

# Staff Health Insurance RULES

Effective January 2023

These Rules apply to staff members on **fixed-term, continuing, or temporary appointments under Staff Rule 420.4** and to other persons admitted as participants to the SHI under these Rules.



World Health  
Organization

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## **INTRODUCTION**

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### **OBJECTIVE**

The objective of the WHO Staff Health Insurance (hereinafter referred to as the SHI) is to provide for the reimbursement of a major portion of the expenses for medically recognized health care incurred by staff members, and other persons admitted as participants to the SHI and provided by health care providers who must be licensed and authorized by the health authorities of their country of practice.

### **SCOPE**

For the purposes of these Rules, unless otherwise stated, the term “staff member(s)” refers to those holding fixed-term, continuing or temporary appointments, but not to those holding temporary appointments of a duration of 60 days or less and paid on a daily basis. These Rules apply only to staff members as defined above and to other persons explicitly admitted as participants in the SHI under the Rules.

### **NOTE**

This document contains the complete text of the WHO SHI Rules, effective 1 January 2023, (e-Manual III.7.4, Annex 7.A) applicable to the above-mentioned persons. It incorporates all amendments to date and cancels and supersedes all previous versions. In case of discrepancy between the different language versions, the English language version will prevail.

## PART A: APPENDIX – (glossary of terms)

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### FOR THE PURPOSE OF THE SHI RULES

**“accident”** : a sudden event resulting in injury.

**“acute condition”**: condition characterized by a sudden onset, and limited in time.

**“After-service Health Insurance” or “ASHI”**: SHI continued participation, after separation from service, for eligible staff members and eligible dependants and family members, under conditions stated in paragraph E.6 and Table Nos. 2 to 6 of Part E of these rules. It excludes extended SHI cover under paragraph E.5 of these rules for former staff members, their dependants and insured family members for up to six months from the date of separation from service.

**“bill/receipt/invoice”**: a printed or written statement of the money owed to a health care provider for services rendered and must be dated, established in the currency of the country where the services were rendered and include the name of the patient, the details and relevant dates of treatment.

**“child, adolescent and young person’s health”**: specialized health care including physical, psychological and social primary healthcare.

**“copy”**: a complete and accurate representation of the original document. The copy can be in a form (digital/physical) that is different from the form of the original document.

**“dependent child”** : a child (age 0-21) recognized by WHO as a dependent child of a staff member under WHO’s Rules and policies.

**“dependent spouse”**: a spouse recognized by WHO as dependent spouse of a staff member under WHO’s Rules and policies.

**“emergency”**: sudden life-threatening situation or unforeseen situation where the patient must start treatment within a maximum of 48 hours to prevent further harm or disability.

**“event”**: illness or accident including all its related medical costs.

**“former staff”**: a former staff member insured under the SHI rules.

**“fraud”**: practices defined under WHO’s Policy on Prevention, Detection and Response to Fraud and Corruption<sup>1</sup>, which includes fraud or fraudulent practices, corruption or corrupt practices, theft or misappropriation and collusive practice.

**“health care facility”**: any facility providing health care (including hospitals, clinics, outpatient care centres and specialized care centres).

**“herbal medicine/phytotherapy”**: refers to medicine based on plant extracts and natural active ingredients, including herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations.

**“lifetime entitlement”**: entitlement granted only once for the entire life of the patient.

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<sup>1</sup> Available on SHI Online [here](#).

**“maxillofacial surgery”**: Surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. This consists of:

- facial injuries, head and neck cancer and related reconstructive surgery,
- orthognathic surgery,
- removal of impacted teeth and complex buried dental roots,
- removal of cysts and tumors of the jaws,
- primary and secondary surgery for cleft lip and palate and other congenital facial deformities, management of benign and malignant lesions of the salivary glands, removal of complex facial skin tumors and reconstruction, temporomandibular joint surgery.

**“medical report”**: a report to be established by a physician, which must be dated and include the pathology of the patient, the plan of treatment and its estimated duration. In any given case, a medical report may be requested from a physician other than the one performing the treatment and/or surgery. Medical reports are reviewed by the SHI Medical Adviser only.

For mental health related conditions, a medical report may be established by a mental health professional other than a physician when he/she is licensed and authorized by the health authorities of his/her country of practice to diagnose mental, behavioural or neurodevelopmental disorders and to provide a corresponding ICD-11 code. When the mental health professional is not licensed and authorized to diagnose mental, behavioural or neurodevelopmental disorders and to provide a corresponding ICD-11 code, the medical report must be established by a physician/psychiatrist.

**“Medicare”**: federal U.S. health insurance program for people who are 65 or older, certain younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

**“Medicare Part A<sup>2</sup> and Part B”**: components of the Medicare national health insurance programme administered by the United States of America federal government (Medicare).

**“mental health professional”**: A health care provider who holds a degree from a university recognized by the government of the country in which he/she is authorised to practice in the field of mental health (i.e., to provide assessment and treatment to persons with mental health conditions), and who is licensed and/or authorized by the health authorities of his/her country of practice. A mental health professional may or may not have licensure or authorisation to diagnose mental health conditions and provide a corresponding ICD-11 code in their country.

**“non-dependent child”** : a child who is either: (i) age 18-28 and not in full-time education nor in gainful employment, or (ii) age 21-28 who is in full-time education. The staff member/former staff member/surviving family member certifies the above and that they provide full and continuing support. The fulfilment of these conditions must be verified and found acceptable by the Organization on the basis of written evidence provided by the participant.

**“non-dependent spouse”**: a spouse recognized by WHO as non-dependent spouse of a staff member under WHO’s Rules and policies.

**“nursing care”** : services rendered by a nurse.

**“off-label use of medicines”**: The use of medicines for indications that have not been approved by the national medicine’s regulatory authority in the country of the prescriber (i.e. used for an unapproved indication or in an unapproved age group, different dosage, duration or route of

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<sup>2</sup> Inclusion of Medicare Part A is effective 1 February 2019

administration). They might be licensed in other jurisdictions, or not (yet) licensed anywhere. Off label medicines are reimbursable by SHI only under specific conditions (see SHI Rule B.188).

**“original”**: the document as it was issued by the originating entity. The original can be a physical document, or a digital document.

**“out-of-network treatment”**: treatment provided by a physician, health care facility or other health care provider which has not contracted with WHO/PAHO’s third party administrator (TPA) for reimbursement at negotiated prices.

**“participant”**: active or former staff member, a dependant or other eligible family member participating in the SHI.

**“paying member”**: staff member, former staff member or surviving family member responsible for paying the contributions to the SHI

**“physician”**: a health care provider who holds a degree from a medical school of university level recognized by the government of the country in which the physician is licensed to practise medicine, and who is licensed and authorized by the health authorities of his/her country of practice.

**“prescription”**: a document to be established by a physician authorized to prescribe by the health authorities of the country where the services are rendered (or a midwife or nurse authorized to prescribe by the health authorities of the country where the services are rendered if the services prescribed are within the scope of their professional specialisation). The physician (or midwife or nurse where applicable) can prescribe only services that are authorized by the health authorities in the country of practice. The document must indicate the name and qualification of the physician (or midwife or nurse where applicable), the name of the patient, the date and the type of services prescribed (e.g. medicinal products, physiotherapy, etc.) as well as the frequency, the dosage and the duration of the treatment. If the prescription is renewable, it must indicate the number of times it can be refilled without reference to the physician (or midwife or nurse where applicable). The date of prescription must be the same or prior to the date of the purchase or treatment. The validity of a prescription is maximum 12 months. For SHI purposes, staff members and former staff members who are physicians may prescribe only medicinal products for themselves and their insured family members and may not establish medical reports nor prescribe any other treatment. Electronic prescriptions can be accepted by SHI for countries where the national health system authorizes them.

**“secondary dependant”**: a mother, father, brother or sister recognized by WHO as secondary dependant of a staff member or former staff member under WHO’s Rules and policies.

**“surface ambulance”**: a specifically medically equipped vehicle for carrying sick or injured people by road or water.

**“surviving family member”**: the surviving spouse and/or children, a surviving parent, brother or sister of a staff member or of a former staff member participating in ASHI, after the death of the staff member or former staff member participating in ASHI under conditions stated under paragraph E.35 and Table No. 5 of Part E of these rules.

**“traditional and complementary/alternative medicine”**: sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

**“year”**: calendar year that runs from 01 January until 31 December of a given year.

<b>“BMI”</b> .....	Body Mass Index
<b>“ICD”</b> .....	International Classification of Diseases
<b>“SLWOP”</b> .....	Special leave without pay (under Staff Rule 650.9.1)
<b>“N/A”</b> .....	Not Applicable
<b>“SHI Officer in HQ”</b> .....	Head, SHI
<b>“SHI Officer in RO”</b> .....	The relevant Budget and Finance Officer in the Region concerned
<b>“SHI/GSC”</b> .....	SHI Global Standing Committee
<b>“SHI/GOC”</b> .....	SHI Global Oversight Committee
<b>“UNJSPF”</b> .....	United Nations Joint Staff Pension Fund
<b>“UNAIDS”</b> .....	Joint United Nations Programme on HIV/AIDS

## PART B: BENEFITS

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
<p><b>B.1</b> All benefits, as well as the ceilings and rates for reimbursement, are specified in this table.</p> <p>These benefits:</p> <ul style="list-style-type: none"> <li>are subject to any provision, limitation and/or exclusion contained in this table or elsewhere in these Rules; and</li> <li>apply exclusively to expenses incurred by staff members and other persons admitted as participants to the SHI for health care that is medically recognized; and</li> <li>provided by health care providers who are licensed and authorized by the health authorities of their country of practice.</li> </ul> <p>Before undertaking health care, it is the responsibility of participants to ascertain that health care providers are licensed and authorized by the health authorities of their country of practice for the specific services rendered and that the health care is reimbursable under these Rules.</p>								
<b>B.10 Surgery and non-surgical treatment</b>								
B.10.1	Based on cost estimate before treatment or, during treatment upon the limit being reached	Under US\$ 50 000.-		N/A	X		80%	Yes
B.10.2		Between US\$ 50 000.- and US\$ 100 000.-	Medical report + cost estimate	SHI Officer in HQ	X		80%	Yes
B.10.3		Between US\$ 100 000 and US\$ 200 000	Medical report with SHI template every 30 days or more frequently + cost estimate	SHI Officer in HQ	X		80%	Yes
B.10.4		Above US\$ 200 000.-		SHI/GSC		X	80%	Yes
<b>B.20</b>	Plastic surgery	No reimbursement except for:						
B.20.1	Reconstructive or plastic surgery following injury, neoplasms, infection or other diseases.		Medical report + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician.	SHI Officer in HQ	X		80%	Yes
B.20.2	Plastic surgery to treat side effects of a treatment following a disease		Medical report + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician.	SHI Officer in HQ	X		80%	Yes
B.20.3	Breast reduction surgery for medical reasons		A medical report from a surgeon other than the one performing surgery including history of	SHI Officer in HQ	X		80%	Yes



Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
			medically justified symptoms: weight of tissue removed should be equal or superior to 500 grams per breast. (BMI should not be over 25.) + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician.					
B.20.4	Plastic surgery for children under age 18 with serious congenital malformations or other medical reasons, including serious psychologic impact		A medical report from a surgeon other than the one performing surgery including a mental health professional's report on psychological impact + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician. Medical report from the mental health professional should establish that body dysmorphic disorder does not fully explain associated psychological distress. Medical report should explain why non-surgical interventions are not sufficient.	SHI/GSC		X	80%	Yes
B.20.5	Major medical consequences of plastic surgery		Medical report from a surgeon other than the one performing the surgery or a specialist outlining medical risks if no surgery is undertaken + cost estimate + pictures and/ or examination by the Medical Adviser/Regional staff physician.	SHI/GSC		X	80%	Yes
B.20.6	Blepharoplasty (for medical reasons only)	US\$ 2 000 per eye lifetime entitlement	Medical report from physician other than the one performing the surgery, with field vision evaluation report and photos of patient's eye area	SHI Officer in HQ	X		80%	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.21	Maxillofacial surgery (see definition in Part A)	Without impact on available dental credit	Medical report + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician.	SHI Officer	X		80%	Yes
B.22	Bariatric surgery		Medical report including BMI + cost estimate + pictures and/or examination by the Medical Adviser/Regional staff physician.	SHI Officer in HQ	X		80%	Yes
B.23	Cataract surgery (see B.113)							
<b>B.30 Hospitalization (room and board, general care including nursing care and specialized hospital services)</b>								
B.30.1	In Canada, Switzerland and USA: minimum cost of a semi-private (2 beds) room, <b>subject to max. regional daily rate.</b>	365 days per accident or illness. Over 365 days, see B.31	Medical report to be submitted every 30 days	SHI Officer <sup>3</sup>	X		80%	Yes
B.30.2	In all other countries: Minimum cost of a private room subject to max. regional daily rate.	365 days per accident or illness. Over 365 days, see B.31	Medical report to be submitted every 30 days	SHI Officer	X		80%	Yes
B.30.3	Hospitalization and medical treatment in a public ward in a public hospital	365 days per accident or illness. Over 365 days, see B.31	Medical report to be submitted every 30 days	SHI Officer	X		100%	Yes
B.30.4	Hospitalization for day-care surgery/medical treatment (no overnight stay)	Day Packages: In hospitals/clinics where these exist, the SHI officer in HQ may limit reimbursement to the cost of the Package.		N/A	X		80%	Yes
B.30.5	Hospitalization or partial hospitalization/intensive day treatment for mental, behavioural or neurodevelopmental disorders (day-care and inpatient)	365 days. Over 365 days, see B.31	Medical report with ICD-11 code and rationale for treatment approach and description of why less intensive interventions are insufficient to be	SHI Officer	X		80%	Yes

<sup>3</sup> For paragraphs B.30.1 to B.30.7, in case of impossibility to request prior approval due to an accident or emergency, SHI must be notified of the hospitalization without delay, ideally within two weeks.

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
			submitted within the first 30 days and every 90 days thereafter.					
B.30.6	Hospitalization for geriatric care	365 days. Over 365 days, see B.31	Medical report to be submitted every 30 days	SHI Officer	X		80%	Yes
B.30.7	Hospitalization at home	Cost cannot be more than a hospital and SHI will limit to cost of hospital if more at home.	Medical report to be submitted every 30 days	SHI Officer	X		80%	Yes
B.30.8	Hospitalization for plastic surgery as per B.20.1, 20.2, 20.3, 20.4 and 20.5	365 days per accident or illness. Over 365 days, see B.31	Medical report	SHI/GSC		X	80%	Yes
<b>B.31</b>	Long-term hospitalizations (over 30 days)		Medical report with ICD-11 code and rationale for hospitalization	SHI/GSC when over 365 days		X	80%	Yes
<b>B.32</b>	Hospitalization for general medical check-up	No reimbursement						
<b>B.33</b>	Hospitalization for plastic surgery	No reimbursement except for those covered under B.20.1, 20.2, 20.3, 20.4 and 20.5						
<b>B.34</b>	[deleted]							
<b>B.35</b>	Hospitalization for maxillofacial surgery							
(see B.21)								
<b>B.50 Services during hospitalization</b>								
B.50.1	Placement of internal prosthesis incl. maintenance; <b>B.50.1 A</b> – Prosthesis (leg, knee, etc) incl. maintenance; <b>B.50.1 B</b> – Bypass; <b>B.50.1 C</b> – Pace Maker.		N/A	N/A			80%	Yes
B.50.2	Operating theatre			N/A			80%	Yes
B.50.3	Delivery room			N/A			80%	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.50.4	Radiology and laboratory services			N/A			80%	Yes
B.50.5	Prescribed therapies incl. blood transfusions			N/A			80%	Yes
B.50.6	Prescribed medicines			N/A			80%	Yes
B.50.7	Anaesthetics			N/A			80%	Yes
B.50.8	Physiotherapy			N/A			80%	Yes
B.50.9	Accompanying person	No reimbursement						
<b>B.70 Convalescence / rehabilitation</b>								
B.70.1	In Canada, Switzerland and USA: cost of a semi-private (2 beds) room, subject to max. regional daily rate in a recognized medical institution: convalescent, nursing or geriatric home, cardiovascular rehabilitation.	30 days	Prescription	N/A			80%	Yes
B.70.2	In all other countries: Minimum cost of a private room subject to max. regional daily rate.	30 days	Prescription	N/A			80%	Yes
<b>B.71</b>	Convalescence/rehabilitation beyond 30 days	30 days	Medical report	SHI Officer in HQ	X		80%	Yes
<b>Nursing</b>								
<b>B.80</b>	Nursing for an acute condition: e.g. dressing wounds or administering injections.	30 days	Prescription	N/A			80%	Yes
B.80.1	Nursing for an acute condition beyond 30 days.	Duration to be approved	Medical report	SHI Officer in HQ	X		80%	Yes
<b>Long-term nursing</b>								
<b>B.81</b>	Long-term nursing care:			SHI Officer in HQ	X		80%	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.81.1	Domiciliary care for a chronic disease including a geriatric condition.	US\$ 100.- per day	Medical report every 12 months	SHI Officer in HQ	X		80%	No
B.81.2	In a specialized institution	US\$ 100.- per day. N.B.: If nursing care cannot be identified 50% of bill will be considered as nursing care.	Medical report every 12 months	SHI Officer in HQ	X		80%	No
B.81.3	In a hospital where the patient is awaiting placement in a specialized institution.	US\$ 100.- per day. N.B.: If nursing care cannot be identified 50% of bill will be considered as nursing care.	Medical report every 30 days	SHI Officer in HQ	X		80%	No
<b>Hospice Care</b>								
B.83	Hospice care for terminally ill persons	US\$ 100.- per day. N.B.: If nursing care cannot be identified, 50% of bill will be considered as nursing care.					80%	No
<b>Non-reimbursable services (non-exhaustive list)</b>								
B.84	Home help (for shopping, cleaning, cooking, gardening, etc.)	No reimbursement						
B.85	Care provided by family member including spouse	No reimbursement						
B.86	Spa treatments / Thermal cure / Thalassotherapy	No reimbursement						
B.87	Aesthetic treatments for the sole purpose of improving the appearance	No reimbursement						
<b>Diagnostic, therapeutic and rehabilitation services provided by:</b>								
B.90	Physician	See also B.243		N/A			80%	Yes
B.91	Midwife			N/A			80%	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
<b>B.92</b>	[deleted]							
<b>B.93</b>	Laboratory technician		Prescription	N/A			80%	Yes
<b>B.94</b>	Radiographer		Prescription	N/A			80%	Yes
<b>B.95</b>	Audiologist		Prescription	N/A			80%	Yes
<b>B.96</b>	Orthoptist	24 sessions per year	Prescription	N/A			80%	Yes
<b>B.97</b>	Dietitian	6 sessions per year only if: BMI >30 or <15 or - Celiac disease - Chronic colitis - Chronic inflammatory bowel disease - Chronic renal disease - Cystic fibrosis - Diabetes - HIV - Neuromuscular disease	Prescription	N/A			80%	Yes
		Other pathologies	Medical report with ICD-11 code	SHI Officer in HQ			80%	Yes
<b>B.98</b>	Occupational therapist	24 sessions per year	Prescription	N/A			80%	Yes
<b>B.99</b>	Osteopath/Chiropractor	24 sessions per year	Prescription	N/A			80%	Yes
<b>B.101</b>	Physiotherapist	24 sessions per year plus any unused sessions from 2 previous years.	Prescription	N/A			80%	Yes
<b>B.102</b>	[moved under B.108.1]							
<b>B.103</b>	Podiatrist / Chiropractist	12 sessions per year	Prescription	N/A			80%	No
<b>B.104</b>	[moved under B.108.2]							

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
<b>B.105</b>	Speech therapist for adults	Number of sessions and period to be approved	Medical report	N/A	X		80%	Yes
<b>B.106</b>	Psychotherapist (for face to face and distance sessions)	24 sessions per year		N/A	X		80%	Yes
B.106.1	Psychotherapist for pathologies listed in Part D (above credit must be used first)	ICD-11 code will define whether falls under Part D which has no ceiling for reimbursement	Medical report with ICD-11 code and subsequently every 12 months.	N/A	X		80%	Yes
<b>B.107</b>	For paragraphs B.96 to B.105, above the maximum number of sessions allowed	Number of sessions and period to be determined	Medical report	SHI Officer in HQ	X			
<b>B.108 Child, adolescent and young person's health (specifically for)</b>								
B.108.1	Psychomotor therapist for children up to age 18	150 sessions per year	Prescription	N/A			80%	Yes
B.108.2	Speech therapist for children up to age 18	150 sessions per year	Prescription	N/A			80%	Yes
B.108.3	Recognised therapies to be implemented early such as behaviour and communication approaches including ABA therapy; other recognized therapies to be assessed by the SHI Medical Adviser	ICD-11 code will define whether falls under Part D which has no ceiling for reimbursement	Provided by or under the supervision of a mental health professional: Medical report from paediatrician including ICD-11 code and detailed therapeutic plan + details on hours/days of therapeutic care. Review every 6 months.	SHI Officer in HQ	X		80%	Yes
<b>Optical Care - Pro rata temporis for new participants entering the insurance or resuming participation in the course of a year to be applied to maximum amounts below:</b>								
<b>B.110</b>	Corrective lenses and frames, contact lenses purchased online or not, replacement of damaged corrective lenses or frames, and related vision acuity, visual field and intraocular pressure tests.	US\$ 250 optical credit each year, plus any unused optical credit for prior 3 years.	Results of an eye test from an ophthalmologist or licensed registered optometrist/optician.	N/A			80%	No
<b>B.111</b>	Corrective lenses following eye surgery	US\$ 250 for purchase of lenses only in 12 months following eye surgery.	Medical report	N/A			80%	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.111.1	Special optical lenses		Medical report	SHI Officer in HQ	X		80%	Yes
B.112	Refractive eye surgery	US\$ 2 000 per eye lifetime entitlement	Medical report to confirm myopia or hypermetropia with or without astigmatism above 4 dioptries.	SHI Officer in HQ	X		80%	No
			Other cases: medical report	SHI Officer in HQ	X			No
B.113	Cataract	US\$ 3 500 per eye		N/A	X		80%	No
B.113.1	Cataract with complications and/or hospitalization	No ceiling	Medical report and cost estimate	SHI Officer	X		80%	Yes
B.114	Other eye surgeries		Medical report + medical report from a surgeon other than the one performing the surgery + cost estimate.	SHI Officer in HQ	X		80%	Yes
<b>Dental Services - Pro rata temporis for new participants entering the SHI or resuming participation in the course of a year to be applied to maximum amounts below:</b>								
B.120	General dental care, including: Hygienist, orthodontic care, odontology, endodontology, prosthetic care, periodontal treatment (including cost of services of dentist and technician, anaesthesia, materials required, crowns, bridges, dentures, implants including with bone graft or similar devices)	US\$ 1 500 per year based on date of treatment, plus any unused dental credit from prior 3 years.		N/A			80%	No
B.121	Prosthetic replacement of one or more teeth due to consequences of severe systemic illness (e.g. cancer, heart disease) or of a non-dental congenital defect or to allow for a non-dental surgical intervention to be performed	US\$ 3 500 (without impact on available dental credit).	Medical report	SHI Officer in HQ	X		80%	No
B.122	Dental care as a result of an accident	Without impact on available dental credit.	Medical report	SHI Officer in HQ	X		80%	Yes



Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.123	Maxillofacial surgery	See B.21.						
<b>Preventive Measures (reimbursed at 100% up to maximum reimbursement below, remaining balance reimbursed at 80%).</b>								
B.150	Vaccines (from the following – other vaccines reimbursed at 80%):		Prescription or administrated by a health care provider licensed and authorised by the health authorities of his/her country of practice to administer the vaccine to the participant concerned.	N/A			100%	No
	BCG			N/A				No
	Cholera			N/A				No
	Covid-19			N/A				No
	Diphtheria and Diphtheria-containing vaccines			N/A				No
	Haemophilus influenzae type b			N/A				No
	Hepatitis A			N/A				No
	Hepatitis B			N/A				No
	Influenza			N/A				No
	Japanese encephalitis			N/A				No
	Measles and Measles-containing vaccines			N/A				No
	Meningococcal and Meningococcal conjugate			N/A				No
	Mumps			N/A				No
	Pertussis (whooping cough) and Pertussis-containing vaccines			N/A				No
	Pneumococcal and Pneumococcal conjugate and polysaccharide			N/A				No
	Poliomyelitis and Polio-containing vaccines		N/A				No	
	Rabies		N/A				No	
	Rubella and Rubella-containing vaccines		N/A				No	

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
	Rotavirus			N/A				No
	Tetanus and Tetanus-containing vaccines			N/A				No
	Tick-borne encephalitis			N/A				No
	Typhoid conjugate and polysaccharide			N/A				No
	Yellow fever			N/A				No
	Varicella			N/A				No
	Zoster/Shingles from age 50	2 doses every 5 years		N/A				No
	Human papillomavirus (HPV)			N/A				No
<b>B.152</b>	Mammography from age 40	US\$ 300 every 2 years		N/A			100%	No
<b>B.153</b>	Gynaecological check-up (incl. Pap smear test)	US\$ 150 every 2 years		N/A			100%	No
<b>B.154</b>	PSA (prostate test) from age 50	US\$ 50 per year	Prescription	N/A			100%	No
<b>B.155</b>	Screening tests for colon cancer from age 50 (from the following):							
B.155.1	Colonoscopy	US\$ 1 200 every 10 years		N/A			100%	No
B.155.2	Fecal immunochemical test	US\$ 30 every 2 years		N/A			100%	No
<b>B.156</b>	Medical check-up for participants of age 55 and over (except for staff members), with respect to: - Cardiovascular and lung auscultation - Pulse and blood pressure measurement - Body Mass Index calculation; and The following tests: - ECG - blood test with Complete Blood Count (WBCs, RBC, Hb, Hct, MCV, Platelets), fasting glycemia, creatinine, albumin,	Subject to max. regional ceiling every 2 years		N/A			100%	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
	bilirubin, ALT, AST, ALP, GGT, TG, LDL and HDL-cholesterol							
<b>B.157</b>	HIV test (incl. pre-test/post-test counselling)	US\$ 100 per year		N/A			100%	No
<b>B.158</b>	Hepatitis B and C tests (incl. pre-test/post-test counselling)	US\$ 100 per year		N/A			100%	No
<b>B.159</b>	Ophthalmological test for children aged 10 months to 4 years	US\$ 200 (1 test - lifetime entitlement)		N/A			100%	No
<b>Reproductive Health</b>								
<b>B.160</b>	Prenatal diagnostics			N/A			80%	Yes
<b>B.161</b>	Preparation for birth delivery classes given by a midwife/nurse			N/A			80%	Yes
<b>B.162</b>	[deleted]							
<b>B.163</b>	Home delivery with assistance from a midwife or physician			N/A			80%	Yes
<b>B.164</b>	Hospital delivery			N/A			80%	Yes
<b>B.165</b>	Infertility Treatment	US\$ 30 000 lifetime entitlement	Prescription	N/A			80%	No
<b>B.166</b>	Contraceptives		Prescription	N/A			80%	Yes
<b>B.167</b>	Sterilization			N/A			80%	Yes
<b>B.168</b>	Prenatal exercises	No reimbursement						
<b>B.169</b>	Postnatal exercises	No reimbursement						
<b>B.170</b>	Surrogacy	No reimbursement						
<b>Medicinal products</b>								

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.180	Prescribed medicines reimbursed by SHI		Prescription	N/A			80%	Yes
B.181	Reimbursable Medicines prescribed by staff members/former staff members who are physicians	For themselves and insured family members only.	Prescription	N/A			80%	Yes
B.182	Dressings (following surgery/accident)		Prescription	N/A			80%	Yes
B.183	Homeopathy		Prescription	N/A			80%	Yes
B.184	Medication for erectile dysfunction		Prescription	N/A	X		80%	Yes
B.185	Tobacco substitutes excluding e-cigarettes		Prescription	N/A			80%	Yes
B.186	Food supplements / baby milk		Medical report Severe medical conditions only	SHI Officer in HQ	X		80%	Yes
B.187	Vitamins and minerals		Medical report Specific medical conditions only	SHI Officer in HQ	X		80%	Yes
<b>B.188 Off-label use of medicines</b>								
<i>N.B. The prior approval required for consideration of reimbursement of the use of off-label medicines may be exceptionally waived in case of emergency (see Appendix for the SHI definitions of "off-label use of medicines" and "emergency").</i>								
B.188.1	<b>High quality evidence use:</b> Inpatient or outpatient routine use of a treatment in accordance with high-quality evidence-based guidelines or treatment protocols.	Under US\$ 5 000 per year. Beyond 12 months, see B.188.3	Prescription. A medical report may be requested by SHI.	SHI Officer	X		80%	Yes
		Above US\$ 5 000 per year. Beyond 12 months, see B.188.3	Prescription and medical report from the treating physician with reference to high-quality clinical practice guidelines or standard protocols, including: - Treatment plan, cost, and expected favourable relevant outcome; - Assessment plan; - Consequence for the patient if the disease is left untreated;	SHI/GSC		X	80%	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
			- Confirmation that no other recognized treatment with favourable benefit-harm ratio for the patient is available.  A second medical report from a physician other than the one prescribing the treatment may be required by SHI.					
B.188.2	<b>Compassionate / experimental use</b> Use of a therapy, undergoing clinical trials or subject of an application for a marketing authorization, with the purpose to treat a group of patients with chronically or seriously debilitating disease or whose disease is considered to be life-threatening, and who cannot be treated satisfactorily by an authorized medicinal product. Compassionate use is characterized by very limited evidence supporting medicine use.		Normally not reimbursed. Exceptional consideration on a case by case basis. Requirements under B.188.1 apply.	SHI/GSC		X	80%	Yes
B.188.3	<b>Long-term or chronic use of off-label medicines</b> for paragraphs B.188.1 and B.188.2 above the maximum period of 1 year	Amount and period to be approved.	Requirements under B.188.1 apply.	SHI/GSC		X	80%	Yes
<b>Non-reimbursable medicinal products (non-exhaustive)</b>								
B.200	[deleted]							
B.201	Mineral waters	No reimbursement						
B.202	Over-the-counter medicinal products	No reimbursement						
B.203	[moved under complementary/alternative medicine interventions]							
B.204	Special shampoos, hair tonics or soaps	No reimbursement						
B.205	Sun screen	No reimbursement						
B.206	Toiletries	No reimbursement						

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.207	[deleted]							
B.208	Web-purchased medicaments	No reimbursement						
B.209	[deleted]							
<b>Appliances and accessories - maximum amount reimbursed per purchase</b>								
B.210	Bra (special) after mastectomy	US\$ 200 per year	Medical report for the first purchase, then lifetime approval	N/A			80%	No
B.211	Prosthesis for bra after mastectomy	US\$ 400 per year	Prescription	N/A			80%	No
B.212	Hearing aid including maintenance	- US\$ 2 500 per ear every 4 years + US\$ 250 per ear every 4 years with audioprosthologist/audiologist expertise; or	Prescription + audiogram	N/A			80%	No
		- more frequently for medical reasons to be assessed by the Medical Adviser	Medical report	SHI Officer in HQ	X		80%	No
B.212.1	Cochlear implants		Medical report	N/A			80%	Yes
B.213	Inhaler	US\$ 100 every 5 years	Prescription	N/A			80%	No
B.214	Insoles (orthopaedic and made-to-measure)	US\$ 1 000 every 2 years	Prescription	N/A			80%	No
B.215	Stockings (support)	US\$ 140 per year (max. 2 pairs)	Prescription	N/A			80%	No
B.216	Shoes (orthopaedic and made-to-measure)	US\$ 1 800 per year (max. 2 pairs)	Prescription	N/A			80%	No
B.217	Wig	US\$ 800 per year	Prescription	N/A	X		80%	No
<b>Appliances and accessories - maximum amount reimbursed for rental or purchase</b>								
B.219	Medical bed	US\$ 2 000 lifetime entitlement	Medical report	SHI Officer in HQ	X		80%	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.219.1	Pressure relief mattress	US\$ 400	Prescription	N/A	X		80%	No
<b>B.220</b>	Breastfeeding pump	US\$ 250 per new-born child (not more than 1 per year)	Prescription	N/A	X		80%	No
<b>B.221</b>	Collar (orthopaedic)	US\$ 50 per year	Prescription	N/A	X		80%	No
<b>B.222</b>	Crutches	US\$ 50 per year	Prescription	N/A	X		80%	No
<b>B.223</b>	Glucometer including maintenance		Prescription	N/A	X		80%	No
<b>B.224</b>	Walking frame	US\$ 50 every 2 years	Prescription	N/A	X		80%	No
<b>B.225</b>	Apnoea Machine incl. humidifier and maintenance		Medical report every 5 years	SHI Officer in HQ	X		80%	No
B.225.1	Purchase of Apnoea Machine; <b>OR</b>	US\$ 1 000 every 5 years						
B.225.2	Rental of Apnoea Machine	US\$ 500 per year						
B.225.3	Rental or purchase of Bilevel Positive Airway Pressure Machine (BiPAP)	US\$ 2 500 per year						
<b>B.226</b>	Wheelchair (either electric or manual) / mobility scooter including maintenance	US\$ 3 000 every 5 years	Medical report	SHI Officer in HQ	X		80%	No
B.226.1	Wheelchair (either electronic or manual)/mobility scooter where medical condition has deteriorated significantly within 5 years of previous purchase	US\$ 3 000	Medical report to confirm deterioration of physical functions					
B.226.2	Vertical mobility for disabled people / Standing device		Medical report					
<b>B.227</b>	Incontinence pads	US\$ 200 per year	Prescription	N/A	X		80%	No
<b>B.228</b>	Specific machines and external prosthesis:							
B.228.1	Insulin pump		Medical report	N/A			80%	Yes
B.228.2	Apomorphine pump			N/A			80%	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.228.3	Crono pump			SHI Officer in HQ	X		80%	Yes
B.228.4	Oxygen concentrator (incl. portable)	US\$ 2 000		SHI Officer in HQ	X		80%	Yes
B.228.5	compression equipment			N/A			80%	Yes
B.228.6	Brace (knee etc)			SHI Officer in HQ	X		80%	Yes
B.228.7	orthosis (tibial, cranial etc)			SHI Officer in HQ	X		80%	Yes
B.228.8	Corset			SHI Officer in HQ	X		80%	Yes
B.228.9	Rental of wearable cardioverter defibrillator	US\$ 4 000 per 30 days, limited to a maximum period of 90 days		Medical report to be submitted every 30 days	SHI Officer in HQ	X		80%
<b>Non reimbursable appliances and accessories (non-exhaustive)</b>								
<b>B.230</b>	Adaptation to house (e.g. shower, stair lift, special lavatory, bath seat)	No reimbursement						
<b>B.231</b>	Air purifier or humidifier	No reimbursement						
<b>B.232</b>	Bathing suit after mastectomy	No reimbursement						
<b>B.233</b>	[deleted]							
<b>B.234</b>	Bedding (other than pressure relief mattress)	No reimbursement						
<b>B.235</b>	Blood pressure monitor	No reimbursement						
<b>B.236</b>	[deleted]							
<b>B.237</b>	Lamp (infrared)	No reimbursement						
<b>B.238</b>	Separate maintenance of purchased equipment	No reimbursement						
<b>B.239</b>	Thermometer	No reimbursement						



Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
<b>Traditional and complementary/alternative medicine interventions</b>								
<b>B.240</b>	Acupuncture	24 sessions per year	Prescription	N/A			80%	Yes
B.240.1	Acupuncture above 24 sessions	Number of sessions and period to be approved	Prescription and medical report	SHI Officer in HQ	X		80%	Yes
<b>B.241</b>	Other traditional and complementary/alternative medicine interventions (Ayurveda, anthroposophic medicine, neural therapy, traditional Chinese medicine) - outpatient treatment only (see B.243)	12 sessions per year	Prescription and evidence that treatment is authorized by the health authorities of the country in which treatment is provided.	N/A			80%	Yes
<b>B.242</b>	Naturopathy, phytotherapy/herbal medicine (note some herbal medicines may be covered under para. B.241)	No reimbursement						
<b>B.243</b>	Any consultation with physicians related to non-reimbursable alternative medicine including prescribed exams or medicine, and further treatment thereafter.	No reimbursement						
<b>Transportation</b>								
<b>B.250</b>	<u>Emergency:</u>							
B.250.1	Surface ambulance to the nearest health care facility where the patient can be treated.			N/A			80%	Yes
B.250.2	Any other means of transport to the nearest health care facility, should surface ambulance not be appropriate		Medical report	N/A	X		80%	Yes
<b>B.251</b>	<u>Non-emergency:</u>							
B.251.1	Surface ambulance between health care facilities			N/A	X		80%	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement for consideration	Prior approval required from	Approval for reimb. required from		Rate of reim.	Supp. Benefit
					SHI Officer in HQ	SHI/GSC		
B.251.2	Cheapest transport under specific circumstances to the nearest health care facility where the patient can be treated.		Medical report	SHI Officer in HQ	X		80%	Yes
<b>B.252</b>	Search and rescue	No reimbursement						
<b>B.253</b>	Medical evacuation/repatriation	No reimbursement						
<b>B.254</b>	Any other transport	No reimbursement						
<b>Death</b>								
<b>B.255</b>	Repatriation	No reimbursement						
<b>B.256</b>	Mortuary/funeral expenses	No reimbursement						

## **PART C: CLAIMS PROCEDURE AND REIMBURSEMENT**

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### **EXCESSIVE CHARGES**

- C.1 If the SHI Officer in HQ finds the charges for any service clearly excessive after consultation with the regional SHI officer when relevant, he/she may limit reimbursement on the basis of the usual charge (usual reasonable and customary charge (URC) in some countries) in the locality for similar services.

### **SUPPLEMENTARY BENEFIT (CATASTROPHIC LIMIT)**

- C.2 An additional reimbursement will be paid if, during the 12-month period prior to the date of reimbursement, the share borne by a staff member or former staff member themselves in the cost of the services enumerated in Part B – Benefits, as included in the catastrophic expenses calculation on behalf of themselves and their eligible family members, calculated on the amounts and dates on which the reimbursements were made, exceeds their catastrophic limit.
- C.3 This additional reimbursement will be paid at 100% of the difference between that share borne by the staff member or former staff member and his/her catastrophic limit. The catastrophic limit is computed as follows:
- C.3.1 for staff members, 5% of their annual remuneration for purposes of contribution as per these rules, calculated on the basis of 100% fixed-term equivalent even if the staff member is working part-time;
  - C.3.2 for former staff members with more than 25 years of service, or their surviving dependants, 5% of the actual full pension benefit;
  - C.3.3 for former staff members with less than 25 years of service, or their surviving dependants, whose pension benefit is referred to in Part E - Eligibility, 5% of the full pension benefit payable after 25 years of service.

### **REIMBURSEMENT FROM OTHER SOURCES**

- C.4 Where another insurance, social security or similar scheme exists, reimbursement is made for that part of the cost not reimbursed by the other scheme up to a maximum of 80% of the total cost that would normally be paid; in no case shall the amount reimbursed, added to the reimbursement from another source, exceed 100% of the total cost of treatment.
- C.5 If there is reason to believe that a third party may be under a legal liability to reimburse medical expenses for an illness or injury for which reimbursement from SHI would normally be due, the paying member must inform the relevant SHI Officer. The paying member must submit all relevant medical bills directly to the third-party insurance. If the paying member is reimbursed any medical expenses from a third-party insurance that have already been reimbursed by the WHO SHI, he/she must reimburse the WHO SHI. In exceptional cases, the Director-General or, in the regions, the regional director may require the staff member concerned to take action to enforce such liability. In such cases, costs arising out of legal proceedings will be borne by the SHI.

## LIMITATIONS

### PLACE OF TREATMENT

C.6 Staff members or former staff members, who seek medical care in the United States of America, will be reimbursed, up to 60% of their reimbursable medical expenses (“the reimbursement limitation”).

C.6.1 Without prejudice to paragraph C.7, the reimbursement limitation will not apply to:

- (i) staff members whose duty station is within the WHO region of the Americas;
- (ii) former staff members whose WHO-recognized place of residence<sup>4</sup> is within the WHO Region of the Americas;
- (iii) children in full-time education in the United States of America;
- (iv) benefits with a maximum US\$ amount reimbursement/ceiling under paragraphs B.60, B.110, B.111, B.120, B.165 and B.210 to B.226 of Part B; or
- (v) any medical care below US\$ 1 000 per event.

C.6.2 The reimbursement limitation may be waived in exceptional cases or in cases of emergency when travel is not possible for medical reasons, by:

- (i) the SHI Officer in HQ when the estimated costs are not expected to exceed US\$ 200 000; or
- (ii) the SHI/GSC when the estimated costs are expected to exceed US\$ 200 000.

C.6.3 Dependants and eligible family members are covered in the same way as the staff member or former staff member to whom they are related.

C.6.4 Staff members whose duty station is outside the WHO Region of the Americas and former staff members who reside outside WHO Region of the Americas must inform the SHI Officer at HQ in advance of any medical care sought in the United States of America by themselves or their dependants and insured family members, including to ensure that the cost containment company can negotiate billing the services rendered at a lower cost for the patient and the SHI. This obligation does not apply in the case of medical care falling under paragraph C.6.1 (iv) and (v).

C.6.5 When the reimbursement limitation applies under paragraph C.6, up to 15% of the reimbursable medical expenses will be included in the supplementary benefit (catastrophic limit) calculation for the purpose of applying paragraph C.2.

### OUT-OF-NETWORK TREATMENT IN THE UNITED STATES OF AMERICA

C.7 For staff members under C.6.1(i), former staff members under C.6.1(ii), and their dependants and eligible family members under C.6.3, including medical care under C.6.1(v), reimbursement of out-of-network treatment received in the United States of America is limited to a maximum of 70% of their reimbursable medical expenses.

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<sup>4</sup> i.e., the place of residence as recognized by WHO on the date of separation, unless the former staff member provides the SHI Officer with satisfactory evidence of relocation in another country (e.g., certificate of residence issued by a national authority of the new country of residence, stating, inter alia, the start date of the new residence).

- C.7.1 Without prejudice to other limits and conditions contained in these Rules, this ceiling of reimbursement may be exceptionally waived at the request of a paying member supported by satisfactory documentary evidence:
- a) in cases of emergency when travel to an in-network provider is not possible for medical reasons, by:
    - (i) the SHI Officer when the estimated costs are not expected to exceed US\$ 200 000; or
    - (ii) the SHI/GSC when the estimated costs are expected to exceed US\$ 200 000.
  - b) subject to prior approval from the SHI Officer in RO in case of:
    - i) health care services (e.g., laboratory services) rendered by an out-of-network health care provider selected by an in-network health care provider, when the participant has no choice in the selection of the referred services;
    - ii) benefits for treatment of mental illness (including as defined under paragraphs B.30.5, B.34, B.60, B.106 and B.107);
    - iii) in-network treatment is not available (e.g. where in-network providers are not accepting new patients);
    - iv) benefits with a maximum US\$ amount reimbursement/ceiling under paragraphs B.60, B.110, B.111, B.120, B.165 and B.210 to B.226 of Part B.
- C.7.2 For the purpose of application of paragraph C.2, the difference between the 100% of the reimbursable expenses and the reimbursed amount up to 70% is not included in supplementary benefit (catastrophic limit) calculation.

## **SUBMISSION OF CLAIMS IN ALL COUNTRIES EXCEPT THE UNITED STATES OF AMERICA**

C.8 Claims for reimbursement must include bills, prescriptions (when appropriate) and proof of payment (originals when claim is made on form WHO 339 and copies of the originals when claim is made via SHI-Online) satisfactory to the relevant SHI Officer for the services rendered. Claims must be submitted via SHI-Online. However, exceptionally, claims may be made using form WHO 339 (SHI envelope), which must be sent in an envelope marked “Confidential – SHI” to the SHI Officer at HQ or SHI Officer in RO, as appropriate, by:

- a) Former staff members who separated from service prior to 1 January 2020, or their surviving family members; or
  - b) Other former staff members or staff members (or their surviving family members) who, following a request accompanied with satisfactory justification, have been granted an exception to the SHI Online submission requirement by the relevant SHI Officer.
- C.9 By signing the claim form WHO 339 or by submitting the claim electronically, the staff member or former staff member confirms that:
- C.9.1 the bills for which reimbursement is claimed have been paid in full and that all information on any discounts and/or any payments received or expected to be received from other sources has been provided;
  - C.9.2 the bills submitted have been verified and correspond to medical treatment received;

- C.9.3 the SHI is authorized to query or seek clarification directly with the health care provider or another insurance company when appropriate;
  - C.9.4 the bills do not relate to a treatment that took place during a break in participation.
  - C.9.5. for online claims, all the documents provided in support of the claim are copies of the originals and that he/she will keep for a period of at least three years from the date of settlement of the claim all original supporting documentation, which will be provided to the Organization if and when requested, for administrative or auditing purposes.
  - C.9.6 for invoices received electronically from the health care provider, he/she will keep the electronic original document for a period of three years<sup>5</sup>.
- C.10 Claim forms must be signed by the staff member (or former staff member or surviving family member), except if as a consequence of a serious accident or illness the staff member (or former staff member or surviving family member) is not in a position to attend to their personal affairs. Claims may then be made by their legal personal representative, or in exceptional cases by a person acting in a fiduciary capacity on their behalf.
- C.10.1 Subject to the staff/former staff member's prior written approval on a form provided by the SHI Secretariat, the SHI Officer in HQ may provide information to his/her spouse regarding SHI matters on behalf of this staff/former staff member.
- C.11 Claims must be submitted for reimbursement within 12 months of the date of the bill for the services rendered, and must be translated into English, French or the main working language of the relevant regional office. In the interest of avoiding unnecessary administrative costs, claims for small amounts should normally be accumulated and submitted for reimbursement when the total represents a minimum amount of US\$ 50. In cases where additional information is required, this must be provided within 3 months from the date of the request thereof in order for reimbursement to be made.
- C.11.1 Claims submitted are limited to one currency and a maximum of five bills/invoices/receipts per claim.

## **SUBMISSION OF CLAIMS IN THE UNITED STATES OF AMERICA**

- C.12 Claims are administered by a third-party administrator (TPA). By submitting a claim to the TPA for purposes of obtaining a benefit under the SHI Rules, or by authorizing a health care provider to submit a claim to the TPA on his/her behalf, a member acknowledges and agrees that the SHI may collect information regarding the claim from the TPA, and use, disclose or transfer that information for purposes of administration of the SHI. Claims should be submitted:
- C.12.1 by the staff member (or former staff member or surviving family member), except if as a consequence of a serious accident or illness the staff member (or former staff member or surviving family member) is not in a position to attend to their personal affairs. Claims may then be made by their legal personal representative, or in exceptional cases by a person acting in a fiduciary capacity on their behalf;
  - C.12.2 within 12 months of the date of the bill for the services rendered;

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<sup>5</sup> SHI follows WHO Policy on Records Management and the retention periods for documents may be adapted over time, to remain in-line with this policy (see schedule related to SHI records, "034. Insurance Records Retention Schedule", page 63)

C.12.3 and according to the procedures agreed with the TPA.

## **DIRECT PAYMENT**

C.13 A direct payment may be made to a health care provider for the full amount of an individual medical bill, where the full amount of the medical bill equals at least 10% of a staff member's net monthly salary (including spouse allowance, single parent allowance and transitional allowance plus post adjustment for staff in the Professional and Director categories), or of a former staff member's actual monthly pension benefit. The direct payment request should be made on form WHO 843 (yellow envelope) or through the online direct payment form in SHI-Online and shall be submitted to the office administering the staff member's (or former staff member's or surviving family member's) claims together with the relevant original bill(s) (or true copies of the originals for online claims) as soon as possible after receipt from the health care provider – normally within 30 days and in any case not later than 3 months from the date of the bill for the services rendered. The staff member's share of expenses (normally 20% plus non-reimbursable expenses) is recovered from the next month's salary and up to three months' salaries. The former staff member's (or surviving family member's) share of expenses (normally 20% plus non-reimbursable expenses) is paid by the former staff member or surviving family member to the SHI.

## **LETTER OF GUARANTEE**

C.14 In case of hospitalization, at the request of the paying member or the hospital, the SHI may guarantee, up to its liability, direct payment of bills when such a request is made at least two weeks before commencement of the hospitalization, except in emergencies. An initial guarantee is given for 30 calendar days of hospitalization. Any extension of the guarantee is subject to a request from the hospital or the staff member or former staff member or surviving family member supported by a medical report to the SHI for approval. Letters of guarantee may be issued for treatments other than hospitalization, on a case by case basis.

## **ADVANCE PAYMENT**

C.15 The SHI Officer is authorized to make advance payments to health care providers on an exceptional basis up to a maximum amount of US\$ 20 000 (twenty thousand US dollars) in cases when a letter of guarantee has been refused for admittance for hospitalization and in order to facilitate access to treatment. The staff member and former staff member's or surviving family member's share of expenses shall be recovered as per these rules (C.13).

## **GENERAL REIMBURSEMENT PROCEDURES**

C.20 If the claim conforms to the requirements of these rules, the relevant SHI Officer arranges for the computation of the amount of the claim and pays the claimant the sum to which he/she is entitled in the currency in which the costs were incurred or, if this is not convenient to the Organization, in any freely convertible currency at the Organization's rate of exchange.

C.21 Benefits that have a ceiling in United States Dollars are calculated on the basis of a unique preferential rate, in order to avoid exchange rate fluctuations against the dollar. The preferential exchange rate is calculated using the average exchange rate of the last 24

months each January for every currency. The preferential rate is used only if it is beneficial for the participant. In other cases, the UN operational rate of exchange at the date of reimbursement is used.

C.22 [moved under “Withholding of payments”]

C.23 [moved under “Withholding of payments”]

C.24 In case of doubt as to the interpretation of these rules or the genuineness of any claim, the relevant SHI Officer may refer the claim to the SHI Officer in HQ who may refer it to the SHI/GSC.

C.24.1 For cases where reimbursement is not covered by the SHI Rules, the Chair of the SHI/GSC may, when reimbursement in whole or in part is justified by the particular circumstances of the case, make recommendations on reimbursement to the Comptroller for consideration and approval.

## **BANK ACCOUNT TO BE USED FOR REIMBURSEMENT**

C.25 Reimbursements will be made to the paying member as follows:

C.25.1 In the case of staff members, reimbursements will normally be made to the bank account into which their salary is paid. For internationally recruited staff members with more than one bank account registered in the Global Management System, staff members should choose which account is to be used for all claims.

C.25.2 Former staff members or surviving family members must inform the SHI Officer at HQ of any change in their banking details with all of the following information.

Name of account holder (paying member)

Name and address of bank

Account number

IBAN

SWIFT code/BIC/ABA/Sort code/IFSC/REG code/any other local clearing code as applicable

Currency of the account

C.25.3 It is not possible for WHO to make payment through an intermediary bank.

## **WITHHOLDING OF PAYMENTS**

C.26 In case of suspicion of fraud or attempted fraud in respect of the funds of the SHI, the SHI Officer in HQ will withhold payment of benefits and only authorize payment of benefits through direct payment to the health care provider of the cost of reimbursable care under these rules until a decision is made on whether fraud or attempted fraud has been committed. When it has been established that fraud or attempted fraud has not been committed, any payment of withheld benefits will be made subject to, and in accordance with, these rules. When it has been established that fraud or attempted fraud has been committed<sup>6</sup>, withholding of benefits will be made subject to, and in accordance with these rules, and taking into account any deductions under paragraph C.26.2, as the case may be.

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<sup>6</sup> Paragraph H.7 outlines the consequences of fraud



C.26.1 If any part of the claim does not conform to the requirements of these rules, the relevant SHI officer in HQ informs the claimant of the reason why full payment cannot be made. If the information related to an SHI claim is found to be incomplete, incorrect, untrue, falsified or in any way misrepresented, this may result in the rejection of a claim, and/or recovery of any payments made in this connection and/or administrative or other action taken against the participant in accordance with the relevant SHI Rules.

C.26.2 The SHI will deduct from any benefit payable to a participant under these rules the amount of any indebtedness to the SHI on the part of the participant when payment has been made otherwise than in accordance with these rules.

## **MEDICARE (USA)**

C.27 Former staff members, their dependants and other eligible family members participating in the SHI (“participating family members”) and referred to in paragraph E.13 and enrolled in the United States Medicare Part A<sup>7</sup> and/or Part B (Medicare Part A and/or Part B), as applicable, will receive – through a corresponding payment to the former staff member concerned - a subsidy equal to 100 per cent of their contribution towards participation in the Medicare Part A and/or Part B, as applicable, subject to the conditions set forth in WHO/SHI Medicare reimbursement Form and related Guidelines, Application for Reimbursement of Medicare Part A and/or Part B Premiums.

## **CASH PAYMENTS**

C.28 Cash payments (from participants to Health Care Providers) are strongly discouraged and not allowed above the thresholds established by the Comptroller and communicated annually to all participants. Requests for exceptions should be sent to the appropriate SHI Officer and may be granted on a case by case basis.

## **TREATMENT PROVIDED BY IMMEDIATE FAMILY MEMBERS**

C.29 Staff members and former staff members (or surviving family members) are required to declare on their claims via SHI Online (or, as applicable, form WHO 339) whether health care services rendered have been provided by themselves or an immediate family member (i.e. mother, father, brother, sister, son, daughter or spouse). Health care services received by participants from themselves or their immediate family members (i.e., mother, father, brother, sister, son, daughter or spouse) are not reimbursable.

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<sup>7</sup> Inclusion of Medicare Part A is effective 1 February 2019

**PART D: LIST OF PATHOLOGIES AS PER INTERNATIONAL  
CLASSIFICATION OF DISEASES, ICD-11**

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**(considered in Benefits table, under para. B.106.1)**

**Neurodevelopmental disorders**

6A00	Disorders of intellectual development
6A00.0	Disorder of intellectual development, mild
6A00.1	Disorder of intellectual development, moderate
6A00.2	Disorder of intellectual development, severe
6A00.3	Disorder of intellectual development, profound
6A00.4	Disorder of intellectual development, provisional
6A00.Z	Disorders of intellectual development, unspecified
6A01	Developmental speech or language disorders
6A01.1	Developmental speech fluency disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A02	Autism spectrum disorder
6A05	Attention deficit hyperactivity disorder
6A05.Y	Attention deficit hyperactivity disorder, other specified presentation
6A05.Z	Attention deficit hyperactivity disorder, presentation unspecified
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders

**Schizophrenia or other primary psychotic disorders**

6A20	Schizophrenia
6A21	Schizoaffective disorder
6A22	Schizotypal disorder
6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A2Y	Other specified schizophrenia or primary psychotic disorders
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified

**Catatonia**

6A40	Catatonia associated with another mental disorder
6A41	Catatonia induced by substances or medications
6A4Z	Catatonia, unspecified

**Mood disorders**

6A60	Bipolar type I disorder
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- 6A61 Bipolar type II disorder
- 6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms
- 6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms
- 6A70.3 Single episode depressive disorder, severe, without psychotic symptoms
- 6A70.4 Single episode depressive disorder, severe, with psychotic symptoms
- 6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms
- 6A71 Recurrent depressive disorder

**Anxiety or fear-related disorders**

- 6B00 Generalized anxiety disorder

**Obsessive-compulsive or related disorders**

- 6B20 Obsessive-compulsive disorder
- 6B21 Body dysmorphic disorder
- 6B22 Olfactory reference disorder
- 6B23 Hypochondriasis
- 6B24 Hoarding disorder
- 6B25 Body-focused repetitive behaviour disorders
- 6B25.0 Trichotillomania
- 6B25.1 Excoriation disorder
- 6B25.Y Other specified body-focused repetitive behaviour disorders
- 6B25.Z Body-focused repetitive behaviour disorders, unspecified
- 6B2Y Other specified obsessive-compulsive or related disorders
- 6B2Z Obsessive-compulsive or related disorders, unspecified
- 6B2Y Other specified obsessive-compulsive or related disorders
- 6B2Z Obsessive-compulsive or related disorders, unspecified

**Disorders specifically associated with stress**

- 6B40 Post traumatic stress disorder
- 6B41 Complex post traumatic stress disorder
- 6B42 Prolonged grief disorder
- 6B44 Reactive attachment disorder (onset before 5 years of age)
- 6B45 Disinhibited social engagement disorder (onset before 5 years of age)

**Dissociative disorders**

- 6B60 Dissociative neurological symptom disorder
- 6B61 Dissociative amnesia
- 6B62 Trance disorder
- 6B63 Possession trance disorder

- 6B64 Dissociative identity disorder
- 6B65 Partial dissociative identity disorder
- 6B66 Depersonalization-derealization disorder
- 6B6Y Other specified dissociative disorders
- 6B6Z Dissociative disorders, unspecified

### **Feeding or eating disorders**

- 6B80 Anorexia Nervosa
- 6B81 Bulimia Nervosa
- 6B82 Binge eating disorder
- 6B83 Avoidant-restrictive food intake disorder
- 6B84 Pica
- 6B85 Rumination-regurgitation disorder
- 6B8Y Other specified feeding or eating disorders
- 6B8Z Feeding or eating disorders, unspecified

### **Disorders of bodily distress or bodily experience**

- 6C20.1 Moderate bodily distress disorder
- 6C20.2 Severe bodily distress disorder
- 6C21 Body integrity dysphoria

### **Disorders due to addictive behaviours**

- 6C50 Gambling disorder
- 6C51 Gaming disorder

### **Impulse control disorders**

- 6C70 Pyromania
- 6C71 Kleptomania
- 6C72 Compulsive sexual behaviour disorder
- 6C73 Intermittent explosive disorder
- 6C7Y Other specified impulse control disorders
- 6C7Z Impulse control disorders, unspecified

### **Disruptive behaviour or dissocial disorders**

- 6C90 Oppositional defiant disorder
- 6C91 Conduct-dissocial disorder
- 6C9Y Other specified disruptive behaviour or dissocial disorders
- 6C9Z Disruptive behaviour or dissocial disorders, unspecified

Plus disruptive behaviour or dissocial disorders co-occurring with non-substance-related mental, behavioural or neurodevelopmental disorders, including those not indicated in Part D.

### **Personality disorders and related traits**

- 6D10 Personality disorder
- 6D10.0 Mild personality disorder
- 6D10.1 Moderate personality disorder
- 6D10.2 Severe personality disorder
- 6D10.Z Personality disorder, severity unspecified

### **Factitious disorders**

- 6D50 Factitious disorder imposed on self
- 6D51 Factitious disorder imposed on another
- 6D5Z Factitious disorders, unspecified

### **Neurocognitive disorders**

- 6D70.0 Delirium due to disease classified elsewhere
- 6D70.1 Delirium due to psychoactive substances including medications
- 6D70.2 Delirium due to multiple etiological factors
- 6D70.Y Delirium, other specified cause
- 6D70.Z Delirium, unspecified or unknown cause
- 6D72.0 Amnestic disorder due to diseases classified elsewhere
- 6D72.1 Amnestic Disorder Due to Psychoactive Substances Including Medications
- 6D72.Y Amnestic disorder, other specified cause
- 6D72.Z Amnestic disorder, unknown or unspecified cause
- 6D80 Dementia due to Alzheimer Disease
- 6D81 Dementia due to cerebrovascular disease
- 6D82 Dementia due to Lewy body disease
- 6D83 Frontotemporal dementia
- 6D84 Dementia due to psychoactive substances including medications
- 6D85 Dementia due to diseases classified elsewhere (including all subcategories)
- 6D85.Y Dementia due to other specified diseases classified elsewhere
- 6D8Z Dementia, unknown or unspecified cause

### **Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium**

- 6E20 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
- 6E21 Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms

6E2Z Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified

**Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere**

6E60 Secondary neurodevelopmental syndrome  
6E61 Secondary psychotic syndrome  
6E62 Secondary mood syndrome  
6E63 Secondary anxiety syndrome  
6E64 Secondary obsessive-compulsive or related syndrome  
6E65 Secondary dissociative syndrome  
6E66 Secondary impulse control syndrome  
6E68 Secondary personality change  
6E69 Secondary catatonia syndrome  
6E6Y Other specified secondary mental or behavioural syndrome  
6E6Z Secondary mental or behavioural syndrome, unspecified

## **PART E: ELIGIBILITY AND CONTRIBUTIONS**

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### **ELIGIBILITY**

- E.1 All staff members (excluding staff members on temporary appointments of 60 days or less and paid on a daily basis) participate in the SHI under these rules as a condition of their employment by WHO and for the duration of their appointment.
- E.2 Participation during a period of SLWOP or secondment is voluntary. Staff members, their dependants and eligible family members can be covered, provided that the staff member pays full contributions (his/her own and that of the Organization) for the whole period of SLWOP or secondment in one payment in advance. If the staff member chooses not to remain in the SHI during a period of SLWOP, any credits accumulated before SLWOP relating to benefits with a reimbursement ceiling in US\$ shall be brought forward unchanged upon return to duty, within the limits set out in the corresponding paragraph of the SHI Rules.
- E.3 The following dependants are covered by the SHI:
- E.3.1 the spouse of a staff member recognized by the Organization as a dependant as defined in Staff Rule 310.5;
  - E.3.2 a child recognized by the Organization as a dependant as defined in Staff Rule 310.5;
  - E.3.3 a parent, brother or sister of a staff member recognized by the Organization as a dependant as defined in Staff Rule 310.5.
- E.4 A dependent spouse, a dependent child or a secondary dependant of a staff member is insured by SHI from the date the dependency status is acquired until the date the dependency status ceases. Other eligible family members of a staff member, listed in Table No. 1 of these rules are insured by SHI from the date of the staff member's request and as long as the required contributions are paid, or until the staff member or former staff member requests end of coverage, or until eligibility ceases in case of:
- divorce;
  - end of month in which a child turns 28;
  - a child becomes gainfully employed;
  - death of the family member.
- E.4.1 For general service staff at official stations where the local employment conditions established under Staff Rule 1310.3 do not provide for recognition of a secondary dependant, a parent, brother or sister (but not more than one such person), provided that:
- the staff member demonstrates that he/she provides more than half the total support and in any case at least twice the amount of the standard allowance payable for a second dependent child;
  - the staff member's spouse is not a dependant spouse;
  - a brother or sister fulfils the age and school attendance conditions of Staff Rule 310.5.2;
  - the staff member applies for his/her admission and pays the required contribution.

- E.4.2 Participation of a former spouse may continue for a maximum of six months following the date of divorce, where a staff member agrees to pay both the staff member's share and the Organization's share of contributions for the former spouse.
- E.5 Before separation from service, staff members who are not eligible for ASHI may elect to extend cover for themselves, their dependants and insured family members for up to 6 months from the date of separation from service (separation date). Where an extension of cover is elected, the staff member must pay full contributions for all insured family members in one payment in advance (his/her own and that of the Organization).
- E.5.1 Notwithstanding paragraph E.5, when one spouse is a staff member on a fixed-term or continuing appointment (staff member on FT/CA) and his/her spouse is a staff member on a temporary appointment under Staff Rule 420.4 (staff member on a TA), before separation from service of the staff member on TA, the staff member on FT/CA may elect to request cover for his/her spouse as a dependent or non-dependent spouse, as applicable, from the separation date until the effective date of the spouse's new WHO appointment (if any) or the date his/her eligibility ceases under these Rules, whichever is earlier. Where such coverage is elected, the contribution for the spouse is deducted from the salary of the staff member on FT/CA for the duration of the coverage.
- E.6 Staff members who are eligible for ASHI may elect to continue participation in the SHI for themselves, their dependants and other eligible family members. In such cases, they must notify the SHI Officer at HQ prior to their separation date. **Any lump sum must be paid no later than 90 days after the separation date.** Subject to payment of the corresponding contribution, his/her participation will be deemed to have continued uninterrupted from the separation date.
- E.7 For the purposes of eligibility for After-Service Health Insurance (ASHI):
- E.7.1 If, immediately before being appointed by WHO, a staff member was employed by the United Nations or a specialized agency, any period of participation in that other Organization's health insurance scheme (with full coverage) may be credited towards the staff member's periods of participation, provided that the health insurance scheme of that other Organization has a similar rule under which its staff members, their dependents and other eligible insured family members are given credit for previous participation in WHO's SHI or
- E.7.2 Where there has been an interruption between a staff member's prior participation in the health insurance scheme (with full coverage) of the United Nations or a Specialized Agency and WHO's SHI, a prior period of participation of up to 5 years in that other Organization's health insurance scheme may be credited towards the staff member's period of participation, including for the purpose of continuous participation under Tables No.3 and No.4 of part E, provided that the health insurance scheme of that other Organization has a similar rule under which its staff members, their dependents and other eligible insured family members are given credit for previous participation in WHO's SHI.
- E.8 If, prior to separation from service, a staff member does not elect to continue participation for themselves and their insured family members under paragraph E.5 or E.6 above, as applicable, they will not be permitted to resume participation at a later date.
- E.9 A former staff member may at any time discontinue participation, but may not thereafter resume it.



- E.9.1 Non-payment of required contributions from a former staff member or surviving family member for 12 months ends participation. Re-admittance thereafter is not allowed.
- E.10 A former staff member participating in ASHI who divorces may elect continued participation for their former spouse, provided the former staff member continues to pay the contributions, submits the claims and receives the reimbursements on the former spouse's behalf.
- E.11 The benefits of the SHI do not extend to any expenses incurred after the date when participation ceases. However, if dependants are under treatment when they reach the age limit for participation, reimbursement is allowed for expenses of such treatment incurred within 90 days of the date when their participation ceased.
- E.12 Following the death of a staff member or former staff member, continued SHI participation will be automatic for the surviving spouse and/or children, and/or surviving secondary dependant (parent, brother or sister) who were insured at the date of the staff member or former staff member's death. They may, at any time discontinue participation, but may not thereafter resume it. Contributions of the surviving family member(s) of a deceased former staff member will be paid using the same way of payment/deduction elected by the deceased former staff member or that applicable under paragraph E.35 of the SHI Rules.
- E.13 All former staff members, dependants and other eligible family members participating in the SHI Plan ("participating family members") and who qualify for participation in the United States Medicare Part A<sup>8</sup> and/or Part B (Medicare Part A and/or Part B) are required to enrol in Medicare Part A and/or Part B, as applicable. As from 1 August 2020, those former staff members and participating family members who choose not to enrol in Medicare Part A and/or Part B, as applicable, will have their medical expenses in USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by former staff members and participating family members who are 75 or older on 1 January 2019.

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<sup>8</sup> Inclusion of Medicare Part A is effective 1 February 2019

## CONTRIBUTIONS

- E.30 Contributions of staff members are based on the total of net base salary (including spouse allowance, single parent allowance and transitional allowance) with post adjustment, and are deducted monthly from the staff member's remuneration.
- E.31 The contributions of staff members employed on a part-time basis and of those who are granted special leave with partial pay are also based on the remuneration for full-time employment. Contributions of staff members on SLWOP are based on their last net base salary (including spouse allowance, single parent allowance and transitional allowance) together with post adjustment.
- E.32 The contributions of staff members whose employment ceases after the completion of at least 20 years of service as per Table No. 2 of Part E of these rules and who elect to continue participation in ASHI are calculated as follows:
- E.32.1 As for SLWOP until the age of early retirement;
- E.32.2 As for former staff members thereafter.
- E.33 Contributions of former staff members participating in ASHI and eligible family members are based on the full benefit granted to the former staff member under the Regulations of the UNJSPF based on a minimum length of service of 30 years.
- E.33.1 Staff members retiring with 30 years or more of service contribute on the basis of their full pension benefit;
- E.33.2 Staff members retiring with less than 30 years of service contribute on the basis of the full pension benefit which would be payable after 30 years of service;
- E.33.3 Contributions shall be deducted one month in advance from the monthly UNJSPF benefit. It is only in cases where there is no UNJSPF monthly benefit that direct payment of full annual contributions will be accepted on the basis of an invoice from SHI.
- E.34 For former staff members who are already participating in the ASHI and who are employed as temporary staff, the calculation of the contribution is based on the total of the amount resulting from paragraph E.33 plus their net base salary (including spouse allowance, single parent allowance and transitional allowance) with post adjustment.
- E.35 Contributions of surviving family members are computed on the basis of 50% of the full pension benefit granted to the former staff member or that would have been granted to the staff member under the Regulations of the UNJSPF based on a minimum length of service of 30 years. Contributions shall be deducted one month in advance from the monthly UNJSPF benefit. It is only in cases where there is no UNJSPF monthly benefit that direct payment of full annual contributions will be accepted.
- E.36 In the light of the financial experience of the SHI, the rates of contributions may be changed by decision of the Director-General on the recommendation of the SHI/GOC after consultation with the SHI/GSC.
- E.37 If both spouses are fixed-term staff members, both contribute separately to the SHI as staff members. The spouse with the higher remuneration contributes at the appropriate rate for the children.
- E.38 Where one spouse is a staff member on a fixed-term or continuing appointment and the other is a staff member on a temporary appointment (under Staff Rule 420.4) the children remain dependants of the staff member on a fixed-term or continuing appointment, even if the staff member on a temporary appointment has the higher remuneration.

## ELIGIBILITY TABLES

**Table No. 1**

**Eligibility and Contribution Rates for staff members, their dependants and other family members**

	Participation	Except in case of emergency or accident, benefits limited to a max. of US\$10,000 per year for the first 3 years of cover	Contribution rates	
			Staff member	WHO
Staff member	Compulsory	N/A	2.55%	5.10%
Dependent spouse	Compulsory	N/A	2.55%	5.10%
Dependent child (age 0-21)	Compulsory	N/A	0.35%	0.70%
Secondary dependant	Compulsory	Applicable	5.69%	11.38%
Non-dependent spouse	Voluntary	Applicable except if spouse enters the SHI up to 3 months after either: (i) the date of staff member's recruitment or fixed-term appointment, (ii) the date of marriage, or (iii) a change in spouse's dependency status.	2.55%	5.10%
Non-dependent child (age 18-28)	Voluntary	N/A	1.03%	2.06%

**Important:** Participation during a period of SLWOP or secondment is voluntary. Staff members, their dependants and eligible family members can be covered, provided that the staff member pays full contributions (his/her own and that of the Organization) for all insured family members for the whole period of SLWOP or secondment in one payment in advance.

**Table No. 2**

**Eligibility and Contribution Rates for After-service Health Insurance (ASHI)  
Staff members who separate from service prior to early retirement age**

	Conditions of eligibility (a)	Lump sum payable (b)	Contribution rates (from separation date)	
			Former Staff	WHO
Staff member	<p>Must have participated in SHI* for at least 20 years, and be:</p> <p><b>Age 50 - 55</b> on date of separation, for staff members who became participants in UNJSPF <b>prior to 1 Jan 2014</b></p> <p><b>Age 53 - 58</b> on date of separation, for staff members who became participants in UNJSPF <b>on or after 1 Jan 2014</b></p>	<p>As for SLWOP (Staff member's + WHO's contributions based on the staff member's last monthly net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment) from date of separation until:</p> <p>The end of the month in which the staff member reaches age 55, or</p> <p>The end of the month in which the staff member reaches age 58.</p>	2.55%	5.10%
Spouse	Must be insured in SHI on staff member's separation date and be eligible for ASHI at staff member's early retirement age (see Table No.3).	As for staff member above.	2.55%	5.10%
Secondary dependant	Must be insured in SHI on staff member's separation date and be eligible for ASHI at staff member's early retirement age (see Table No.3).	As for staff member above.	5.69%	11.38%
Dependent child (age 0-21)	Must be insured in SHI on staff member's separation date.	As for staff member above.	0.35%	0.70%
Non-dependent child (age 18-28)	Must be insured in SHI on staff member's separation date.	As for staff member above.	1.03%	2.06%

\* excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis.

**Table No. 3**  
**Eligibility and Contribution Rates for After-service Health Insurance (ASHI)**  
**Staff members who separate from service on or after early retirement age**  
**but prior to statutory retirement age<sup>9</sup>**

	Conditions of eligibility (a)	Lump sum payable (b)	Contribution rates (from separation date)	
			Former Staff	WHO
Staff member	Must have participated in SHI* for at least 10 years, 5 of which must be continuous and be:  <b>Age 55 or above</b> , for staff members who became participants in UNJSPF prior to <b>1 Jan 2014</b> , or  <b>Age 58 or above</b> , for staff members who became participants in UNJSPF on or after <b>1 Jan 2014</b>	None	2.55%	5.10%
Spouse	Must be insured in SHI on staff member's separation date and (i) have participated for at least 10 years or (ii) have paid a lump sum as described in column (b).	<b>5.06%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that spouse's SHI participation is short of 10 years.	2.55%	5.10%
Secondary dependant	Must be insured in SHI on staff member's separation date and (i) have participated for at least 10 years or (ii) have paid a lump sum as described in column (b).	<b>7.11%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that secondary dependant's SHI participation is short of 10 years.	5.69%	11.38%
Dependent child (age 0-21)	Must be insured in SHI on staff member's separation date.	None	0.35%	0.70%
Non-dependent child (age 18-28)	Must be insured in SHI on staff member's separation date.	None	1.03%	2.06%

\* excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis.

<sup>9</sup> Except in cases referred to under paragraphs E.7.1 and E.7.2.

**Table No. 4**

**Eligibility and Contribution Rates for After-service Health Insurance (ASHI)  
Staff members who separate from service at statutory retirement age<sup>10</sup>**

	Conditions of eligibility (a)	Lump sum payable (b)	Contribution rates (from separation date)	
			Former Staff	WHO
Staff member <b>Statutory retirement age:</b> <b>Age 60</b> for staff members who became participants in UNJSPF <b>prior to 1 Jan 1990</b> <b>Age 62</b> for staff members who became participants in UNJSPF <b>between 1 Jan 1990 and 31 Dec 2013</b> <b>Age 65</b> for staff members who became participants in UNJSPF <b>on or after 1 Jan 2014</b>	Must have participated in SHI* for at least 10 years, 5 of which must be continuous, or	None	2.55%	5.10%
	Must have participated in SHI* for at least 5 continuous years and have paid a lump sum as described in column (b)	<b>9.61%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that staff member's SHI participation is short of 10 years.	2.55%	5.10%
Spouse	Must be insured in SHI on staff member's separation date and (i) have participated for at least 10 years, <b>or</b> (ii) have paid a lump sum as described in column (b).	<b>Where staff member has participated in SHI* for at least 10 years:</b> <b>5.06%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that spouse's SHI participation is short of 10 years.	2.55%	5.10%
		<b>Where staff member has participated in SHI* for at least 5 years and has paid a lump sum:</b> <b>9.61%</b> of last annual net base salary including spouse allowance, single parent	2.55%	5.10%

<sup>10</sup> Except in cases referred to under paragraphs E.7.1 and E.7.2.

	Conditions of eligibility (a)	Lump sum payable (b)	Contribution rates (from separation date)	
			Former Staff	WHO
		allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that spouse's SHI participation is short of 10 years.		
Secondary dependant	Must be insured in SHI on staff member's separation date and (i) have participated for at least 10 years <b>or</b> (ii) have paid a lump sum as described in column (b).	<b>Where staff member has participated in SHI* for at least 10 years:</b> <b>7.11%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that secondary dependant's SHI participation is short of 10 years.	5.69%	11.38%
		<b>Where staff member has participated in SHI* for at least 5 years and has paid a lump sum:</b> <b>9.61%</b> of last annual net base salary including spouse allowance, single parent allowance and transitional allowance + post adjustment (where applicable) for each year or portion of a year that secondary dependant's SHI participation is short of 10 years.	5.69%	11.38%
Dependent child (age 0-21)	Must be insured at staff member's separation date.	None	0.35%	0.70%
Non-dependent child (age 18-28)	Must be insured at staff member's separation date.	None	1.03%	2.06%

\* excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis.

**Table No. 5**

**Eligibility and Contribution Rates for After-service Health Insurance (ASHI)  
Surviving family members after the death of a staff member or  
a former staff member**

	Conditions of eligibility	Lump sum payable	Contribution rates	
			Survivor	WHO
Spouse	Must be insured at date of death of staff member or former staff member and apply for continued participation within 90 days of being informed by the SHI Officer that SHI participation may be continued.	None	2.55%	5.10%
Dependent child (age 0-21)			0.35%	0.70%
Secondary dependant			5.69%	11.38%
Non-dependent child (age 18-28)			1.03%	2.06%

**Table No. 6**

**Eligibility and Contribution Rates for After service Health Insurance (ASHI)  
Where a staff member has been awarded a disability benefit by the UNJSPF**

	Conditions of eligibility	Lump sum payable	Contribution rates (from separation date)	
			Former Staff	WHO
Staff member	Must have been awarded a disability benefit by the UNJSPF	None	2.55%	5.10%
Spouse	Must be insured at date of separation of staff member when disability benefit by the UNJSPF is awarded		2.55%	5.10%
Dependent child (age 0-21)			0.35%	0.70%
Secondary dependant			5.69%	11.38%
Non-dependent child (age 18-28)			1.03%	2.06%



## **PART F: FINANCE**

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- F.1 The income of the SHI consists of:
- F.1.1 contributions from the Organization and the participants to the first tier;
  - F.1.2 contributions to the second tier, where required to meet the provisions of paragraph F.3;
  - F.1.3 any incidental revenue, including investment earnings.
- F.2 The first tier of contributions consists of a set of rates [see Eligibility tables] that is applicable to all participants in the SHI, both staff members and former staff members, irrespective of their duty station or place of residence. First-tier contributions are financed in the ratio of two thirds by the Organization to one third by the participants.
- F.3 A region,<sup>11</sup> or any other office administered by WHO<sup>12</sup>, shall be required to add a second tier of contributions to the SHI throughout the year following any calendar year in which the claims reimbursed to its staff members total more than 75% of the first tier contributions by the staff members concerned and the Organization. The amount by which these claims exceed the 75% ceiling is defined as the regional deficit. It is this amount that must be recovered by the SHI through the second tier of contributions.
- F.4 During the first year that a second tier is required, its cost shall be borne by the Organization in the region concerned, provided that the regional deficit does not exceed either 10% of the first tier contributions by staff members and the Organization, or US\$ 50 000, whichever is lower. If the regional deficit exceeds either of these amounts, or if there is a regional deficit for two or more consecutive years, the second tier shall be financed in the ratio of two thirds by the Organization to one third by the participants in the region concerned, excluding former staff members participating in ASHI, surviving dependants and temporary staff.
- F.5 When there is a regional deficit calling for a second tier to be financed jointly by the Organization and the participants, the rates of contribution to the second tier shall be fixed so as to yield an amount equal to the preceding year's regional deficit. These rates shall bear the same relation to each other as do those set out in the eligibility tables of these rules.
- F.6 In application of paragraph 25 of the WHO International Public Sector Accounting Standards Manual, the SHI Fund is considered as a WHO Trust Fund, to which:
- F.6.1 the contributions of the participants and of the Organization are credited monthly;
  - F.6.2 incidental revenue is credited, including interest earnings;
  - F.6.3 all benefits paid by the SHI are charged;
  - F.6.4 expenses incurred by the Medical Review Committee under paragraph H.3 are charged;

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<sup>11</sup> "Region" meaning any one of the following: HQ, AFRO, EMRO, EURO, PAHO, SEARO and WPRO.

<sup>12</sup> "Other Offices administered by WHO": ICC, IARC, UNAIDS and UNITAID

F.6.5 any administrative expenses are charged, up to a maximum of 6% of total contributions collected.

The SHI prepares annually a full set of audited financial statements in compliance with International Public Sector Accounting Standards.

F.7 The SHI/GOC may recommend to the Director-General to enter into such reinsurance arrangements as it deems necessary in the interests of the SHI.

F.8 A reserve is maintained in the Trust Fund, equal to:

F.8.1 an amount corresponding to one third of the previous year's reimbursements, for settlement of outstanding claims should the SHI have to be liquidated; plus

F.8.2 an amount that the SHI/GOC estimates to be required based on actuarial projections to cover the projected costs of benefits to former staff members participating in ASHI under these rules, to the extent that such estimated costs will not be met by contributions received in respect of such persons;

F.8.3 an amount that the SHI/GOC estimates to be required based on actuarial projections to cover the projected costs of benefits to future former staff members participating in ASHI under these rules, to the extent that such estimated costs will not be met by contributions received in respect of such persons;

F.8.4 25% of the first-tier contributions made by staff members and the Organization in each region to meet the requirements of paragraph F.8.2 and thereafter paragraph F.8.3.

F.8.5 Additional contributions made by participating entities on behalf of their staff members in order to meet the requirements of paragraph F.8.2, and F8.3 based on actuarial projections and adjusted annually in consultation with the SHI/GOC.

F.9 The SHI Officer at HQ prepares quarterly reports on receipts and expenditures and an annual analysis of expenditures to serve as a basis for the management of the SHI by the SHI/GOC.

## **PART G: GOVERNANCE AND RULES OF PROCEDURE**

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### **SHI GLOBAL OVERSIGHT COMMITTEE (SHI/GOC)**

- G.1 An SHI/GOC is established to oversee the SHI and advise the Director-General on SHI management and operations. In particular, the SHI/GOC shall:
- G.1.1 review the operations and the financial status of the SHI, including levels of benefits and contributions consistent with the rules and guiding principles;
  - G.1.2 review the financial stability and the adequacy of the financial reserve of the SHI;
  - G.1.3 consider all SHI requests received from the SHI/GSC;
  - G.1.4 review the annual report and overall performance of the SHI/GSC;
  - G.1.5 organize periodic actuarial studies and approve the underlying assumptions, review the actuarial reports and recommend any required changes to the SHI to the Director-General after consultation with the SHI/GSC;
  - G.1.6 review the external auditors' report, and recommend appropriate action on any recommendations in the report;
  - G.1.7 review any internal audit reports referred to it and recommend appropriate action on implementation of any recommendations concerning the SHI;
  - G.1.8 based on advice from the Advisory Investment Committee, review the SHI investment strategy and review its performance annually;
  - G.1.9 review the implementation of the recommendations from internal and external audit reports referred to it on the accounts of the SHI;
  - G.1.10 provide information to the Advisory Investment Committee to assist in the review of the SHI investments;
  - G.1.11 review and ensure the adequacy of the WHO Secretariat's direction and management of the SHI and review its performance annually;
  - G.1.12 keep itself informed of developments in the best practices of comparable health insurance plans;
  - G.1.13 in consultation with regional directors of administration and finance, recommend the implementation of measures to provide effective and methodical examination of claims, internal audit and fraud prevention;
  - G.1.14 advise the Director-General on the implementation of measures for cost containment;
  - G.1.15 submit an annual report on the operations, administration and accounts of the SHI to the Director-General and all staff committees and make an executive summary accessible to all participants;
  - G.1.16 propose amendments to the SHI rules for decision by the Director-General;
  - G.1.17 review objectives and establish guiding principles and an assessment model and indicators to evaluate the performance of the SHI/GOC and SHI/GSC.

- G.2 The SHI/GOC is composed of:
- G.2.1 Assistant Director-General, Business Operations (ex officio, Chair); Comptroller (ex officio, non-voting) (alternate Chair);
  - G.2.2 Seven members from within HQ and the regions (with no more than one member per HQ/region) designated by the Director-General, for HQ and in consultation with the Regional Directors for their respective regional offices;
  - G.2.3 Five members designated by the Headquarters and regional staff committees (with no more than one member per HQ/ region) who serve on a biennial rotating basis;
  - G.2.4 Two members elected by the former staff members, at large, who are participants in the ASHI.
- G.3 Members other than the Assistant Director-General, Business Operations and the Comptroller, shall serve for a renewable term of two years, with the exception of members elected by former staff members (see G.2.4), who shall serve for a term of four years. The SHI/GOC members cannot serve concurrently on the SHI/GSC, SHI Medical Review Committee or on the SHI/GSC Sub-Committee.
- G.4 The SHI/GOC is advised by:
- G.4.1 external advisers (normally three), appointed by the Director-General;
  - G.4.2 a WHO Legal Officer from the Office of the Legal Counsel;
- G.5 The observers to the SHI/GOC are:
- G.5.1 the chair of the SHI/GSC;
  - G.5.2 an IARC representative designated by the Director of IARC;
  - G.5.3 a UNAIDS representative designated by the Executive Director of UNAIDS.
- G.6 At the Chair's invitation, Director Staff Health and Wellbeing, Director Human Resources and Talent, Director Office of Internal Oversight Services, and/or Director Information Management and Technology may attend meetings of the SHI/GOC to provide information and advice in their respective areas of expertise.
- G.7 External advisers to the SHI/GOC will be appointed by the Director-General. The external advisers will have strong experience in health insurance plans (particularly mutual plans). The external advisers shall not be employed by WHO or be a participant or former participant in the SHI. The external advisers will not be remunerated for attending SHI/GOC meetings but will be entitled to reimbursement for travel and other expenses to attend SHI/GOC meetings under the appropriate WHO policy.
- G.8 The Director-General designates an SHI Officer at HQ to act as Secretary of the Committee.
- G.9 The SHI/GOC shall function in accordance with the rules of procedure described below and will normally meet twice a year. In fulfilling its responsibilities, the SHI/GOC may obtain, from any source, medical, technical and actuarial advice that it deems necessary. However, if the consultation is likely to result in a financial engagement, concurrence must be obtained from appropriate officers in application of WHO policies.

## **SHI GLOBAL STANDING COMMITTEE (SHI/GSC)**

- G.10 An SHI/GSC is established to decide on cases referred to it in accordance with the SHI rules, and recommends to the SHI/GOC any proposed amendments to the SHI rules and practices of the SHI. In particular, the SHI/GSC shall:
- G.10.1 apply the rules and take decisions on cases referred to it;
  - G.10.2 obtain, from any source, necessary medical or technical information in order to determine whether the care provided in a given case is medically recognized and whether the costs are excessive. However, if obtaining such information is likely to result in a financial engagement, the concurrence of the appropriate Secretariat officer must be sought in accordance with the delegation of authority from the Director-General;
  - G.10.3 propose to the SHI/GOC such amendments to the SHI rules or practices of the SHI that, in the light of experience, it may consider advisable;
  - G.10.4 submit an annual report to the SHI/GOC that analyses the results of the work and operational costs of the SHI/GSC, potential changes in benefits, trends in cases reviewed and areas of opportunity for cost containment;
  - G.10.5 provide guidelines and tools to the SHI Officers to support them.
- G.11 The SHI/GSC is composed of:
- G.11.1 nine members and nine alternate members representing the administration, including:
    - a) two members and two alternate members from HQ designated by the Director-General,
    - b) six members and six alternate members from the regional offices designated by the Director-General in consultation with the regional directors,
    - c) one member and one alternate member designated by UNAIDS Administration.
  - G.11.2 nine members and nine alternate members representing the participants, as follows:
    - (a) seven members and seven alternate members designated by staff committees from HQ and regional offices (two from HQ, four from the regions and one from UNAIDS);
    - (b) two members and two alternate members elected by the former staff members at large, who are participants in the SHI as stated in Tables No. 2 and 3 of Part E of these rules.
- G.12 The members and alternate members designated by the Director-General shall, to the extent possible, represent a balance of expertise in medicine, finance, human resources and health care finance. A similar profile for the other members would be desirable. An alternate member may act in the respective member's place when the member is unable to attend a meeting. Members and their alternates shall serve for a renewable term of two years, with the exception of members elected by the former staff members (see paragraph G.11.2 (b)), who shall serve for a term of four years. Only members or, in their absence, their alternates can vote. The SHI/GSC members and alternate members cannot serve concurrently on the SHI/GOC.

- G.13 The SHI/GSC is advised by:
- G.13.1 a Medical Adviser, appointed by the Director-General on the recommendation of the SHI/GOC;
  - G.13.2 a Legal Officer from the Office of the Legal Counsel.
- G.14 The Director-General designates an SHI Officer to act as Secretary of the Committee.
- G.15 An Interim SHI/GSC shall be established to transact urgent business when the SHI/GSC itself is not in session. The Interim SHI/GSC is composed of four members (and four alternate members) from the two groups representing respectively, the administration and the participants. The membership of the Interim SHI/GSC includes the SHI GSC Chair (and the alternate SHI/GSC Chair) who shall chair the Interim SHI/GSC. The other members (and alternate members) of the Interim SHI/GSC shall be appointed by the SHI/GSC for a two-year period from among the SHI/GSC members. The presence (in person or through video conference) of the Chair and of two other voting members (or alternate Chair/members replacing Chair/members) constitutes the quorum of the Interim SHI/GSC. As far as is practicable, the Interim SHI/GSC shall observe the rules of procedure established for the SHI/GSC. However, the Interim SHI/GSC shall be empowered to adopt such additional operating guidelines as may be necessary for it to conduct its work. The Secretariat officer and advisers shall not participate in the taking of decisions, or in any voting. All decisions of the Interim SHI/GSC shall be reported to the SHI/GSC at its next meeting.
- G.16 The SHI/GSC shall function in accordance with the rules of procedure described hereafter.

## **RULES OF PROCEDURE**

### ***SHI/GOC***

#### ***Chair and alternate Chair***

- G.20 The Assistant Director-General, General Management, shall be the Chair of the SHI/GOC. The Comptroller shall be his/her alternate.

#### ***Conduct of business***

- G.21 The presence (in person or through video conference) of nine-voting members, four of the seven members designated by the Director-General under paragraph G.2.2 above, and four of the seven members designated/elected under paragraphs G.2.3 and G.2.4 above and the Chair (or alternate chair when acting for the Chair) , constitutes the quorum of the Committee.
- G.22 The Secretariat will provide the members with a proposed agenda together with relevant background information in advance of each meeting.
- G.23 The Committee will adopt its recommendations by consensus wherever possible. In the event that consensus cannot be achieved, the minority views will be recorded in the report. The Secretariat officers, advisers and the Comptroller (when present at meetings but not serving as Chair) will not participate in the taking of decisions, or in any voting.
- G.24 In the event that any decision is contrary to a recommendation made by an adviser to the Committee, the dissenting recommendation will be documented and reported in the minutes of the meeting.

#### ***Meetings of the SHI/GOC***

- G.25 The SHI/GOC will meet at least twice annually in person or by telephone/video conference. One of these two meetings shall normally be timed to occur on or around 31 March in order to review the draft SHI annual report for the previous year. Meetings of the Committee shall be convened by the Secretariat.
- G.26 The meetings of the Committee shall be held in private. The records and all correspondence of the Committee shall be private and kept in the care of the Secretary of the Committee.
- G.27 Notwithstanding the above paragraphs G.21 to G.26, in exceptional cases, when deemed necessary by the Chair, the Chair, through the Secretariat, may circulate proposals by email for the voting members' approval by a set date. If any voting member objects to the adoption of any such proposal by the set date, that proposal will be considered as not having been adopted by the SHI/GOC and, if pursued by the Chair, it will be referred to an SHI/GOC meeting held virtually or in person under the above paragraphs for consideration or a subsequent revised version circulated email. In the absence of any objection by voting members received by email by the set date, the proposal will be considered to have been validly adopted by the SHI/GOC. The Chair, through the Secretariat, will inform the SHI/GOC members accordingly and that communication will be regarded as the date of the adoption of the proposal.

#### ***Secretariat***

- G.28 Minutes of each meeting of the Committee shall be prepared by the Secretariat in English. An initial draft shall be distributed as soon as possible to all members and advisers of the Committee, who shall notify the Secretariat of any comments, additions or amendments

within two weeks of receipt. The Secretariat shall take into account such comments, additions or amendments and prepare a final version of the minutes, which shall be reviewed and signed by the Chair on behalf of the Committee.

- G.29 The final, approved minutes of each Committee meeting, including all recommendations adopted at the meeting, shall be sent to the Director-General by the Secretariat, highlighting any issues of concern and proposed actions if relevant. This summary shall be sent as soon as is practicable and normally within one month of the Committee meeting date.

### ***General***

- G.30 These rules of procedure may only be amended by a decision of the Director-General. However, subject to the provisions of these rules, the Committee shall adopt such operating guidelines as may be necessary for it to conduct its work.

### ***SHI/GSC***

#### ***SHI/GSC***

#### ***Chair and alternate Chair and Committee members***

- G.31 The Director-General shall appoint a Chair and alternate Chair from among the membership of the SHI/GSC, on the recommendation of the other members of the Committee.
- G.32 The Chair and alternate Chair shall be from different groups, whenever possible.
- G.33 The term of office for the Chair and alternate Chair shall normally be for a two-year period.

#### ***Conduct of business***

- G.34 The presence (in person or through telephone/video conference) of seven members, at least two from each group, and either the Chair or alternate Chair, constitutes the quorum of the Committee.
- G.35 The Secretariat will provide the members with a proposed agenda together with relevant background information in advance of each meeting.
- G.36 The Committee will adopt its recommendations by consensus wherever possible. In the event that consensus cannot be achieved, a vote will be taken as follows:
- G.36.1 the decision on the recommendation will be taken by a majority of the members present and voting<sup>13</sup> at the meeting;
- G.36.2 only a member or an alternate replacing a member can vote;
- G.36.3 the Chair shall cast a vote only in the event of a tie.
- G.37 The Secretariat officers and advisers will not participate in the taking of decisions, or in any voting.
- G.38 In the event that consensus cannot be reached, any minority views shall be recorded in the minutes of the meeting. In addition, in the case of any decision taken that is contrary

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<sup>13</sup> “members present and voting” means members casting an affirmative or negative vote.



to a recommendation made by an adviser to the Committee, the dissenting recommendation will be documented and reported in the minutes of the meeting.

***Meetings of the SHI/GSC***

- G.39 The SHI/GSC shall meet at least four times per year, in person or through telephone/video conference. Meetings shall be convened by the Secretariat.
- G.40 The meetings of the Committee shall be held in private with all records and correspondence kept in the care of the Secretary.

***Secretariat***

- G.41 Minutes of each meeting of the Committee shall be prepared by the Secretariat in English. An initial draft shall be distributed as soon as possible to all members and advisers of the Committee, who shall notify the Secretariat of any comments, additions or amendments within two weeks of receipt. The Secretariat shall take into account such comments, additions or amendments and prepare a final version of the minutes, which shall be reviewed and signed by the Chair on behalf of the Committee.
- G.42 The final, approved minutes of each Committee meeting, including all recommendations adopted at the meeting, shall be sent to the Secretariat of the SHI/GOC, highlighting the decisions taken and advice provided. This summary shall be sent as soon as is practicable and normally within one month of the Committee meeting date.

## **PART H: APPEALS AND GENERAL PROVISIONS**

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### **APPEALS**

- H.1 A Medical Review Committee has been established at HQ to receive and examine any complaints from a staff member, a former staff member, or a surviving spouse or dependant that a claim has not been settled in accordance with these rules insofar as its medical aspects are concerned. Such complaints must first have been examined by the SHI Officer in HQ or SHI Officer in RO, as applicable, and the SHI/GSC must have taken a decision on the interpretation of these rules. The Medical Review Committee shall report to the Director-General who shall make the final determination. However, a staff member, former staff member or surviving spouse or dependant, may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.
- H.2 The Medical Review Committee is composed of one member and one alternate designated by the Director-General, one member and one alternate named by the Staff Committee at HQ, and a Chair and an alternate Chair designated by the Director-General on the recommendation of the other members of the Committee. All members must be medical officers and the member and alternate member designated by the Director-General must have served in regional or field assignments. The term of office of each member is two years. The Director-General designates an SHI officer to serve as secretary.
- H.3 The Medical Review Committee establishes its own procedures and may seek whatever advice it may need from any source. The expenses arising from consultations initiated by the Committee are borne by the SHI.
- H.4 Complaints to the Medical Review Committee should be made in writing and addressed to the Chair, Medical Review Committee, care of SHI Officer, HQ, Geneva, in an envelope marked "Confidential". They must be made within three months of the date of the notification of the decision of the SHI/GSC to which the claimant has taken exception and be supported by any relevant evidence. The claimant also notifies the SHI Officer (regional budget and finance officer) that he/she has made such a complaint.
- H.5 Complaints relating to decisions of the SHI/GSC of an administrative nature on the settlement of any claim, may be referred to the Director-General within 60 days of the date of their notification. For such complaints, the SHI/GSC must have given its opinion on the interpretation of these rules. The Director-General's decision shall be final. However, a staff member, former staff member or surviving spouse or dependant may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

### **FRAUD, INFRINGEMENT OF SHI RULES**

- H.6 All cases of fraud, confirmed, attempted or suspected, against the funds of the SHI shall be dealt with in accordance with the procedure for reporting and follow-up of cases of fraud and losses of cash or property laid down in the relevant provision of the e-Manual and may result in disciplinary measures and recoveries of any indebtedness to the SHI and any other action under WHO's Staff Rules and policies and these rules.
- H.7 If it is established that fraud has been committed or attempted, the paying member concerned shall be automatically excluded from participation in the SHI. His/her

dependants and other eligible family members participating in the SHI (“participating family members”) shall also be automatically excluded. The exclusion shall be effective from the date of notification thereof to the paying member concerned or, in case of serving staff members who are dismissed or summarily dismissed for misconduct, from the effective date of the dismissal or summary dismissal of the staff member concerned.

H.7.1 In the exceptional case where it is established that fraud has been committed or attempted, but the serving staff member is not dismissed or summarily dismissed for misconduct, the automatic exclusion from participation in the SHI will not apply.

H.7.2 If it is established that fraud has been committed or attempted by a participating family member, he/she shall be excluded from participation in the SHI, regardless whether the paying staff member is excluded or not. The exclusion shall be effective from the date of notification thereof to the paying member.

H.8 Any appeal of a decision referred to in paragraphs H.7-H.7.2 must be made in writing by the paying member to the SHI/GSC within two months of the date of notification thereof. The SHI/GSC shall report to the Director-General who shall make the final decision. The paying member concerned may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

## **DISTRAINT AGAINST CLAIMS**

H.9 Benefits payable to participants, or their dependants, in respect of claims against the SHI, may not be withheld in settlement, wholly or in part, of debts due to the Organization.

## **DISSOLUTION**

H.10 [deleted]

H.11 Proposals to dissolve the SHI must first be endorsed by the SHI/GOC after consultation with the SHI/GSC and sent to the Director-General for his/her concurrence, and then submitted to a referendum of the whole staff of the Organization.

H.12 If it is decided to dissolve the SHI, the SHI/GOC must in the first place make arrangements to safeguard the rights of former staff members for continued coverage, including the transfer of the reserve fund set aside for this purpose. It will then make proposals to the Director-General and the staff for the liquidation of the remaining assets, special consideration being given to the rights of staff members with the longest periods of participation.

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## **ANNEX 1: RESPONSIBILITIES**

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1. It is the responsibility of participants to ensure that:
  - a) Their family members are insured in SHI when relevant, and that processes to be followed to request or cancel participation for their family members are performed in a timely manner;
  - b) Their contact details and bank account details are up to date in the relevant Global Management System for staff members;
  - c) Any change in their family status, contact details or bank account details are communicated to SHI in a timely manner for former staff members or their surviving family members;
  - d) SHI contributions are paid in a timely manner;
  - e) SHI cards are used only by the persons for whom they are issued, which means that it is important that SHI cards are kept securely;
  - f) Claims for reimbursement have been processed correctly and the correct reimbursement has been received;
  - g) The participant's share of an invoice submitted for direct payment is paid to the Health Care Provider (HCP) promptly;
  - h) In line with SHI Rule C.7, they choose a health care provider who is in-network for treatment in the United States of America (for staff members under C.6.1(i), former staff members under C.6.1 (ii), and their dependants and eligible family members under C.6.3);
  - i) The consequences of fraud are fully understood by themselves and their family members participating in SHI.
  
2. It is the responsibility of SHI to ensure that:
  - a) Appropriate identification of the participants' affiliation to the SHI and TPA when relevant is provided to the participants;
  - b) All participants are briefed regularly on SHI Rules and other related important information;
  - c) Any changes to the SHI Rules are communicated periodically;
  - d) Queries from participants are responded to in a timely manner;
  - e) Claims for reimbursements and direct payments are investigated, processed and paid in a timely manner;
  - f) All SHI participants are treated in the same equitable and respectful way.

