saving money and connecting with local resources.



Mandatory enrollment in Medicare Part B if eligible

- Medicare Part B is mandatory for eligible retirees enrolled in US-based plans
- Medicare Part B reimburses up to 80% of Medicare approved expenses for services like doctor visits, laboratory tests and X-rays
- US-based plans Aetna PPO and Anthem PPO serve as secondary insurer
- UN reimburse your Medicare Part B premiums
- Approximately 14M USD in annual claims costs are avoided through this programme



Help combat fraud, waste and abuse

- What actions can we take?:
 - Do not submit, or causes someone else to submit, false or misleading information
 - Members are responsible for paying their co-insurance and other patient-share amounts. Waiving patient shares constitutes health insurance fraud
 - Check your Explanation of Benefits (EOB); only covered and actually incurred treatments can be invoiced
 - Only seek covered and medically necessary healthcare
 - Avoid ER visits for non-emergencies



After Service Health Insurance (ASHI)

Participation and termination



UN ASHI vs Active Programme Highlights

ASHI coverage is a continuation of health insurance coverage provided to active staff

Operational differences	ASHI	Active
(Changes to) enrolment	Via dedicated form and outreach to ashi@un.org	Umoja Employee Self Service (ESS)
Changes between plans	<ul style="list-style-type: none"> • US plans: every two years • To or from UN WWP: upon change in country of residence 	<ul style="list-style-type: none"> • During annual enrolment campaign • Upon reassignment to different duty station
Premium contributions	<ul style="list-style-type: none"> • Based on bracketed “Normal” pension benefits • Deducted from the UNJSPF monthly pension benefit payments 	<ul style="list-style-type: none"> • Based on rate applied against salary • Deducted from payroll payments



Premium amount versus contributions per bracket

ASHI SUBSIDY AND CONTRIBUTION RATES

Effective date 1-July-2025

Plan: Anthem

United Nations Headquarters, New York

		Subscriber only		Subscriber & One Child		Subscriber & Spouse		Subscriber & Family	
Total Monthly Premium (USD)		1,172.09		2,339.51		2,339.51		3,397.09	
FULL PENSION									
Pension amount (USD)									
Lower Val.	Upper Val.	Subsidy	Contribution	Subsidy	Contribution	Subsidy	Contribution	Subsidy	Contribution
-	1.00	1,172.09	-	2,339.51	-	2,339.51	-	3,397.09	-
1.01	972.00	1,135.91	36.18	2,282.60	56.91	2,282.60	56.91	3,315.30	81.79
972.01	1,100.00	1,130.29	41.80	2,271.57	67.94	2,271.57	67.94	3,299.89	97.20
1,100.01	1,229.00	1,124.79	47.30	2,262.62	76.89	2,262.62	76.89	3,287.09	110.00
1,229.01	1,359.00	1,119.24	52.85	2,253.60	85.91	2,253.60	85.91	3,274.19	122.90
1,359.01	1,489.00	1,113.65	58.44	2,244.52	94.99	2,244.52	94.99	3,261.19	135.90
1,489.01	1,617.00	1,108.06	64.03	2,235.43	104.08	2,235.43	104.08	3,248.19	148.90
1,617.01	1,746.00	1,102.56	69.53	2,226.48	113.03	2,226.48	113.03	3,235.39	161.70
1,746.01	1,909.00	1,097.01	75.08	2,217.46	122.05	2,217.46	122.05	3,222.49	174.60
1,909.01	2,072.00	1,090.00	82.09	2,206.07	133.44	2,206.07	133.44	3,206.19	190.90
2,072.01	2,265.00	1,082.99	89.10	2,194.68	144.83	2,194.68	144.83	3,189.89	207.20
2,265.01	2,458.00	1,074.69	97.40	2,181.19	158.32	2,181.19	158.32	3,170.59	226.50
2,458.01	2,717.00	1,066.39	105.69	2,167.70	171.81	2,167.70	171.81	3,151.29	245.80
2,717.01	3,040.00	1,055.26	116.83	2,149.59	189.92	2,149.59	189.92	3,125.39	271.70
3,040.01	3,430.00	1,041.37	130.72	2,127.01	212.50	2,127.01	212.50	3,093.09	304.00
3,430.01	3,883.00	1,024.60	147.49	2,099.75	239.76	2,099.75	239.76	3,054.09	343.00
3,883.01	4,335.00	1,005.12	166.97	2,068.09	271.42	2,068.09	271.42	3,008.79	388.30
4,335.01	4,790.00	985.68	186.41	2,036.49	303.02	2,036.49	303.02	2,963.59	433.50
4,790.01	5,242.00	966.12	205.97	2,004.69	334.82	2,004.69	334.82	2,918.09	479.00
5,242.01	5,468.00	946.68	225.41	1,973.09	366.42	1,973.09	366.42	2,872.89	524.20
5,468.01	5,694.00	936.96	235.12	1,957.30	382.21	1,957.30	382.21	2,850.29	546.80
5,694.01	5,953.00	927.25	244.84	1,941.50	398.01	1,941.50	398.01	2,827.69	569.40
5,953.01	6,212.00	916.11	255.98	1,923.40	416.12	1,923.40	416.12	2,801.79	595.30
6,212.01	6,492.00	904.97	267.12	1,905.29	434.22	1,905.29	434.22	2,775.89	621.20
6,492.01	6,772.00	892.93	279.16	1,885.72	453.79	1,885.72	453.79	2,747.89	649.20
6,772.01	7,076.00	880.89	291.20	1,866.15	473.36	1,866.15	473.36	2,719.89	677.20
7,076.01	7,381.00	867.82	304.27	1,844.90	494.61	1,844.90	494.61	2,689.49	707.60
7,381.01	7,713.00	854.70	317.38	1,823.58	515.93	1,823.58	515.93	2,658.99	738.10
7,713.01	8,045.00	841.91	330.18	1,800.37	539.14	1,800.37	539.14	2,625.79	771.30
8,045.01	8,407.00	834.14	337.94	1,777.16	562.35	1,777.16	562.35	2,592.59	804.50
8,407.01	8,769.00	827.17	344.92	1,767.29	572.22	1,767.29	572.22	2,559.23	837.86
8,769.01	9,164.00	820.19	351.90	1,758.79	580.72	1,758.79	580.72	2,542.21	854.89
9,164.01	9,559.00	812.27	359.82	1,749.32	590.19	1,749.32	590.19	2,531.99	865.10
9,559.01	9,954.00	804.33	367.76	1,739.85	599.66	1,739.85	599.66	2,519.03	878.06
9,954.01	10,349.00	790.45	381.64	1,725.96	613.55	1,725.96	613.55	2,502.41	894.68
10,349.01	10,744.00	773.83	398.25	1,712.08	627.43	1,712.08	627.43	2,485.79	911.31
10,744.01	11,139.00	753.74	418.35	1,686.51	653.00	1,686.51	653.00	2,465.69	931.41
11,139.01	over	733.64	438.45	1,666.41	673.10	1,666.41	673.10	2,445.59	951.50

- ASHI premium amounts are defined per bracket of pension benefits
- Historically, contribution amounts payable at each pension income bracket were uniformly adjusted based on the change in premium
- Since July 2025, brackets reflect a redistribution of contributions between retirees at different pension income levels to come closer to having contributions that are equal to a standard percentage of pension income across all brackets



* July 2025 – June 2026 brackets

UN ASHI Programme – Terminations

- ASHI terminates when any of the following situations occur:
 - A participant fails to remit premium contributions
 - Periodic disability or compensation benefits awarded by UNJSPF or ABCC are stopped
 - A dependent child marries, accepts full-time employment, or reaches the age of 25
 - Upon divorce of spouse
 - Upon remarriage of a surviving spouse
 - A participant elects to cancel his or her participation in the ASHI programme (or drop a dependent)

Re-entry into the programme is not allowed under any circumstances



Medicare Part B

Mandatory for eligible ASHI Participants



Medicare Part B

- As of 1 January 2011, the UN made enrolment in Medicare Part B mandatory for all eligible 65 years and older and their dependents enrolled in the UN After Service Health Insurance (ASHI) US Based plans:
 - US citizens, and permanent residents with a minimum of 5-years of lawful continuous residence in the US, are eligible for Medicare Part B upon reaching age 65
 - It is not necessary to contribute to Social Security to be eligible for Medicare Part B.
 - Enroll in Medicare Part A only if free, do not enroll in Medicare Part D or C
 - The UN reimburses 100% of premium amounts for Medicare Part B
 - Retirees eligible for Medicare Part B, who do not apply, will have claims adjudicated as if they are enrolled in Medicare Part B



Medicare Part B – Eligibility and Enrolment

- If you are entitled to and elect to receive US Social Security benefits you will be automatically enrolled in Medicare Part B unless you opt out
- If you are not entitled to US Social Security benefits you can apply for Medicare Part B by contacting your local Social Security Administration Office
- If you are not eligible for Medicare Part B, you are required to submit a Declaration of Ineligibility Form to HLIS with the supporting documents to avoid having your claims adjudicated as if enrolled in Part B



Medicare Part B – Coordination of Benefits

How ASHI and Medicare works:

When a person has:

- (1) A primary insurance plan (such as Medicare), and
- (2) A secondary insurance plan (such as UN ASHI),

The two coverages coordinate the benefits of the participant to ensure that eligible claims are appropriately paid.

The purpose of the Coordination of Benefits is to:

- Ensure that combined payments do not exceed 100% of the cost of services;
- Avoid duplication of benefits or incorrect payments; and
- Determine the order in which each plan pays.

Under this process, the primary insurance – Medicare – **pays first**, up to the limits of its coverage. The secondary insurance – UN ASHI – **pays remaining balance**.



Medicare Part B – Premium

Beginning 1 January 2026 – The Standard Part B premium for most people is \$202.90.

However, Retirees and their dependents can have a Medicare Part B premium that is different from 2026 standard premium amount.

Reasons for differences in Medicare Part B Standard Premium:

- IRMAA (Income-Related Monthly Adjustment Amount).
- Penalty for late enrollment in Medicare Part B.
- Lower Social Security Benefit.



Medicare Part B – Premium reimbursement

The UN will reimburse your Medicare Part B premiums upon receipt of the following supporting documents:

- Copy of your Medicare Card
- Medicare Part B Reimbursement Form
- Letter or notice from SSA indicating your Medicare Part B premium amount
- Completed F.248 Form with your bank account details (a copy of a voided cheque)

The UN will not reimburse the following:

- Medicare Part B penalties
- Medicare Part A premiums
- Medicare Part C premiums
- Medicare Part D premiums



Medicare Part B – Late Enrollment Penalty (LEP)

- If an individual did not sign up for Part B when first eligible, the individual may be subject to a late enrollment penalty for as long as the individual has Medicare.
- The penalty is calculated as 10% of the individual's monthly premium for Part B for each full 12-month period that the individual could have had Part B but did not sign up for it.
- Late Enrollment Penalties (LEP)* - are NOT reimbursed by the UN.



Medicare Part B – Ineligibility

- You may be ineligible for Medicare Part B if you fall into one of the following categories:
 - You are a permanent resident of the United States (US), and have a letter from Social Security Administration (SSA) stating your ineligibility
 - You are neither a citizen nor a permanent resident of the US but have initiated the process to apply for residency
 - You are neither a citizen nor permanent resident of the US and do not plan to apply for permanent residency.
- You are required to submit a Declaration of Medicare Part B Ineligibility Form to HLIS with supporting documents, if you fall into any of the categories above.



Medicare Part B – Bank Account Update Process

- Please inform HLIS immediately if you close or change your bank account.
- Ensure this information is communicated directly to HLIS, as Pension Fund does not share their data with us.
- Submit Form F.248 (Bank Form) along with a copy of a voided check or bank statement.



Ways to stay informed

Useful documents, website links and other communication channels



Relevant documents and important links

- Relevant documents:
 - ST/AI/2007/3 – After-service health insurance coverage
 - ST/IC/2025/4 – UNHQ administered health insurance programme
- Important links:
 - <http://www.un.org/insurance>
 - <http://www.un.org/insurance/content/policy-documents>
 - <http://www.un.org/insurance/content/retirees>
 - <http://www.un.org/insurance/content/surviving-dependants>
 - <http://www.un.org/insurance/content/forms>



How to contact HLIS

How can you contact us?

- Walk-in client service
 - **Tuesdays** **9:00 am – 12:30 pm**
 - **Thursdays** **12:00 pm – 3:30 pm**
- Website: www.un.org/insurance
- Email:
 - **Staff members:** [Contact Us form](#) on website
 - **ASHI participants:**
 - Email: [Contact Us form](#) on website
 - Phone: +1 917-367-9727
Monday – Friday 9:00 am – 4:00 pm

How can we contact you?

- Ensure that your contact details – mailing and your personal email address – are current



Contact:

HLIS/OPPFB/DMSPC
www.un.org/insurance
ashi@un.org