



Joint Inspection Unit  
of the United Nations System

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system-wide  
inspection, evaluation  
and investigation"*

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# **Review of the quality, effectiveness, efficiency, and sustainability of health insurance schemes in the United Nations system organizations**

**Complementary Papers to Report of the Joint Inspection Unit  
(JIU/REP/2023/9)**

**Review Highlights**

**Appendices:**

**Appendix I: A Comparative Study of Health Insurance  
Schemes in JIU's Participating Organizations**

**Appendix II: Overview of the Global Staff Survey Results**

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## REVIEW OF THE QUALITY, EFFECTIVENESS, EFFICIENCY AND SUSTAINABILITY OF HEALTH INSURANCE SCHEMES IN THE UNITED NATIONS SYSTEM ORGANIZATIONS

Inspector Jesús S. Miranda-Hita



### Background

Staff health insurance is an essential part of the compensation package provided to the staff of United Nations system organizations. However, the scope of its consideration as a "common system" matter is limited, partly because of a lack of policy coordination and common guidance that has given rise to the distinct historical development of each plan, and also because of dissimilar supply conditions for health services in different countries or duty stations and the demographic profiles of the organizations. This has resulted in a variety of health insurance schemes being adopted over time across United Nations system organizations with significant variations in their coverage, cost, eligibility criteria and the degree of solidarity and mutualization of health risks inherent in each plan.



### Objectives & Purpose

The review provides an independent, system-wide comparative assessment of the 26 health insurance schemes for active and retired staff members and families of the participating organizations. It focuses on the coverage, quality, effectiveness, efficiency and financial sustainability of the plans, including the funding modalities and long-term implications of after-service health insurance benefits, with a view to identifying good practices and potential areas for improvement and standardization.



### What the JIU found

#### 1. Governing bodies and legislative organs remain largely inactive in health insurance policymaking.

The organizations in the United Nations system have an obligation to establish a social security scheme for their staff, but in all cases except one, regulations are limited to the recognition of the right to social security and the delegation to the executive heads of the

organizations of full authority to establish relevant health insurance policies. This has resulted in the existence of 26 different health insurance schemes in the participating organizations with different coverage and benefits.

#### 2. A minimum set of principles, requirements or standards for the United Nations sponsored health insurance scheme is absent.

Having one health insurance scheme for the United Nations system is not feasible at the present time and could not be effective or adequate to meet the differing needs or preferences of the staff. However, there is no minimum set of principles, requirements or standards to determine the adequacy of a health insurance scheme. Such guidance would not only assist policy design and enhance coherence, but would also help to determine whether the existing 26 health insurance schemes adequately fulfil the commitment made under the relevant – albeit brief and often concise – regulations and rules.

#### 3. Locally recruited staff and retirees outside headquarters locations are not sufficiently engaged in health insurance policymaking.

The engagement of beneficiaries in policymaking and in the governance of health insurance plans is crucial. The majority of health insurance plans have a governance and administration mechanism that enables the representatives of plan members to formally participate in policy decisions related to health insurance. However, locally recruited staff and retirees outside headquarters locations are not sufficiently engaged or represented, and several plans designed for locally recruited staff in the field do not have a formal mechanism to engage their plan members in the decision-making process of the plan at all.

#### 4. Inequalities in access to health insurance remain an issue.

The 26 health insurance schemes apply varying eligibility criteria for staff, retirees and their family members and associated protected persons. The unharmonized eligibility criteria, especially for those who receive subsidized premium rates from their organizations, create unequal access to health insurance coverage for active and retired staff and their family members, and demonstrate an inequitable use of public funding.

5. The solidarity models underpinning the health insurance schemes to ensure equitable distribution of premiums and risks are not well aligned.

The application of varying models in determining shares of contributions to health insurance premiums between the organizations and staff results in differing rates of contributions for staff within and across the participating organizations and, for many schemes, such models are not adequately based on the principles of ability to pay and intergenerational solidarity. Therefore, there is room for a system-wide approach to create a set of contribution-setting principles that could foster harmonization and comparability and promote equity and solidarity.

6. Long-term care, mental health care and optical care received the lowest ratings in terms of meeting the needs of survey participants.

From the large-scale global staff survey administered by the review, health insurance coverage for hospitalization, outpatient care and preventive care were rated the highest as most often “fully” or “mostly” meeting the needs of the respondents. On the other hand, long-term care, mental health care and optical care received the lowest number of positive responses, coupled with other areas deserving of particular attention, such as outpatient care for locally recruited staff, conditions related to physical disabilities and medications for chronic illnesses, physical therapy, routine health check-ups, dental care and reproductive health care.

7. After-service health insurance liabilities remain underfunded.

Even though after-service health insurance liabilities have been on the agenda of governing bodies, the United Nations System Chief Executives Board for Coordination and external auditors as a system-wide issue since the 1990s, funding those liabilities remains an unachieved goal, with only 31 per cent already funded. The choice of the pay-as-you-accrue method is not only a matter of sound financial management or long-term financial sustainability, but also of transparency and efficiency in legislative budget discussions.



Approach & Methodology

In accordance with JIU internal standards and working procedures, the review used a mixed-method approach, drawing findings, conclusions and recommendations based on analysis of both quantitative and qualitative data from primary and secondary sources. The key data collection methods include:



**Desk review** of relevant policy and management documents, including: all co-sponsored health insurance policies and related contracts with external insurers or third-party administrators; reports of the Secretary-General and the Advisory Committee on Administrative and Budgetary Questions on managing after-service health insurance, and General Assembly resolutions thereon; audited financial statements and actuarial valuations of after-service health insurance liabilities submitted by the participating organizations; and varied documentation shared by the associations and representatives of staff and retirees;



**Corporate questionnaire** to 28 participating organizations;



**Global staff survey** receiving a total of 23,163 responses from staff and retirees around the world;



**Case studies** to compare the size of contributions to health insurance premiums as a percentage of the salaries of staff who are at the same grade and step in the same duty stations but insured under different health insurance plans. Six duty stations were chosen for the case studies;



**Interviews** with 147 people representing the participating organizations that administer the health insurance schemes within the United Nations system, the relevant staff and retirees associations, the International Civil Service Commission and the United Nations Joint Staff Pension Fund.



Ethical Safeguards

The review was conducted in accordance with the JIU Statute and its internal regulations. Due consideration was given to protecting the confidentiality of the stakeholders who responded to the corporate questionnaire, participated in interviews and filled out the online survey. In fulfilling its professional and ethical obligations, the team was not subject to any external influence that could have affected its independence, fairness, neutrality or professional integrity during the planning, execution and drafting phases of the report.



## What the JIU recommends

The JIU makes 7 recommendations to legislative bodies and executive heads.

### The legislative and/or governing bodies of UN organizations are called on to:

**4** Request the International Civil Service Commission to propose guidelines to enhance coherence in the application of the principles of intergenerational solidarity, ability to pay and family protection in health insurance schemes co-sponsored by the United Nations common system organizations [recommendation 4]

**7** Establish a long-term strategy to fund after-service health insurance liabilities as they accrue for posts funded from assessed contributions, at least to cover future after-service health insurance liabilities for all newly recruited staff [recommendation 7]

### The executive heads of UN organizations are called on to:

**1** Ensure that, by the end of 2026, arrangements are made for the representation of all groups of plan members, including locally recruited staff in the field and retirees, in their health insurance plan management, oversight or advisory committee. [Recommendation 1]

**2** Explore discontinuing the practice of subsidizing premiums for secondary dependent family members, non-dependent family members and unrelated household members, and the practice of mutualizing their risks with those of primary members. [recommendation 2]

**3** Ensure that the right of family members of staff to participate in after-service health insurance is conditional on a minimum of five years of participation in a United Nations contributory health insurance scheme, without prejudice to duly justified exceptions based on life events. [recommendation 3]

**5** Ensure that the highest level of protection is given to all beneficiaries' health insurance-related data, including medical reports, prescriptions, tests and reimbursed amounts, and that the disclosure, transmission, processing and storage of health insurance-related personal data be subject to the written consent of the person concerned and any possible exception be unequivocally spelled out in relevant policies. [recommendation 5]

**6** Ensure that voluntary contributions cover future after-service health insurance liabilities corresponding to staff working on programmes or projects funded from such contributions as they accrue. [recommendation 6]

The review also issued 33 informal recommendations as additional suggestions to the executive heads in the areas of transparency; inter-agency mobility; contribution and premiums; coordination of policy changes at the duty station level; hardship provisions and ceilings; preventive and long-term care; segregation of duties in administrative matters; performance monitoring and audit; customer service charters and service-level agreements; fraud risk; cost containment measures; contractual arrangements with insurance providers and administrators; and funding after-service health insurance liabilities.



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1. These appendices provide details from the comparative study of 26 health insurance schemes in JIU's participating organizations and overall results of the global staff survey of active and retired staff on health insurance. Both were conducted as part of JIU's review of the quality, effectiveness, efficiency and sustainability of health insurance schemes in the United Nations system organizations (JIU/REP/2023/9). Key findings in different sections of the report are based on the data contained in this paper.

## Appendix I. Health Insurance Schemes in JIU's Participating Organizations: A Comparative Study

2. At the time of the review, JIU's participating organizations are the policyholders of 26 health insurance schemes for active and retired staff and their eligible dependants and associated persons. To conduct a comparative study between these schemes, JIU selected four key aspects: 1) eligibility criteria; 2) types and modalities for claim administration; 3) premium and share of contributions; and 4) coverage and benefits. To compare coverage and benefits, eleven areas of cares were chosen based on the most common features and areas of coverage offered by health insurance schemes and most utilized by plan members. The comparative study was conducted through desk review of health insurance policy documents made available to JIU as of 30 June 2023 and presented in a series of tables below.

3. There are no internationally recognized benchmarks or standards for the level of health insurance coverage for employees which this review could use to evaluate the adequacy of the health insurance schemes within the United Nations system. Besides, finer details on what different schemes offer in terms of their coverage and benefits coupled with different premium amounts make it impractical to judge which scheme provides a better coverage than the others. The main aim of the comparative study was to highlight similarities and differences on these key aspects that could help the participating organizations decide on how to enhance the level of health protection for their staff and to move closer towards harmonizing their schemes with that of other participating organizations.

**Table 1: Eligibility for enrolment in health insurance schemes**

4. This table outlines the eligibility of staff, retirees and their dependants to enrol in a particular health insurance plan(s) based on their duty station (mainly between headquarters locations and elsewhere) and staff category (between locally-recruited and internationally-recruited staff).

Policy Holder and Scheme	Participating POs	Type and location of active and retired staff			
		Internationally-recruited		Locally-recruited	
		At headquarters location(s)	Outside headquarters	At headquarters	Outside headquarters
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	FAO	Yes	Yes	Yes	Yes <sup>1</sup>
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance	FAO	No	No	No	Yes <sup>2</sup>
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	IAEA	Yes	Yes	Yes	Yes
ICAO-Medical Benefits Plan	ICAO	Yes	Yes	Yes	Yes
ILO-Staff Health Insurance Fund	ILO	Yes	Yes	Yes	Yes
IMO-Group Medical Plan	IMO	Yes	Yes	Yes	Yes

<sup>1</sup> For staff whose entry on duty date with FAO is before 1 October 2016.

<sup>2</sup> For staff whose entry on duty date with FAO is on or after 1 October 2016.

Policy Holder and Scheme	Participating POs	Type and location of active and retired staff			
		Internationally-recruited		Locally-recruited	
		At headquarters location(s)	Outside headquarters	At headquarters	Outside headquarters
<b>United Nations Office at Geneva</b> -United Nations Staff Mutual Insurance Society against Sickness and Accident	United Nations Secretariat, ITC, ITU, WMO, UNDP, UNICEF, WMO, UNEP, UNOPS, UNIDO, UNCTAD	Yes (Geneva)	Yes (UNHCR, ITU, WMO only)	Yes (Geneva)	No
<b>United Nations Office at Vienna/UNODC</b> - Group Headquarters Medical Insurance-Full Medical Insurance Plan	United Nations Secretariat, UNODC	Yes (Vienna, (also Turin))	No	Yes (Vienna, also Turin)	No
<b>United Nations Secretariat-Aetna</b>	United Nations Secretariat, UNDP, UN-Women, UNFPA, UNICEF, UNOPS	Yes (New York)	No	Yes (New York)	No
<b>United Nations Secretariat-Cigna Dental</b>	United Nations Secretariat, UNDP, UN-Women, UNFPA, UNICEF, UNOPS	Yes (New York)	No	Yes (New York)	No
<b>United Nations Secretariat-Empire Blue Cross</b>	United Nations Secretariat, UNDP, UN-Women, UNFPA, UNICEF, UNOPS	Yes (New York)	No	Yes (New York)	No
<b>United Nations Secretariat-UN Medical Insurance Plan</b>	United Nations Secretariat	No	No	No	Yes
<b>United Nations Secretariat-UN Worldwide Plan</b>	United Nations Secretariat, UNICEF, UNDP, UN-Women, UNFPA, UNOPS, UNIDO, UNRWA, UNWTO	No	Yes	No	No
<b>UNDP</b> -Medical Insurance Plan	UNDP, UN-Women, UNFPA	No	No	No	Yes
<b>UNESCO</b> -Medical Benefits Fund	UNESCO, also ICAO in Paris	Yes (Paris)	Yes	Yes (Paris)	Yes
<b>UNHCR</b> -Medical Insurance Plan	UNHCR	No	No	No	Yes
<b>UNICEF</b> -Medical Insurance Plan	UNICEF	No	No	No	Yes
<b>UNIDO</b> -Field GS Plan	UNIDO	No	No	No	Yes
<b>UNIDO</b> -Group Headquarters Medical Insurance – Full Medical Insurance Plan	UNIDO	Yes (Vienna)	Yes	Yes (Vienna)	No
<b>UNOPS</b> -Medical Insurance Plan	UNOPS	No	No	No	Yes
<b>UNWTO</b> -Health and Accident Insurance Plan	UNWTO	Yes (Madrid)	Yes	Yes (Madrid)	Yes



Policy Holder and Scheme	Participating POs	Type and location of active and retired staff			
		Internationally-recruited		Locally-recruited	
		At headquarters location(s)	Outside headquarters	At headquarters	Outside headquarters
UPU-Health Insurance Fund	UPU	Yes (Bern)	N/A	Yes (Bern)	N/A
WFP-Basic Medical Insurance Plan	WFP	Yes (Rome)	Yes	Yes (Rome)	Yes (Global Offices)
WFP-Medical Insurance Coverage Scheme	WFP	No	No	No	Yes (except for Global Offices)
WHO-Staff Health Insurance	WHO, UNAIDS	Yes (Geneva)	Yes	Yes (Geneva)	Yes
WIPO-Group Medical Insurance Plan	WIPO	Yes (Geneva)	Yes	Yes (Geneva)	Yes

**Table 2: Type and modality for claims administration**

5. The table lists 26 health insurance plans whose policyholders are JIU participating organizations. It outlines the plans' modality and claim management arrangements and the number of plan members inclusive of active staff, retirees and their dependants and other associated plan members, as of 31 December 2022, as reported by the participating organizations. See glossary of key terms for definitions.

Policy Holder and Scheme	Plan Modality		Claims Administration Arrangement		Number of Plan Members
	self-insured	commercially-insured	self-administered	third-party administered	
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	No	Yes (Cigna)	No	Yes (Cigna)	15,975
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance	No	Yes (Cigna)	No	Yes (Cigna)	501
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	No	Yes (Cigna)	No	Yes (Cigna)	4,326
ICAO-Medical Benefits Plan	Yes	No	No	Yes (Cigna)	3,106
ILO-Staff Health Insurance Fund	Yes	No	Yes	No	12,984
IMO-Group Medical Plan	No	Yes (Cigna)	No	Yes (Cigna)	1,000
United Nations Office at Geneva-United Nations Staff Mutual Insurance Society against Sickness and Accident	Yes	No	Yes	No	36,560
United Nations Office at Vienna/UNODC- Group Headquarters Medical Insurance	No	Yes (Allianz Care)	No	Yes (Allianz Care)	2,710
United Nations Secretariat-Aetna	Yes	No	No	Yes (Aetna)	8,471
United Nations Secretariat-Cigna Dental	Yes	No	No	Yes (Cigna)	32,813 <sup>3</sup>
United Nations Secretariat-Empire Blue Cross	Yes	No	No	Yes (Empire Blue Cross)	26,628
United Nations Secretariat-United Nations Medical Insurance Plan	Yes	No	No	Yes (Cigna)	52,135
United Nations Secretariat-UN Worldwide Plan	Yes	No	No	Yes (Cigna)	61,665
UNDP-Medical Insurance Plan	Yes	No	No	Yes (Cigna)	36,567
UNESCO-Medical Benefits Fund	Yes	No	No	Yes (MSH International)	7,371
UNHCR-Medical Insurance Plan	Yes	No	Yes		34,517
UNICEF-Medical Insurance Plan	Yes	No	No	Yes (Cigna)	43,940
UNIDO-Field GS Plan	No	Yes (Allianz Care)	No	Yes (Allianz Care)	403

<sup>3</sup> Not counted towards the total as this is a supplementary plan the United Nations Secretariat's Aetna and Empire Blue Cross.

Policy Holder and Scheme	Plan Modality		Claims Administration Arrangement		Number of Plan Members
	self-insured	commercially-insured	self-administered	third-party administered	
UNIDO-Group Headquarters Medical Insurance	No	Yes (Allianz Care)	No	Yes (Allianz Care)	2,187
UNOPS-Medical Insurance Plan	No	Yes (Cigna)	No	Yes (Cigna)	515
UNWTO-Health and Accident Insurance Plan	No	Yes (Cigna)	No	Yes (Cigna)	481
UPU-Health Insurance Fund	No	Yes (Cigna)	No	Yes (Cigna)	791
WFP-Basic Medical Insurance Plan	No	Yes (Cigna)	No	Yes (Cigna)	9,614
WFP-Medical Insurance Coverage Scheme	No	Yes (Cigna)	No	Yes (Cigna)	40,160
WHO-Staff Health Insurance	Yes	No	Yes	No	41,359
WIPO-Group Medical Insurance Plan	No	Yes (Cigna)	No	Yes (Cigna)	3,903
<b>Total</b>					<b>447,869</b>

**Table 3: Number of plan members by staff category as of 31 December 2022**

Policy Holder and Scheme	Active Staff		Retired Staff		Total
	Active Staff	Family members and associated persons	Retired Staff	Family members and associated persons	
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	2,994	6,687	4,177	2,117	15,975
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance	223	278	N/A	N/A	501
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	1,350	1,497	939	540	4,326
ICAO-Medical Benefits Plan	708	1,248	669	481	3,106
ILO-Staff Health Insurance Fund	3,958	5,622	2,306	1,098	12,984
IMO-Group Medical Plan	259	335	266	140	1,000
United Nations Office at Geneva-United Nations Staff Mutual Insurance Society against Sickness and Accident	11,530	16,529	5,617	2,884	36,560
United Nations Office at Vienna/UNODC- Group Headquarters Medical Insurance	971	1,234	505		2,710
United Nations Secretariat-Aetna	1,670	2,440	3,031	1,330	8,471
United Nations Secretariat-Cigna Dental	9,437	13,761	6,117	3,498	32,813 <sup>4</sup>
United Nations Secretariat-Empire Blue Cross	8,405	12,376	3,501	2,346	26,628
United Nations Secretariat-United Nations Medical Insurance Plan	12,088	36,640	1,702	1,705	52,135
United Nations Secretariat-UN Worldwide Plan	17,696	33,043	5,636	5,290	61,665
UNDP-Medical Insurance Plan	9,050	22,646	2,418	2,453	36,567
UNESCO-Medical Benefits Fund	2,344	2,167	2,236	624	7,371
UNHCR-Medical Insurance Plan	9,506	23,406	664	941	34,517
UNICEF-Medical Insurance Plan	11,352	28,323	1,681	2,584	43,940
UNIDO-Field GS Plan	105	244	24	30	403
UNIDO-Group Headquarters Medical Insurance	451	658	700	378	2,187
UNOPS-Medical Insurance Plan	166	276	30	43	515
UNWTO-Health and Accident Insurance Plan	203	189	57	32	481
UPU-Health Insurance Fund	241	302	186	62	791

<sup>4</sup> Not counted towards the total as this is a supplementary plan the United Nations Secretariat's Aetna and Empire Blue Cross.

Policy Holder and Scheme	Active Staff		Retired Staff		Total
	Active Staff	Family members and associated persons	Retired Staff	Family members and associated persons	
WFP-Basic Medical Insurance Plan	2,782	5,116	965	751	9,614
WFP-Medical Insurance Coverage Scheme	8,912	30,015	413	820	40,160
WHO-Staff Health Insurance	11,319	21,220	5,656	3,184	41,359
WIPO-Group Medical Insurance Plan	1,287	1,666	577	373	3,903
Total					447,869

**Table 4: Eligibility criteria for active staff on duty, retired staff members and their family members<sup>5</sup>**

6. This table compares eligibility criteria for active and retired staff and their family members and other associated plan members to enrol in the United Nations health insurance plans. Some plans allow plan members who do not fully meet the criteria to receive organization subsidy to enrol, provided that they also cover the portion of the organization subsidy amount.

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, with organization subsidy Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, without organization subsidy Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, with organization subsidy	Eligibility for plan members associated with staff and retirees, without organization subsidy
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	Mandatory for internationally-recruited staff in any locations and for locally-recruited staff at Headquarters (Rome)	At least <u>10</u> years for staff separating at the age of 55 or over, in receipt of a periodic retirement benefit from UNJSPF	At least <u>20</u> years for staff separating between the age of 50-55 who have elected for a deferred pension	One recognized spouse (regardless of dependency status), or other persons recognized for the purpose of granting benefits and entitlements  Dependent children up to 26 years old for whom the staff or retired staff member provides the main and continuing support; not married, not employed  One secondary dependant for whom the staff member receives a dependency allowance or received a dependency allowance on date of separation  For ASHI, the dependants must be enrolled in the Plan and/or another United Nations plan for at least 10 years	Recognized family members of retired staff whose ASHI participation is not subsidized by the Organization.  Recognized family members of retired staff who do not meet the 10-year participation requirement (once the requirement is met, participation will be subsidized by the Organization)
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance	Mandatory for locally-recruited staff entering on duty on or after 1 October 2016 outside Headquarters	At least <u>5</u> years for staff separating at the age of 55 or over, regardless of whether the pension benefits have been deferred	At least <u>10</u> years for staff separating between the age of 50-55, electing for a deferred pension from UNJSPF	One recognized spouse, or other person recognized for the purposes of granting benefits and entitlements  Dependent children up to 26 years old for whom the staff or retired staff member	Recognized family members of retired staff whose ASHI participation is not subsidized by the Organization.

<sup>5</sup> For the purpose of comparison only. The data provided here are not exhaustive and do not cover other types of staff members such as those who are on leave without pay.

<sup>6</sup> For staff members recruited on or after 1 July 2007 only.

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, <u>with organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, <u>with organization subsidy</u>	Eligibility for plan members associated with staff and retirees, <u>without organization subsidy</u>
				provides the main and continuing support; not married, not employed  One secondary dependent  For ASHI, the dependants must be enrolled in the Plan and/or another United Nations plan for at least 5 years	Recognized family members of retired staff who do not meet the 5-year participation requirement (once the requirement is met, participation will be subsidized by the Organization)
<b>IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan</b>	Optional for both internationally and locally-recruited staff at any locations <sup>7</sup>	At least <b>10</b> years of cumulative service for staff separating at age of 55 or over, in receipt of a periodic retirement benefit from UNJSPF or another recognized pension scheme	At least <b>cumulative 20</b> years (10 of which were continuous) for staff separating between the age of 50-55 (once reaching 55, eligible for organization subsidy)	Recognized dependants under the Staff Rules including one dependent spouse, dependent children under the age of 18, or under the age of 21 if in full time attendance at an educational institution, a legally separated spouse <sup>8</sup> , one secondary dependant <sup>9</sup>  For ASHI, the dependants must be enrolled in the Plan for at least 2 years	Unmarried, unemployed children up to the age of 30 who are no longer qualified as dependants  A maximum of two other persons residing with staff member in the same household if they are certified to be in good health at the time of enrolment  Recognized dependants of retired staff whose after-service health insurance participation is not subsidized by the Organization.
<b>ICAO-Medical Benefits Plan</b>	Mandatory for all staff, unless an exemption is granted	At least <b>10</b> years for staff separating at the age of 55 or over, in receipt of a periodic retirement benefit from UNJSPF	At least <b>5</b> years for staff separating at the age of 55 or over (once contributing to the plan after 10 years, eligible for organization subsidy)  At least <b>10</b> years if separating prior to reaching the age of 55	One spouse, except where more than one spouse is legally permitted.  Dependent children up until the age of 21; or up until the age of 25 if in full time attendance at an educational institution	Recognized family members of retired staff whose ASHI participation is not subsidized by the Organization.
<b>ILO-Staff Health Insurance Fund</b>	Mandatory for all internationally and locally-recruited staff members who are expected to serve continuously for at least six months <sup>10</sup>	At least <b>10</b> years for staff separating at 55 or over, and at least 5 years of participation in the Fund before separation	None	One dependent spouse  Dependent children up to the age of 21, in full-time attendance of an educational institution	A non-dependent spouse and non-dependent children under the age of 30, unmarried and not in full-time employment

<sup>7</sup> Other options include the Austrian Health Insurance Scheme or another health insurance scheme.

<sup>8</sup> Upon submission of satisfactory evidence of a legal obligation under the separation agreement for the staff member to pay support which shall be equivalent to more than one-half or more of the total financial support of such dependent received from sources other than the staff member.

<sup>9</sup> A father, mother or an unmarried, unemployed brother or sister may be recognized as a secondary dependent if the staff member, provides more than half of the total financial support of such a dependent received from sources other, than the staff member, and, in any case, at least twice the amount of the dependency allowance.

<sup>10</sup> Staff outside of the headquarters location may have an option to enroll in another UN-administered health insurance scheme available at their duty station.

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, <u>with organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, <u>with organization subsidy</u>	Eligibility for plan members associated with staff and retirees, <u>without organization subsidy</u>
					A divorced spouse formerly enrolled at least one year  A secondary dependant
IMO-Group Medical Plan	Mandatory for all staff	At least <b>10</b> years at the time of retirement	None	One spouse/partner (regardless of their dependency status)  Dependent children up to 25 not married, not employed	None
<b>United Nations Office at Geneva</b> - United Nations Staff Mutual Insurance Society against Sickness and Accident	For participating organizations, voluntary for Internationally-recruited and locally-recruited staff and retirees in Geneva and Bonn and for internationally-recruited staff and retirees of UNHCR, ITU and WMO worldwide	At least <b>10</b> years, separating at the age of 55 or later, in receipt of UNJSPF benefits	None	One dependent spouse  Dependent children under the age of 21, unmarried  For ASHI, the eligible family members must be enrolled in the Plan for at least 5 years (or 2 years if the spouse had coverage with an outside employer or a national government).	Non-dependent spouses  Unmarried children between the age of 21 and 30, in fulltime attendance at an educational institution or unemployed  A father, mother, brother or sister recognized as a secondary dependent under the Staff Rules
<b>United Nations Office at Vienna/UNODC</b> - Group Headquarters Medical Insurance	Mandatory for UNOV-administered staff members in Vienna who do not have other adequate medical insurance coverage	At least <b>10</b> years, separating at the age of 55 or later, in receipt of UNJSPF benefits	None	One recognized spouse, regardless of dependency status  Dependent children up to age of 25, unmarried, financially dependent on the staff or retired staff member  For ASHI, the eligible family members must be enrolled in the Plan for at least 5 years (or 2 years if the spouse had coverage with an outside employer or a national government).  Recognized secondary dependants with dependency allowance (but not eligible for ASHI)	Unmarried children over the age of 25  Persons financially dependent on the staff member but not recognized as dependants (i.e., parents, siblings, life companions)  Non-Austrian live-in household helps or domestic servants
<b>United Nations Secretariat</b> -Aetna	Voluntary for Internationally-recruited staff and retirees and for locally-recruited staff and retirees at HQ location (New York)	At least <b>10</b> years, separating at the age of 55 or later, in receipt of UNJSPF benefits	None	One recognized spouse, regardless of dependency status  Dependent children under the age of 25, unmarried, financially dependent on the staff or retired staff member	None
<b>United Nations Secretariat</b> -Cigna Dental					
<b>United Nations Secretariat</b> -Empire Blue Cross					

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, with <u>organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, with <u>organization subsidy</u>	Eligibility for plan members associated with staff and retirees, without <u>organization subsidy</u>
<b>United Nations Secretariat-UN Worldwide Plan</b>	Voluntary for Internationally-recruited staff and retirees outside Headquarters location (New York)			For ASHI, the eligible family members must be enrolled in the Plan for at least 5 years (or 2 years if the spouse had coverage with an outside employer or a national government).	
<b>United Nations Secretariat-Medical Insurance Plan</b>	Mandatory for locally-recruited staff, irrespective of length of contract, and retirees outside HQ locations	At least <b>10</b> years for staff separating at the age of 55 or later	None	One recognized spouse, regardless of dependency status  Dependent children under the age of 25, unmarried, financially dependent on the staff or retired staff member  For ASHI, the eligible family members must be enrolled in the Plan for at least 5 years (or 2 years if the spouse had coverage with an outside employer or a national government).	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNDP-Medical Insurance Plan</b>	Mandatory for all locally-recruited staff outside Headquarters	At least <b>cumulative 10</b> years for staff separating at the age of 55 or later  At least <b>cumulative 15</b> years for staff separating on agreed termination or abolition of post at the age of 50 or later (with a lower amount of organizational subsidy)	At least <b>cumulative 5</b> years less than 10 years for staff separating at the age of 55 or later (organization subsidy to be provided once reaching 10 years of contribution)	One recognized spouse, regardless of the dependency status  Dependent children under the age of 25, unmarried, not in fulltime employment	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNESCO-Medical Benefits Fund</b>	Mandatory for staff under an appointment for six months or longer	At least <b>10</b> years for staff separating at the age of 55 or later	None	One dependent spouse (in the case of ASHI, at least 10 years of participation with the Fund)  Dependent, unmarried children under the age of 25, in fulltime attendance in an educational institution	None
<b>UNHCR-Medical Insurance Plan</b>	Mandatory for all locally-recruited staff outside Headquarters	At least <b>10</b> years for staff separating at the age of 55 or later, in receipt of UNJSFP benefits	At least <b>cumulative 5</b> years for staff separating at the age of 55 or later (organization subsidy to be provided once reaching 10 years of contribution), in receipt of UNJSFP benefits	One recognized spouse, regardless of the dependency status  Dependent children under the age of 25, unmarried, not in fulltime employment	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNICEF-Medical Insurance Plan</b>	Mandatory for all locally-recruited staff outside Headquarters	At least <b>10</b> years for staff separating at the age of 55 or later, in receipt of	None	One recognized spouse, regardless of the dependency status	None



Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, <u>with organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, <u>with organization subsidy</u>	Eligibility for plan members associated with staff and retirees, <u>without organization subsidy</u>
		UNJSFP benefits or under deferred retirement benefit		Dependent children under the age of 25, unmarried, not in fulltime employment  For ASHI, the eligible family members must be enrolled in the Plan for at least 5 years (or 2 years if the spouse had coverage with an outside employer or a national government).	
<b>UNIDO-Field GS Plan</b>	Mandatory for locally-recruited staff outside Headquarters (Vienna)	At least <b>10</b> years for staff separating at the age of 55 or over, in receipt of UNJSFP benefits	At least <b>20</b> years in a contributory health insurance scheme and having chosen a deferred pension under UNFSPF, separating at between 50-55	One recognized spouse, regardless of dependency status (for ASHI, at least two years prior participation required)  Dependent children under the age of 25, not married, not engaged in fulltime employment	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNIDO-Group Headquarters Medical Insurance</b>	Mandatory for internationally recruited staff and for locally-recruited staff at Headquarters (Vienna), unless opting for the Austrian health insurance scheme or another approved medical insurance			One recognized spouse, regardless of dependency status (for ASHI, at least two years prior participation required)  Children under the age of 25 (dependent, not married, not engaged in fulltime employment) (for ASHI, at least two years prior participation required)  Secondary dependants for whom a dependency allowance is paid (but not eligible for ASHI)	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNOPS-Medical Insurance Plan</b>	Mandatory for locally-recruited staff except in New York and designated duty stations	At least <b>cumulative 10</b> years for staff separating at the age of 55 or later  At least <b>cumulative 15</b> years for staff separating at the age below 55 on agreed termination or abolition of post (with a lower amount of organizational subsidy)	At least <b>cumulative 5</b> years for staff separating at the age of 55 or later (organization subsidy to be provided once reaching 10 years of contribution), in receipt of UNJSFP benefits	One recognized spouse, regardless of the dependency status  Dependent children under the age of 25, unmarried, not in fulltime employment	Eligible family members of retired staff who are not eligible to receive organization subsidy
<b>UNWTO-Health and Accident Insurance Plan</b>	Mandatory for all staff	At least <b>10</b> years, 5 of which with UNWTO's Plan, separating at the age of 55 or later	None	One dependent spouse  Children under the age of 21, in full time attendance of an educational institution	One non-dependent spouse  Children between the age of 21 and 25, in full-time attendance of an educational institution, or no longer in full-time

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, <u>with organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, <u>with organization subsidy</u>	Eligibility for plan members associated with staff and retirees, <u>without organization subsidy</u>
					attendance of an educational institution but unemployed and for whom the staff member provides main and continuing support  One secondary dependent
UPU-Health Insurance Fund	Mandatory for both internationally- and locally-recruited staff	At least <b>5</b> years of complete service with UPU	None	A dependent spouse  Dependent children for whom a dependent allowance and/or education grant is payable under the relevant Staff Rules up until the age of 25	One non-dependent spouse
WFP-Basic Medical Insurance Plan	Mandatory for internationally-recruited staff worldwide and for locally-recruited staff at Headquarters (Rome) or in WFP Global Offices	At least <u>cumulative 10</u> years for staff separating at the age of 55 or later (for those entered UNJSPF before 1 January 2014) or at the age of 58 or later (for those who entered UNJSPF after 1 January 2014)	At least <u>cumulative 20</u> years for staff separating at the age of 50-55 (for those entered UNJSPF before 1 January 2014) or at the age of 53-58 (for those who entered UNJSPF after 1 January 2014) (organization subsidy will be provided once the staff reach their respective early retirement age (55/58))	One spouse, recognized domestic partner, or recognized domestic partner, regardless of dependency status  Dependent children under the age of 26 who are not gainfully employed and self-sufficient  One secondary dependants for whom the staff member receives a dependency allowance  (for ASHI, at least 10 years of in-service contributory participation is required)	Dependents of retired staff members whose prior participation in the Plan was less than 10 years (once the 10-year requirement is met, organization subsidy will be provided.)
WFP-Medical Insurance Coverage Scheme	Mandatory for locally-recruited staff in Regional Bureaux and Country Offices	At least <u>cumulative 5</u> years for staff separating at the age of 55 or later (for those entered UNJSPF before 1 January 2014) or at the age of 58 or later (for those who entered UNJSPF after 1 January 2014)	At least <u>cumulative 15</u> years for staff separating before reaching the early retirement age, on agreed termination or abolition of post, at the age of 50 or 53 at the time of separation	One spouse or recognized domestic partner, regardless of dependency status  Dependent children under the age of 26 who are not gainfully employed and self-sufficient  Secondary dependants for whom the staff member receives a dependency allowance  (For ASHI, at least 5 years of in-service contributory participation is required; secondary dependants are not eligible for staff separating before January 2015)	Dependants of retired staff members eligible for organization subsidy, whose prior participation in the Plan was less than 5 years (once the 5-year requirement is met, organization subsidy will be provided.)  Dependents of retired staff members who are eligible to participate but ineligible to receive organization subsidy
WHO-Staff Health Insurance	Mandatory for all active staff members	At least <b>10</b> years of participation in WHO's health insurance scheme, 5 of which is continuous for staff separating at the age of 55 or	At least <b>5</b> years of participation in WHO's health insurance scheme for staff separating at their statutory retirement age (organizational	One spouse, regardless of dependency status (for ASHI, at least 10 years of participation is required, also including one divorced spouse)	Eligible dependants of retired staff who are not eligible for organizational contribution  Eligible dependants of retired staff who do

Policy Holder and Scheme	Eligibility for active staff	Eligibility for ASHI, <u>with organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme <sup>6</sup>	Eligibility for ASHI, <u>without organization subsidy</u> Number of years of participating in the organization's health insurance scheme or another United Nations scheme	Eligibility for plan members associated with staff and retirees, <u>with organization subsidy</u>	Eligibility for plan members associated with staff and retirees, <u>without organization subsidy</u>
		later, who became UNJSPF participants before 1 January 2014, or at the age of 58 or later who became UNJSPF participants after 1 January 2014	contribution is provided once reaching the 10-year requirement)  At least <b>20</b> years of participation in WHO's health insurance scheme for staff separating at the age of 50 or later who became UNJSPF participants before 1 January 2014 or at the age of 53 or later who became UNJSPF participants after 1 January 2014 (organizational contribution will be provided once the participant reaches their respective early retirement age: 55 or 58)	Dependent children under the age of 21  Non-dependent children between the age of 18-28  One secondary dependant (for ASHI, at least 10 years of participation is required)	not yet meet the 10-year requirement <sup>11</sup>
<b>WIPO-Group Medical Insurance Plan</b>	Mandatory for all staff unless covered by another health insurance scheme with a sufficient coverage	At least <b>5</b> years before separation from service, in receipt of UNJSPF benefits, under the age of 65	None	One spouse, regardless of dependency status (for ASHI, at least 5 years of participation is required)  Dependent children under the age of 25, in fulltime attendance in an educational institution (for ASHI, at least 5 years of participation is required)  One secondary dependant who is recognized as the staff member's dependant	Unmarried children between the age of 18-29, living together with the staff or retired staff member who provide the main and continuing support (for ASHI, at least 5 years of participation is required), but not in full time attendance in an educational institution.

**Table 5: Premiums and share of contributions**

7. This table compares the premium amounts and the arrangements for the share of contributions between the organization and the active and retired staff. For most health insurance schemes, staff contribution to the premiums is based on a percentage of the staff's net salary, which includes gross basic salary (less staff assessment), post adjustment, spouse allowance, single parent allowance, transitional allowance, non-residents' allowance and language allowance, as applicable. For retired staff, the basis for calculation varies, as indicated in the table.

8. For the purpose of comparison, premiums and shares of contribution are illustrated based on:

- A = For one staff member or retired staff member
- B = For one staff member or retired staff member and one adult

<sup>11</sup> Some subsidy is still received from the organization.

- C = For one staff member or retired staff member, one adult and one child

9. For the schemes whose premiums are flat rates, exemplified calculations to illustrate the corresponding percentage of staff net salary are based on:

- For internationally-recruited staff: a P3/Step V, 35 years old
- For locally-recruited staff: a GS5/Step V, 35 years old

10. Currencies other than US dollar are converted to US dollar based on the United Nations operational rates of exchange effective date 30 June 2023.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
<b>FAO-Basic Medical Insurance Plan/After Service Medical Coverage</b>	Flat-rate premiums <sup>13</sup> but the staff contribution is capped at 5%  Examples: as a percentage of the net salary of a P3, Step 5 in Italy:  A: 2.00% B: 3.68% C: 4.48%	Shared equally with the staff member, plus the excessed amount if the monthly deduction is more than 5% of the staff member's net salary.  Examples: as a percentage of the net salary of a P3, Step 5 in Italy:  A: 2.00% B: 3.68% C: 4.48%	Varies, according to the examples:  50:50  (the actual overall ratio of contribution in 2022 was 39:61)	Flat-rate premiums <sup>14</sup> but the retired staff contribution is capped at 4%	Shared equally with the retired staff member. However, if the monthly deduction would represent more than 4%, the organization's share will cover the excessed amount	Full periodic benefit from UNJSPF (i.e. recalculated to include any portion that may have been commuted into a lump-sum), including cost-of-living adjustments; or 4% of 46% of the Final Average Remuneration (as calculated by UNJSPF)	Varies, according to the examples:  50:50  (the actual overall ratio of contributions in 2022 was 37:63)
<b>FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance</b>	Flat-rate premiums <sup>15</sup> ; staff members are required to pay 100% of the total amount, but up to a percentage of the staff's net salary <sup>16</sup>  Examples: as a percentage of the net salary of a G5, step 5 in Kenya:  A: 1.43% B: 1.82% C: 2.61%	The organization contribution covers the rest of the premium amounts exceeding the relevant percentage cap  Examples: as a percentage of the net salary of a G5, step 5 in Kenya:  A: 1.52% B: 4.09% C: 4.77%	Varies; according to the examples:  A: 48:52 B: 31:69 C: 35:65  (the actual overall ratio of contribution in 2022 was 61:39)	Not applicable as the scheme was introduced on 1 October 2016. No retired staff and their dependants as the plan participants yet.			

<sup>12</sup> Only for retired staff who are eligible to receive organization contribution for the after-service health insurance and joined their Organization on or after 1 January 2007.

<sup>13</sup> Premiums (Euro scheme, but converted to USD): staff member only: USD 148.27; staff member+1 family member: USD 288.46; staff member+2 family members: USD 361.52; staff member+3 family members: USD 434.59; staff members+4 or more family members: USD 507.66.

<sup>14</sup> Ibid.

<sup>15</sup> Premiums: one adult: USD 39.93 and one child: USD 22.66.

<sup>16</sup> Staff member's maximum contribution (percentage of net salary): staff member only: 1.43%; staff member+1 dependent: 1.82%; staff member+2-4 dependents: 2.61%.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
<b>IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan</b>	Flat-rate premiums but staff contribution depends on the bracket of their net monthly emoluments <sup>17</sup>  Example, as a percentage of staff's net salary of a P3, Step 5 in Austria  A: 2.20% B: 4.98% C: 6.02%	Flat-rate premiums but organization contribution depends on the bracket of the staff's net monthly emoluments  Example, as a percentage of staff's net salary of a P3, Step 5 in Austria  A: 2.20% B: 3.32% C: 4.01%	Varies, according to the examples:  A: 50:50 B: 60:40 C: 60:40  (the actual overall ratio of contribution in 2022 was 60:40 but the figures included unsubsidized premiums)	Flat-rate premiums but staff contribution depends on the bracket of their last net monthly emoluments <sup>18</sup>  Example, as a retired staff member with the last month's net salary as a P3, Step 5 in Austria  A: 1.54% B: 4.15% C: 5.02%	Flat-rate premiums but organization contribution depends on the bracket of the staff's last net monthly emoluments <sup>19</sup>  Example, as a retiree with the last month's net salary as a P3, Step 5 in Austria  A: 2.86% B: 4.15% C: 5.02%	Net monthly emoluments during the last full month of service to determine the share of contribution, which will be used throughout the member's lifespan	Varies, according to the examples:  A: 35:65 B: 50:50 C: 50:50  (the actual overall ratio of contribution in 2022 was 56:44 but the figures included unsubsidized premiums)
<b>ICAO-Medical Benefits Plan<sup>20</sup></b>	Flat-rate premiums <sup>21</sup> with 50% paid for by internationally-recruited staff and 25% by locally-recruited staff at Regional Offices  Examples: as a percentage of the net salary of a P3, Step 5 in Thailand:  A: 1.79% B: 3.38% C: 3.29%	Flat-rate premiums with 50% paid for by Organization for internationally-recruited staff and 75% for locally-recruited staff  Examples: as a percentage of the net salary of a P3, Step 5 in Thailand:  A: 1.79% B: 3.38% C: 3.29%	50:50 for internationally-recruited staff at Regional Offices and 25:75 for locally-recruited staff at Regional Offices  (the actual overall ratio of contribution in 2022 was 52:48)	Flat-rate premiums <sup>22</sup> with 50% paid for by retired staff	Flat-rate premiums with 50% paid for by Organization	Not relevant as the contribution is based on the flat-rate premiums, regardless of emolument amount	50:50  (the actual overall ratio of contribution in 2022 was 48:52)
<b>ILO-Staff Health Insurance Fund</b>	A: 3.55% B: 4.62% C: 4.98%	A: 3.55% B: 4.62% C: 4.98%	50:50  (the actual overall ratio of contribution in 2022 was 50:50)	A: 3.55% B: 4.62% C: 4.98%	A: 7.10% B: 9.24% C: 9.96%	Whichever is higher: a) Net monthly pension amount; or b) the amount of pension which the retired staff	33:67  (the actual overall ratio of contribution in 2022 was 33:67)

<sup>17</sup> Premiums: one adult: USD 381.16; one child under age 18: USD 182.91; staff's share of the premiums is based on the bracket of staff's net monthly emoluments: Up to USD 2,256.30: 20%; USD 2,256.31-4,430.45: 30%; USD 4,430.46-6,604.60: 40%; USD 6,604.61-8,778.75: 50%; USD 8,778.76-10,952.90: 60% and Over 10,952.90: 70%.

<sup>18</sup> Premiums: adult: USD 381.16; child under age 18: USD 182.91; staff's share of the premiums is based on the bracket of former staff's net monthly emoluments during the last full month of service: Up to USD 4,430.45: 15%; USD 4,430.46-6,604.60: 25%; USD 6,604.61-8,778.75: 35%; USD 8,778.76-10,952.90: 50%; and over 10,952.90: 60%.

<sup>19</sup> Premiums: one adult: USD 381.16; one child under age 18: USD 182.91; staff's share of the premiums is based on the bracket of staff's last net monthly emoluments: Up to USD 4,430.45: 15%; USD 4,430.46-6,604.60: 25%; USD 6,604.61-8,778.75: 35%; USD 8,778.76-10,952.90: 50%; and over 10,952.90: 60%.

<sup>20</sup> For comparison purposes, two of six types of ICAO health insurance schemes are used here: Plan 3 for active staff in Headquarters and Regional Offices without Medicare and Plan 5 for retirees without Medicare with worldwide coverage including the US and Canada.

<sup>21</sup> Premiums for internationally-recruited staff at Regional Offices (Plan 3): single coverage: USD294.23; family coverage: USD588.88.

<sup>22</sup> Premium for internationally-recruited retired staff (Plan 5): single coverage: USD419.26; family coverage: USD823.70.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
						would have received if they had contributed during 25 years to the applicable scheme,	
<b>IMO-Group Medical Plan</b>	Flat-rate premiums but staff contribution depends on the bracket of their net monthly emoluments <sup>23</sup>  Example, as a percentage of staff's net salary of a P3, Step 5 in United Kingdom  A: 0.88% B: 1.76% C: 2.86%	Flat-rate premiums but organization contribution depends on the bracket of the staff's net monthly emoluments  Example, as a percentage of staff's net salary of a P3, Step 5 in United Kingdom  A: 1.36% B: 2.69% C: 4.39%	Varies, according to the examples:  A: 39:61 B: 40:60 C: 39:61  (the actual overall ratio of contribution for 2022 was 37:63)	Flat-rate premiums but staff contribution depends on the bracket of their last net monthly emoluments, but overall, retiree contribution is 50% less than staff contribution	Flat-rate premiums but organization contribution depends on the bracket of the staff's last net monthly emoluments	Whichever is higher: 1) One-third of the remuneration used for calculating the health insurance contribution of the staff member concerned at the date of separation; or 2) Full periodic benefit from UNJSPF (i.e. recalculated to include any portion that may have been commuted into a lump-sum)	Varies  (the actual overall ratio of contribution for 2022 was 17:83)
<b>United Nations Office at Geneva-United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	A: 3.40% B: 4.40% C: 4.80%	A: 3.40% B: 4.40% C: 4.80%	50:50  (the actual overall ratio of contribution in 2022 was 53:47 but the figures included unsubsidized premiums)	A: 3.40% B: 4.40% C: 4.80%	A: 6.80% B: 8.80% C: 9.60%	Whichever is higher: a) all the income paid under the terms of UNJSPF taking into account the lump sum withdrawn on retirement; or b) The pension amount corresponding to at least 25 years of service for staff members recruited on or after 1 July 2007	33:67  (the actual overall ratio of contribution in 2022 was 35:65 but the figures included unsubsidized premiums)
<b>United Nations Office at Vienna/UNODC-Group Headquarters</b>	A: 3.1531% B: 4.7296% C: 6.3056%	A: 3.1531% B: 4.7296% C: 6.3056%	50:50  (the actual overall ratio of contribution for 2022 was 50:50)	A: 1.5765% B: 2.364/8% C: 3.1528%	A: 4.7297% B: 7.0944% C: 9.4584%	The annual retirement benefit and any emoluments from assignments in the	25:75  (the actual overall ratio of contribution for 2022 was 25:78)

<sup>23</sup> Flat-rate premiums: staff member only: 229.68; staff member and one eligible family member: 483.77; and staff member and two or more eligible family member: 802.45. Staff contributions vary according to four income brackets. For professional staff, for example, the maximum contributions (those earning over 8,700) are: staff member only: 90.17; staff member and one eligible family member: 190.96; staff member and two or more eligible family member: 316.71.



Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
Medical Insurance						organization of the United Nations system in the calendar year	
<b>United Nations Secretariat-Aetna</b>	A: 6.11% B: 10.68% C: 11.93%  Actual contributions capped at 85% of the premiums	The actual organization's contribution varies according to each staff member's net salary. Examples, as a percentage of the net salary of a P3, Step 5 in the US:  A: 5.28% B: 10.78% C: 14.35%	Varies, according to the examples:  A: 54:46 B: 50:50 C: 45:55  (the actual overall ratio of contribution for 2022 was 49:51)	A: 6.11% B: 10.68% C: 11.93%  Actual contributions capped at 85% of the premiums	Varies, depending on the amount used for calculation	Full periodic benefit from UNJSPF (i.e. recalculated to include any portion that may have been commuted into a lump-sum), including cost-of-living adjustments or the theoretical periodic benefit that would have been payable on the staff member's account under UNJSPF had the staff member completed 25 years of contributory service.	Varies  (the actual overall ratio of contribution for 2022 was 25:75)
<b>United Nations Secretariat-Cigna Dental<sup>24</sup></b>	A: 0.28% B: 0.50% C: 0.76%  Actual contributions capped at 85% of the premiums	The actual organization's contribution varies according to each staff member's net salary. Examples, as a percentage of the net salary of a P3, Step 5 in the US:  A: 0.34% B: 0.67% C: 1.09%	Varies, according to the examples:  A: 45:55 B: 43:57 C: 41:59  (the actual overall ratio of contribution for 2022 was 45:55)	A: 0.28% B: 0.50% C: 0.76%  Actual contributions capped at 85% of the premiums	Varies, depending on the amount used for calculation		Varies  (the actual overall ratio of contribution for 2022 was 29:71)
<b>United Nations Secretariat-Empire Blue Cross</b>	A: 4.25% B: 7.53% C: 9.60%  Actual contributions capped at 85% of the premiums	The actual organization's contribution varies according to each staff member's net salary. Examples, as a percentage of the net salary of a P3, Step 5 in the US:  A: 5.07% B: 10.03% C: 15.35%	Varies, according to the examples:  A: 46:54 B: 43:57 C: 38:62  (the actual overall ratio of contribution for 2022 was 41:59)	A: 4.25% B: 7.53% C: 9.60%  Actual contributions capped at 85% of the premiums	Varies, depending on the amount used for calculation		Varies  (the actual overall ratio of contribution for 2022 was 22:78)
<b>United Nations Secretariat-UN Worldwide Plan<sup>25</sup></b>	A: 1.48% B: 2.29% C: 3.60%  Actual contributions	The actual organization's contribution varies according to each staff	Varies, according to the examples:  A: 51:49 B: 48:52 C: 43:57	A: 1.48% B: 2.29% C: 3.60%  Actual contributions	Varies, depending on the amount used for calculation		Varies  (the actual overall ratio of contribution for 2022 was 39:61)

<sup>24</sup> The contribution rates and premiums are based on subscribing to this plan together with either the Aetna or Empire Blue Cross plan.

<sup>25</sup> The premiums and contribution rates are for all locations except United States of America, Chile, Mexico, Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal,

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
	capped at 85% of the premiums	member's net salary. Examples, as a percentage of the net salary of a P3, Step 5 in Thailand:  A: 0.61% B: 1.90% C: 3.13%	(the actual overall ratio of contribution for 2022 was 66:34)	capped at 85% of the premiums			
<b>United Nations Secretariat-UN Medical Insurance Plan</b>	A: 1.05% B: 1.35% C: 1.85%	A: 3.15% B: 3.95% C: 7.35%	A: 25:75 B: 25:75 C: 20:80  (the actual overall ratio of contribution for 2022 was 21:79)	A: 1.05% B: 1.35% C: 1.85%	A: 3.15% B: 3.95% C: 7.35%	50% of the monthly net base salary corresponding to the grade and step at the date of separation adjusted by the global cost-of-living increases declared by UNJSPF	A: 25:75 B: 25:75 C: 20:80  (the actual overall ratio of contribution for 2022 was 33:67)
<b>UNDP-Medical Insurance Plan</b>	A: 1.10% B: 1.40% C: 2.00%	A: 3.10% B: 3.90% C: 7.25%	A: 26:74 B: 26:74 C: 22:78  (the actual overall ratio of contribution for 2022 was 23:77)	A: 1.10% B: 1.40% C: 2.00%	A: 3.10% B: 3.90% C: 7.25%	50% of the current net salary corresponding to the grade and step of the retired staff member at the time of separation adjusted by the global cost-of-living increases declared by UNJSPF	A: 26:74 B: 26:74 C: 22:78  (the actual overall ratio of contribution for 2022 was 28:72)
<b>UNESCO-Medical Benefits Fund</b>	A: 3.16% B: 4.75% C: 5.54%	A: 3.16% B: 4.75% C: 5.54%	50-50  (the actual overall ratio of contribution for 2022 was 50:50)	A: 3.16% B: 4.75% C: 5.54%	A: 3.16% B: 4.75% C: 5.54%	Whichever the highest: a) the full amount of benefit as defined by UNJSPF including the periodic increases specified; or b) an amount equal to one third of the remuneration on which contributions were payable at the date of separation; or c) the theoretical periodic benefit that would have been payable	50-50  (the actual overall ratio of contribution for 2022 was 50:50)

San Marino, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland. Different premiums and contribution rates are applied.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
						on the staff member's account under UNJSPF had the staff member completed 20 years of contributory service	
<b>UNHCR-Medical Insurance Plan</b>	A: 1.05% B: 1.35% C: 1.85%	A 3.15% B: 3.95% C: 7.35%	A: 25:75 B: 25:75 C: 20:80  (the actual overall ratio of contribution for 2022 was 22:78)	A: 1.05% B: 1.35% C: 1.85%	A 3.15% B: 3.95% C: 7.35%	50% of the current net salary corresponding to the grade and step of the retired staff member at the time of separation	A: 25:75 B: 25:75 C: 20:80
<b>UNICEF-Medical Insurance Plan</b>	A: 1.10% B: 1.40% C: 1.90%	A: 3.30% B: 4.10% C: 7.70%	A: 25:75 B: 25:75 C: 20:80  (the actual overall ratio of contribution for 2022 was 21:79)	A: 1.10% B: 1.40% C: 1.90%	A: 3.30% B: 4.10% C: 7.70%	50% of the current net salary corresponding to the grade and step of the retired staff member at the time of separation	A: 25:75 B: 25:75 C: 20:80
<b>UNIDO-Field GS Plan</b>	A: 1.85% B: 2.775% C: 3.70%	A: 1.85% B: 2.775% C: 3.70%	50:50  (the actual overall ratio of contribution for 2022 was 50:50)	A: 0.925% B: 1.3875% C: 1.85%	A: 2.775% B: 4.1625% C: 5.55%	Whichever the highest: a) the notional pension benefit corresponding to 25 years of contributory service in UNJSPF; or b) the total of the participant's periodic benefits from UNJSPF in payment in April of any given year, whether or not part of such benefit has been commuted to a lump sum	25:75  (the actual overall ratio of contribution for 2022 was 75:25)
<b>UNIDO-Group Headquarters Medical Insurance</b>	A: 3.1531% B: 4.7296% C: 6.3056%	A: 3.1531% B: 4.7296% C: 6.3056%	50-50  (the actual overall ratio of contribution for 2022 was 50:50)	A: 3.1531% B: 4.7296% C: 6.3056%	A: 3.1531% B: 4.7296% C: 6.3056%	Whichever the highest between: a) the notional pension benefit corresponding to 25 years of contributory service in UNJSPF; or b) the total of the participant's	50-50  (the actual overall ratio of contribution for 2022 was 75:25)

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
						periodic benefits from UNJSPF in payment in April of any given year, whether or not part of such benefit has been commuted to a lump sum	
<b>UNOPS-Medical Insurance Plan</b>	A: 1.10% B: 1.40% C: 2.00%	A: 3.26% B: 4.10% C: 7.61%	A: 25:75 B: 25:75 C: 21:79  (the actual overall ratio of contribution for 2022 was 23:77)	For those separated at 55 or older with a cumulative 10 years of MIP coverage:  A: 0.55% B: 0.70% C: 1.00%  For those separated before 55 upon agreed termination or abolition of post:  A: 2.18% B: 2.75% C: 4.805%	For those separated at 55 or older with a cumulative 10 years of MIP coverage:  A: 3.81% B: 4.80% C: 8.61%  For those separated before 55 upon agreed termination or abolition of post:  A: 2.18% B: 2.75% C: 4.805%	For those separated at 55 or older with a cumulative 10 years of MIP coverage, the net salary (based on the current scale) of their last grade and step at the time of separation plus any allowances  For those separated before 55 upon agreed termination or abolition of post, the net salary from when the former staff member was separated from service.	For those separated at 55 or older with a cumulative 10 years of MIP coverage:  A: 13:87 B: 13:87 C: 10:90  For those separated before 55 upon agreed termination or abolition of post: 50:50  (the actual overall ratio of contribution for 2022 was 11:89)
<b>UNWTO-Health and Accident Insurance Plan</b>	A: 3.28% B: 3.28% C: 3.28%	A: 6.97% B: 6.97% C: 6.97%	32:68	A: 3.33% B: 3.33% C: 3.33%	A: 6.92% B: 6.92% C: 6.92%	Net monthly pension amount but no less than the amount from 10 years of services	32: 68
<b>UPU-Health Insurance Fund</b>	50% of the fixed premiums based on the age of the plan member <sup>26</sup>  Examples, as a percentage of staff's net salary of a P3, Step 5 (35 years old) in Switzerland  A: 2.34% B: 4.42% C: 5.41%	50% of the fixed premiums based on the age of the plan member  Example, as a percentage of staff's net salary of a P3, Step 5 (35 years old) in Switzerland  A: 2.34% B: 4.42% C: 5.41%	50:50	50% of the fixed premiums based on the age of the plan member	50% of the fixed premiums based on the age of the plan member	Not relevant as the contribution is based on the flat-rate premiums, regardless of emolument amount	50:50

<sup>26</sup> Age band: 0-20: USD 248.19; 21-64: USD 494.09; 65-69: USD 596.06; 70-74: USD 827.38; 75-79: USD 954.65; and 80+: USD 954.65.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
<b>WFP-Basic Medical Insurance Plan</b>	50% of the flat-rate premiums <sup>27</sup> but up to 5% of the staff's net emolument  Examples, as a percentage of staff's net salary of a P3, Step 5 in Italy  A: 1.61% B: 3.06% C: 3.75%	50% of the flat-rate premiums plus the amount in excess of 5% of the staff's net emolument Examples, as a percentage of staff's net salary of a P3, Step 5 in Italy  A: 1.61% B: 3.06% C: 3.75%	Varies; according to the examples:  50:50  (the actual overall ratio of contribution for 2022 was 48:52)	50% of the flat-rate premiums but up to 4% of the base used for calculation	50% of the flat-rate premiums but up to certain ceiling (see the next column)	The full periodic benefit from UNJSPF (recalculated to include any portion that may have been commuted into a lump sum) including cost of living adjustment, or 32% of UNJSPF's Final Average Remuneration (the average of pensionable remuneration for the highest 36 months of the last five years of service), whichever is higher	Varies  (the actual overall ratio of contribution for 2022 was 19:81)
<b>WFP-Medical Insurance Coverage Scheme</b>	A: 1.21% B: 1.54% C: 2.20%	Varies depending on the amount of staff's contribution towards the flat-rate premiums	Varies  (the actual overall ratio of contribution for 2022 was 24:76)	A: 1.21% B: 1.54% C: 2.20%	A: 1.21% B: 1.54% C: 2.20%	For those separated at the early retirement age or after, 50% of the current net salary corresponding to the last grade and step at the time of separation  For those separated at the age of 50/53 with a minimum 15 years of cumulative contribution, 100% of the current net salary corresponding to the last grade and step at the time of separation	Varies  (the actual overall ratio of contribution for 2022 was 19:81)
<b>WHO-Staff Health Insurance</b>	A: 2.55% B: 5.10% C: 5.45%	A: 5.10% B: 10.20% C: 10.90%	33:67  (the actual overall ratio of contribution for 2022 was 33:67)	A: 2.55% B: 5.10% C: 5.45%	A: 5.10% B: 10.20% C: 10.90%	Full benefit granted under UNJSPF Regulations based on a minimum length of	33:67  (the actual overall ratio of contribution for 2022 was 31:69)

<sup>27</sup> Flat premium rates: one person: USD 250.79; two persons: USD 505.26; three persons: USD 637.92.

Policy Holder and Scheme	Active staff			Retirees <sup>12</sup>			
	Staff contribution	Organization contribution	Ratio of contribution (staff-organization)	Retirees contribution	Organization contribution	Basis for calculation	Ratio of contribution (retired staff-organization)
						service of 30 years	
<b>WIPO-Group Medical Insurance Plan</b>	Fixed premiums based on two age groups <sup>28</sup> and staff contribution is based on job grades <sup>29</sup> Example, as a percentage of staff's net salary of a P3, Step 5 in Switzerland  A: 2.28% B: 4.29% C: 5.14%	Fixed premiums based on two age groups and organization contribution is based on job grades Example, as a percentage of staff's net salary of a P3, Step 5 in Switzerland  A: 4.23% B: 7.97% C: 9.54%	Varies from 25:75; 30:70; 35:65; 40:60; 45:55; and 50:50 based on the staff's job grade  From the examples, 35:65  (the actual overall ratio of contribution for 2022 was 53:47)	Fixed premiums based on two age groups. Retired staff contribution is 35% of the premium	Fixed premiums based on two age groups. Organization contribution is 65% of the premium	Not relevant as the contribution is based on the flat-rate premiums, regardless of emolument amount	35:65  (the actual overall ratio of contribution for 2022 was 52:48)

**Table 6: Case studies: monthly premium amounts (USD) and percentage of insurance premiums to the net remuneration of a P3/Step V staff member and a GS5/Step V staff member in six duty stations: Bangkok, Brasilia, Cairo, Geneva, Juba and Nairobi. The calculation is based on the salary scales, post adjustment rates, United Nations operational exchange rate and health insurance premium amounts as of 30 June 2023**

11. This series of tables shows the results of the case studies conducted to compare the contribution amounts to the health insurance premiums and their percentages to the salaries of staff in the same grade and step in the same duty stations but insured under different health insurance plans. Six duty stations were chosen for the case studies: Bangkok, Brasilia, Cairo, Geneva, Juba and Nairobi. With a balanced geographical spread, these duty stations host different United Nations entities, hence the existence of a good number of different health insurance schemes. The case studies reviewed the percentage of the remuneration of an internationally-recruited staff member at the P3, step V level and a nationally-recruited staff member at the GS5, step V level apportioned to the health insurance contribution. The data is based on the salary scales, post adjustment rates and operational United Nations exchange rates as at 30 June 2023.

#### Duty Station: Bangkok

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>FAO-Basic Medical Insurance Plan</b>	176.43 (2.15)	344.63 (3.95)	432.27 (4.82)
<b>ICAO-Medical Benefits Plan</b>	147.12 (1.79)	294.44 (3.38)	294.44 (3.29)
<b>ILO-Staff Health Insurance Fund</b>	291.99 (3.55)	402.80 (4.62)	446.34 (4.98)
<b>United Nations Secretariat-Worldwide Plan for staff under the United Nations Secretariat, UNDP, UN-Women, UNFPA and UNOPS</b>	121.73 (1.48)	199.66 (2.29)	322.66 (3.60)
<b>UNESCO-Medical Benefit Fund</b>	259.91 (3.16)	414.30 (4.75)	496.53 (5.54)
<b>UNIDO-Group Headquarters Medical Insurance</b>	259.35 (3.15)	412.35 (4.73)	565.15 (6.31)
<b>UNOG- United Nations Staff Mutual Insurance Society against Sickness and Accident for UNHCR</b>	279.65 (3.40)	383.62 (4.40)	430.21 (4.80)

<sup>28</sup> Premiums for Switzerland: one adult (21 and over): USD 685.43; one child (up to 21): USD 304.49.

<sup>29</sup> Staff contribution to the premiums: G1 to G4 and P1: 25%; G5, G6: 30%; G7, P2, P3: 35%; P4: 40%; P5: 45%; D1 and above: 50%.



Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>WFP-Basic Medical Insurance Plan</b>	141.64 (1.72)	285.13 (3.27)	359.92 (4.02)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	209.74 (2.55)	444.65 (5.10)	488.47 (5.45)
<b>For a GS5/Step V staff member</b>			
<b>FAO-Medical Insurance Coverage Scheme</b>	29.81 (1.43)	38.08 (1.82)	56.10 (2.61)
<b>ICAO-Medical Benefits Plan</b>	45.82 (2.20)	91.13 (4.36)	91.13 (4.24)
<b>ILO-Staff Health Insurance Fund</b>	74.00 (3.55)	96.67 (4.62)	107.05 (4.98)
<b>United Nations Secretariat-Medical Insurance Plan</b>	21.89 (1.05)	28.25 (1.35)	39.77 (1.85)
<b>UNDP-Medical Insurance Plan</b>	22.93 (1.10)	29.29 (1.40)	42.99 (2.00)
<b>UNESCO-Medical Benefit Fund</b>	65.87 (3.16)	99.39 (4.75)	119.08 (5.54)
<b>UNICEF-Medical Insurance Plan</b>	22.93 (1.10)	29.29 (1.40)	40.84 (1.90)
<b>UNHCR-Medical Insurance Plan</b>	21.89 (1.05)	28.25 (1.35)	39.77 (1.85)
<b>UNIDO-Group Headquarters Medical Insurance</b>	38.57 (1.85)	58.06 (2.78)	119.08 (5.54)
<b>UNOPS-Medical Insurance Plan</b>	22.93 (1.10)	29.29 (1.40)	42.99 (2.00)
<b>WFP-Basic Medical Insurance Plan</b>	25.22 (1.21)	32.22 (1.54)	47.29 (2.20)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	53.16 (2.55)	106.71 (5.10)	117.15 (5.45)

#### Duty Station: Brasilia

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>FAO-Basic Medical Insurance Plan</b>	176.43 (2.29)	344.63 (4.22)	432.27 (5.14)
<b>ILO-Staff Health Insurance Fund</b>	273.68 (3.55)	377.53 (4.62)	419.11 (4.98)
<b>United Nations Secretariat-Worldwide Plan for staff under the United Nations Secretariat, UNDP, UN-Women, UNFPA and UNOPS</b>	114.10 (1.48)	187.13 (2.29)	302.97 (3.60)
<b>UNESCO-Medical Benefit Fund</b>	243.61 (3.16)	388.16 (4.75)	466.24 (5.54)
<b>UNIDO-Group Headquarters Medical Insurance</b>	243.08 (3.15)	386.49 (4.73)	530.67 (6.31)
<b>UNOG- United Nations Staff Mutual Insurance Society against Sickness and Accident for UNHCR</b>	262.11 (3.40)	359.56 (4.40)	403.96 (4.80)
<b>WFP-Basic Medical Insurance Plan</b>	141.64 (1.84)	285.13 (3.49)	359.92 (4.28)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	196.58 (2.55)	416.76 (5.10)	458.66 (5.45)
<b>For a GS5/Step V staff member</b>			
<b>FAO-Medical Insurance Coverage Scheme</b>	39.93 (1.39)	52.34 (1.82)	77.14 (2.61)
<b>ILO-Staff Health Insurance Fund</b>	101.77 (3.55)	132.86 (4.62)	147.19 (4.98)
<b>United Nations Secretariat-Medical Insurance Plan</b>	30.10 (1.05)	38.82 (1.35)	54.68 (1.85)
<b>UNDP-Medical Insurance Plan also for UNFPA and UN-Women</b>	31.53 (1.10)	40.26 (1.40)	59.11 (2.00)
<b>UNESCO-Medical Benefit Fund</b>	90.59 (3.16)	136.60 (4.75)	163.75 (5.54)
<b>UNICEF-Medical Insurance Plan</b>	31.53 (1.10)	40.26 (1.40)	56.16 (1.90)
<b>UNHCR-Medical Insurance Plan</b>	30.10 (1.05)	38.82 (1.35)	54.68 (1.85)
<b>UNIDO-Group Headquarters Medical Insurance</b>	53.03 (1.85)	79.80 (2.78)	109.36 (3.70)
<b>WFP-Basic Medical Insurance Plan</b>	34.69 (1.21)	44.29 (1.54)	65.03 (2.20)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	73.10 (2.55)	146.67 (5.10)	161.09 (5.45)

#### Duty Station: Cairo

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>FAO-Basic Medical Insurance Plan</b>	176.43 (2.44)	344.63 (4.50)	432.27 (5.47)
<b>ICAO-Medical Benefits Plan</b>	147.12 (2.04)	294.44 (3.85)	294.44 (3.73)

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>ILO-Staff Health Insurance Fund</b>	256.40 (3.55)	353.71 (4.62)	393.42 (4.98)
<b>United Nations Secretariat</b> -Worldwide Plan for staff under the United Nations Secretariat, UNDP, UN-Women, UNFPA and UNOPS	106.89 (1.48)	175.32 (2.29)	284.40 (3.60)
<b>UNESCO-Medical Benefit Fund</b>	228.23 (3.16)	363.66 (4.75)	437.66 (5.54)
<b>UNIDO-Group Headquarters Medical Insurance</b>	227.74 (3.15)	362.10 (4.73)	498.14 (6.31)
<b>UNOG- United Nations Staff Mutual Insurance Society against Sickness and Accident for UNHCR</b>	245.57 (3.40)	336.86 (4.40)	379.20 (4.80)
<b>WFP-Basic Medical Insurance Plan</b>	141.64 (1.96)	285.13 (3.72)	359.92 (4.56)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	184.18 (2.55)	390.45 (5.10)	430.55 (5.45)
<b>For a GS5/Step V staff member</b>			
<b>FAO-Medical Insurance Coverage Scheme</b>	14.40 (1.43)	18.34 (1.82)	27.12 (2.61)
<b>ICAO-Medical Benefits Plan</b>	27.86 (2.77)	55.40 (5.50)	55.40 (5.33)
<b>ILO-Staff Health Insurance Fund</b>	35.75 (3.55)	46.54 (4.62)	51.75 (4.98)
<b>United Nations Secretariat-Medical Insurance Plan</b>	10.57 (1.05)	13.60 (1.35)	19.22 (1.85)
<b>UNDP-Medical Insurance Plan also for UNFPA and UN-Women</b>	11.08 (1.10)	14.10 (1.40)	20.78 (2.00)
<b>UNESCO-Medical Benefit Fund</b>	31.82 (3.16)	47.85 (4.75)	57.57 (5.54)
<b>UNICEF-Medical Insurance Plan</b>	11.08 (1.10)	14.10 (1.40)	19.74 (1.90)
<b>UNHCR-Medical Insurance Plan</b>	10.57 (1.05)	13.60 (1.35)	19.22 (1.85)
<b>UNIDO-Group Headquarters Medical Insurance</b>	18.63 (1.85)	27.96 (2.78)	38.45 (3.70)
<b>WFP-Basic Medical Insurance Plan</b>	12.19 (1.21)	15.51 (1.54)	22.86 (2.20)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	25.68 (2.55)	51.38 (5.10)	56.64 (5.45)

#### Duty Station: Geneva/Bern

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>ILO-Staff Health Insurance Fund</b>	374.20 (3.55)	516.20 (4.62)	569.34 (4.98)
<b>UNOG- United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	358.39 (3.40)	491.62 (4.40)	548.76 (4.80)
<b>UPU-Health Insurance Fund</b>	247.04 (2.34)	494.09 (4.42)	564.40 (4.94)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	268.79 (2.55)	569.83 (5.10)	623.07 (5.45)
<b>WIPO-Group Medical Insurance Plan</b>	244.75 (2.32)	489.50 (4.38)	598.22 (5.23)
<b>For a GS5/Step V staff member</b>			
<b>ILO-Staff Health Insurance Fund</b>	290.24 (3.55)	411.87 (4.62)	473.63 (4.98)
<b>UNOG- United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	277.97 (3.40)	392.26 (4.40)	456.51 (4.80)
<b>UPU-Health Insurance Fund</b>	247.04 (3.02)	494.09 (5.54)	564.40 (5.93)
<b>WHO-Staff Health Insurance also for UNAIDS</b>	208.48 (2.55)	454.66 (5.10)	518.33 (5.45)
<b>WIPO-Group Medical Insurance Plan</b>	205.41 (2.51)	419.56 (4.71)	512.74 (5.39)

#### Duty Station: Juba

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>FAO-Basic Medical Insurance Plan</b>	176.43 (1.38)	344.63 (2.59)	432.27 (3.19)
<b>ILO-Staff Health Insurance Fund</b>	453.10 (3.55)	614.72 (4.62)	674.78 (4.98)
<b>United Nations Secretariat</b> -Worldwide Plan for staff under the United Nations Secretariat, UNDP, UN-Women, UNFPA and UNOPS	188.90 (1.48)	304.70 (2.29)	487.79 (3.60)
<b>UNESCO-Medical Benefit Fund</b>	403.32 (3.16)	632.02 (4.75)	750.66 (5.54)

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>UNIDO</b> -Group Headquarters Medical Insurance	402.44 (3.15)	629.31 (4.73)	854.40 (6.31)
<b>UNOG</b> - United Nations Staff Mutual Insurance Society against Sickness and Accident for UNHCR	433.95 (3.40)	585.45 (4.40)	650.39 (4.80)
<b>WFP</b> -Basic Medical Insurance Plan	141.64 (1.11)	285.13 (2.14)	269.92 (2.66)
<b>For a GS5/Step V staff member</b>			
<b>FAO</b> -Medical Insurance Coverage Scheme	33.33 (1.43)	55.07 (1.82)	80.76 (2.61)
<b>ILO</b> -Staff Health Insurance Fund	82.67 (3.55)	139.79 (4.62)	154.10 (4.98)
<b>United Nations Secretariat</b> -Medical Insurance Plan	24.45 (1.05)	40.85 (1.35)	57.25 (1.85)
<b>UNDP</b> -Medical Insurance Plan also for UNFPA and UN-Women	25.62 (1.10)	42.36 (1.40)	61.89 (2.00)
<b>UNESCO</b> -Medical Benefit Fund	73.59 (3.16)	143.72 (4.75)	171.43 (5.54)
<b>UNICEF</b> -Medical Insurance Plan	25.62 (1.10)	42.36 (1.40)	58.79 (1.90)
<b>UNHCR</b> -Medical Insurance Plan	24.45 (1.05)	40.85 (1.35)	57.25 (1.85)
<b>WFP</b> -Basic Medical Insurance Plan	28.18 (1.21)	46.60 (1.54)	68.08 (2.20)
<b>WHO</b> -Staff Health Insurance also for UNAIDS	59.38 (2.55)	154.31 (5.10)	168.65 (5.45)

#### Duty Station: Nairobi

Health insurance scheme	Monthly premium amount (USD) (Percentage of staff salary apportioned to health insurance)		
	Staff member only	Staff member + one eligible family members	Staff member + two eligible family members
<b>For a P3/Step V staff member</b>			
<b>FAO</b> -Basic Medical Insurance Plan	176.43 (2.24)	344.63 (4.13)	432.27 (5.04)
<b>ICAO</b> -Medical Benefits Plan	147.12 (1.87)	294.44 (3.53)	294.44 (3.43)
<b>ILO</b> -Staff Health Insurance Fund	297.30 (3.55)	385.29 (4.62)	427.46 (4.98)
<b>United Nations Secretariat</b> -Worldwide Plan for staff under the United Nations Secretariat, UNDP, UN Women, UNFPA and UNOPS	116.44 (1.48)	190.98 (2.29)	309.01 (3.60)
<b>UNESCO</b> -Medical Benefit Fund	248.61 (3.16)	396.13 (4.75)	475.53 (5.54)
<b>UNIDO</b> -Group Headquarters Medical Insurance	248.07 (3.15)	394.43 (4.73)	541.25 (6.31)
<b>UNOG</b> - United Nations Staff Mutual Insurance Society against Sickness and Accident for UNHCR	267.49 (3.40)	366.94 (4.40)	412.01 (4.80)
<b>WFP</b> -Basic Medical Insurance Plan	141.64 (1.80)	285.13 (3.42)	359.92 (4.19)
<b>WHO</b> -Staff Health Insurance also for UNAIDS	200.62 (2.55)	425.32 (5.10)	467.81 (5.45)
<b>For a GS5/Step V staff member</b>			
<b>FAO</b> -Medical Insurance Coverage Scheme	19.33 (1.43)	24.62 (1.82)	36.30 (2.61)
<b>ICAO</b> -Medical Benefits Plan	39.04 (2.89)	77.65 (5.74)	77.65 (5.58)
<b>ILO</b> -Staff Health Insurance Fund	48.00 (3.55)	62.51 (4.62)	69.25 (4.98)
<b>United Nations Secretariat</b> -Medical Insurance Plan	14.20 (1.05)	18.27 (1.35)	25.73 (1.85)
<b>UNDP</b> -Medical Insurance Plan also for UNFPA and UN-Women	14.87 (1.10)	18.94 (1.40)	27.81 (2.00)
<b>UNESCO</b> -Medical Benefit Fund	42.73 (3.16)	64.27 (4.75)	77.04 (5.54)
<b>UNICEF</b> -Medical Insurance Plan	14.87 (1.10)	18.94 (1.40)	26.42 (1.90)
<b>UNIDO</b> -Group Headquarters Medical Insurance	25.01 (1.85)	37.55 (2.78)	54.45 (3.70)
<b>UNHCR</b> -Medical Insurance Plan	14.20 (1.05)	18.27 (1.35)	25.73 (1.85)
<b>UNOPS</b> -Medical Insurance Plan	14.87 (1.10)	18.94 (1.40)	27.81 (2.00)
<b>WFP</b> -Basic Medical Insurance Plan	16.36 (1.21)	20.84 (1.54)	30.59 (2.20)
<b>WHO</b> -Staff Health Insurance also for UNAIDS	34.48 (2.55)	69.00 (5.10)	75.79 (5.45)

**Table 7: Overall coverage and design**

12. This table compares an overall coverage and designs of the health insurance plans including their geographical coverage, allowable choices of health care providers, maximum reimbursement amounts per year (in USD), annual deductible amounts, ceiling for out-of-pocket amount reached to trigger the stop-loss measure (if available) and the existence of hardship provisions. See glossary of key terms in the main report for definitions.

<b>Policy Holder and Scheme</b>	<b>Geographical coverage</b>	<b>Allowable choices of health care providers</b>	<b>Ceiling for reimbursement for the scheme (USD)/person/year</b>	<b>Annual deductible (USD)</b>	<b>Annual maximum out-of-pocket amount to trigger the stop-loss measure (USD)</b>	<b>Hardship provision (reimbursements beyond the plan's ceiling)</b>
<b>FAO-Basic Medical Insurance Plan/After Service Medical Coverage</b>	Worldwide	Free choice	1,000,000	None	None	None
<b>FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*</b>	Worldwide except USA, Canada, Brazil, UK, Switzerland, Russia, China, Hong Kong, Singapore, Taiwan, Japan and Australia, except for residents in these countries or for emergency reasons or during official travels	Free choice	60,000	None	1,700 for active staff 850 for retired staff	Yes, up to 30,000/year above the plan ceiling under very exceptional circumstances
<b>IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan</b>	Worldwide	Free choice	No ceiling	None	5% of the annual net emolument	n/a
<b>ICAO-Medical Benefits Plan (Class 3 and Class 5)</b>	Worldwide, medical costs incurred in the US outside the TPA's network is covered at a lower rate	Free choice	300,000 for class 3 750,000 for class 5	75/person or 150/family for class 3 (only at HQ, none at Regional Offices)  200/person or 400/family for class 5	4,000	None
<b>ILO-Staff Health Insurance Fund</b>	Worldwide	Free choice	150,000	None	5% of the annual emolument (the basis of which each insured person's contribution is assessed)	Yes
<b>IMO-Group Medical Plan</b>	Worldwide	Free choice	254,777	382/person or 1,115/family	None	None
<b>United Nations Office at Geneva- United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	Worldwide	Free choice	No ceiling	None	3,128/person or 5,140/family	n/a
<b>United Nations Office at Vienna/ UNODC-</b>	Worldwide	Free choice	No ceiling	None	5% of the annual net emolument; thereafter, reimbursements	n/a

Policy Holder and Scheme	Geographical coverage	Allowable choices of health care providers	Ceiling for reimbursement for the scheme (USD)/person/year	Annual deductible (USD)	Annual maximum out-of-pocket amount to trigger the stop-loss measure (USD)	Hardship provision (reimbursements beyond the plan's ceiling)
Group Headquarters Medical Insurance					for catastrophic expenses can be requested.	
<b>United Nations Secretariat-Aetna</b>	Worldwide	Free choice**	No ceiling	0 for in-network providers  250/person or 750/family for out-of-network providers	1,000/person or 3,000/family for in-network providers or  1,500/person or 4,500/family for out-of-network providers	Yes
<b>United Nations Secretariat-Cigna Dental</b>	Worldwide	Free choice**	2,250	None for in-network providers; 20-30% for out-of-network providers	None	None
<b>United Nations Secretariat-Empire Blue Cross</b>	Worldwide	Free choice in BlueCard Worldwide Program	No ceiling	None for in-network providers  250/person or 750/family for out-of-network providers	Not applicable for in-network providers  1,250/person or 3,750/family for out-of-network providers	Yes
<b>United Nations Secretariat-UN Medical Insurance Plan*</b>	Worldwide but reimbursement amounts are based on the reasonable and customary expenses of the staff's duty station	Free choice	6 times the MIP reference salary <sup>30</sup>	None	50% of monthly net base salary	Yes, after the out-of-pocket expenses reaching 50% of monthly net base salary for staff or for retired staff, 25% of the monthly net base salary at the date of separation adjusted by UNJSPF global cost-of-living increases
<b>United Nations Secretariat-UN Worldwide Plan</b>	Worldwide with limited coverage in the United States	Free choice	250,000	None	200/person or 600/family, once the ceiling is reached, reimbursed at 96% (only for services received outside the United States)	Yes
<b>UNDP-Medical Insurance Plan*</b>	Worldwide but reimbursement amounts are based on the reasonable and customary expenses of the staff's duty station or at the designated location of a regional area of care destination for the duty station	Free choice	6 times the MIP reference salary	None	One month of the net base salary	Yes, after the out-of-pocket expenses reaching one month of the net base salary for staff or for retired staff, 50% of the current net base salary corresponding to the grade and step of the former staff member at

<sup>30</sup> MIP reference salary is the monthly net base salary at the top step of the highest regular General Service level of the duty station scale. For example, the MIP ceiling for eligible staff in Afghanistan is USD 23,437.50, in Ethiopia, USD 18,435.5 and in Uruguay, USD 48,886.83.

Policy Holder and Scheme	Geographical coverage	Allowable choices of health care providers	Ceiling for reimbursement for the scheme (USD)/person/year	Annual deductible (USD)	Annual maximum out-of-pocket amount to trigger the stop-loss measure (USD)	Hardship provision (reimbursements beyond the plan's ceiling)
						the time of separation adjusted by UNJNSPF global cost-of-living increases
<b>UNESCO-Medical Benefits Fund</b>	Worldwide	Free choice	No ceiling	None	5% of annual remuneration reached, or for retired participants, 65% of the annual remuneration	n/a
<b>UNHCR-Medical Insurance Plan*</b>	Staff member's duty station or the approved location (such as the place of approved medical evacuation or regional area of care)	Free choice	6 times the MIP reference salary <sup>31</sup> in effect on 1 January	None	50% of monthly net base salary, or for retired participants, 25% of the monthly net base salary at the date of separation	Yes
<b>UNICEF-Medical Insurance Plan*</b>	Worldwide but reimbursement amounts are based on the reasonable and customary expenses of the staff's duty station or at the designated location of a regional area of care	Free choice	6 times the MIP reference salary <sup>32</sup> in effect on 1 January	None	50% of monthly net base salary, or for retired participants, 25% of the monthly net base salary at the date of separation	Yes
<b>UNIDO-Field GS Plan*</b>	Worldwide but reimbursement amounts are based on the reasonable and customary expenses of the staff's duty station	Free choice	6 times the reference salary	None	None	Yes
<b>UNIDO-Group Headquarters Medical Insurance</b>	Worldwide	Free choice	No ceiling	None	5% of the annual emoluments	n/a
<b>UNOPS-Medical Insurance Plan*</b>	Worldwide but reimbursement amounts are based on the reasonable and customary expenses of the staff's duty station	Free choice	6 times the MIP reference salary in effect on 1 January	None	One month of net base salary	Yes, after the out-of-pocket expenses reaching one month of the monthly net base salary
<b>UNWTO-Health and Accident Insurance Plan</b>	Worldwide	Free choice	No overall limit for in-network providers in Spain; 273,822 elsewhere	None	None	None
<b>UPU-Health Insurance Fund</b>	Worldwide except USA (unless the plan members reside in the USA)	Free choice	No ceiling	503	447	n/a
<b>WFP-Basic Medical Insurance Plan</b>	Worldwide, but prior approval recommended for care in USA	Free choice	1,000,000 (plus 200,000 for major expenses)	None	360	None
<b>WFP-Medical Insurance Coverage Scheme*</b>	Worldwide but limited coverage in USA, Canada, Brazil, UK, Switzerland, Russia, China, Hong Kong, Singapore, Taiwan, Japan and Australia	Free choice	60,000	None	1,200	Yes, additional USD 30,000

<sup>31</sup>MIP reference salary: the monthly net base salary at the top step of the highest regular General Service level of the duty station scale.

<sup>32</sup>MIP reference salary: the monthly net base salary at the top step of the highest regular General Service level of the duty station scale.



Policy Holder and Scheme	Geographical coverage	Allowable choices of health care providers	Ceiling for reimbursement for the scheme (USD)/person/year	Annual deductible (USD)	Annual maximum out-of-pocket amount to trigger the stop-loss measure (USD)	Hardship provision (reimbursements beyond the plan's ceiling)
WHO-Staff Health Insurance	Worldwide but limited coverage for USA (except for its residents)	Free choice	No ceiling	None	5% of annual remuneration or for retired staff, 5% of the actual full pension benefit	n/a
WIPO-Group Medical Insurance Plan	Worldwide, but coverage outside country of residence, subject to the reasonable and customary expenses of Geneva	Free choice	No ceiling	391 (for insured persons aged 21 and over)	2,235 for insured persons aged 21 and over and 279 for insured persons under 21	n/a

\*Schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters

\*\* Free choice, but more favourable reimbursement rates for in-network providers

**Table 8: Benefits: Outpatient care and pharmaceutical products**

13. This table compares the level of coverage between the health insurance plans for outpatient care and prescribed pharmaceutical products.

Policy Holder and Scheme	Outpatient care		Prescribed pharmaceutical products	
	Rate of reimbursement	Ceiling/ Limitations (USD)/ exclusions	Rate of reimbursement	Ceiling/ Limitations/ exclusions
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	80%	In Italy: 175 for a general practitioner and 252 for a specialist	80%	Not stated
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*	80%	Not stated	80%	Not stated
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	80% 90% for outpatient surgery and day case - hospital stay of less than 24 hours	Not stated	80%	Preventive medicines and vitamins subject to ceiling of preventive care, USD 362/calendar year
ICAO-Medical Benefits Plan (Class 3 and Class 5)	80%	Not stated	90% generic drug 80% brand name drugs	Not stated
ILO-Staff Health Insurance Fund	80%	Not stated	80%	Not stated
IMO-Group Medical Plan	80%	Not stated	80%	Not stated
United Nations Office at Geneva-United Nations Staff Mutual Insurance Society against Sickness and Accident	80%	Not stated	90%	Max USD 1,676 for homeopathic and phytotherapeutic products
United Nations Office at Vienna/UNODC-Group Headquarters Medical Insurance	80% 90% for day surgery	Not stated	80%	Vitamins, essential minerals and other food supplements may be only if they have been proven as being medically necessary for the respective deficiencies.
United Nations Secretariat-Aetna	USD15 (20 for specialists)/visit, then 100% for in-network providers, no deductible;	Not stated	80% (participants at least pay USD 5 but up to USD 20) for 30-day supply for generic prescription drugs	Not stated

Policy Holder and Scheme	Outpatient care		Prescribed pharmaceutical products	
	Rate of reimbursement	Ceiling/ Limitations (USD)/ exclusions	Rate of reimbursement	Ceiling/ Limitations/ exclusions
	100% for outpatient surgery		(not covered under out-of-network providers)	
<b>United Nations Secretariat-Cigna Dental</b>	100% from participating providers (varies for non-participating providers)	Not stated	n/a	Not stated
<b>United Nations Secretariat-Empire Blue Cross</b>	USD15 (20 for specialists), then 100% for in-network providers	Not stated	75-80% depending on types of drugs (participants pay at least USD 5 but up to USD 20-30/prescription) for in-network providers	Not stated
<b>United Nations Secretariat-UN Medical Insurance Plan*</b>	80%	Not stated	80%	Excluding Multivitamins: not covered – Specific vitamins/minerals: not covered, unless when the vitamin/mineral in question is taken to cure an existing deficit.
<b>United Nations Secretariat-UN Worldwide Plan</b>	80%	Not stated	80%	Over-the-counter drugs are only covered in case they are an essential part of a treatment
<b>UNDP-Medical Insurance Plan*</b>	80%	Medical services rendered by a family member who is a physician will not be considered for reimbursement, only the materials used or medications prescribed	80%	Excluding food and dietary products (other than those normally provided during hospitalization), cosmetics, toilet articles
<b>UNESCO-Medical Benefits Fund</b>	75%	Limits applied for Metropolitan France	Not stated	75%
<b>UNHCR-Medical Insurance Plan*</b>	80%	Not stated	80%	Excluding food and dietary products (other than those normally provided during hospitalization), cosmetics and toilet articles.
<b>UNICEF-Medical Insurance Plan*</b>	80%	Medical services rendered by a family member who is physician	80%	Excluding food and dietary products (other than those normally provided during hospitalization), cosmetics, toilet articles
<b>UNIDO-Field GS Plan*</b>	80% 100% for Second Surgical Opinion	Medical services rendered by a family member who is a physician	80%	Not stated
<b>UNIDO-Group Headquarters Medical Insurance</b>	80% 90% for day surgery	Not stated	80%	Vitamins, essential minerals and other food supplements may be only if they have been proven as being medically necessary for the respective deficiencies.
<b>UNOPS-Medical Insurance Plan*</b>	80%	Medical services rendered by a family member who is physician	80%	Excluding food and dietary products (other than those normally provided during hospitalization), cosmetics, toilet articles; immunizations for personal travel not covered
<b>UNWTO-Health and Accident Insurance Plan</b>	100% for in-network providers in Spain 90% elsewhere	Not stated	90%	Not stated
<b>UPU-Health Insurance Fund</b>	90% after deductible	Not stated	90% including food and nutritional supplements, vitamins and minerals and homeopathy	Excluding over-the-counter drugs, phytotherapy, herbal products, products aimed at quitting smoking
<b>WFP-Basic Medical Insurance Plan</b>	80%	Not stated	80%	Excluding products aimed at quitting smoking, phytotherapy, herbal products, products not

Policy Holder and Scheme	Outpatient care		Prescribed pharmaceutical products	
	Rate of reimbursement	Ceiling/ Limitations (USD)/ exclusions	Rate of reimbursement	Ceiling/ Limitations/ exclusions
WFP-Medical Insurance Coverage Scheme*				containing pharmaceutically active ingredients, multivitamins (not exhaustive)
WHO-Staff Health Insurance	80%	Treatments provided by family members	80%	Not stated
WIPO-Group Medical Insurance Plan	90% after the overall USD 391 deductible	Not stated	90% after the overall USD 391 deductible	Not stated

\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters

**Table 9: Benefits: Hospitalization and general physical therapy**

14. This table compares the level of coverage for hospitalization (room and board) and for physical therapy (when not part of post-operative physiotherapy, a traumatic accident/illness, a congenital condition or a very serious degenerative/life-threatening illness).

Policy Holder and Scheme	Hospitalization (room & board, hospital expenses)	General physical therapy
	Rate of reimbursement	Rate of reimbursement
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	100% up to different ceilings according to locations; thereafter 80%	80%, up to USD 600/year for physiotherapy, occupational therapy, osteopathy
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*	100% up to USD 250/day, then 80% up to USD 700/day, except in Europe, USA, Canada, Italy where higher reimbursement rates are covered	80%, up to USD 600/year for physiotherapy
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	100% in general fee class (such as allgemeine Gebuhrenklasse in Austria) 90% in a semi-private or in the ICU 80% in a private room	80% for traditional and alternative physiotherapy, shock wave therapy
ICAO-Medical Benefits Plan	100% for a semi-private room without deductible (80% for out-of-network providers in the US)	80% after deductible for physiotherapy, up to 60 visits/year  80% up to USD 1,000 for chiropractic treatment  80% up to USD 220 for osteopathy and massotherapy
ILO-Staff Health Insurance Fund	100% in a common ward; otherwise, 80% up to 30 days/year, up to USD 400/day in Canada, United States and Switzerland; otherwise, up to USD 320/day	80% up to USD 100/session, maximum 40 sessions/year for physiotherapy  80% up to USD 960/year for chiropractic treatment, massotherapy and osteopathy
IMO-Group Medical Plan	100% in a semi-private room, up to different ceilings according to locations	80% for physiotherapy and chiropractic treatment
United Nations Office at Geneva- United Nations Staff Mutual Insurance Society against Sickness and Accident	100% in a public ward (minimum 6 beds), 90% in a semi-private ward, up to 30 days/hospitalization; thereafter, a prior authorization	80% up to USD 78/session for physiotherapy, kinesiotherapy, chiropractic, osteopathy, etiopathy, occupational therapy (ergotherapy), diathermy, ultrasounds, infrared, hydrotherapy, inhalations, fangotherapy.
United Nations Office at Vienna/UNODC- Group Headquarters Medical Insurance	100% in a general ward; 90% in a second-class ward; 70% for a first-class (single room) ward	80%
United Nations Secretariat-Aetna	100% in a semi-private ward	100% for in-network providers, 80% after deductible for out-of-network providers, for physical and occupational therapies
United Nations Secretariat-Empire Blue Cross	100% in a semi-private ward for in-network providers; otherwise, 80% after deductible	100% with USD 15-20 co-payment for chiropractic treatment for in-network providers; otherwise, 80% after deductible  100% with USD 15-20 co-payment for in-network providers; otherwise, 80% after deductible, both up to 60 visits for outpatient care and 60 days for inpatient care/year
United Nations Secretariat-UN Medical Insurance Plan*	100% in a semi-private/public room; otherwise, 70%	80% for physiotherapy, up to 60 sessions/year; thereafter, prior authorization; osteopathic treatment, chiropractic treatment

Policy Holder and Scheme	Hospitalization (room & board, hospital expenses)  Rate of reimbursement	General physical therapy  Rate of reimbursement
<b>United Nations Secretariat-UN Worldwide Plan</b>	100% in a semi-private room up to different ceilings according to locations	80% up to 60 sessions/year for physiotherapy
<b>UNDP-Medical Insurance Plan*</b>	100% in a semi-private/public room; otherwise, 70%	80% up to 60 sessions/year for physical therapy. If the duration of the treatment exceeds three months, the attending physician must reassess the treatment and issue a new prescription.
<b>UNESCO-Medical Benefits Fund</b>	90% of the Groupe homogène de séjours (GHS) in France; otherwise, up to USD 55/day; outside of France, up to USD 600/day including private room	70% up to USD 15/session and up to 50 sessions/year for kinesitherapy, physiotherapy, osteopathy
<b>UNHCR-Medical Insurance Plan*</b>	100% semi-private room	80%, up to 6 months; otherwise, a new prescription required
<b>UNICEF-Medical Insurance Plan*</b>	100% in a semi-private/public room; otherwise, 70%	80%, up to 60 sessions/year; otherwise, prior authorization for physiotherapy; 80% osteopathic and chiropractic treatment
<b>UNIDO-Field GS Plan*</b>	100% in a semi-private room; otherwise 70%	Not clear
<b>UNIDO-Group Headquarters Medical Insurance</b>	100% in a semi-private room; otherwise 70%	Not clear
<b>UNOPS-Medical Insurance Plan*</b>	100% in a semi-private room; otherwise 70%	Not clear
<b>UNWTO-Health and Accident Insurance Plan</b>	100% for any types of room for in-network providers in Spain; otherwise 90% up to the price of a two-person bedroom	100% for in-network providers in Spain; otherwise 90% for physiotherapy and rehabilitation, after 25 sessions, prior authorization required
<b>UPU-Health Insurance Fund</b>	100% for semi-private room; otherwise, 90%	90% for physiotherapy; and 90% up to USD 6,704/year for osteopathy (along with a list of alternative medicine); and 90% for chiropractic treatment
<b>WFP-Basic Medical Insurance Plan</b>	80% up to different ceilings according to locations	80% up to USD 900/year for physiotherapy and chiropractic therapy
<b>WFP-Medical Insurance Coverage Scheme*</b>	80% up to different ceilings according to locations	80% up to USD 600/year for physiotherapy and chiropractic therapy
<b>WHO-Staff Health Insurance</b>	100% in a public ward; otherwise, 80%	80% for physiotherapy, up to 24 sessions/year + unused balance from previous two years  80% for osteopath/chiropractor, up to 24 sessions/year  80% for occupational therapist, up to 24 sessions/year
<b>WIPO-Group Medical Insurance Plan</b>	After the overall annual deductible of USD 391, 100% in a public or semi-private ward. For private room, 90% up to USD 855/day, except in France, 100%	After the overall annual deductible of USD 391, 90% after deductible for physiotherapy, kinesitherapy, shiatsu  75% for osteopathy, mesotherapy, reflexology up to USD 3,352

\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters

**Table 10: Benefits: Preventive care (for adults)**

15. This table compares the level of coverage between the United Nations health insurance schemes in preventive care for adults (those aged 18 and over), which include routine medical check-ups (e.g., physical exams, blood tests) and routine screenings for the most common cancer screening tests: 1) mammography for breast cancer; 2) Papanicolaou test (pap-smear) for cervical cancer; 3) prostate examination and checking of prostate-specific antigen (PSA) for prostate cancer; and 4) colonoscopy for colon cancer.

Policy Holder and Scheme	Reimbursement Rate for routine medical check-up	Mammography	Papanicolaou test (pap-smear)	Prostate Examination/ PSA	Colonoscopy
<b>FAO-Basic Medical Insurance Plan/After Service Medical Coverage</b>	100% up to USD 300/two years for insured persons aged 18 and above	100% at selected providers for asymptomatic persons aged 45 and up; otherwise, 80%	100% at selected providers; otherwise, 80%	100% at selected providers; otherwise, 80%	100% at selected providers for participants age 50 and above, once every 10 years; otherwise, 80%
<b>FAO-Medical Insurance Coverage Scheme/After-Service</b>	80% for one routine physical examination per calendar year subject to reasonable and customary costs in country of treatment for	80%	80%	80%	Not specifically mentioned

<b>Policy Holder and Scheme</b>	<b>Reimbursement Rate for routine medical check-up</b>	<b>Mammography</b>	<b>Papanicolaou test (pap-smear)</b>	<b>Prostate Examination/ PSA</b>	<b>Colonoscopy</b>
Medical Insurance*	insured persons aged 19 and above				
<b>IAEA</b> -Full Medical Insurance Plan/After-service Medical Insurance Plan	80% up to  USD 363 for men under 40 and women under 35/year  USD 733 for men over 40 and women over 35/year	80% without ceiling	80% without ceiling	80%	Not specifically mentioned
<b>ICAO</b> -Medical Benefits Plan	80% for in-network providers; otherwise 60% up to USD50/year after the deductible	80% after the deductible (In the US, 60% for out-of-network providers)	80% after the deductible (In the US, 60% for out-of-network providers)	80% after the deductible (In the US, 60% for out-of-network providers)	Not specifically mentioned
<b>ILO</b> -Staff Health Insurance Fund	80% up to USD 3,000/year without prior approval	100% every two years from age 40	100% every two years	100% every year from age 50	100% every five years from age 50
<b>IMO</b> -Group Medical Plan	Not covered for staff members; 100% for dependants aged 40 years and over, up to USD 580/ two years. For retirees and spouses, 100% up to a maximum of USD 580/ two years (IMO directly offers annual medical check-up for staff over 50 and biennially check-up for staff over 40)	80%	80%	80%	Not specifically mentioned
<b>United Nations Office at Geneva</b> -United Nations Staff Mutual Insurance Society against Sickness and Accident	80%	100% up to USD 223 and any amount thereafter at 80%	80%	80% (100% for PSA tests made by medical services of UNOG and UNHCR)	80%
<b>United Nations Office at Vienna/ UNODC</b> -Group Headquarters Medical Insurance	80% up to USD 615 for women over 35 and men over 40; otherwise, USD 186	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned
<b>United Nations Secretariat</b> -Aetna	100% with USD 15 co-payment for in-network providers; otherwise, 80% after the deductible. One exam/year	100% for in-network providers; otherwise, 80% after the deductible	100% for in-network providers; otherwise, 80% after the deductible	100% for in-network providers; otherwise, 80% after the deductible	100% for any providers
<b>United Nations Secretariat</b> -Empire Blue Cross	USD 15 (non specialist) or USD 20 (specialist)/visit for in-network providers; otherwise, not covered	100% for in-network providers; otherwise, 80% after deductible (age 35-39, one baseline; over age 40, once/year)	100% for in-network providers; otherwise, 80% after deductible	For over age 50, 100% for in-network providers; otherwise, 80% after deductible	Not covered (only sigmoidoscopy covered)
<b>United Nations Secretariat</b> -UN Medical Insurance Plan*	80%, once/year for adults over age 20	80%	80%	80% for over age 50	80%
<b>United Nations Secretariat</b> -UN	100% up to USD 1,050	100% within ceiling	100% within ceiling	100% within ceiling	Not specifically mentioned

Policy Holder and Scheme	Reimbursement Rate for routine medical check-up	Mammography	Papanicolaou test (pap-smear)	Prostate Examination/ PSA	Colonoscopy
Worldwide Plan					
<b>UNDP-Medical Insurance Plan*</b>	80%, once/year for adults age 20 and over	80%	80%	80% for over age 50 <sup>1</sup>	80% for women between 50-75 and men between 45-75
<b>UNESCO-Medical Benefits Fund</b>	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned
<b>UNHCR-Medical Insurance Plan*</b>	80% for adults age 20 and over	80%	80%	80%	100% if hospitalization 80% for out-patient
<b>UNICEF-Medical Insurance Plan*</b>	80% for adults age 20 and over	80%	80%	80%	100% if hospitalization 80% for out-patient
<b>UNIDO-Field GS Plan*</b>	80%, every 2 years for adults age 19-64; every year for adults age 65 and over	80%	80%	80%	Not specifically mentioned
<b>UNIDO-Group Headquarters Medical Insurance</b>	80% up to USD 615 for women over 35 and men over 40; otherwise, USD 186	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned	Not specifically mentioned
<b>UNOPS-Medical Insurance Plan*</b>	80%, every 2 years for adults age under 65; every year for adults age 65 and over	80%	80%	80%	Not specifically mentioned
<b>UNWTO-Health and Accident Insurance Plan</b>	100% for in-network providers in Spain; otherwise, 90%	100% for in-network providers in Spain; otherwise, 90%	100% for in-network providers in Spain; otherwise, 90%	100% for in-network providers in Spain; otherwise, 90%	Not specifically mentioned
<b>UPU-Health Insurance Fund</b>	100% up to USD 558	90%	90%	90%	Not specifically mentioned
<b>WFP-Basic Medical Insurance Plan</b>	Not covered	100% for over age 45; 80% for under age 45	100% for age 21-65; otherwise, 80%	80%	100%, once/10 years; otherwise ,80%
<b>WFP-Medical Insurance Coverage Scheme*</b>	80% for adults over age 19	100% for over age 45; 80% for under age 45	100% for age 21-65; otherwise, 80%	80%	100%, once/10 years; otherwise ,80%
<b>WHO-Staff Health Insurance</b>	Not covered for staff members; for other plan members age 55 and over, up to regional ceiling every two years	USD 300 every 2 years from age 40	USD 150 every 2 years	USD 50 per year from age 50	USD 1,200, once/10 years
<b>WIPO-Group Medical Insurance Plan</b>	Not covered	90% after the annual deductible	90% after the annual deductible	90% after the annual deductible	90% after the annual deductible

*\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters*

**Table 11: Benefits: Well childcare (routine examinations for children)**

16. This table compares the level of coverage between the health insurance plans for well childcare, which includes paediatric preventive services appropriate to the age of a child, normally from birth to 17 years of age.

Policy Holder and Scheme	Coverage for Child, adolescent and young person's health
<b>FAO-Basic Medical Insurance Plan/After Service Medical Coverage</b>	80% for primary and preventive routine care services up to 1 routine in-hospital examination at birth; 6 routine visits for age 0-1; 4 routine visits for age 1-2; 4 routine visits for age 3-6 and 6 routine visits for age 7-19  80% vaccinations, when advised by WHO or the local health authorities and/or prescribed by a physician



Policy Holder and Scheme	Coverage for Child, adolescent and young person's health
<b>FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*</b>	100% up to 1 routine in-hospital examination at birth; 6 routine visits for age 0-1; 3 routine visits for age 2-3; 4 routine visits for age 3-6; 6 routine visits for age 7-19  100% for recommended immunizations: DPT (diphtheria, pertussis and tetanus), polio, MMR (measles, mumps and rubella), varicella (chicken pox) influenza, hepatitis A or B or A+B, hemophilus, tetanus, diphtheria, pneumococcal, meningococcal, tetramune and SARS-CoV2, as well as additional immunizations as recommended both by the local health authorities of the country in which the Participant resides or WHO
<b>IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan</b>	80% up to USD 363/year for well childcare including immunization for young children
<b>ICAO-Medical Benefits Plan</b>	80% up to USD 50/year after deductible for well childcare 80% up to USD 50/year after deductible for immunization for babies/young children
<b>ILO-Staff Health Insurance Fund</b>	100% for selected immunizations
<b>IMO-Group Medical Plan</b>	Not covered for well childcare and immunizations
<b>United Nations Office at Geneva- United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	Not specifically mentioned, but covered
<b>United Nations Office at Vienna/UNODC- Group Headquarters Medical Insurance</b>	80% up to USD 186/year as part of preventive care 80% for vaccinations and inoculations
<b>United Nations Secretariat-Aetna</b>	100% for well-child exams and immunizations for in-network providers; otherwise, 80%/visit after deductible  100% for well-child exams/routine physical exams, up to:  7 exams from age 0-1 year; 3 exams/year for age 1-3; 1 exam/year from age 2-22
<b>United Nations Secretariat-Cigna Dental</b>	Not applicable
<b>United Nations Secretariat-Empire Blue Cross</b>	100% for well childcare up to 2 in-hospital exams at birth following vaginal delivery or up to 4 in-hospital exams at birth following c-section delivery; up to 7 visits for age 0-1; up to 6 visits for age 1-4; up to 7 visits for age 5-11; up to 6 visits for age 12-17; up to 2 visits for age 18-19  100% for immunizations with in-network providers; otherwise, 80% after deductible
<b>United Nations Secretariat-UN Medical Insurance Plan*</b>	100% for well childcare up for children until 19 years old, up to 1 routine in-hospital exam at birth; up to 6 routine visits/year for age 0-1; up to 2 routine visits/year for age 1-2; and up to 1 routine visit/year for age 3-19  100% immunization for children as determined by the local health authorities and/or WHO
<b>United Nations Secretariat-UN Worldwide Plan</b>	100% for well childcare for children up to age 19 in addition to the routine physical exams, up to 6 visits/year for age 0-1; up to 2 visits/year for age 1-2; up to 1 visit/year for age 2-7; up to 1 visit/2 years for age 7-19  100% vaccinations for children up to age 19
<b>UNDP-Medical Insurance Plan*</b>	100% for well childcare up for children until 19 years old, up to 1 routine in-hospital examination at birth; up to 6 routine visits/year for age 0-1; up to 2 routine visits/year for age 1-2; and up to 1 routine visit/year for age 3-19  100% immunizations as recommended by both the local health authorities and WHO
<b>UNESCO-Medical Benefits Fund</b>	Not specifically mentioned
<b>UNHCR-Medical Insurance Plan*</b>	100% for well childcare; up to every 2 months for age 0-1; up to every 6 months for age 2-3; and up to every year for age 4-19  100% for immunization recommended by the local health authorities and/or WHO
<b>UNICEF-Medical Insurance Plan*</b>	100% for well childcare, up to 1 routine in-hospital exam at birth; up to 6 visits/year for age 0-1; up to 2 routine visits/year for age 1-2; up to 1 routine visit/year for age 3-19  100% for immunization recommended by the local health authorities and/or WHO
<b>UNIDO-Field GS Plan*</b>	100% for well childcare; up to 1 routine in-hospital exam at birth; up to 6 routine visits for age 0-1; up to 3 routine visits 1-2; up to 4 routine visits for age 3-6; up to 6 routine visits for age 7-19  100% for immunization recommended by the local health authorities and/or WHO
<b>UNIDO-Group Headquarters Medical Insurance</b>	80% up to USD 186/year as part of preventive care 80% for vaccinations and inoculations
<b>UNOPS-Medical Insurance Plan*</b>	100% for well childcare; up to 1 routine in-hospital exam at birth; up to 6 routine visits for age 0-1; up to 3 routine visits 1-2; up to 4 routine visits for age 3-6; up to 6 routine visits for age 7-19  100% for immunization recommended by the local health authorities and/or WHO
<b>UNWTO-Health and Accident Insurance Plan</b>	Well childcare, not specifically mentioned  100% for selected child vaccinations from in-network providers in Spain; otherwise, 90%



<b>Policy Holder and Scheme</b>	<b>Coverage for Child, adolescent and young person's health</b>
<b>UPU</b> -Health Insurance Fund	100% for well childcare including immunizations up to age 18
<b>WFP</b> -Basic Medical Insurance Plan	100% for well childcare; up to 1 routine in-hospital exam at birth; up to 6 routine visits for age 0-1; up to 4 routine visits 1-2; up to 4 routine visits for age 3-6; up to 6 routine visits for age 7-19  100% for preventive vaccinations for children, as advised by WHO or the local health authorities, and/or prescribed by a physician
<b>WFP</b> -Medical Insurance Coverage Scheme*	100% for well childcare; up to 1 routine in-hospital exam at birth; up to 6 routine visits for age 0-1; up to 4 routine visits 1-2; up to 4 routine visits for age 3-6; up to 6 routine visits for age 7-19  100% for preventive vaccinations for children
<b>WHO</b> -Staff Health Insurance	Well childcare not specifically mentioned  100% for selected vaccinations
<b>WIPO</b> -Group Medical Insurance Plan	90% with no deductible

*\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters*

**Table 12: Benefits: Reproductive health, family planning and infertility treatment**

17. This table compares the level of coverage of the reviewed health insurance plans related to maternity-related services, family planning and contraceptive devices and services and medically-necessary infertility treatments.

Policy Holder and Scheme	Maternity-related expenses	Family planning and contraceptive devices and services	Infertility treatment (medically necessary, with prior approval)
<b>FAO-Basic Medical Insurance Plan/After Service Medical Coverage</b>	80% obstetrical services	80% for abortion, sterilisation, vasectomy, tubal ligation  Excluding reversal of sterilization, vaso-vasectomy, contraceptives	80% for hormonal stimulation, intra-uterine insemination (IUI), in-vitro fertilization (IVF), sperm retrieving procedures, up to 3 attempts/successful pregnancy, for women below 46.
<b>FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*</b>	80% obstetrical services	Not covered	Not covered
<b>IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan</b>	80% obstetrical services including pre- and postnatal exercises if prescribed by a doctor and given by a person with a paramedical degree, private midwife, for Cryopreservation of stem cells/umbilical cord in case of medical indication  90% amniocentesis  Excluding elective C-sections	80% for birth control devices, contraceptive medicines up to the ceiling of preventive care (USD 363/year), once/lifetime for sterilization and abortion	80% for outpatient care and 90% for day cases, maximum three attempts/successful pregnancy, for women below 45, including IVF, micro-epididymal sperm aspiration (MESA), percutaneous epididymal sperm aspiration (PESA), testicular sperm extraction (TESE), hormonal treatments to support a natural conception.  Excluding costs for donor eggs, donor sperm, donor embryos.
<b>ICAO-Medical Benefits Plan</b>	Not specifically mentioned, as part of the inpatient and outpatient care	90% generic drugs/80% brand name drugs after deductible, if prescribed  Excluding abortion, sterilization, vasectomy, tubal ligation, reversal of sterilization, vaso-vasectomy	3 attempts per pregnancy for fertility treatment, maximum 3 attempts/successful pregnancy including artificial insemination, advanced reproductive technology (ART), IUI, MESA, PESA, TESA, TESE, IVF, tubal embryo transfer (TET), pronuclear stage tubal embryo transfer (PROUST), intracytoplasmic sperm injection (ICSI) and hormonal stimulation
<b>ILO-Staff Health Insurance Fund</b>	Not specifically mentioned, as part of the inpatient and outpatient care	80% for contraceptive pills and other contraceptive devices	80% up to USD 30,000/lifetime for medically assisted reproduction including ovarian stimulation, AI, IVF
<b>IMO-Group Medical Plan</b>	80% obstetrical services	Coverage as per hospitalization for abortion, sterilization, vasectomy, tubal ligation  Excluding reversal of sterilization, vaso-vasectomy	3 attempts per lifetime for AI and IUI, up to 3 attempts/lifetime  Excluding IVF, ICSI
<b>United Nations Office at Geneva- United Nations Staff Mutual Insurance Society against Sickness and Accident</b>	80% obstetrical services (90% surgical operation/caesarean)	Not specifically mentioned	80% up to USD 22,346/lifetime for all care related to infertility treatment
<b>United Nations Office at Vienna/UNODC- Group Headquarters Medical Insurance</b>	80% obstetrical services	80% up to USD 80/year for birth control devices and medicine  80% for induced abortion, salpingectomy, vasectomy or electrocoagulation of fallopian tubes by laparoscopy up to once/lifetime  80% up to three applications of conceptive methods	Not covered
<b>United Nations Secretariat- Aetna</b>	100% obstetrical services for in-network providers; otherwise, 80% after deductible (except for inpatient services, also 100%), up to 48 hours of	Not specifically mentioned	For basic infertility, covered based on type and location of service

Policy Holder and Scheme	Maternity-related expenses	Family planning and contraceptive devices and services	Infertility treatment (medically necessary, with prior approval)
	inpatient care after a vaginal delivery or up to 96 inpatient care after a caesarean delivery		For comprehensive infertility services, 100%/visit for in-network providers; otherwise, 80%/visit after deductible, both up to 6 artificial insemination cycles/lifetime for ART (up to USD 25,000)
<b>United Nations Secretariat-Empire Blue Cross</b>	100% obstetrical services for in-network providers; otherwise, 80% after deductible (but not covering obstetrical care in birthing centre)	100% women's sterilization procedures and counselling for in-network providers; otherwise, 80% after deductible  100% for generic and select oral contraceptives and contraceptive devices for in-network providers; otherwise, not covered	Not covered
<b>United Nations Secretariat-UN Medical Insurance Plan*</b>	80% outpatient care 100% inpatient care	80% sterilization  Excluding reversal of sterilization	80% up to USD 15,000 (excluding from hardship provision and stop loss), up to 3 attempts/lifetime, for women younger than 45, including hormonal treatment to stimulate fertility, IVF, ICSI, AI, MESA, PESA, TESE, TESA  Excluding cryoconservation
<b>United Nations Secretariat-UN Worldwide Plan</b>	80% outpatient care 100% inpatient care	80% for abortion, sterilization, vasectomy, tubal ligation, prescribed contraceptives  Excluding reversal of sterilization	80%, up to 3 attempts/lifetime, for women younger than 45 including AI, IUI, MESA, PESA, TESA, TESE, IVF
<b>UNDP-Medical Insurance Plan*</b>	80% obstetrical services 80% outpatient care 100% inpatient care	80% for contraceptive devices and medication, sterilization  Excluding condoms, reversal of sterilization	80%, up to 3 attempts/lifetime, for women younger than 45 including AI, IUI, MESA, PESA, TESA, TESE, IVF
<b>UNESCO-Medical Benefits Fund</b>	90% obstetrical hospitalization, 75% outpatient services	Not covered	90% up to USD 767/year for assisted fertilization procedures for women age 43 and under
<b>UNHCR-Medical Insurance Plan*</b>	80% obstetrical services	80% for contraceptive devices and medication, surgical sterilization  Excluding condoms, reversal of sterilization	Not covered
<b>UNICEF-Medical Insurance Plan*</b>	80% outpatient care, 100% inpatient care	80% for contraceptive devices and medication, sterilization  Excluding condoms, reversal of sterilization	80%, up to a lifetime ceiling of USD 15,000/family and up to 3 attempts/lifetime, for women younger than 45 including AI, IUI, MESA, PESA, TESA, TESE, IVF
<b>UNIDO-Field GS Plan*</b>	80% obstetrical services	Not covered	Not covered
<b>UNIDO-Group Headquarters Medical Insurance</b>	80% obstetrical services	80% up to USD 80/year for birth control devices and medicine  80% for induced abortion, salpingectomy, vasectomy or electrocoagulation of fallopian tubes by laparoscopy up to once/lifetime	Not covered
<b>UNOPS-Medical Insurance Plan*</b>	80% obstetrical services	Not covered	Not covered
<b>UNWTO-Health and Accident Insurance Plan</b>	100% for in-network providers in Spain; otherwise 90%	Not covered	Not covered
<b>UPU-Health Insurance Fund</b>	100% for the first USD 1,643 for pre- and post-natal check-ups; subsequently 100% after deductible (USD 493)  100% up to USD 274 for prescribed pre- and post-natal exercises  100% for outpatient delivery; 90% for home delivery	90% prescribed contraceptive devices and medication  100% for abortion, surgical sterilization  Excluding condoms, reversal of sterilization	Covered accordingly to hospitalization or outpatient surgery for fertility treatment, up to 3 attempts/successful pregnancy (at least 26 weeks), for women age 40 or younger
<b>WFP-Basic Medical Insurance Plan</b>	80% obstetrical services	80% for abortion, surgical sterilization, contraceptives	80% for hormonal stimulation, IUI, IVF, etc. up to 3 attempts/successful pregnancy, for women age 46 and younger

Policy Holder and Scheme	Maternity-related expenses	Family planning and contraceptive devices and services	Infertility treatment (medically necessary, with prior approval)
		Excluding condoms, reversal of sterilization	
WFP-Medical Insurance Coverage Scheme*	80% obstetrical services	80% for abortion, surgical sterilization, contraceptives  Excluding condoms, reversal of sterilization	80% for AI, IUI, MESA, PESA, TESA, TESE, IVF etc. up to 3 attempts/successful pregnancy, for women age 45 and younger
WHO-Staff Health Insurance	80% obstetrical services	80% for sterilization, contraceptives	80% up to USD 30,000/lifetime
WIPO-Group Medical Insurance Plan	According to outpatient (90% after deductible) and inpatient (100%) coverage  100% up to USD 279 for pre- and post-natal exercise	90% for prescribed oral contraceptives and loops/coils, abortion, sterilization and vasectomy	According to outpatient (90% after deductible) and inpatient (100%) coverage, up to 3 attempts/successful pregnancy (but no limits for artificial insemination), for women age 40 and under, including IVF, IUI, AI and freezing and preserving unused embryos

\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters

**Table 13: Benefits: Psychiatric therapy and psychotherapy**

18. This table compares the level of coverage related to mental health.

Policy Holder and Scheme	Type of providers covered	Coverage	Rate of reimbursement	Exclusions
FAO-Basic Medical Insurance Plan/After Service Medical Coverage	Psychiatrists, licensed psychologists, licensed psychoanalysts, licensed psychiatric social workers or neurologists.	(a) psychiatric therapy and psychotherapy when prescribed by a physician for participants with an irreversible mental condition  (b) in-patient treatment for detoxification and rehabilitation  Telehealth covered.	(a) 80% for a visit to a psychiatrist (= doctor); otherwise, 50% up to USD 800 for the first half of the year and another 50% up to USD 800 for the second half of the year  (b) For admissions in a specialized facility for alcohol and drug abuse, up to 30 days inpatient treatment/year	Not specifically mentioned
FAO-Medical Insurance Coverage Scheme/After-Service Medical Insurance*	Psychiatrists, licensed psychoanalysts, licensed psychologist, licensed psychiatric social workers	(a) Reimbursable only when the treatment is prescribed by a physician on medical grounds and is provided by a duly recognized and licenced mental health professional.  (b) treatment for substance (alcohol and/or drug) abuse including in in-patient treatment  Telehealth covered.	(a) 80% up to USD 800/year (no limit for insured persons with an irreversible mental condition) for psychotherapy prescribed by a physician  (b) For admissions in a specialized facility for alcohol and drug abuse, up to 30 days inpatient treatment/year. For outpatient counselling, 80% up to USD 1,667 and up to 50 visits/year	Not specifically mentioned
IAEA-Full Medical Insurance Plan/After-service Medical Insurance Plan	Psychiatrists, psychotherapists, psychologists	Outpatient mental health care	80% for staff members (no ceiling)  80% up to USD 6,593/two years for dependants	Relationship therapy/family counselling  Psychoanalysis
ICAO-Medical Benefits Plan	Psychiatrists, licensed psychologists	(a) Psychological treatment given by a psychiatrist  (b) licensed psychologist	(a) 80% in hospital; 80% out of hospital after the deductible  (b) 80% up to USD 220 after the deductible	Admission related to alcohol and drug abuse, relationship therapy
ILO-Staff Health Insurance Fund	Psychiatrists, psychoanalysts, psychotherapists	Consultations with a psychiatrist, and sessions of psychoanalysis or psychotherapy given or prescribed by a physician.	80% up to 40 sessions or USD 3,200/year, whichever comes first  Additional 20 sessions or additional USD 1,600 of reimbursement benefits may be provided subject to approval by the Medical Advisor	Not specifically mentioned
IMO-Group Medical Plan	Psychiatrists, licensed psychologists, licensed psychoanalysts, licensed psychiatric social workers	(a) psychiatric admission; psychological treatment  (b) out-patient treatment for alcohol and drug abuse	(a) 80% up to USD 828  (b) 50% up to USD 828 and a maximum of 50 sessions/year (of which a maximum of 20 sessions for advice to family)	Relationship therapy

Policy Holder and Scheme	Type of providers covered	Coverage	Rate of reimbursement	Exclusions
<b>United Nations Office at Geneva-</b> United Nations Staff Mutual Insurance Society against Sickness and Accident	Psychiatrists, specialists	(a) psychiatric or medico-psychological examination  (b) psychotherapy  (c) detoxification treatments for alcohol/drugs	(a) 80%, once per year, 6 psychiatric sessions/year, 80% up to USD 300/session  (b) <u>inpatient treatment</u> : 80% of up to USD 123/session for treatment by a specialist who is not part of the hospital; <u>outpatient treatments</u> : 80% up to 6 visits/year for consultations by a psychiatrist; otherwise, 80% up to USD 123/session. For psychotherapy, up to 50 sessions/year reimbursed at 80% of up to USD 123/session. A medical prescription required. Prior authorization required from the 16 <sup>th</sup> session onward. The maximum number of sessions may be waived on the recommendation of the Medical Advisor  (c) 80% in an approved establishment, up to three cures/lifetime	Not specifically mentioned
<b>United Nations Office at Vienna/UNODC-</b> Group Headquarters Medical Insurance	Psychiatrists or qualified providers	(a) consultations of a psychiatrist or any treatment prescribed by a psychiatrist  (b) inpatient detoxification treatments for alcohol/drugs	(a) 80% for staff; 80% up to USD 2,070 for dependants  The cost of treatment prescribed by a psychiatrist is subject to a prior approval  (b) subject to reimbursement conditions of hospitalization; up to two treatments	Psychoanalysis
<b>United Nations Secretariat-</b> Aetna	Hospital, psychiatric hospitals, residential treatment facilities, physicians, behavioural health providers	(a) inpatient services-room and board including residential treatment facilities  (b) outpatient office visits to a physician or behavioural health providers, outpatient mental health telemedicine cognitive therapy consultation  (c) substance-related disorders treatment  substance-related disorders treatment	(a) 100% for in-network providers; otherwise, 100% after deductible  (b) 100% for in-network providers; otherwise, 80% after deductible  (c) for inpatient services, 100% for in-network providers; otherwise, 100% after deductible; for outpatient (including telemedicine), 100% for in-network providers; otherwise, 80% after deductible	Not specifically mentioned
<b>United Nations Secretariat-</b> Empire Blue Cross	Psychiatrists, psychologists, nurse practitioners licensed clinical social workers	(a) inpatient care  (b) outpatient care  (c) alcohol or substance abuse treatment	(a) 100% for in-network providers; otherwise, 80% after deductible, both up to 90 days/year and up to 90 visits from mental health care professionals/year  (b) 100% with USD 25 co-payment for in-network providers; otherwise, 80% after deductible, both up to 60 visits/year  (c) 100% for both inpatient and outpatient service for in-network providers; otherwise, 80% after deductible, both up to 60 visit/year for outpatient care, up to 7 days inpatient detoxification/year, up to 30 days inpatient rehabilitation/year	Not specifically mentioned
<b>United Nations Secretariat-UN</b> Medical Insurance Plan*	Psychiatrists, psychotherapists, a person holding a paramedical degree (but a doctor's prescription is required)	(a) Psychotherapy  (b) alcohol or substance abuse treatment  Prior approval from TPA's medical consultant is required for hospitalization	(a) 80% up to one month's MIP Reference Salary/year  (b) according to hospitalization rate, up to 90 days/year for inpatient care at facility certified for detoxification and	Not specifically mentioned

Policy Holder and Scheme	Type of providers covered	Coverage	Rate of reimbursement	Exclusions
			rehab; 80% up to one month MIP Reference Salary/year	
<b>United Nations Secretariat-UN Worldwide Plan</b>	Psychiatrists; licensed psychologists; licensed psychoanalysts; licensed psychiatric social workers; neurologists.	(a) psychological treatment (b) outpatient treatment for alcohol and drug abuse (c) smoking cessation (d) applied behaviour analysis (ABA)	(a) 80%, prior approval is required from the 31 <sup>st</sup> session in a calendar year  (b) 80% with prior approval (40% of the allowable visits may be allocated to counsel for family members of the participant undergoing treatment)  (c) 80%  (d) 80% for one-on-one sessions only, with prior approval from TPA's medical board	Relationship therapy, group or family sessions, sessions where the therapist accompanies the patient in real-world setting to observe (during school, work, etc.)
<b>UNDP-Medical Insurance Plan*</b>	Physicians licensed in the speciality of psychiatry, licensed psychoanalysts, licensed psychologists, licensed psychiatric social workers	(a) treatments by qualified providers (b) treatment for substance abuse	(a) 80%, up to one month MIP Reference Salary  (b) For inpatient treatment, subject to TPA approval, up to 90 days/year	Not specifically mentioned
<b>UNESCO-Medical Benefits Fund</b>	Duly recognized specialists, psychiatrists, psychologists	(a) psychiatrist's or psychologist's consultation (prescription required for the latter), psychotherapy (b) psychiatric hospitalization	(a) 75% up to 25 sessions/year, up to USD 44/session for Metropolitan France; otherwise, no ceiling/session  (b) 90%	Not specifically mentioned
<b>UNHCR-Medical Insurance Plan*</b>	Licensed psychiatrists, psychoanalysts, psychologists or psychiatric social worker. For inpatient care for alcohol and substance abuse, facilities certified for detoxification and rehabilitation.	(a) outpatient psychiatric care for mental and nervous disorders, including alcohol and substance abuse  (b) inpatient psychiatric care for mental and nervous disorders, including alcohol and substance abuse	(a) 80%, up to one month MIP Reference Salary  (b) for inpatient treatment, same basis as hospitalization, up to 90 days/year	Not specifically mentioned
<b>UNICEF-Medical Insurance Plan*</b>	Licensed psychiatrists, psychoanalysts, psychologists or psychiatric social workers. For inpatient care for alcohol and substance abuse, facilities certified for detoxification and rehabilitation.	(a) psychology, Psychotherapy (b) treatment for substance abuse	(a) 80%, up to one month MIP Reference Salary  (b) for inpatient treatment, same basis as hospitalization, up to 90 days/year, prior approval required; for outpatient care, 80% up to one month MIP Reference Salary	Not specifically mentioned
<b>UNIDO-Field GS Plan*</b>	Licensed psychiatrists, psychoanalysts, psychologists or psychiatric social workers.	(a) outpatient mental health (b) treatment for substance abuse	(a) 80%, up to one month of the reference salary  (b) For inpatient treatment, prior approval required, up to 30 days/year. For outpatient treatment, 80%, up to one month of the reference salary for not more than 50 visits/year	Not specifically mentioned
<b>UNIDO-Group Headquarters Medical Insurance</b>	Psychiatrists or qualified providers	(a) consultations of a psychiatrist or any treatment prescribed by a psychiatrist (b) inpatient detoxification treatments for alcohol/drugs	(a) 80% for staff; 80% up to USD 2,070 for dependants  (b) subject to reimbursement conditions of hospitalization; up to two treatments	Psychoanalysis
<b>UNOPS-Medical Insurance Plan*</b>	Physicians licensed in the speciality of psychiatry, psychiatrists, licensed psychoanalysts, licensed psychiatric social workers, licensed	(a) outpatient mental health treatment (b) treatment for substance abuse	(a) 80%, up to one month of the MIP Reference Salary/year  (b) for inpatient treatment, coverage under hospitalization applied, up to 30 days/year. For outpatient counselling, 80% up to one month of the MIP Reference Salary for not more than 50 visits/year	Not specifically mentioned

Policy Holder and Scheme	Type of providers covered	Coverage	Rate of reimbursement	Exclusions
	psychologists, facilities certified for detoxification and rehabilitation			
UNWTO-Health and Accident Insurance Plan	Psychiatric treatment must be prescribed by a qualified doctor and any reimbursement shall only cover reasonable medical costs.	Outpatient psychiatric treatments and consultations (including outpatient consultations/treatments in a hospital institution)	90%	Not specifically mentioned
UPU-Health Insurance Fund	Psychiatrists, licensed psychologists, licensed psychoanalysts, licensed psychiatric social worker	(a) Psychiatrist treatment (b) psychological treatment provided by licensed providers other than doctors (c) inpatient mental health treatment (d) treatment for substance abuse	(a) 90%, after the first 3 months or 20 sessions, a progress report must be issued. Thereafter, a subsequent progress report is required after 8 months  (b) 90%, up to USD 4,469/year, a doctor's prescription mentioning the diagnosis and the prescribed number of sessions required  (c) same as hospitalization for the first 90 days, thereafter reimbursed at maximum the price charged for a public ward in that hospital	Not specifically mentioned
WFP-Basic Medical Insurance Plan	Psychiatrists, licensed psychologists, licensed psychoanalysts, licensed psychiatric social workers, neurologists	(a) outpatient psychoanalysis and psychiatric therapy including outpatient counselling for substance abuse, including via telehealth  (b) inpatient treatment related to alcohol and drug abuse	(a) 80% up to USD 2,400/year and up to 100 visits/year  "Medical prescription not required as long as diagnosis is provided. When no diagnosis is mentioned, a medical prescription with diagnosis is required (issued by a general practitioner or a specialist such as a psychiatrist or neurologist)". (b) same as hospitalization, a prescription with a clear diagnosis, a treatment plan and cost estimate required, up to 30 days/year	Relationship therapy
WFP-Medical Insurance Coverage Scheme*	Psychiatrists, licensed psychologists, licensed psychoanalysts, licensed psychiatric social workers, neurologists	(a) outpatient psychoanalysis and psychiatric therapy including outpatient counselling for substance abuse, including via telehealth  (b) inpatient treatment related to alcohol and drug abuse	(a) 80% up to USD 800/year and up to USD 100/visit  "Medical prescription not required as long as diagnosis is provided. When no diagnosis is mentioned, a medical prescription with diagnosis is required (issued by a general practitioner or a specialist such as a psychiatrist or neurologist)". (b) 100%, prior approval, a prescription with a clear diagnosis, a treatment plan and cost estimate required	Relationship therapy
WHO-Staff Health Insurance	Psychotherapist (for face to face and distance sessions) Psychotherapist for pathologies listed in Part D (list of pathologies as per International Classification of Diseases, ICD-11)	(a) sessions (face to face or distance) with a psychotherapist or psychoanalyst  (b) hospitalization for psychiatric care  (c) hospitalization or partial hospitalization/intensive day treatment for mental, behavioral or neurodevelopmental disorders (day-care and inpatient)	(a) 80%, with prior approval, up to 24 sessions/year plus any unused sessions from 2 previous years  (b) 80%, with prior approval, up to 365 days/five years; medical report submitted every 30 days for first 90 days and every 90 days thereafter  (c) 80% without ceiling	Not specifically mentioned
WIPO-Group Medical Insurance Plan	Not specifically mentioned	(a) psychology/ psychotherapy  (b) inpatient treatment for psychotherapy  (c) detoxification for alcohol, drugs and other dependencies	(a) 90% up to USD 6,704/year  (b) same as hospitalization  (c) for admission, covered as hospitalization for the first 90 days; thereafter reimbursed at the maximum the price charged for a public ward; only the first 3 admissions within the period of 5 years	Not specifically mentioned

\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters



**Table 14: Benefits: Optical devices and dental care**

19. This table compares the level of coverage related to optical devices (i.e., prescribed lenses and frames and contact lenses) and dental care.

<b>Policy Holder and Scheme</b>	<b>Optical devices (e.g., frames, lenses, contact lenses): Rate of reimbursement (a prescription is required)</b>	<b>General dental care: Rate of reimbursement</b>
<b>FAO-Basic</b> Medical Insurance Plan/After Service Medical Coverage	80% for eye test to determine the dioptre by an ophthalmologist, optometrist or optician  80% up to USD 200/year for corrective glasses and contact lenses	80% up to USD 700/year + unspent balance from the two previous years
<b>FAO-Medical</b> Insurance Coverage Scheme/After- Service Medical Insurance*	80% for eye test to determine the dioptre by an ophthalmologist, optometrist or optician  80% up to USD 120/two years/one pair of glasses or contact lenses	80% up to USD 500/year
<b>IAEA-Full Medical</b> Insurance Plan/After-service Medical Insurance Plan	80% for eye test to determine the dioptre by an ophthalmologist, optometrist or optician  80% up to USD 163/lens/two years and up to USD 135/frames/two years  80% without ceiling for contact lenses	80% up to USD 2,478/year + unspent balance from the previous year
<b>ICAO-Medical</b> Benefits Plan	80% up to USD 190 for eye test to determine the dioptre by an ophthalmologist, optometrist or optician  80% up to USD 400/two years for corrective glasses and contact lenses	80% after deductible for preventive procedures, 100% after deductible for restorative procedures, 80% after deductible for prosthodontic procedures, and 80% after deductible for orthodontic procedures (starting before 19 years old), with an overall ceiling of USD 3,750/year
<b>ILO-Staff Health</b> Insurance Fund	80% up to USD 256/year (including up to USD 100 for frames) + unspent balance from the previous year	100% for dental scaling  80% up to USD 1,200/year plus unspent balance from the previous year
<b>IMO-Group</b> Medical Plan	Eye test to determine the dioptre not covered  80% up to USD 102/two years for corrective glasses and contact lenses	80% up to USD 764/year + unspent balance from the previous year
<b>United Nations Office at Geneva-</b> United Nations Staff Mutual Insurance Society against Sickness and Accident	80% up to USD 587/year + unspent balance from the previous years for corrective glasses and contact lenses	80% up to USD 2,793/year + unspent balance from the previous year
<b>United Nations Office at Vienna/UNODC-</b> Group Headquarters Medical Insurance	80% up to USD 427/two years for prescribed lenses including contact lenses. Frames not covered.	80% up to USD 2,077/ year + unspent balance from the previous year
<b>United Nations Secretariat-Aetna</b>	Not specifically specified in the table of benefits but excluding office visits to an ophthalmologist, optometrist or optician related to the fitting of prescription contact lenses; eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes	Not covered
<b>United Nations Secretariat-Cigna Dental</b>	Not covered (not applicable)	100% for preventive care with in-network providers; otherwise, 90% after deductible (USD 50/person or USD 150/family), up to USD 2,250-2,250  100% for basic and major restorative including implants for in-network providers; otherwise, 80% after deductible, up to the same ceiling above
<b>United Nations Secretariat-Empire Blue Cross</b>	Not covered	Not covered
<b>United Nations Secretariat-UN Medical Insurance Plan*</b>	80% up to USD 100/year for eye test to determine dioptre by ophthalmologist  80% up to USD 90/lens, up to 2 lenses/year including contact lenses and 80% up to USD 50/frame, up to 1 frame/2 years	80% up to 50% of the MIP Reference Salary/year; major dental treatment (e.g prosthesis, bridges, implants) require prior approval
<b>United Nations Secretariat-UN Worldwide Plan</b>	80% for eye test to determine the dioptre by an ophthalmologist, optometrist or optician	80% up to USD 1,000 + unspent balance from the previous year

<b>Policy Holder and Scheme</b>	<b>Optical devices (e.g., frames, lenses, contact lenses): Rate of reimbursement (a prescription is required)</b>	<b>General dental care: Rate of reimbursement</b>
	80% up to USD 250/two years for corrective glasses, frames and contact lenses	
<b>UNDP-Medical Insurance Plan*</b>	80% up to USD 100/year for one eye examination  80% up to USD 90 per lens, up to 2 lenses/year and 80% up to USD 50/frame/two years	80% up to 50% of the MIP Reference Salary. Major dental treatments (e.g., crowns, implants, prosthetics and orthodontics) require prior approval.
<b>UNESCO-Medical Benefits Fund</b>	80% up to USD 164/year for optical and contact lenses and 80% up to USD 55 for frames for eye glasses/year	80% up to USD 821/year
<b>UNHCR-Medical Insurance Plan*</b>	80% up to USD 100/year for one eye examination  80% up to USD 75 per lens, up to 2 lenses/year and 80% up to USD 50/frame/two years	80% up to 50% of the MIP Reference Salary
<b>UNICEF-Medical Insurance Plan*</b>	80% up to USD 100/year for eye test to determine dioptre by ophthalmologist  80% up to USD 90 per lens, up to 2 lenses/year and 80% up to USD 50/frame/two years	80% up to 50% of the MIP Reference Salary. Major dental treatments (e.g., crowns, implants, prosthetics and orthodontics) require prior approval.
<b>UNIDO-Field GS Plan*</b>	80% for one routine eye examination/two years  80% up to USD 60/lens, up to 2 lenses/two years; eyeglass frames not covered	80% up to 50% of the reference salary
<b>UNIDO-Group Headquarters Medical Insurance</b>	80% up to USD 427/two years for prescribed lenses including contact lenses. Frames not covered.	80% up to USD 2,077/ year + unspent balance from the previous year
<b>UNOPS-Medical Insurance Plan*</b>	80% for one routine eye examination/two years  80% up to USD 60/lens, up to 2 lenses/two years; eyeglass frames not covered	80% up to 50% of the MIP Reference Salary
<b>UNWTO-Health and Accident Insurance Plan</b>	90% for lenses up to USD 509/year + unspent balance from the previous year  90% for frames up to USD 312/two years	90% up to USD 1,479/year + unspent balance from the previous year
<b>UPU-Health Insurance Fund</b>	90% for eye test to determine the dioptre by an ophthalmologist  100% up to USD 447 + unspent balance from the previous year for eye test to determine the dioptre by an optometrist or optician, corrective glasses, computer glasses, contact lenses, frames	75% up to USD 4,469/year + unspent balance from the previous year
<b>WFP-Basic Medical Insurance Plan</b>	80% for eye test to determine the dioptre by an ophthalmologist, optometrist, optician  80% up to USD 200/year for corrective glasses, frames and contact lenses	80% up to USD 1,100/year + unspent balance from the previous two years
<b>WFP-Medical Insurance Coverage Scheme*</b>	80% for eye test to determine the dioptre by an ophthalmologist, optometrist, optician  80% up to USD 120/year for corrective glasses, frames and contact lenses, up to one pair of glasses/two years	80% up to USD 500/year + unspent balance from the previous two years
<b>WHO-Staff Health Insurance</b>	80% up to USD 250 + unspent balance from the previous three years for corrective lenses, frames, contact lenses, tests  80% for special optical lenses; medical report required	80% up to USD 1,500 + unspent balance from the previous three years
<b>WIPO-Group Medical Insurance Plan</b>	90% up to USD 1,117/year for spectacles and contact lenses + up to USD 279/two years for frames	75% (in France 85%) up to USD 3,910/year, unspent balance to be carried over to the following year

*\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters*

**Table 15: Benefits: Long-term care**

20. This table compares the level of coverage related to long-term care, which refers to assistance or supervision a plan member may need when they are not able to do some or all of the activities of daily living, which are typically recognized as bathing, dressing, toileting, transferring (getting in and out of bed or chair), eating and continence.

<b>Policy Holder and Scheme</b>	<b>Rate of reimbursement/person (prior authorization required)</b>
<b>FAO</b> -Basic Medical Insurance Plan/After Service Medical Coverage	Not covered
<b>FAO</b> -Medical Insurance Coverage Scheme/After-Service Medical Insurance*	Not covered
<b>IAEA</b> -Full Medical Insurance Plan/After-service Medical Insurance Plan	80% up to USD 1,589/month for non-medical care for a plan member in need of being assisted by an assistant with recognized qualifications for activities of daily living in a hospital, a nursing home or a similar situation including at home, including patient convenience tools such as bed pans, pillow, mattresses, etc.
<b>ICAO</b> -Medical Benefits Plan	Not covered
<b>ILO</b> -Staff Health Insurance Fund	80% up to USD 2,760/month for long-term nursing services at home  80% up to USD 120/day for stay in a nursing home  Excluding non-medical care such as housework, cooking, shopping.
<b>IMO</b> -Group Medical Plan	Not covered
<b>United Nations Office at Geneva</b> -United Nations Staff Mutual Insurance Society against Sickness and Accident	80% up to USD 89/day for long-term nursing care at home or in a medical establishment provided by persons not on the staff of the establishment  80% up to USD 279/month for long-term home help services  100% up to USD 134/day for total dependency or 50% up to USD 134/day for partial dependency for assistance with hygiene and mobility in the home (nursing or home health services)
<b>United Nations Office at Vienna/UNODC</b> - Group Headquarters Medical Insurance	Not covered (but plan members can enrol with UNIDO's long-term care scheme without subsidy)
<b>United Nations Secretariat</b> -Aetna	Not covered
<b>United Nations Secretariat</b> -Cigna Dental	Not applicable
<b>United Nations Secretariat</b> -Empire Blue Cross	Not covered
<b>United Nations Secretariat</b> -UN Medical Insurance Plan*	Not covered
<b>United Nations Secretariat</b> -UN Worldwide Plan	Not covered
<b>UNDP</b> -Medical Insurance Plan*	Not covered
<b>UNESCO</b> -Medical Benefits Fund	60% up to USD 33/day for long-term nursing services at home provided by medical practitioners
<b>UNHCR</b> -Medical Insurance Plan*	Not covered
<b>UNICEF</b> -Medical Insurance Plan*	Not covered
<b>UNIDO</b> -Field GS Plan*	Not covered
<b>UNIDO</b> -Group Headquarters Medical Insurance	Not covered (a separate scheme covering long-term care is available for staff to enrol)
<b>UNOPS</b> -Medical Insurance Plan*	Not covered
<b>UNWTO</b> -Health and Accident Insurance Plan	Not covered
<b>UPU</b> -Health Insurance Fund	100% up to USD 5,587/month for plan members in a state of total dependency and 100% up to USD 1,668/month for plan members in a state of partial dependency for expenses incurred for long-term, non-medical treatment, in a hospital, house for elderly or similar institution by persons professionally trained.
<b>WFP</b> -Basic Medical Insurance Plan	Home treatment: assistance with activities of daily living, rendered by a person with recognized qualifications 80% up to a maximum of USD 1,000/month  In hospital, nursing home or special institution: 80% up to a maximum of USD 1,400/month
<b>WFP</b> -Medical Insurance Coverage Scheme*	Not covered
<b>WHO</b> -Staff Health Insurance	80% up to USD 100/day for domiciliary care for a chronic disease including a geriatric condition, in a specialized institution, in a hospital where the patient is awaiting placement in a specialized institution
<b>WIPO</b> -Group Medical Insurance Plan	100% up to USD 2,235/month for long-term non-medical care (but with a list of exceptions such as for ASHI participants or for those aged 75 or above)

\*schemes designed for locally-recruited staff, retirees and their dependants in the locations outside the headquarters

Appendix II. Overview of the global staff survey results

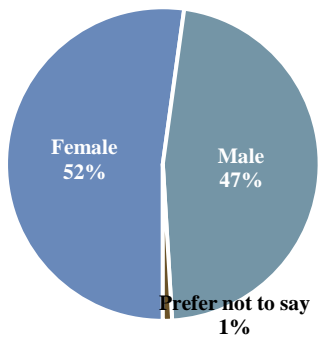
21. JIU conducted a global survey of active and retired staff of its participating organizations to receive their feedback on various aspects of the health insurance plans co-sponsored by their organizations. The survey was available online in English, French and Spanish from 4 May to 20 June 2023. The participating organizations were requested to distribute the survey link to their active and retired staff within this period.
22. The survey received responses from 23,163 active and retired staff worldwide. The number of survey respondents constituted 14.7 per cent of the total number of active and retired staff who were insured under the reviewed health insurance schemes at the end of 2022 (157,266 persons, excluding eligible family members). Although the methodology used does not permit claiming that the survey results are statistically representative of the population consulted, the volume of responses allows for drawing valid findings for the review.
23. The survey asked for perceptions of the respondents on the aspects of (a) the extent to which their health insurance scheme has met the health care needs of themselves and their dependants including the needs related to mental health, gender-affirmative care and COVID-19; (b) the level of access to health care and other related services at their duty station (for staff only); and (c) the effectiveness of the administration of their health insurance scheme.

A. About the respondents

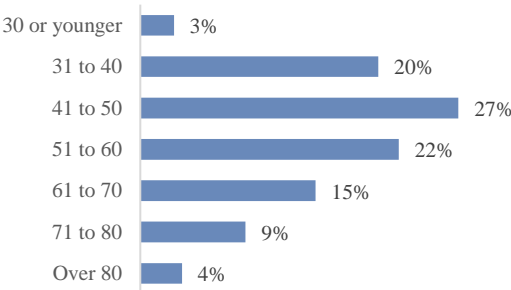
By recruitment status



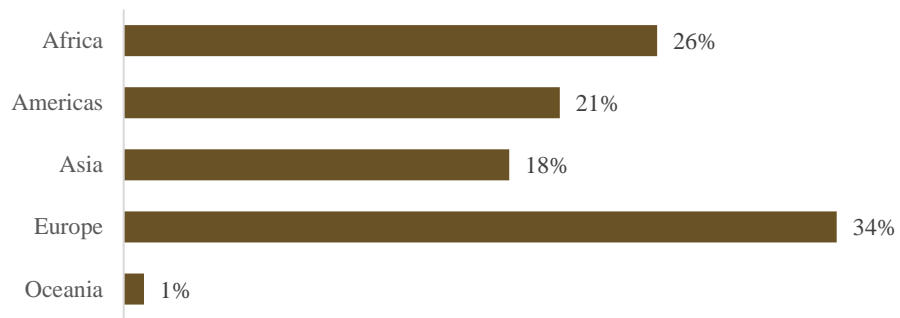
By sex



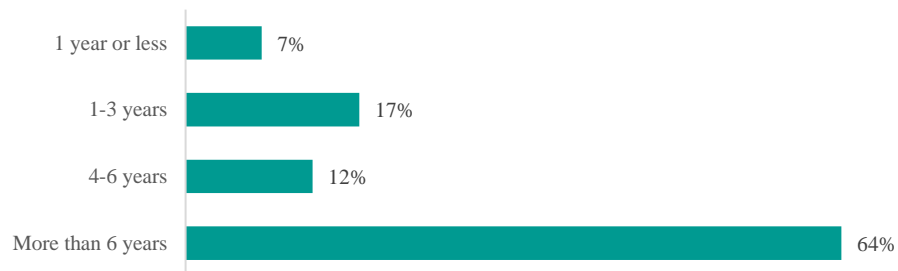
By age



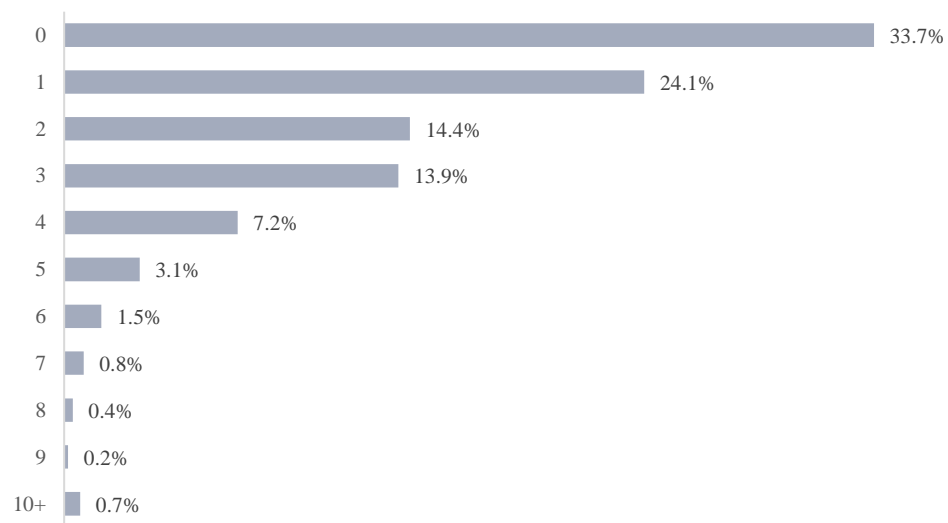
### By region



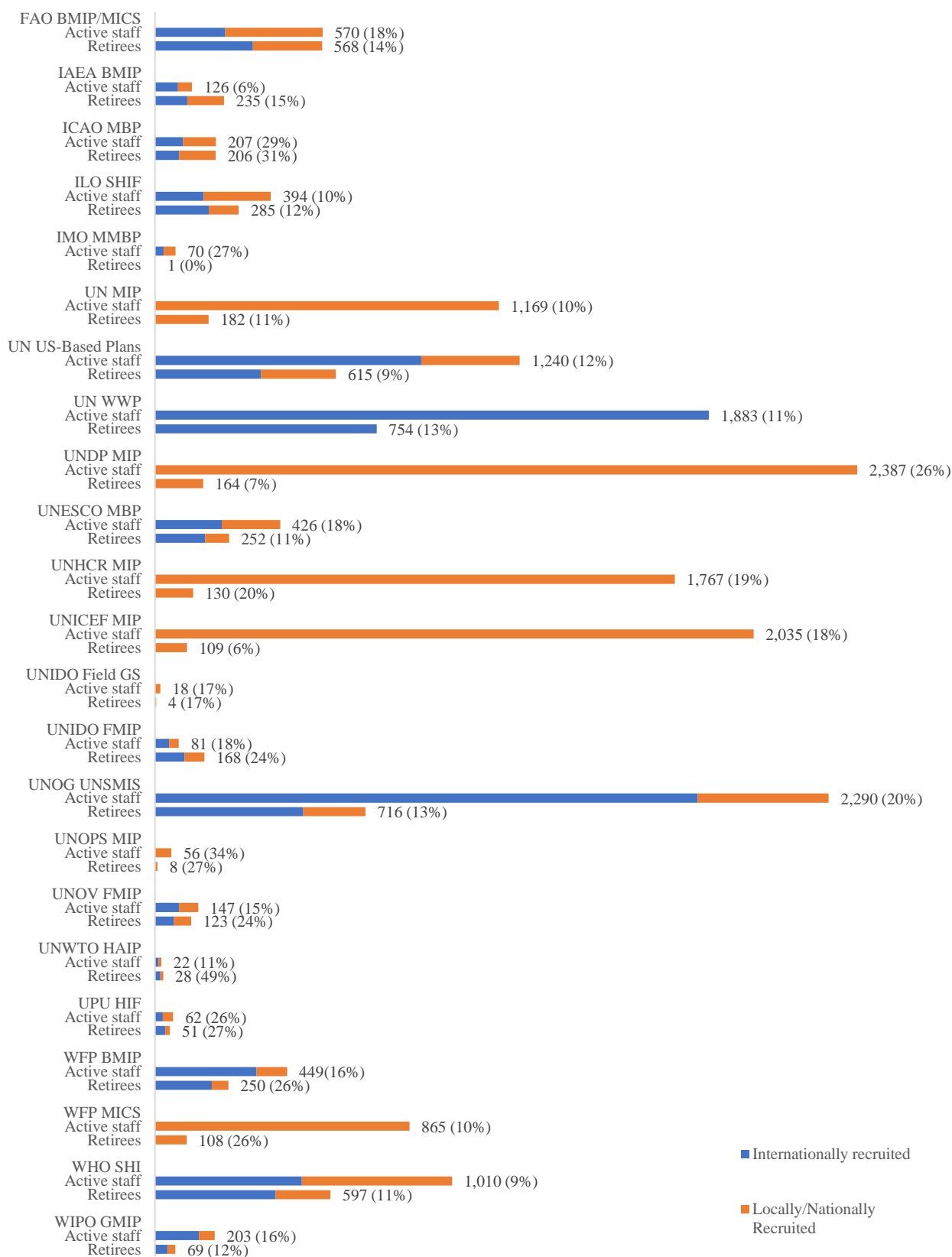
### By duration of enrolment



### By number of dependants

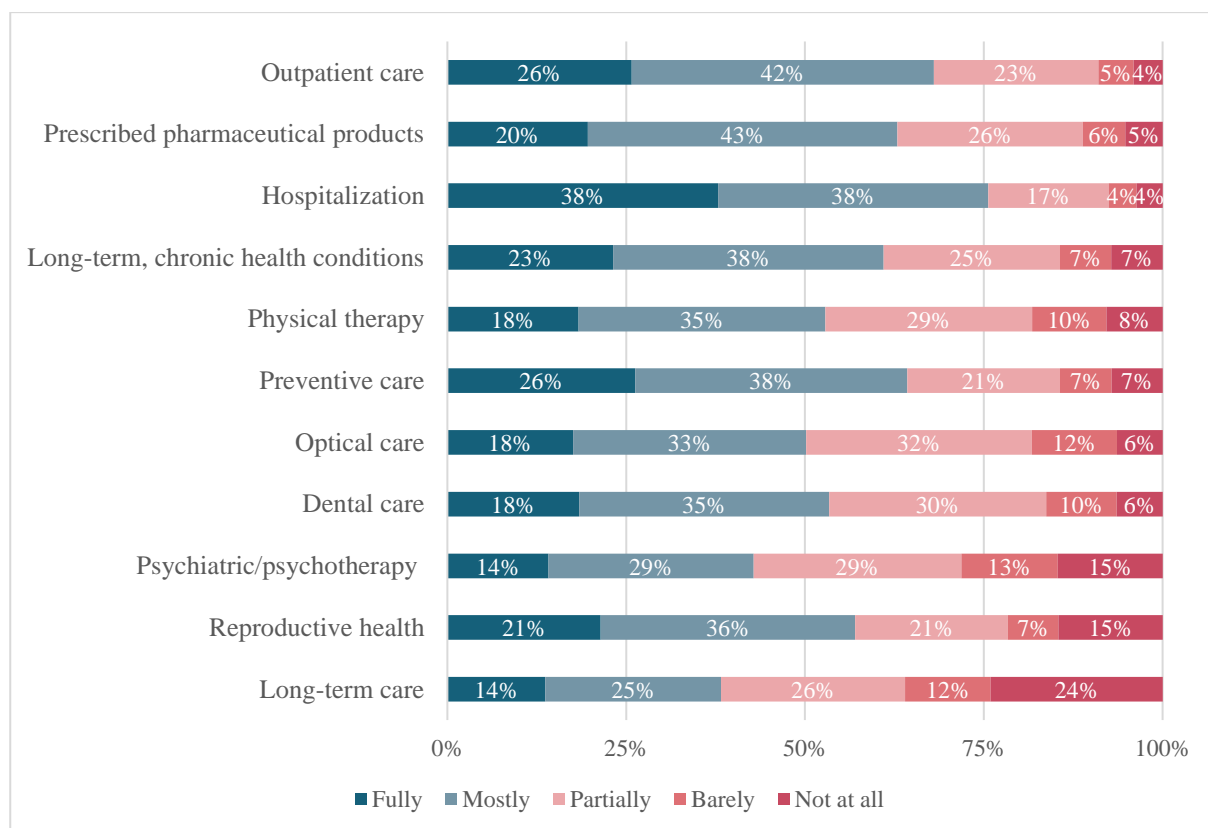


**By health insurance plans, by recruitment status (percentage of the number of responses to the total number of staff or retiree plan members)**



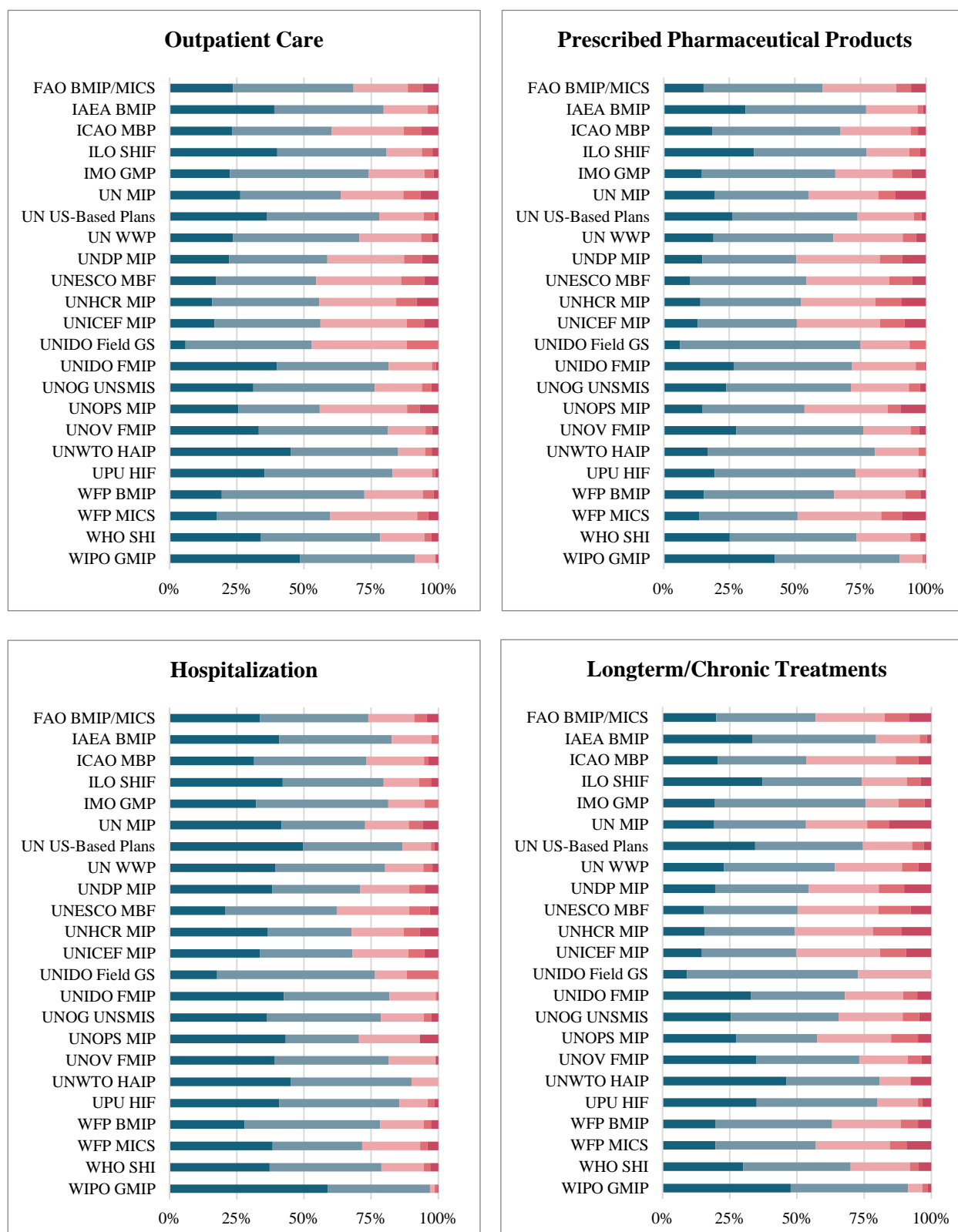
## B. Coverage vs. needs

Perceptions of survey respondents on the extent to which the coverage of the primary health insurance scheme co-sponsored by their organizations meet their needs, including that of their dependants.



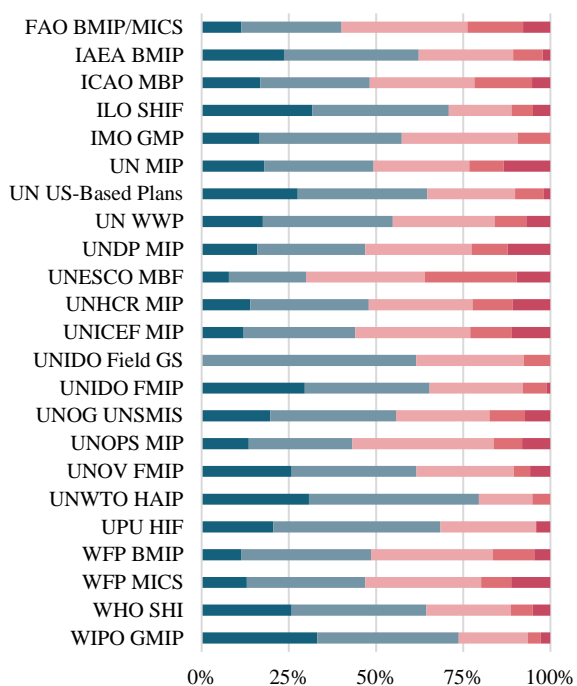


## Breakdown by area of care and by health insurance scheme<sup>33</sup>

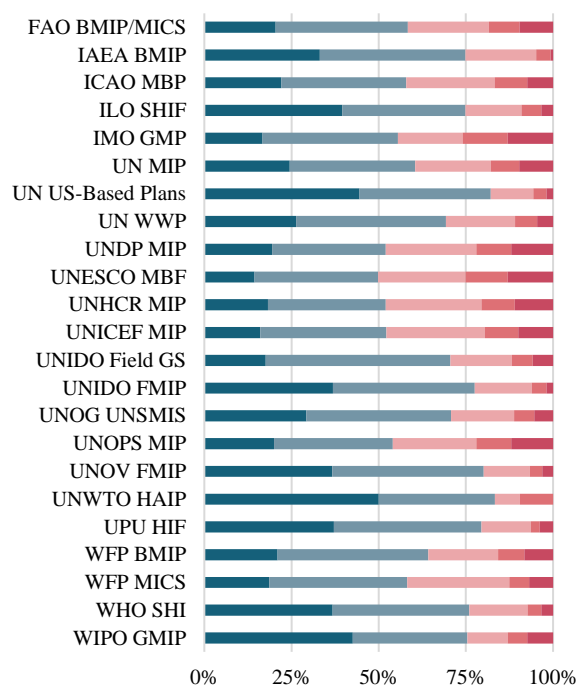


<sup>33</sup> The number of respondents insured under UNIDO Field GS was not sufficient for the analysis for the following areas of care: psychiatric/physical therapy (mental health care), reproductive care and long-term care.

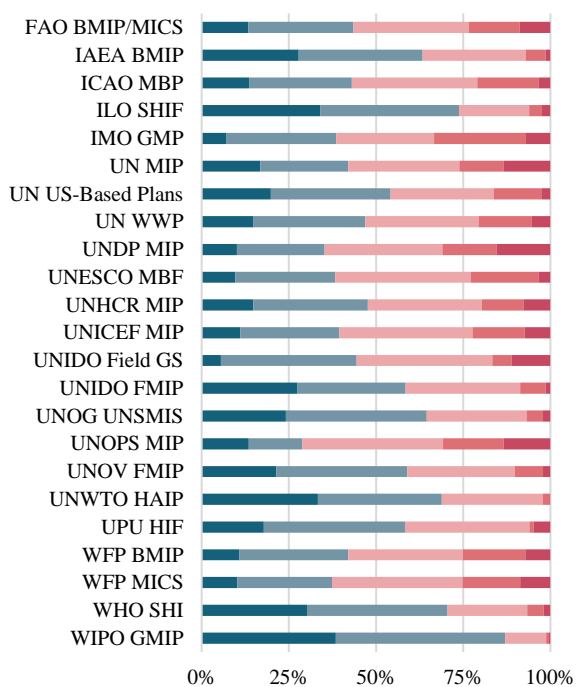
### Physical Therapy



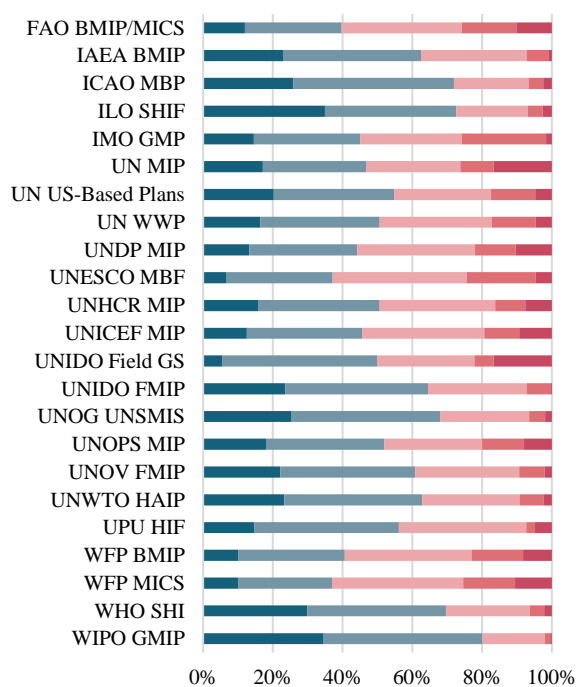
### Preventive Care



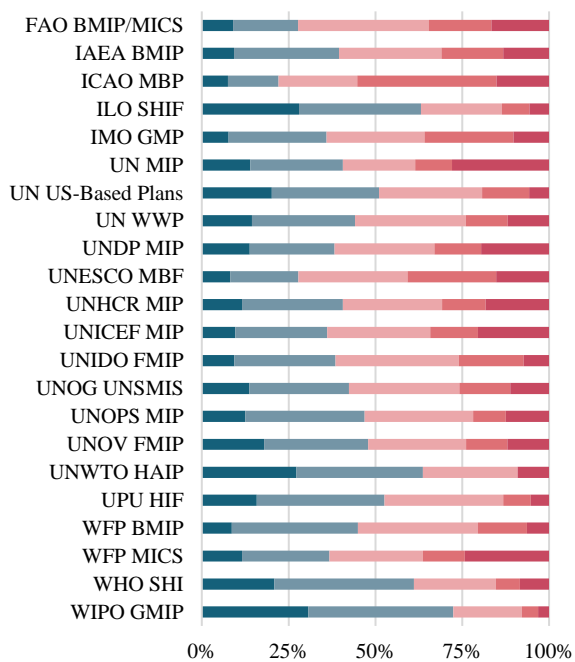
### Optical Care



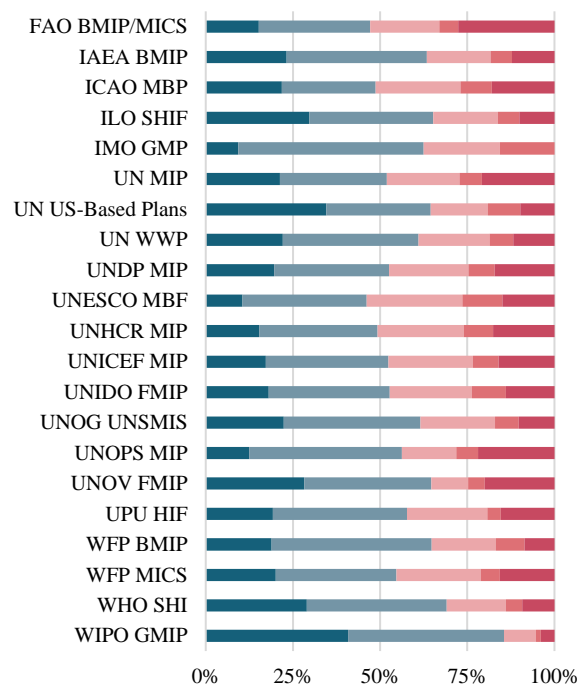
### Dental Care



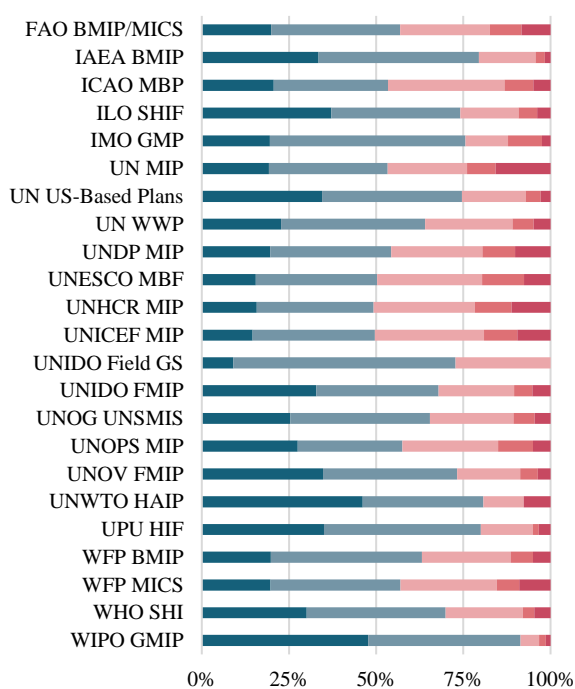
### Psychiatric/psychotherapy (Mental Health Care)



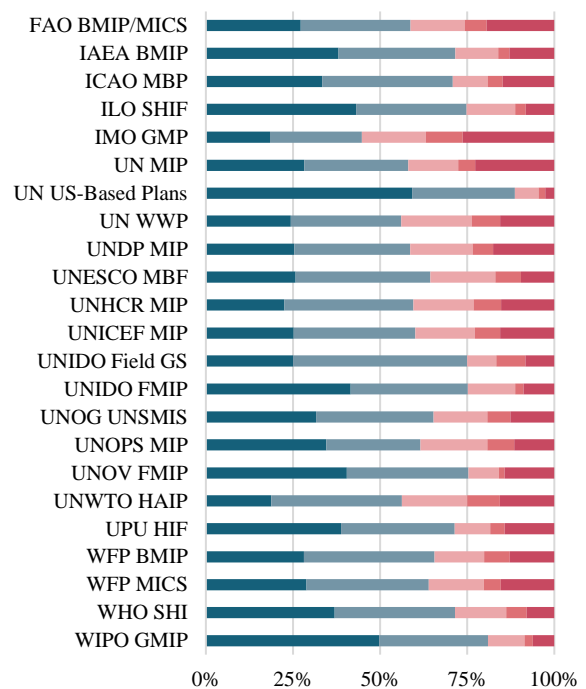
### Reproductive Health Care



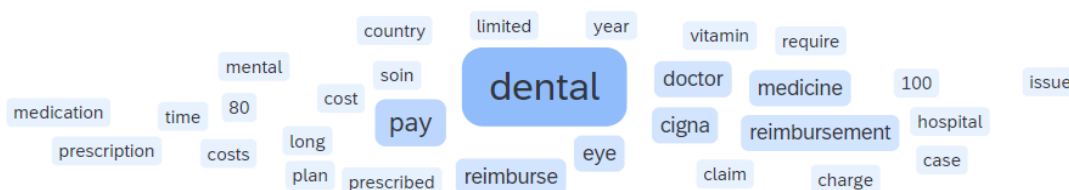
### Longterm/Chronic Treatments



### COVID 19-related Needs



**Comments related to unmet needs (question asked: “Overall, are there areas of unmet health care needs by your current primary health insurance scheme? If so, please elaborate)**



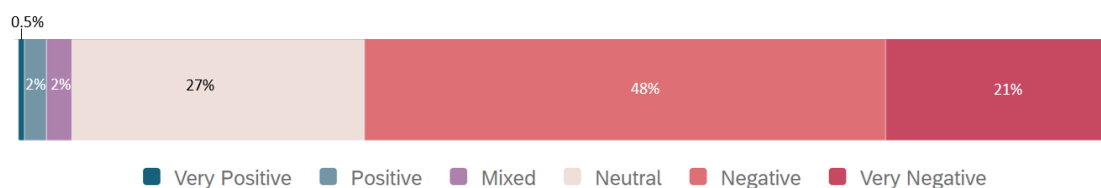
### Summary:

KEY WORDS	NO. OF TIMES MENTIONED IN COMMENTS	CONCERNS
Medicine, prescription, medication	2,227	<ul style="list-style-type: none"> <li>Not covered</li> <li>Eroded coverage</li> </ul>
Dental, dentistry	1,767	<ul style="list-style-type: none"> <li>Not covered</li> <li>Limited coverage</li> </ul>
Reimbursement, reimburse	1,421	<ul style="list-style-type: none"> <li>Waiting time for reimbursement</li> <li>Rejection of reimbursement</li> <li>Long process</li> <li>Cap on reimbursement (e.g. 80% on outpatient)</li> </ul>
Eye, optical, glasses	1,244	<ul style="list-style-type: none"> <li>Not covered</li> <li>Limited coverage</li> </ul>
Out of pocket, pay upfront, cash	759	<ul style="list-style-type: none"> <li>Process of paying upfront and then filing for reimbursement</li> </ul>
Cigna	742	<ul style="list-style-type: none"> <li>Limited facilities network; hospitals with no contract with Cigna</li> <li>Low coverage</li> <li>Reimbursement delays and complicated procedures</li> </ul>
Preventive care	658	<ul style="list-style-type: none"> <li>Physical therapy</li> <li>Physiotherapy</li> </ul>
Mental health	467	<ul style="list-style-type: none"> <li>Not covered</li> </ul>

### Insights:

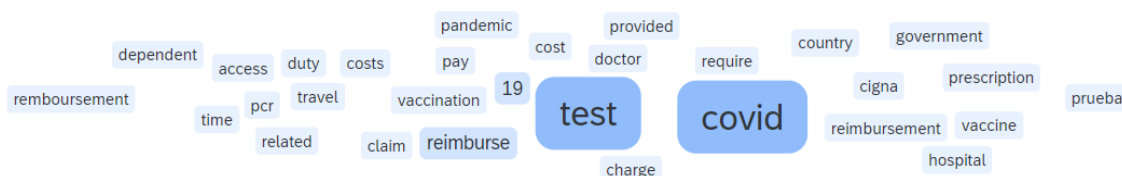
1. Based on geographic location:
  - a. Africa – foremost concern is the lack of direct payment options.
  - b. Americas – highest mentions of unmet needs related to mental health
  - c. Europe – highest mentions of unmet needs related to physical therapy
2. Based on staff category – both categories align with common concerns. However, the internationally-recruited respondents cite preventive care and mental health as priorities for unmet needs
3. Based on staff status:
  - a. Retirees - foremost concern is dental care; recurrence of the need for physical therapy
  - b. Unmet needs of active staff align with the most common themes identified above
4. Complaints with Cigna are similar across different health insurance schemes. Aside from limited coverage, there are instances that facilities refuse to acknowledge Cigna because of delayed direct payments, resulting in staff having to pay medical expenses upfront.

## Sentiment analysis



About 69 per cent of the responses to this question expressed negative to very negative sentiments, while only 2.5 per cent expressed positive to very positive ones.

**Comments on COVID-19-related needs (question asked: “Please explain what the unmet needs related to COVID-19 were”)**



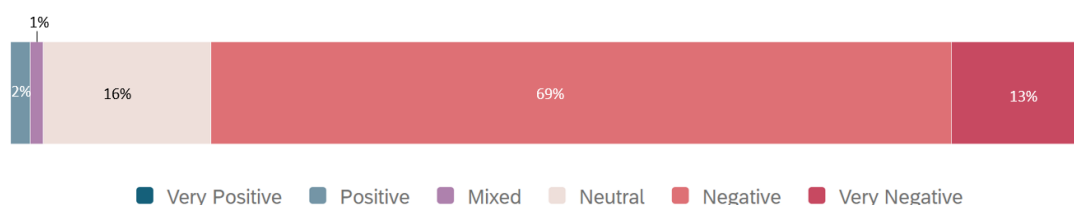
**Summary:**

KEY WORDS	NO. OF TIMES MENTIONED IN THE COMMENTS	CONCERNS
COVID-19 tests	1,356	<ul style="list-style-type: none"> <li>Not covered, even as part of the mandatory requirements for work or travel</li> </ul>
Reimbursements	755	<ul style="list-style-type: none"> <li>Tests were not reimbursed, particularly without a doctor's prescription (which during the pandemic was difficult to acquire)</li> <li>Costs for COVID-19 treatment, including medications, were not reimbursed</li> <li>Process of paying upfront then waiting for reimbursement</li> <li>Delayed reimbursement with lengthy processes</li> </ul>
Vaccination	601	<ul style="list-style-type: none"> <li>Not covered</li> <li>Had to go to government for vaccination</li> </ul>

### Insight:

Overall, unmet needs mainly revolve around the top 3 abovementioned concerns and are applicable regardless of geographic locations, staff categories and health insurance schemes.

### Sentiment analysis:

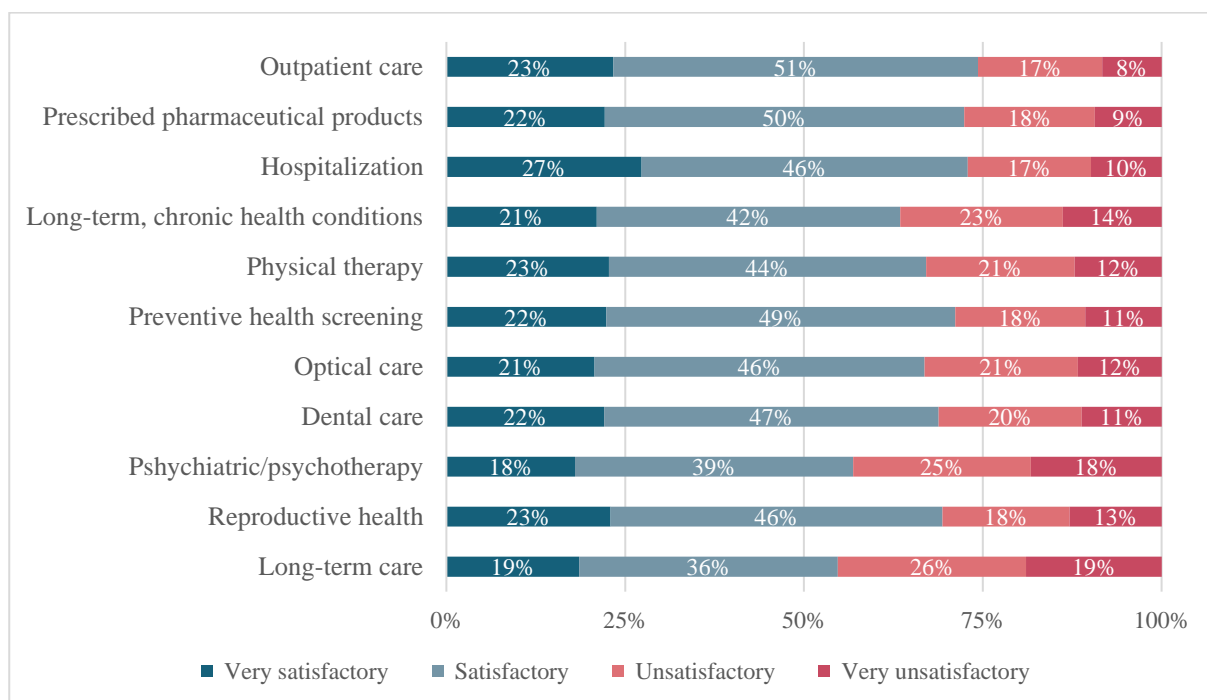


About 82 per cent of the responses to this question expressed negative to very negative sentiments, while only 2.05% expressed positive to very positive ones.

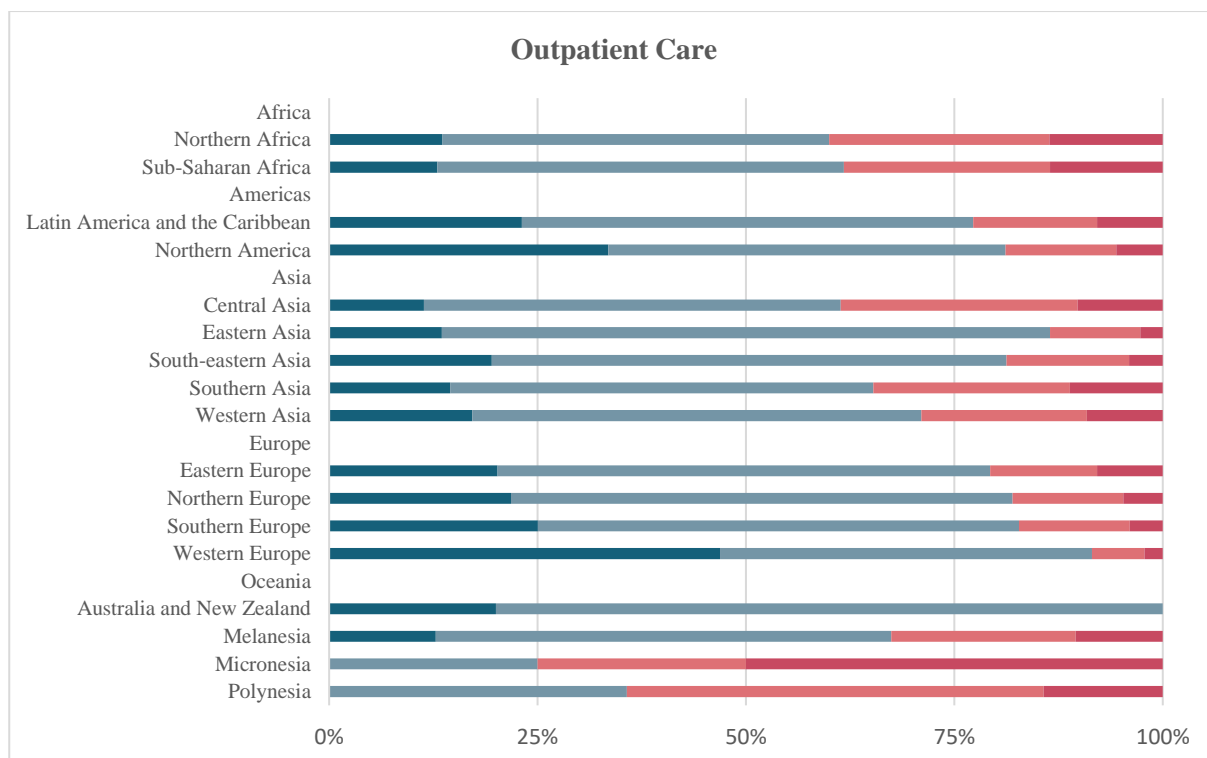
## C. Access to health care

**Satisfaction level of respondents (active staff only) with the level of access to health care and other related services in their duty stations (overall and by sub-region)**

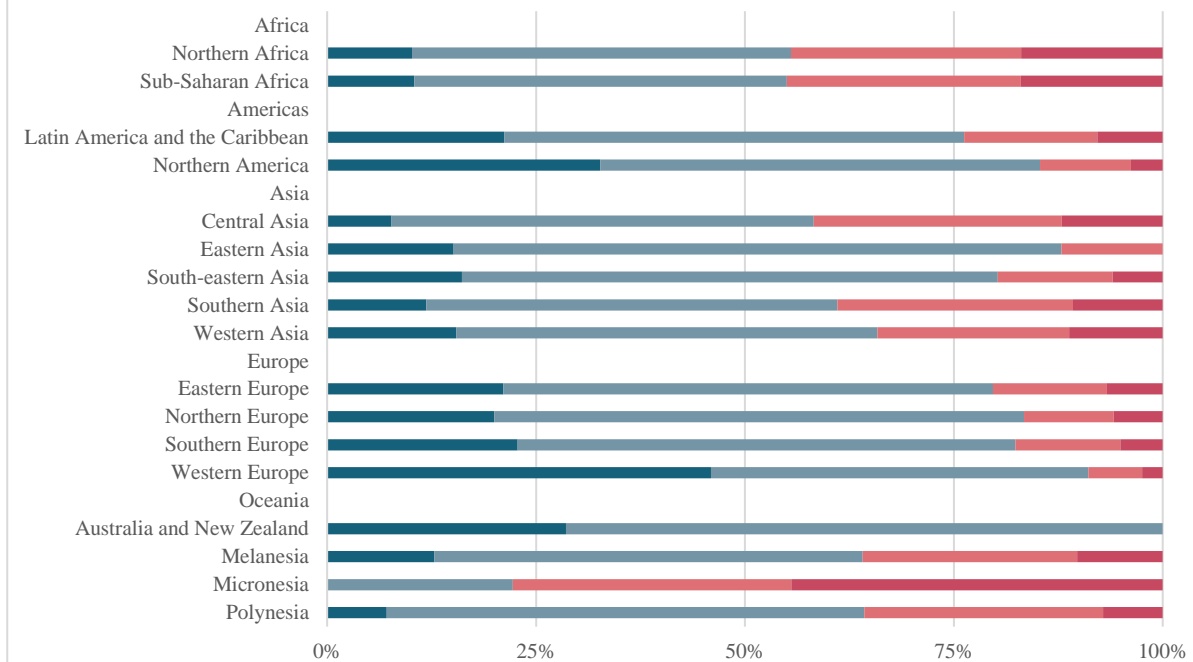
### Overall results



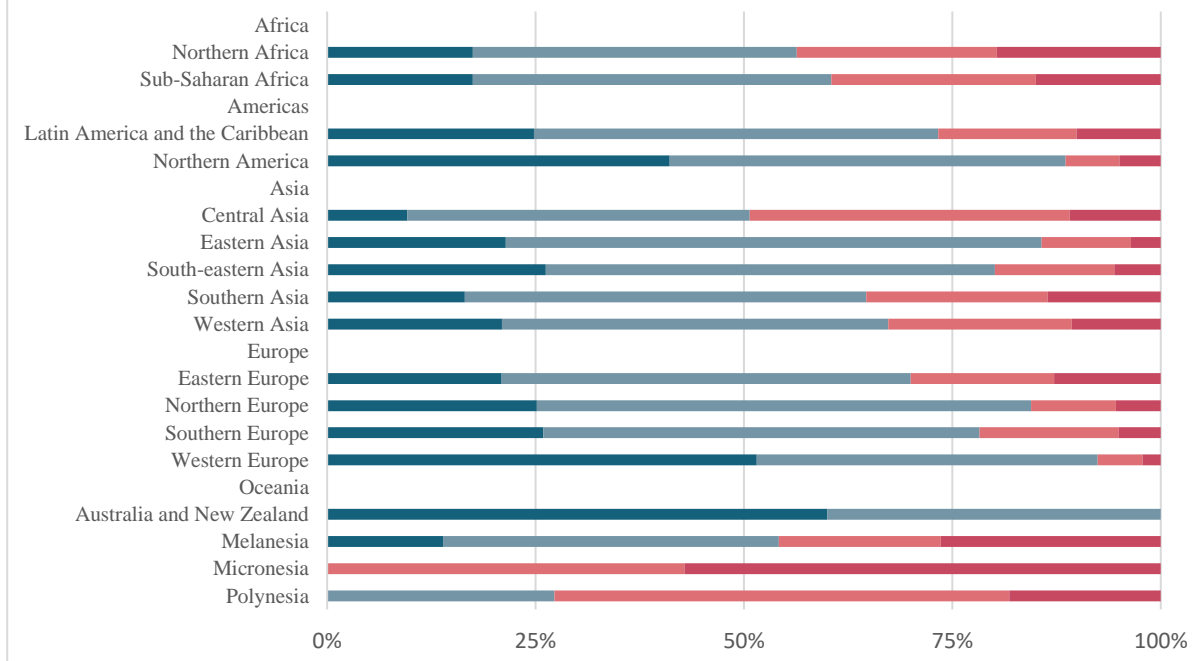
### By area of care and by sub-region



### Prescribed Pharmaceutical Products

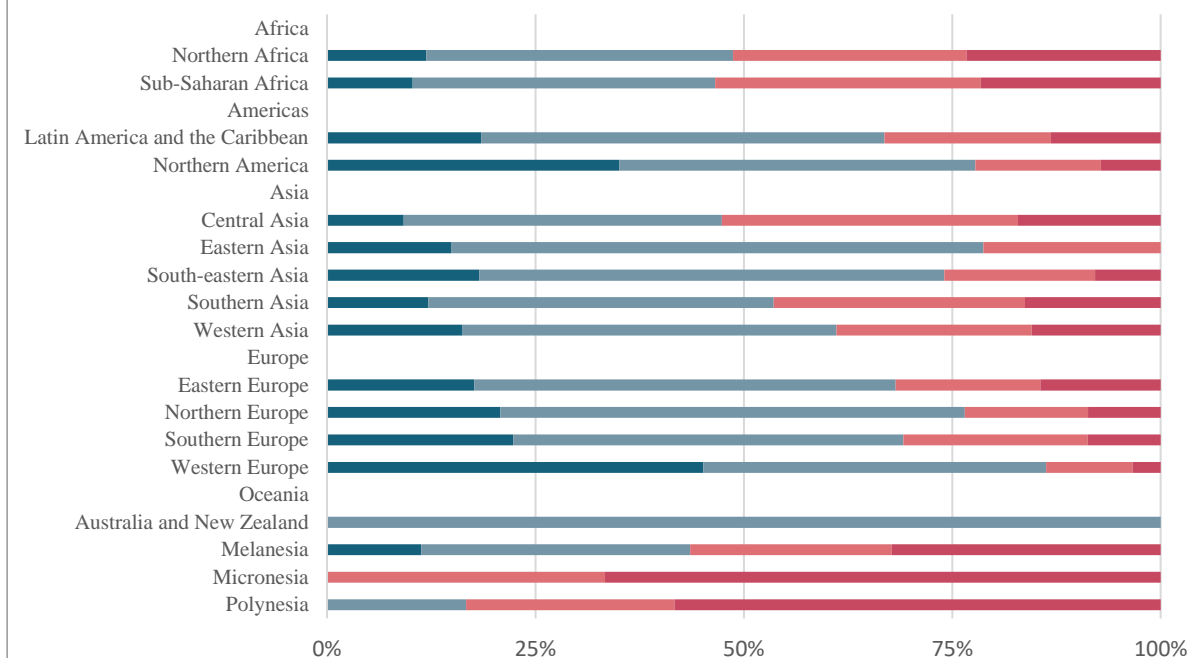


### Hospitalization

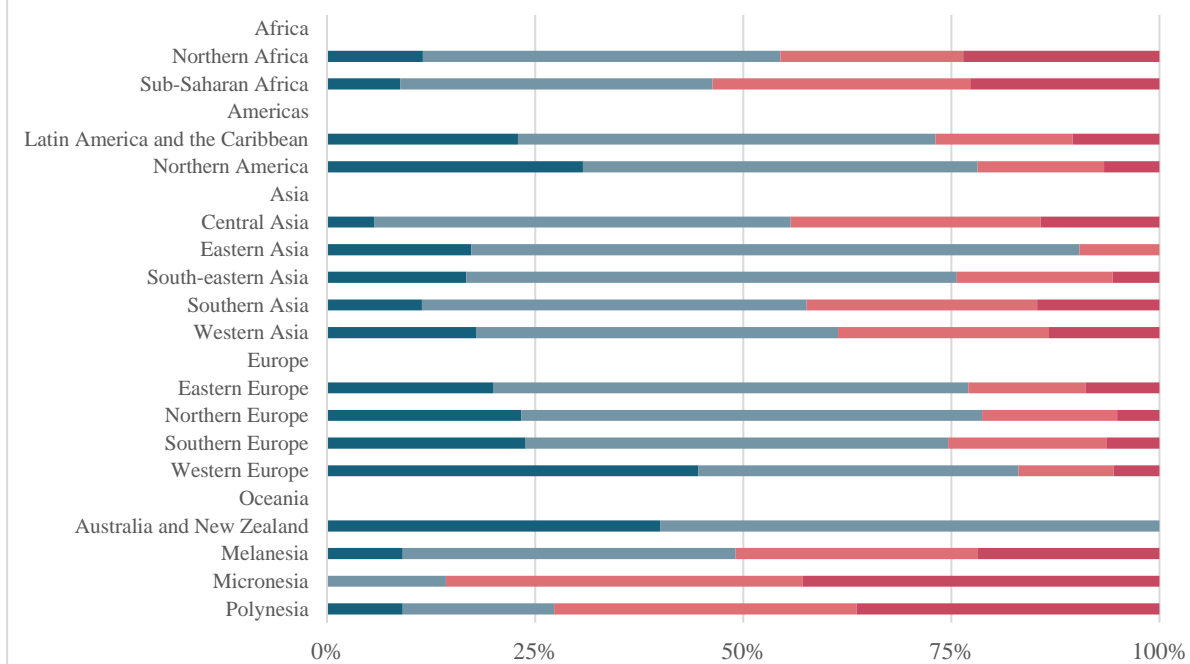


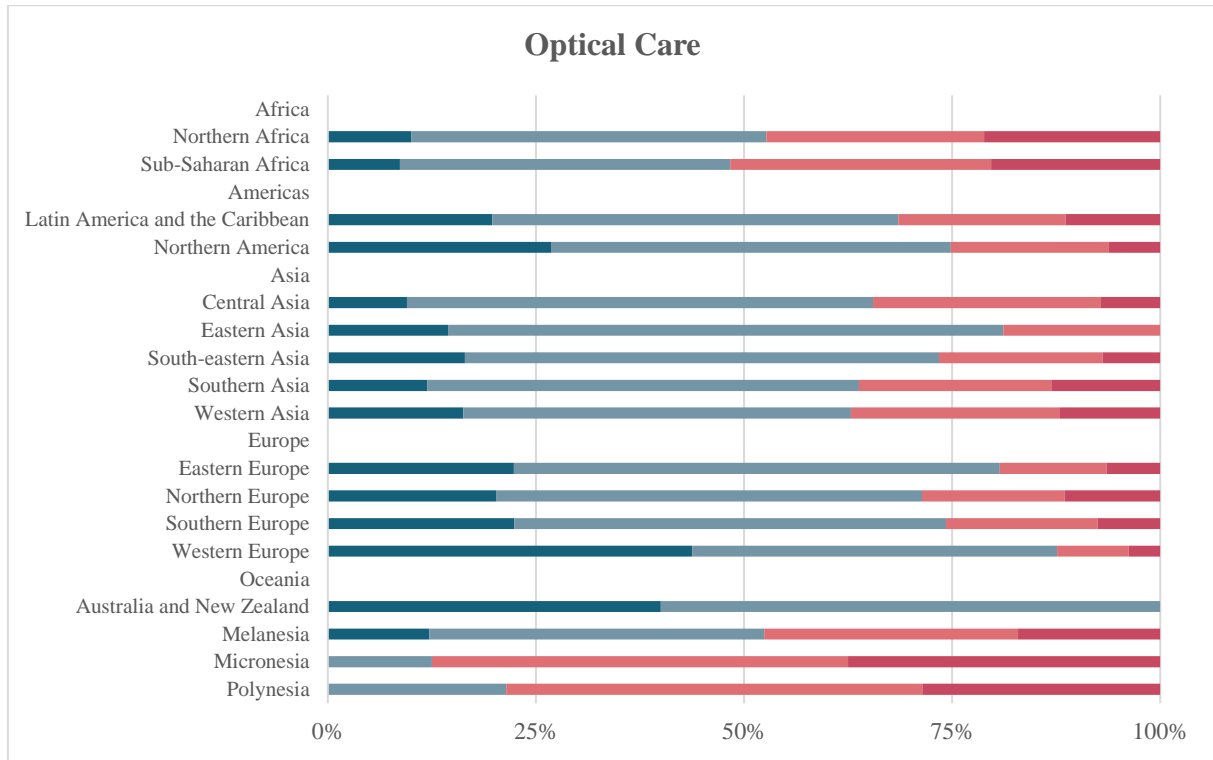
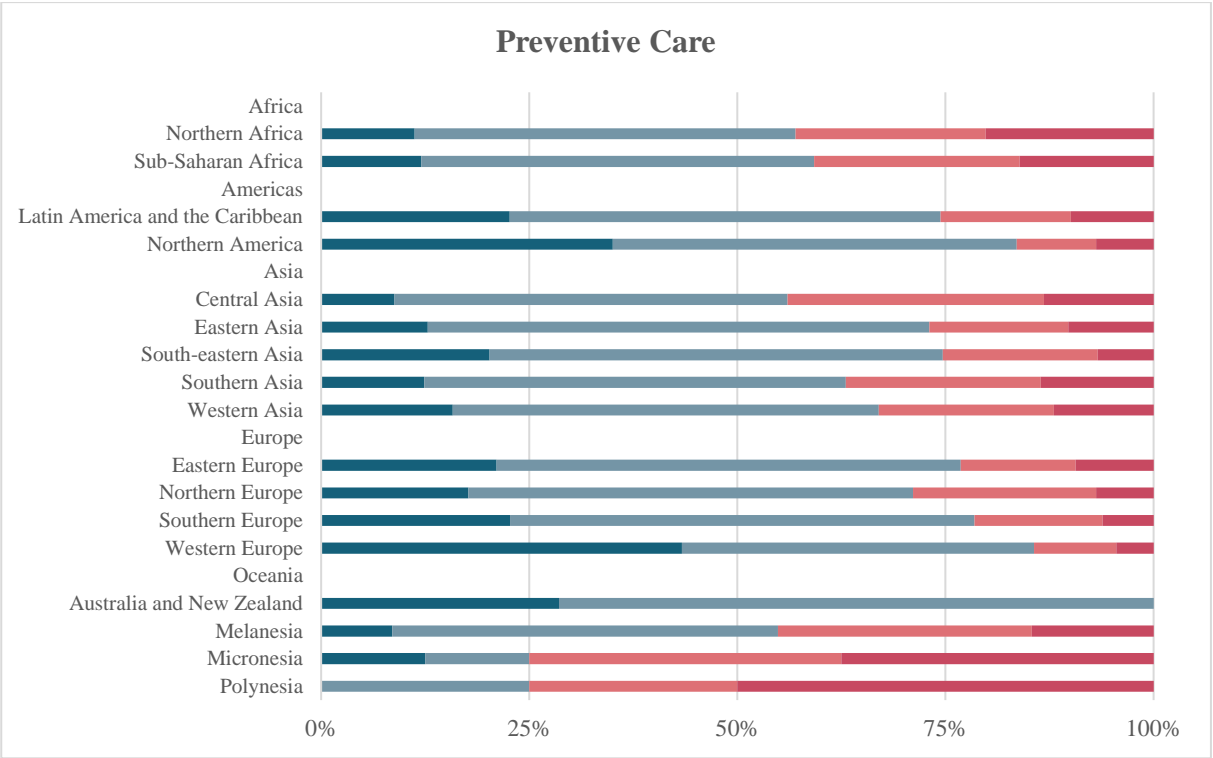


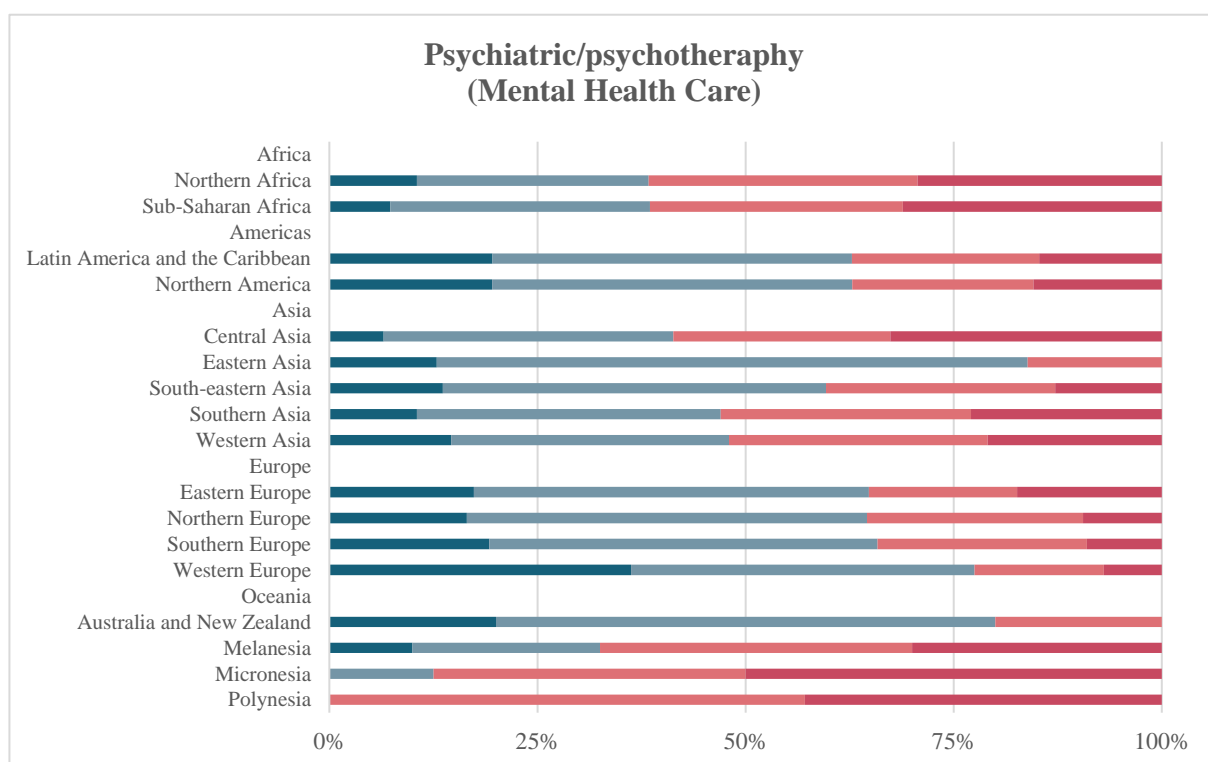
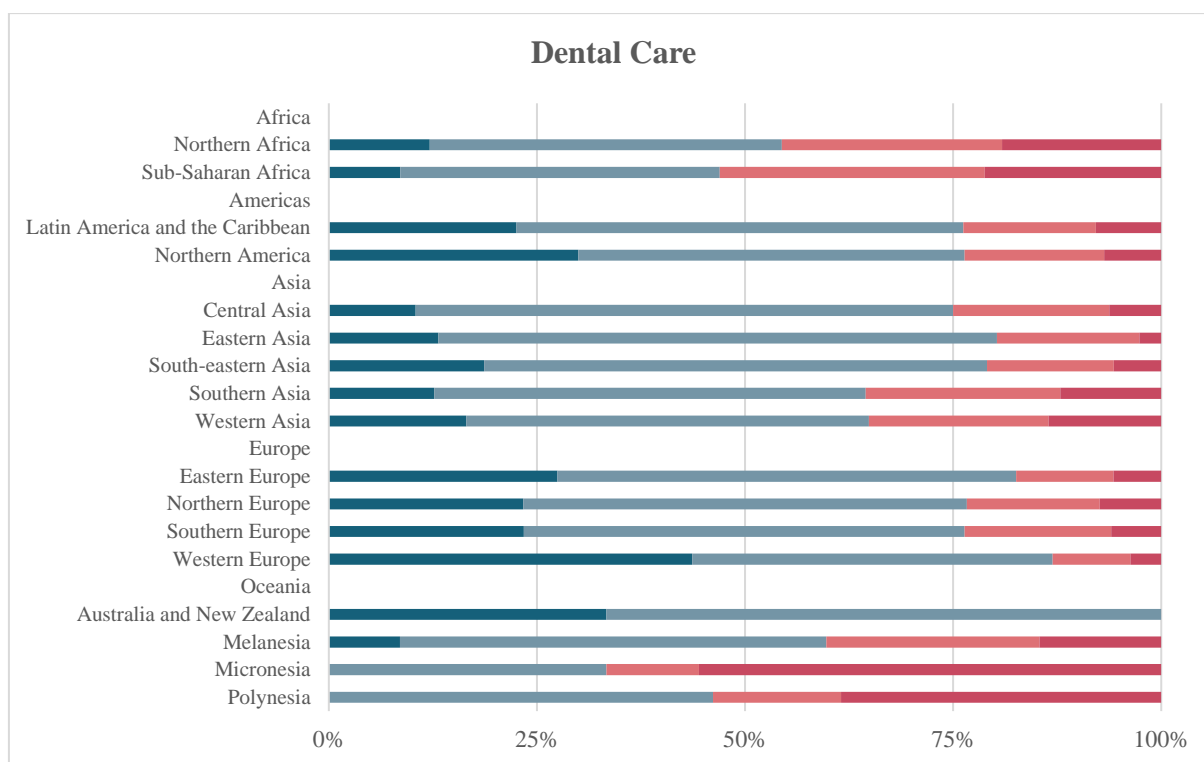
### Long-term, chronic health conditions

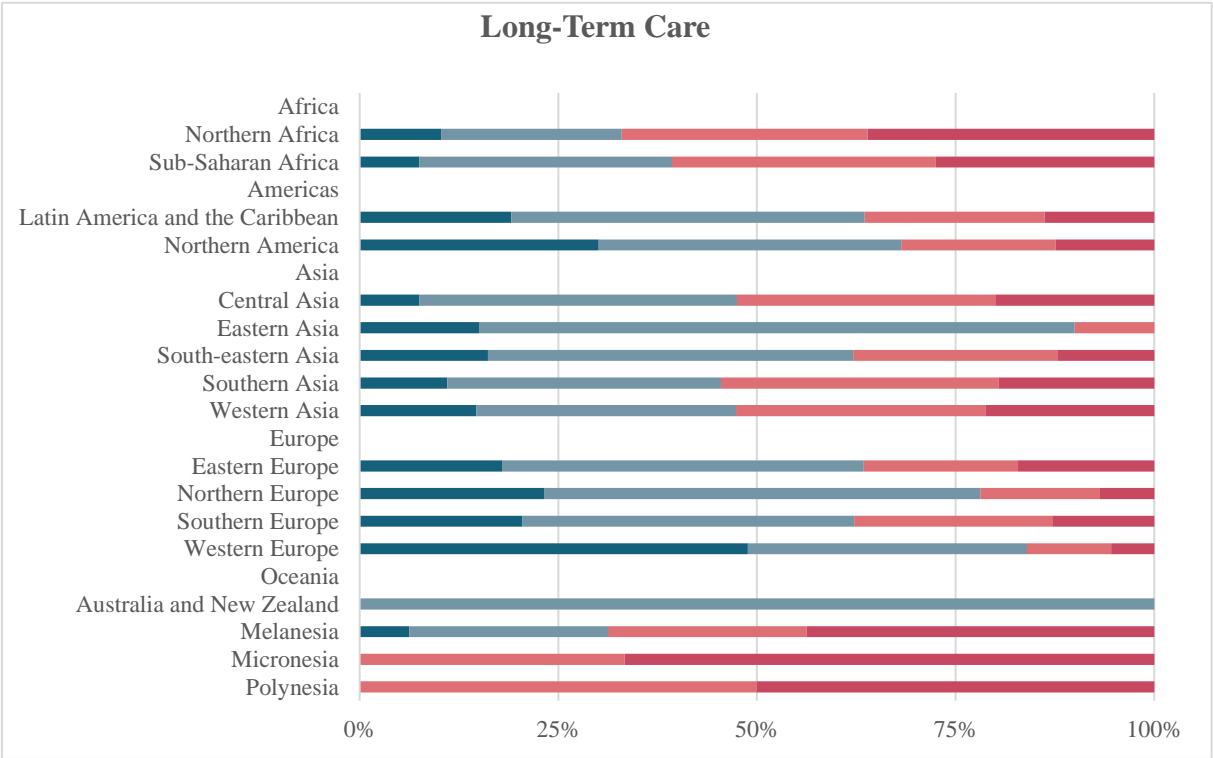
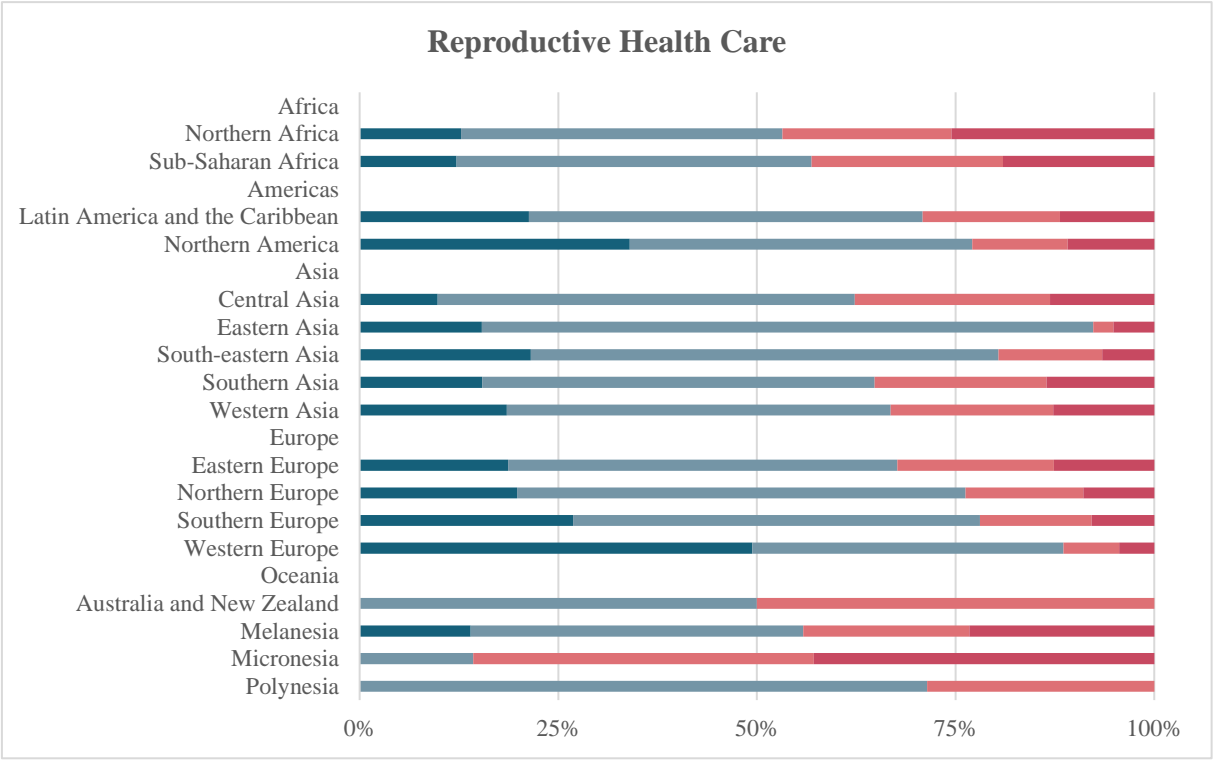


### Physical Therapy



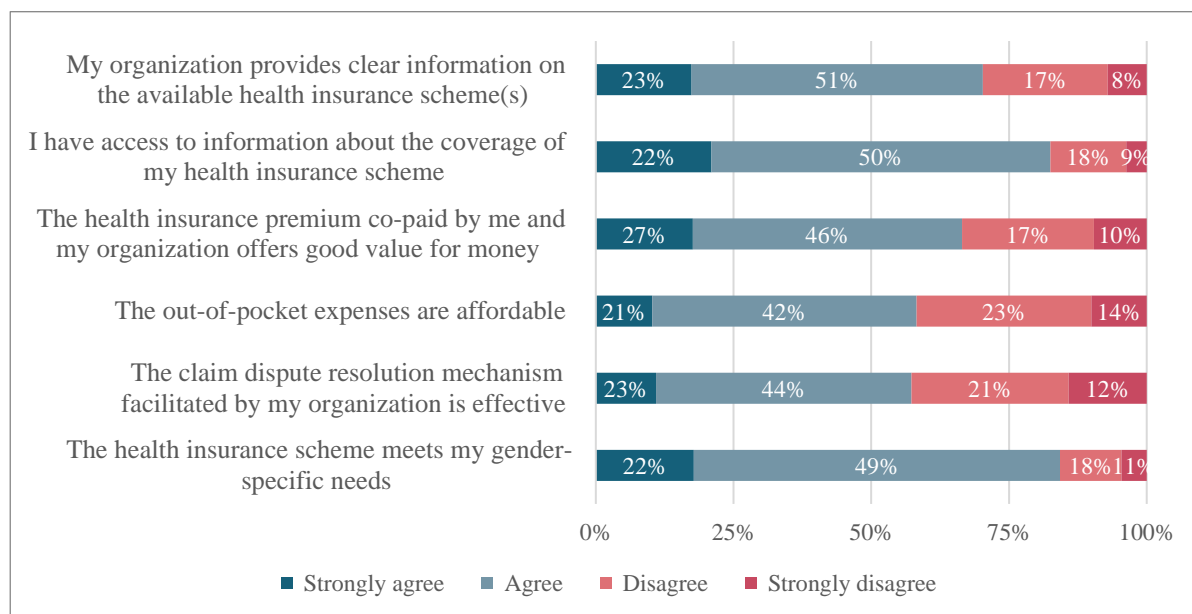




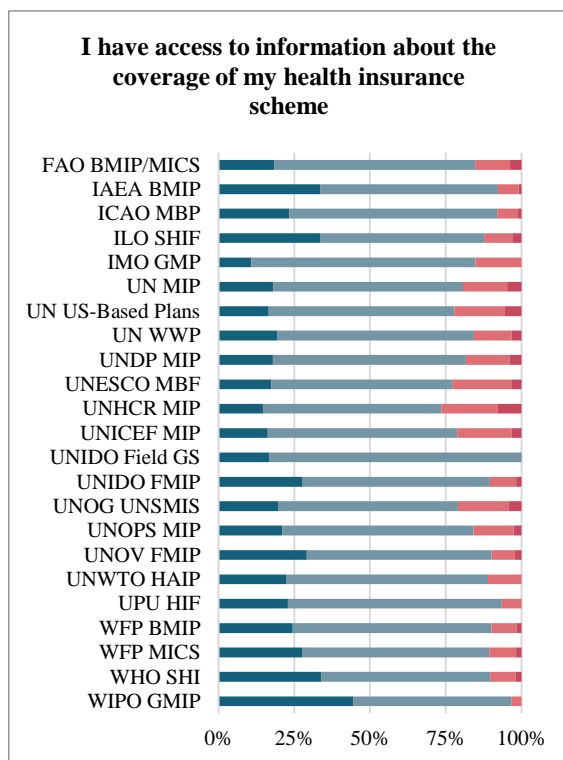
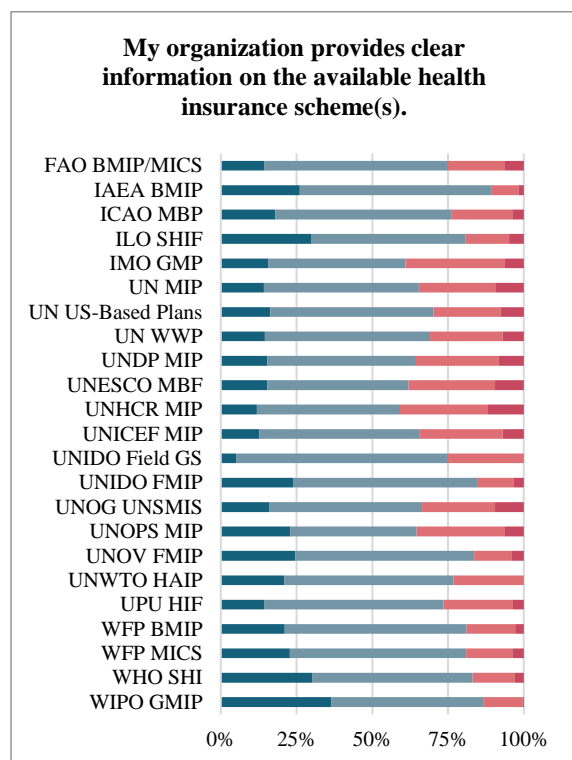


## D. Quality of health insurance administration

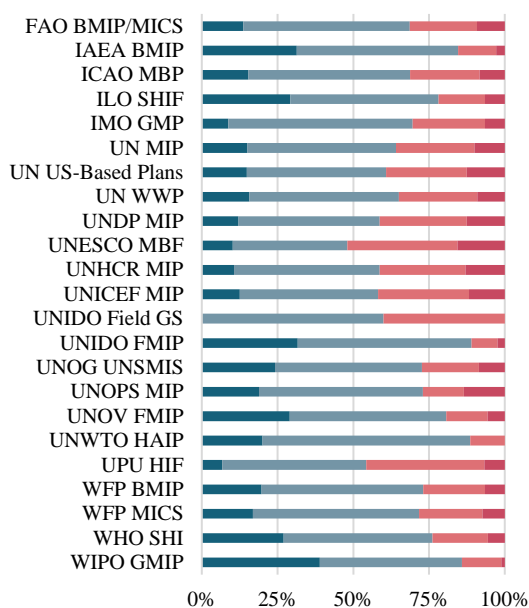
Perception of survey respondents related to the administration of their health insurance schemes



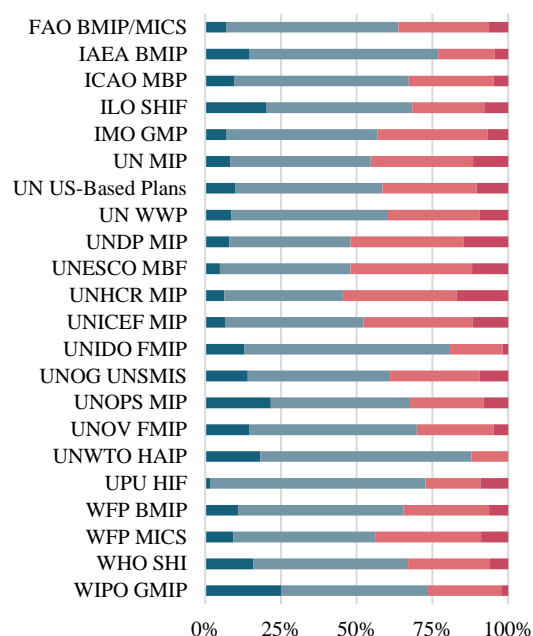
## Responses by health insurance plan



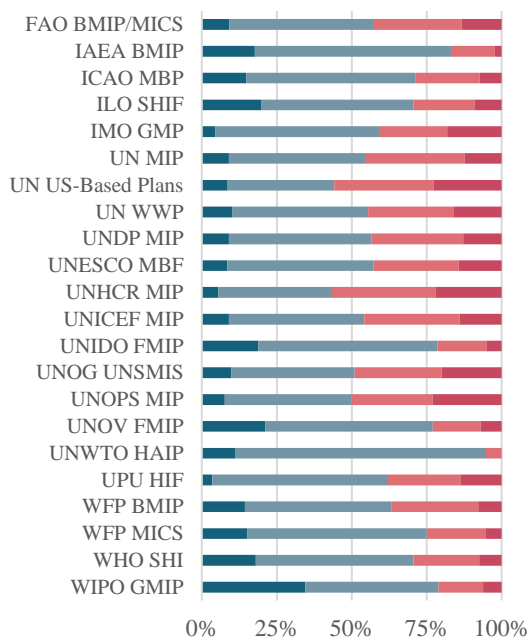
**The health insurance premium co-paid by me and my organization offers good value for money**



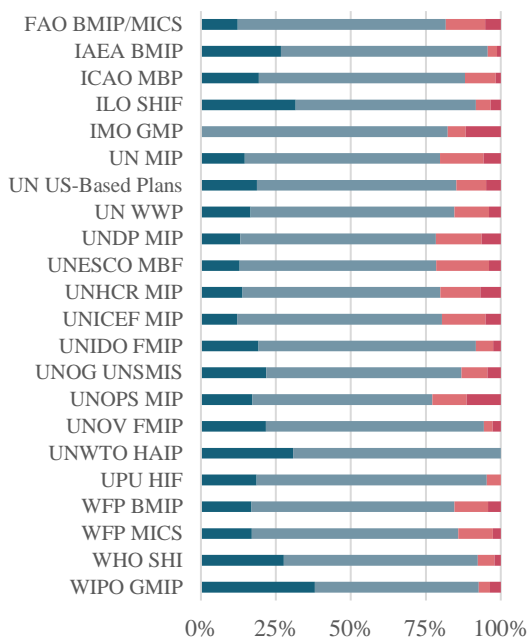
**The out-of-pocket expenses are affordable**

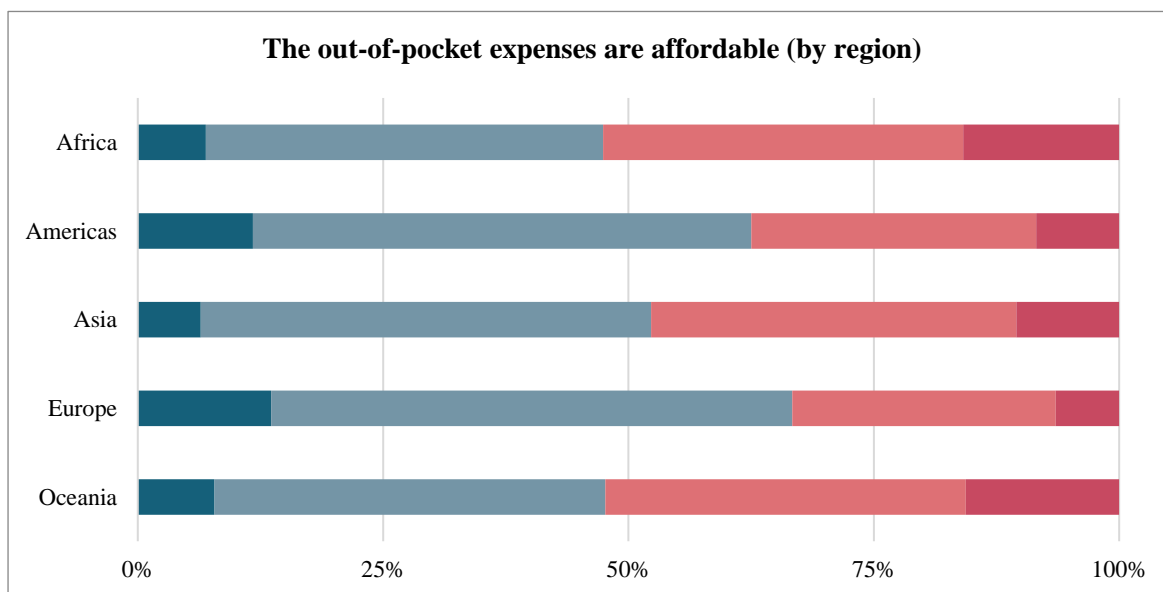


**The claim dispute resolution mechanism facilitated by my organization is effective**



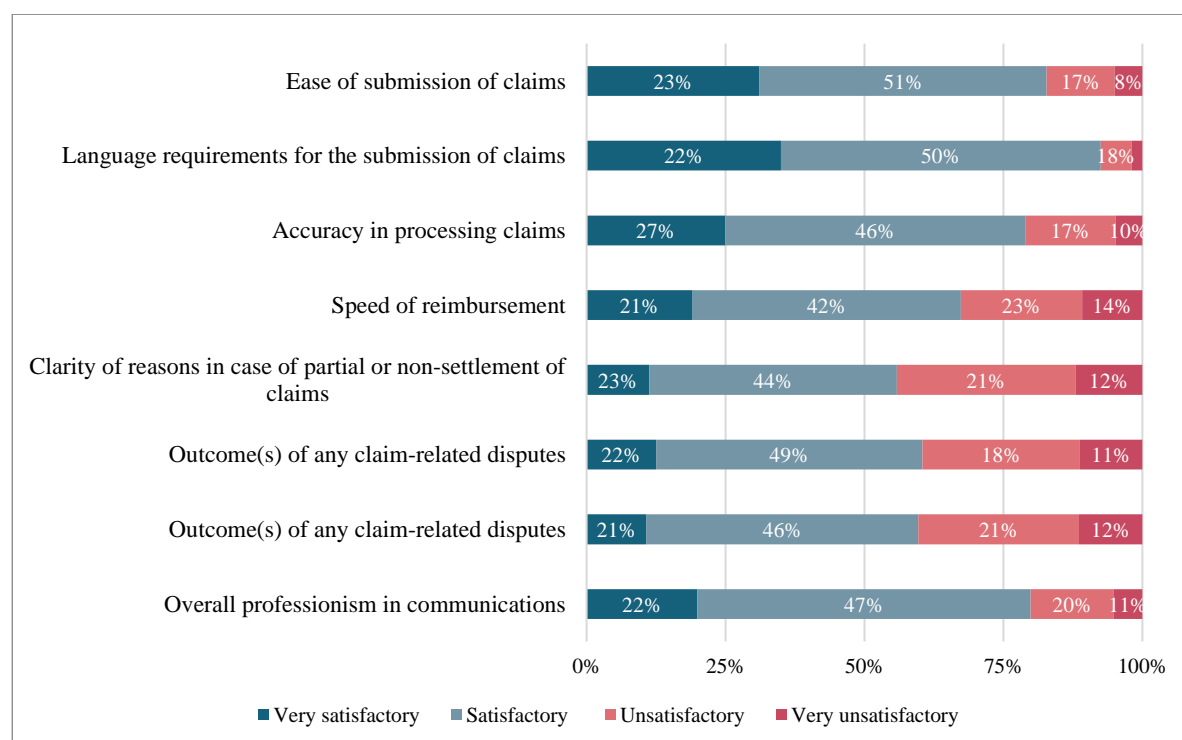
**The health insurance scheme meets my gender-specific needs**





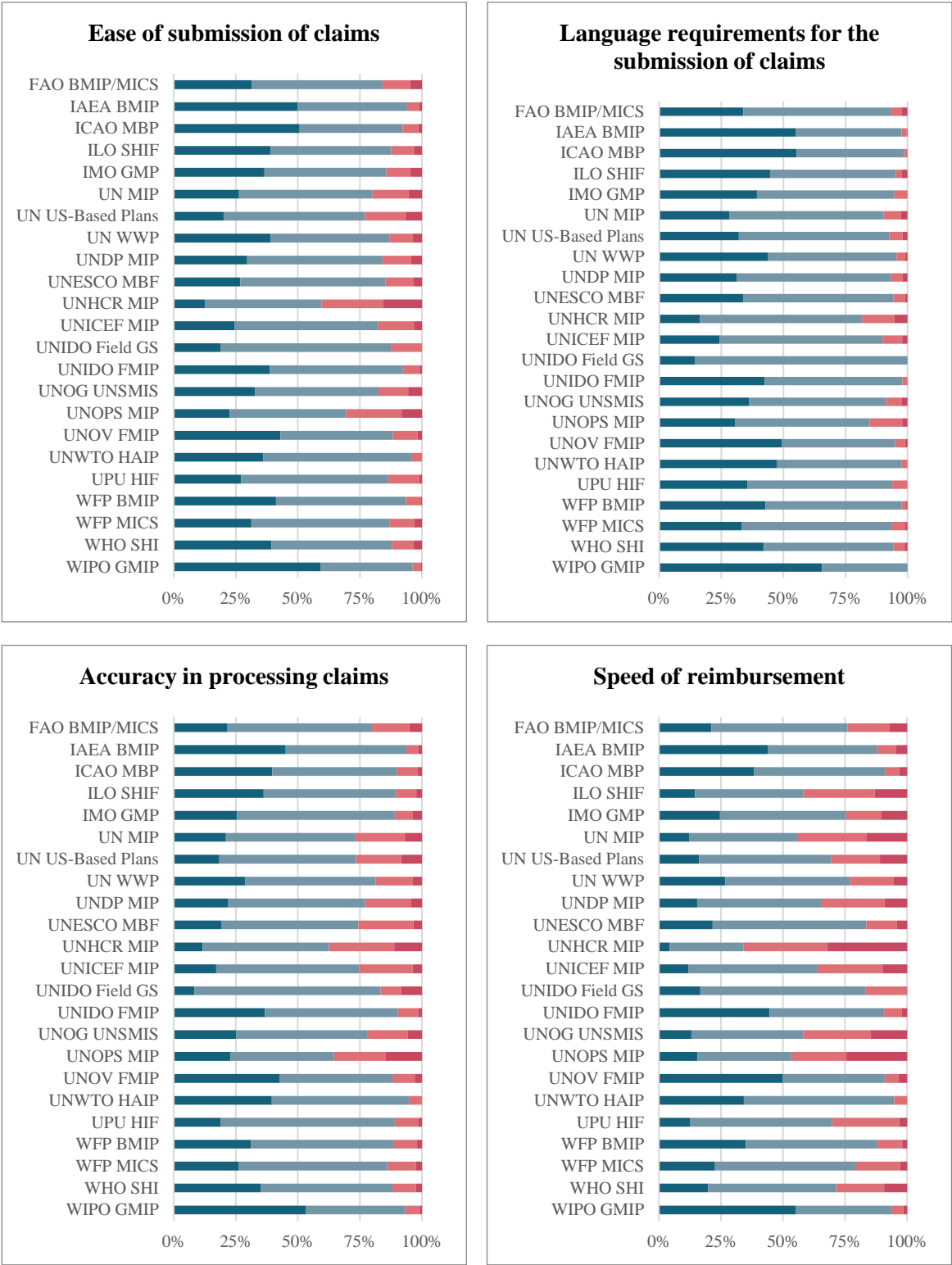
## E. Quality of claims administration

The level of satisfaction of the respondents on different aspects of claims administration

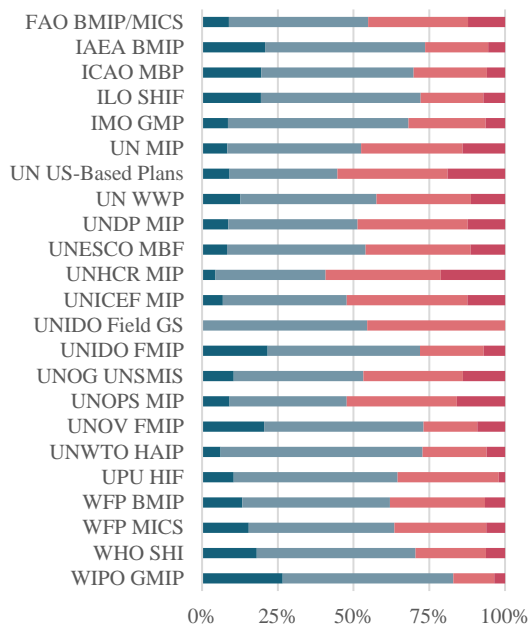




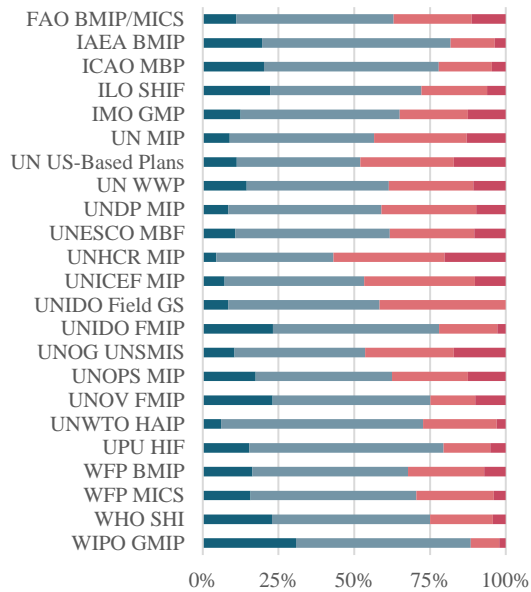
Responses by health insurance plan



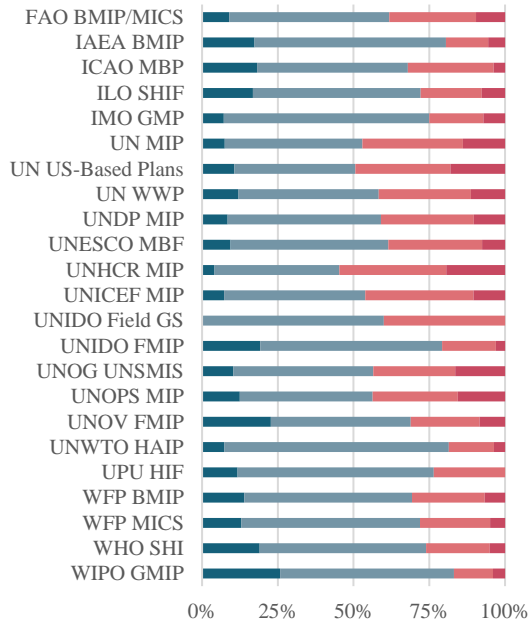
### Clarity of reasons in case of partial or non-settlement of claims



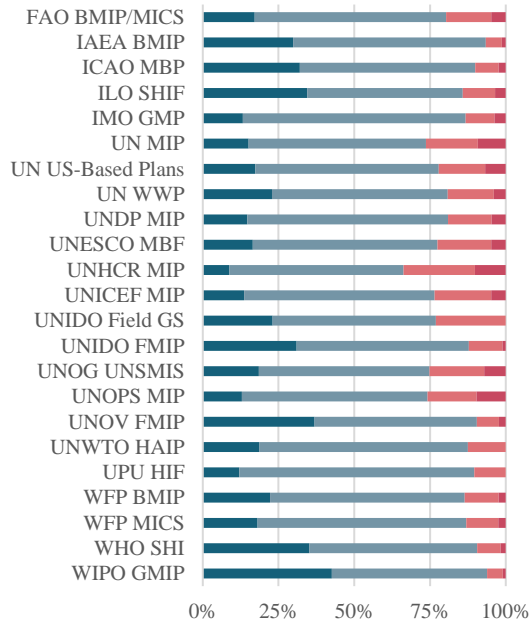
### Responsiveness to enquiries related to partial or non-settlement of claims



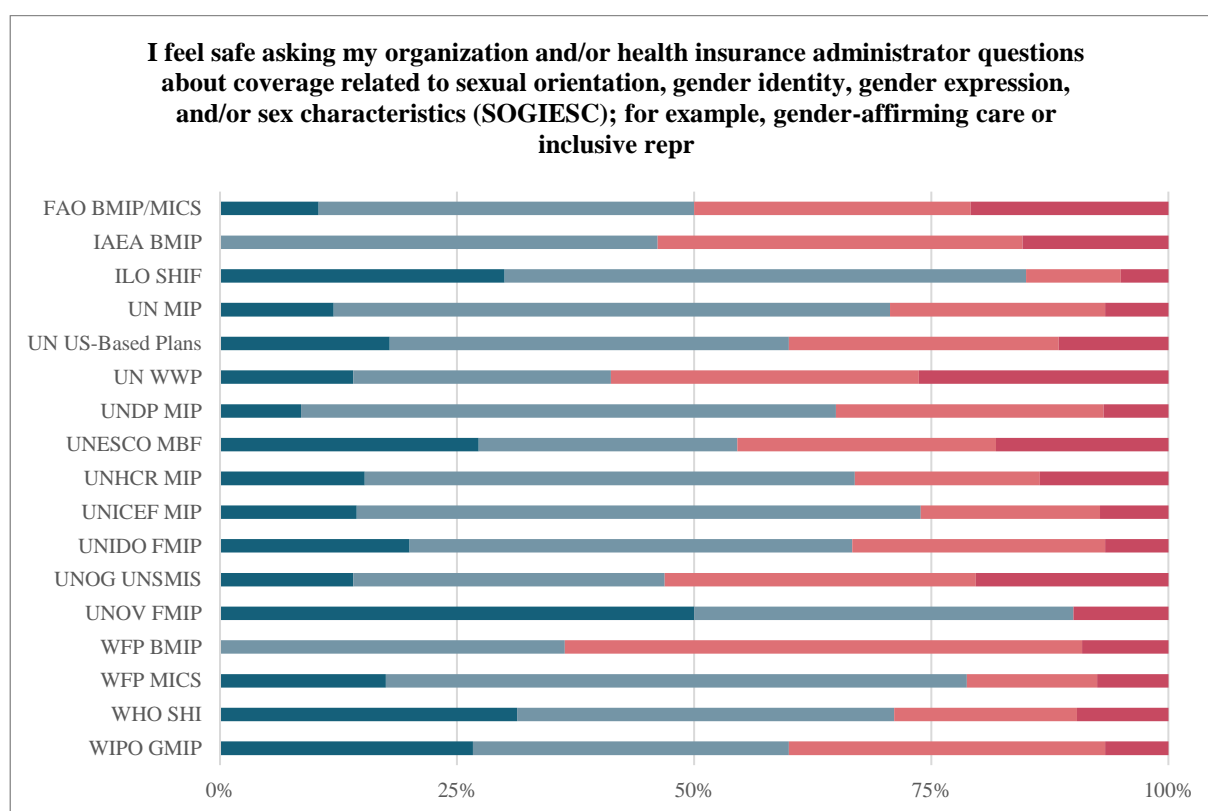
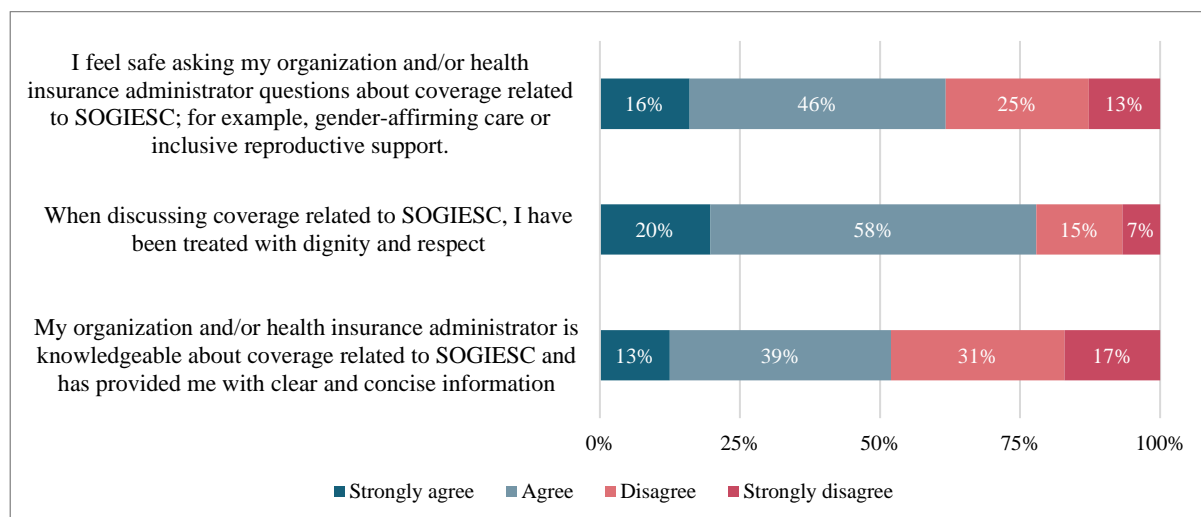
### Outcome(s) of any claim-related disputes



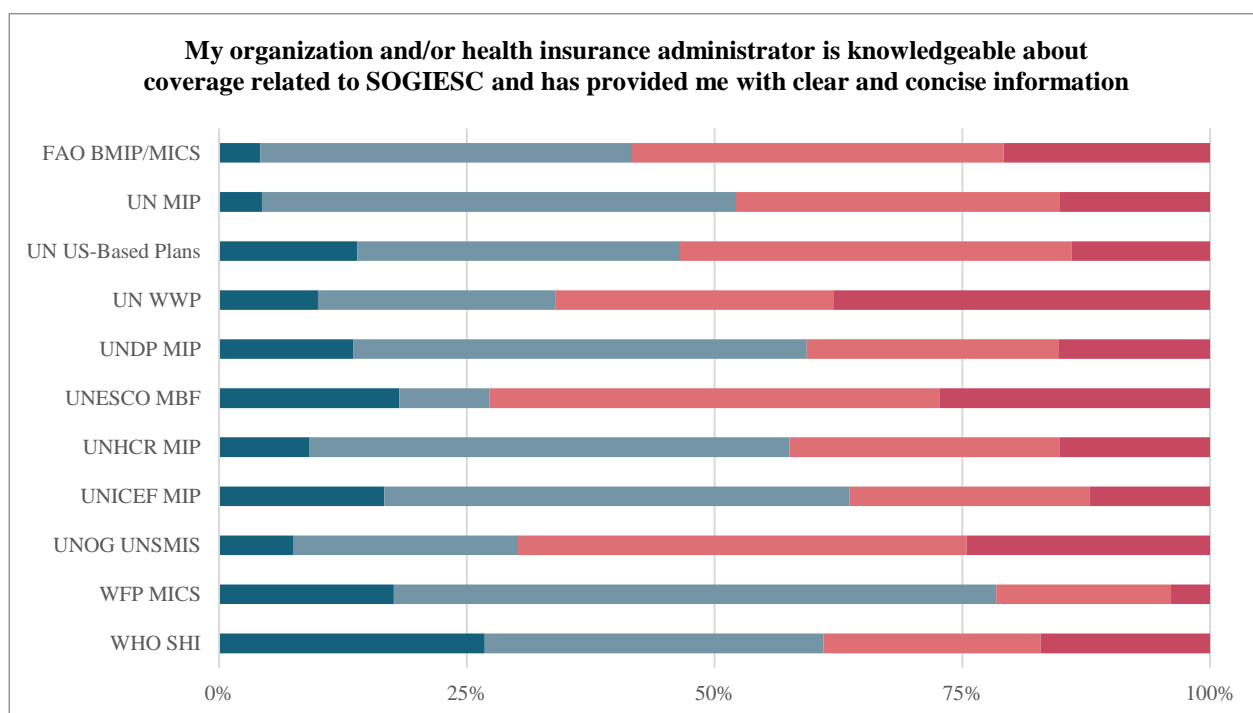
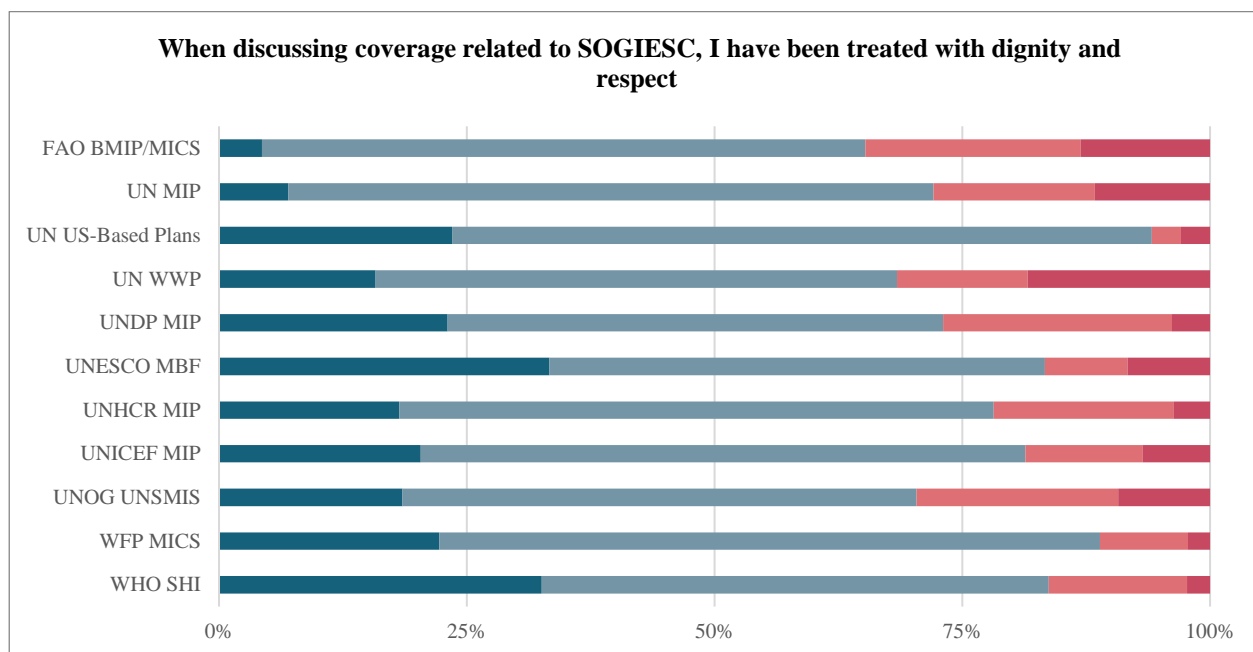
### Overall professionalism in communications



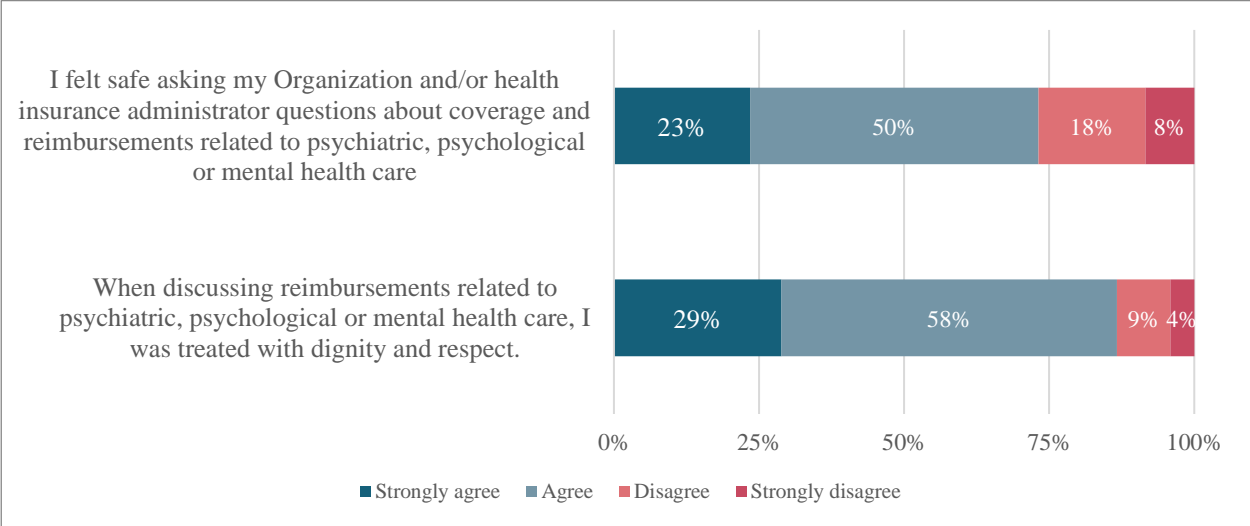
## F. Effectiveness in handling enquiries related to gender-affirmative care<sup>34</sup>



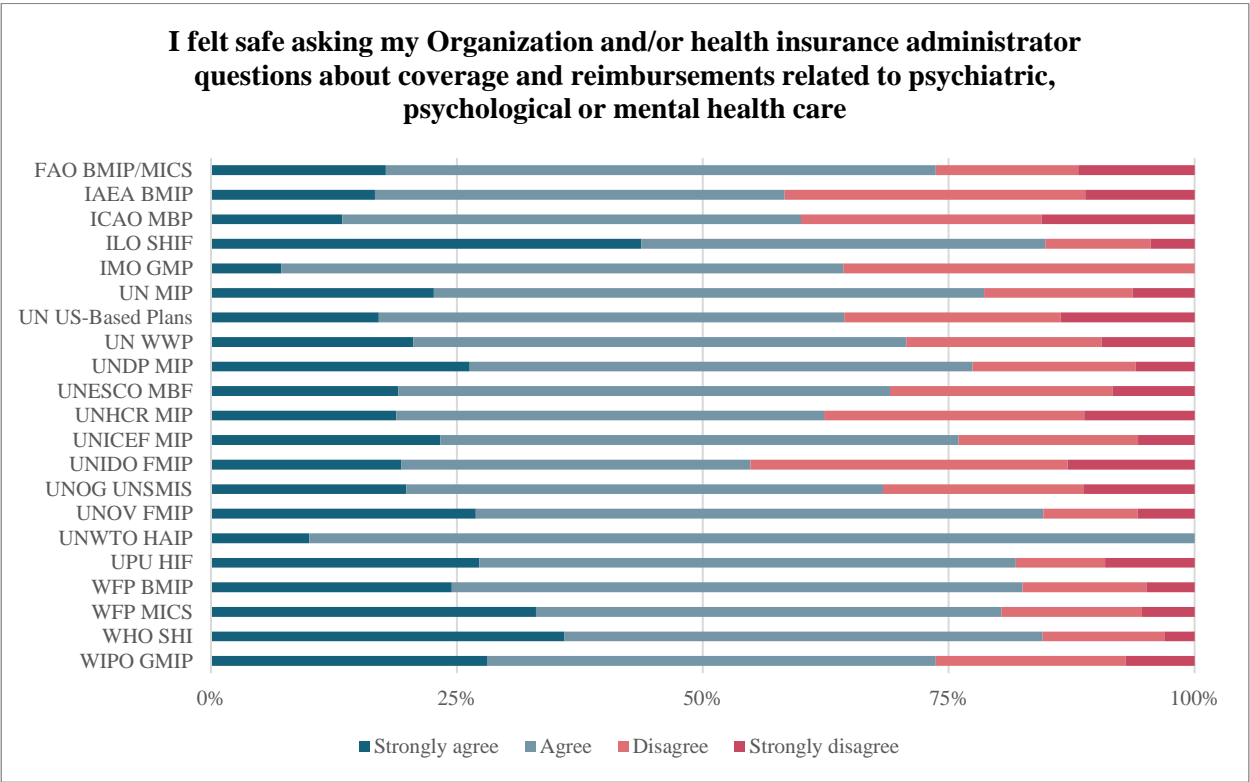
<sup>34</sup> Not all schemes receiving sufficient responses for an individual analysis of the results.

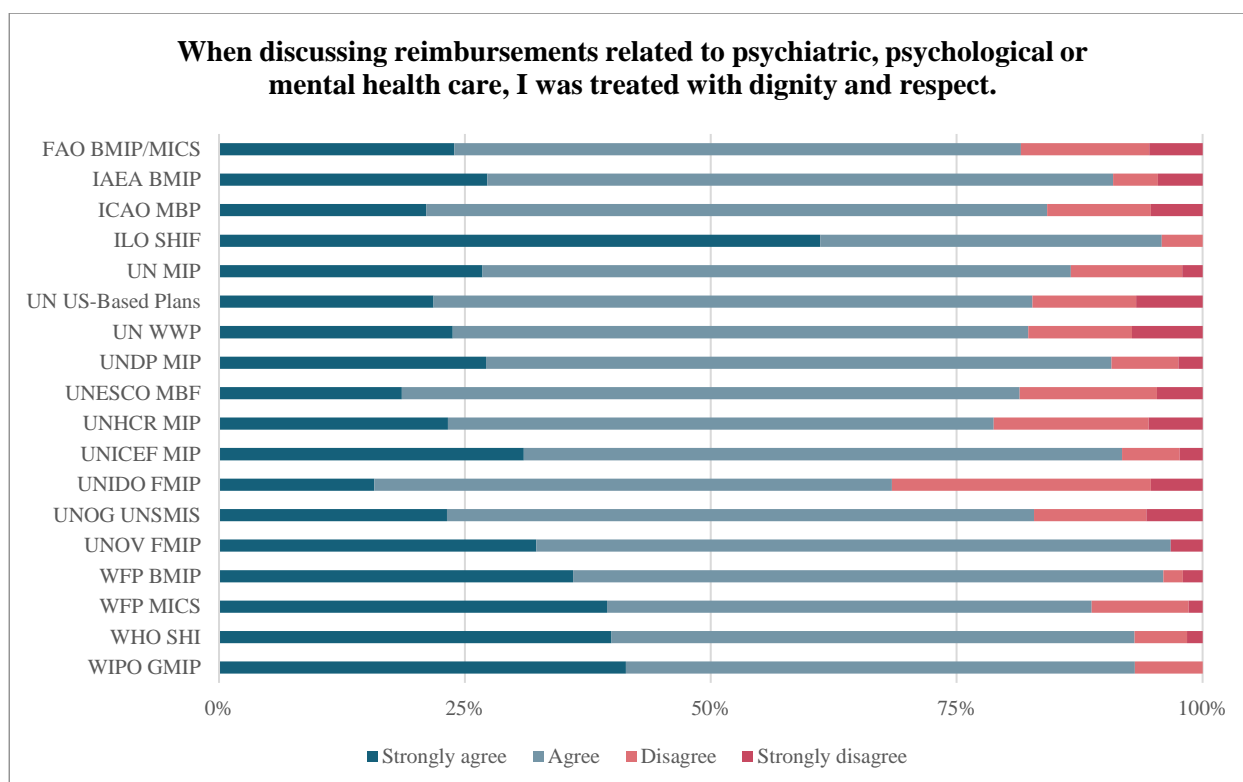


### G. Effectiveness in handling enquiries related to mental health care



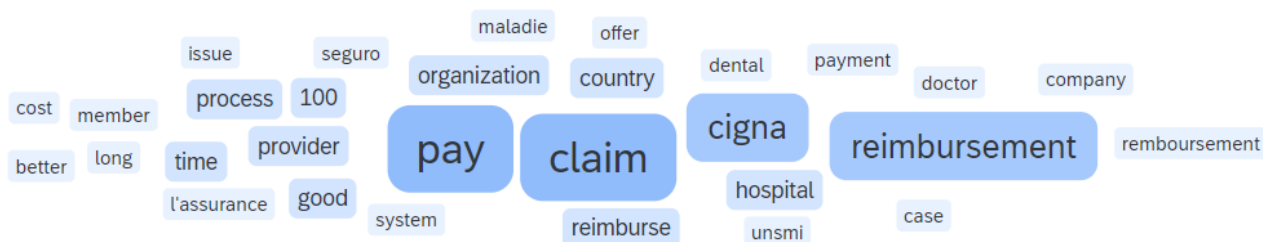
### Responses by health insurance scheme



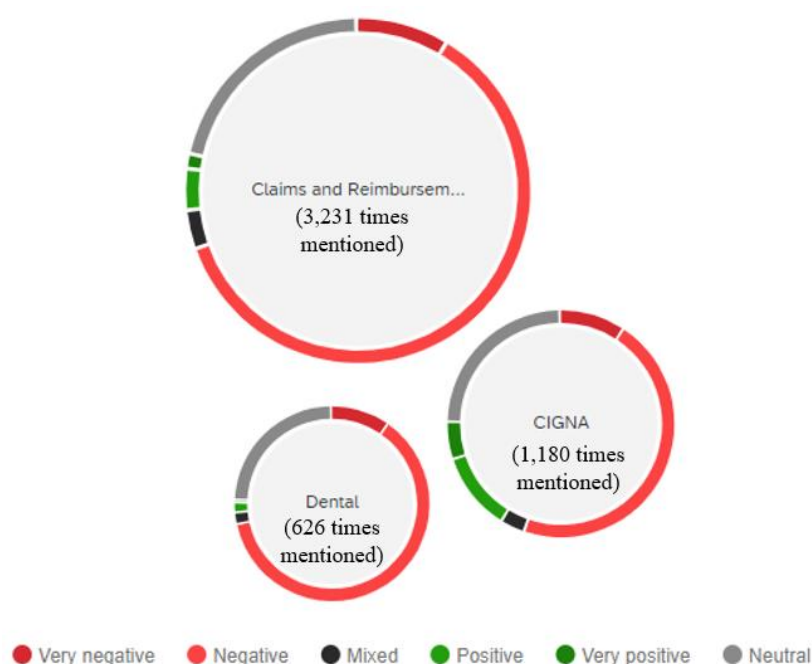


## H. Overall comments

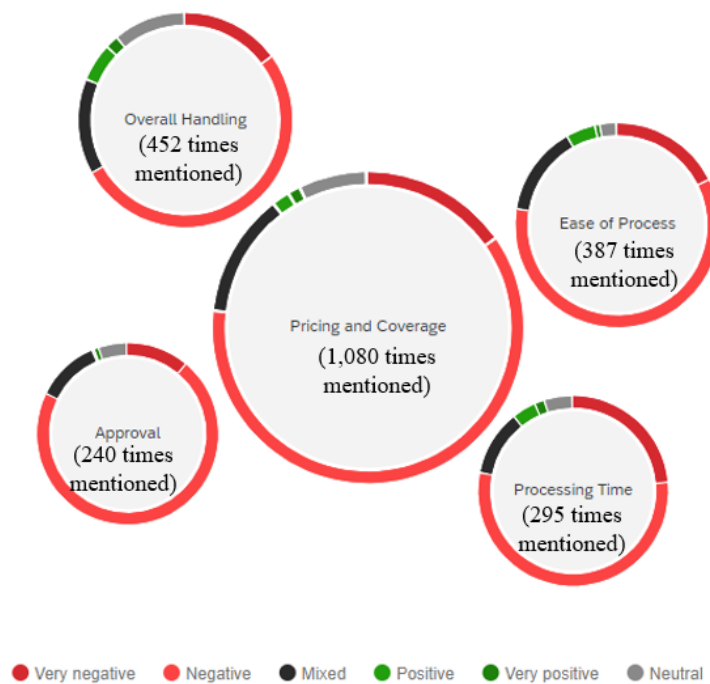
(Question asked: “Please use this space to add any comments or suggestions you may have regarding the health insurance schemes offered by your organization”)



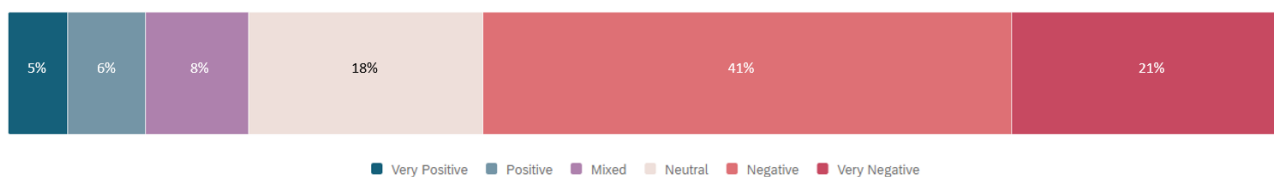
## Summary:



### Claims and reimbursements breakdown:



### Sentiment analysis



About 62 per cent of the responses to this question expressed negative to very negative sentiments, while only 11 per cent expressed positive to very positive ones.

### Positive and very positive comments include:

#### *Mentioning claims and reimbursements (113)*

- o Speed and ease of filing process
- o Coverage
- o Prompt reimbursements
- o Good service
- o Communication and responsiveness

#### *Mentioning Cigna (115)*

- o Effective and responsive
- o Good service
- o Reasonable costs
- o Speed of reimbursements
- o User friendly system