



Your Benefit Overview

International UN Volunteers
Assignments with Long-Term
Benefits

January 2026



CONTENT

This document contains a general description of Cigna’s services and medical cover provided by UNV to its International Volunteers under assignments with long-term benefits. Should you have any questions about an item that is not listed below or want additional information, please contact Cigna or consult your personal webpages which are accessible through www.cignahealthbenefits.com.

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Our Services

24/7 availability

You can reach us anytime, anywhere in your preferred language. If you would like to know how to submit a claim or have any other questions, you can contact us by phone, e-mail, fax, or post.

Tip: All **our contact details** are available with the tap of a finger on the Cigna Health Benefits+ app. Download the free Cigna Health Benefits+ app here and manage your health plan right from your smartphone:

Android - <https://play.google.com/store/apps/details?id=com.cigna.mobile.IOHspark>

iOS - <https://apps.apple.com/app/id6746128428>

Sometimes it helps to see how things work

From how to claim expenses to what you should do in case of hospitalization, we've created short videos to help you quickly find answers to your questions.

[Watch our video tutorials](#)

Our contact details

You can reach our multilingual team 24 hours a day, 7 days a week, 365 days a year. In case of emergency and when contacting us by phone, we'll ask you for your **full name** and **date of birth**. Please make sure you have **your personal reference number** ready as well.

You can request a **Guarantee of Payment** by going to your [personal webpages](#) and filling in the online form under the **Contact** tab.

Call us for free using a **toll-free number**. If there is no toll-free number available for your country of stay, you can use the UNV dedicated phone number. You can find the full list of available toll-free numbers per country on your [personal webpages](#).

We're also available via **Call back**. You can find out more about these services on your [personal webpages](#).

You can also use the [Cigna Health Benefits](#) app to download or send an **electronic version** of your **membership card** for you or a family member. Downloading your electronic membership card means you'll always have our contact information at hand in case of emergency.

Your personal webpages – Access to online information and services

All information regarding your plan is gathered on your personal webpages. Basically, everything you need to know is easily available in one place that is accessible at anytime from anywhere in the world. Here you can also access our online services: you can search our worldwide medical service provider network for a particular provider, download fillable forms and consult your settlement details.

You can access your personal webpages as follows:

- Go to www.cignahealthbenefits.com and click on 'Plan members'. Log in with your personal reference number, which you will receive by email as soon as you are enrolled under the insurance plan.
- Fill in your personal reference number and password. You'll find your personal reference number on your digital membership card (**002/xxxxx**).

Tip: We master all major languages in-house, so there is no need for you to translate any of the documents you wish to send us.



Access to quality health care at preferential rates

Wherever you are, you have access to our worldwide network of medical service providers. We make sure you benefit from health care services at preferential rates. To find a provider that best suits your needs, search our provider list by location, type of facility and/or specialty on your personal webpages. When needing a hospital admission at a network provider (and out of network provider), do not forget to request Cigna to issue a Guarantee of Payment (GOP) to facilitate direct billing to Cigna.

Home My plan ▾ Claims **Provider search** My health Contact ▾

Provider search

Search and contact our in-network healthcare providers. [Read more](#)

Where
Any

Provider type
Any ▾

Specialty
Any ▾

Agreement
Any ▾

Provider name
q. Any

0 Results Share

Choose location

Use your current location to start with or search by address, city or a provider name.

Use your current location

Search for a location

Free choice of medical service provider

You have free choice of medical service provider anywhere in the world. However, consulting a provider from our network can be beneficial to you, as we have negotiated advantageous rates with most of our providers.

Let us pay your medical bills

By requesting a Guarantee of Payment (GOP) to Cigna prior to your hospital admission and identifying yourself upon admission to a hospital, you do not have to advance your medical expenses first and submit a claim for reimbursement afterwards. You can email admissions@cigna.com or call us or request a GOP on our app and website.

Prior approval: no surprises by notifying us in advance

For all non-emergency hospitalizations, we require you to request prior approval from our medical consultant. By contacting us before a planned admission, you will benefit from our direct payment service and negotiated prices. This means lower out-of-pocket expenses and no unpleasant surprises when you receive your medical bill.



Information on chronic diseases and possibility of contacting our medical consultant

We help raise awareness about the risk of developing serious or chronic diseases like diabetes, cardiovascular disorders, or cancer. If you would like personal advice, feel free to contact our medical consultant through your personal webpages.

Swift processing of your medical claims

As we have claims processing offices in various time zones, we can quickly process your queries and handle your claims. A complete claim will be processed within 5 working days on average.



Your Coverage

1. In general

The Cigna insurance plan indemnifies members, within the limits of the plan, for reasonable and customary charges for medical, hospital and dental treatment.

The plan reimburses only treatment, supplies or other services that are widely and generally accepted as medically necessary and appropriate for the condition being treated, and when such treatment, supplies or other services are prescribed by a licensed, qualified medical professional. Cigna has the fiduciary duty and discretionary authority to determine, on behalf of UNV, what constitutes a covered service or benefit under the plan.

All amounts are expressed in USD.

Yearly amounts are applied per insurance year unless indicated otherwise.

Benefits	Description
Medical treatment	All examinations or measures taken to restore health.
Reasonable & customary	<p>Only reasonable and customary expenses are covered. This means that only fees and prices which are commonly charged for the treatment or purchase in question can be considered for reimbursement, taking into account the geographical area where the treatment is given or the item is purchased.</p> <p>Any excesses in this regard will be limited to the reasonable and customary level.</p>
Medically necessary and appropriate	Furthermore, the treatment or purchase must also be reasonable and customary from a medical point of view. This means, for example, that the number of treatment sessions/days of admission/dosage of medication should be medically justified.
Prescriptions required	<p>Prescription from a doctor is required for medication, for psychological care, and for paramedical care (physiotherapy, nursing care, etc.).</p> <p>Validity of prescriptions: One year (even for prescriptions mentioning 'permanent use').</p>
Territorial limits	<ul style="list-style-type: none"> For volunteers who have their duty station outside of the United States: worldwide coverage excluding the United States For volunteers travelling in the United States on a private basis: worldwide coverage excluding the United States, except for medical Emergency care For volunteers who have their duty station in the United States or for volunteers travelling in the United States for official travel purposes: worldwide coverage including the United States
Medical emergency	A medical condition, the onset of which is sudden and manifests itself by symptoms of sufficient severity, such that the absence of immediate medical attention would result in a serious threat to a person's general health.

Benefits	Description
Emergency care	Adequate urgent and First-line treatment required in case of Medical emergency to reduce or remove an immediate and serious threat to a person's general health. This includes but is not limited to first aid.
First-line treatment	The first method that a doctor chooses to treat a particular medical condition.
Sickness	A deterioration of health confirmed by a legally qualified physician.
Maternity	The term maternity is taken in its wider sense and includes pregnancy.
Prior approval	<p>Prior approval from Cigna’s medical consultant is required for all non-emergency hospitalizations.</p> <p>Prior approval means that reimbursement is guaranteed only in cases where our medical consultant grants his explicit approval for the treatment, on the basis of the medical justification, as well as a cost estimate furnished by the beneficiary at least one week prior to the planned admission. In case of a medical emergency, approval can be obtained post factum, on the basis of the same medical criteria.</p> <p>Cigna International Health Services has the fiduciary duty and discretionary authority to determine what constitutes a covered service or plan benefit under the plan.</p>
Overall maximum	<p>There is an overall maximum of 150,000 USD per insurance year.</p> <p>For service incurred illnesses or accidents, an additional limit of 125,000 USD applies. To claim this benefit, the host agency must follow its process to certify service incurred accidents and issue the relevant document(s) to certify service incurred illnesses or accidents.</p>
Insurance year	An insurance year equals a period of 12 months. The first insurance period starts as of the first day of coverage, which is also the start date of your contract, regardless of whether additional contracts start during that 12-month period. If the initial contract ends prior to the end of the 12-month period and one or more contracts come into effect during the 12-month period, the insurance year is still defined as a 12-month period starting on the first day of the initial contract.
Deductible or out-of-pocket expense	<p>A deductible on out-patient care is an amount that dependents need to pay out of pocket in full during the insurance year before the plan starts reimbursing outpatient care expenses.</p> <p>Volunteers: no deductible</p> <p>Dependents: 500 USD per dependent per insurance year for some out-patient treatments, including (but not limited to): doctor’s fee, lab tests, medical imaging, medical devices...</p>
Outpatient treatment/outpatient surgery/day case	Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge.
Inpatient treatment/hospitalization	Treatment given on an inpatient basis, where the date of admission differs from the date of discharge.



Benefits	Description
Currency of payment	<ul style="list-style-type: none">• USD• EUR optional <p>The conversion of medical expenses incurred in a currency other than USD will be made at the UN-operational rate of exchange, in force on the date of incurring the expenses.</p>
Claim submission deadline	<p>All claims must reach Cigna within one year from the date on which the expenses were incurred.</p>
Permanent dismemberment	<p>Dismemberment which is permanent and incurable or lasting for at least 12 months and being thereafter beyond hope of improvement.</p>

2. Summary of benefits

2.1 In the Hospital

General Rule

All treatments and medicines must be prescribed by a qualified and registered medical doctor. The items below are reimbursed at 100% for volunteers, unless indicated otherwise in the remarks. Certain out-patient treatments for dependents are reimbursed at a lower coverage and subject to deductible.

Outpatient direct payment is only applicable for costs above 200 USD in medical facilities, accepting the direct payment option. Below this amount, invoices are to be paid and claimed by the UN volunteer.

Item	Remarks
Prior approval from Cigna’s medical consultant is required for all non-emergency hospitalisations. Notification of such hospitalisations should be given at least 1 week prior to the admission date.	
Stay (bed and board expenses)	<p>100% on the basis of the price for a semi-private room or 80% of the price for a private room</p> <p>100% of the price for a private room is covered under the following circumstances:</p> <ul style="list-style-type: none"> a) when the nature and gravity of the illness require private room care and such care is requested by the attending physician; b) when the patient is admitted on an emergency basis to a hospital, which has semi-private accommodation, but none is available at the time; c) when the patient is admitted to a hospital which does not have any semi-private accommodation, i.e. it has no standard of accommodation other than private rooms and general wards.
All-in hospitalization	100%
Doctor’s fees (surgeon, treating physician, assistant, anesthetist, midwife)	100%
Fees treating physician	100%

Item	Remarks
Accompanying person	Not covered, except when the patient is under the age of 12 or when it is required by local legislation. In that case the expenses are covered at 100%
Other hospital expenses	100%
Psychiatric admission	100%
Transplantation: registration expenses	100%
Transplantation: expenses donor in case the insured is the recipient	100%
Transplantation: expenses donor in case the insured is the donor	Not covered
Private nurse during hospitalization	100% only covered if there is a medical necessity Prior approval is required
Chemotherapy, radiotherapy, and hemodialysis	100%
Out-patient surgery (operating theatre required)	100%
Sterilization – Reversal of sterilization	Not covered
Abortus provocatus	100%



22 In the Special Institution/Institutional Care

Item	Remarks
Rehabilitation/convalescence after surgery	See In the hospital 2.1
Home for the elderly/nursing home Institution for the disabled	Not covered
In-patient treatment against drug and alcohol abuse	See In the hospital 2.1
Cure	Not covered

23 Outpatient Doctor's Fees

General Rule

All treatments and medicines must be prescribed by a qualified and registered medical doctor. The items below are reimbursed at 100% for volunteers, unless indicated otherwise in the remarks. Certain out-patient treatments for dependents are reimbursed at a lower coverage and subject to deductible.

Outpatient direct payment is only applicable for costs above 200 USD in medical facilities, accepting the direct payment option. Below this amount, invoices are to be paid and claimed by the UN volunteer.

Item	Remarks
2.3.1. At the general practitioner's	
Consultation	100% for volunteers 80% for dependents, subject to deductible
Minor surgical intervention in a doctor's practice	100% for volunteers 80% for dependents, subject to deductible
Annual subscription fees	Not covered
2.3.2. At the specialist's	
Consultation	100% for volunteers 80% for dependents, subject to deductible
Minor surgical intervention at doctor's practice	100% for volunteers 80% for dependents, subject to deductible
Annual subscription fees	Not covered
Visit psychiatrist (=doctor)	100% for volunteers with a maximum of 500 USD per person per period of 6 months 80% for dependents with a maximum of 500 USD per person per period of 6 months, subject to a deductible
Psychotherapy at psychiatrist (=doctor)	As above
Psychotherapy at psychologist or other therapist (≠ doctor)	As above
Relationship therapy	Not covered
Outpatient treatment against drug and alcohol abuse	100% for volunteers 80% for dependents, subject to deductible

Item	Remarks
2.3.3. At the licensed qualified medical service provider's	
Physiotherapy	100% for volunteers 80% for dependents, subject to a deductible
Acupuncture, Osteopathy, and Chiropractic treatment	100% for volunteers 80% for dependents, subject to a deductible. Prior approval required, subject to certain conditions
Medical act/supervision by a nurse (wound dressing, injections,...)	100% for volunteers 80% for dependents, subject to deductible
Custodial care (i.e. assistance with activities of daily living) by a person other than a nurse (e.g. garde-malade, home health aides,...)	Not covered
Dietician	100% for volunteers 80% for dependents, subject to deductible For one dietary-oriented consultation per calendar year to make up a treatment plan Up to ten sessions per lifetime for patients with: <ul style="list-style-type: none"> • a chronic disease (namely: cardiovascular disease, diabetes mellitus, hypertension, kidney disease, eating disorders, and gastrointestinal disorders); • a BMI (Body Mass Index) higher than 30. For these patients, dietary adjustment is medically necessary and has a therapeutic role. <ul style="list-style-type: none"> • The nutritional counselling must be prescribed by a physician and furnished by a medical service provider (e.g. a registered dietician, licensed nutritionist, or other qualified licensed health professional).

24 At the Specialised Supplier's Office (among others for the disabled)

Preliminary Remark

All devices must be prescribed by a qualified and registered medical doctor. Where applicable, Cigna will only reimburse the rental of devices instead of the purchase. Therefore, prior approval is always required.

Item	Remarks
In general: orthopedic devices and repair of orthopedic devices	100% for volunteers 80% for dependents, subject to deductible
Hearing aids and batteries hearing aids	100% for volunteers 80% for dependents, subject to deductible Maximum of 1,000 USD per Insured Person per calendar year
Wheelchair, adapted buggy	100% for volunteers 80% for dependents, subject to deductible
Adaptation to the house (shower, elevator, special lavatory,...)	Not covered
Hospital bed	100% for volunteers 80% for dependents, subject to deductible
Rollator, Gehwagen etc.	100% for volunteers 80% for dependents, subject to deductible
Sphygmo(mano)meter = blood pressure gauge	100% for volunteers 80% for dependents, subject to deductible
Material for diabetics (glucometer, insulin pump, strips, ...)	100% for volunteers 80% for dependents, subject to deductible
Aerosol	100% for volunteers 80% for dependents, subject to deductible
In general: orthopaedic devices and repair of orthopaedic devices	100% for volunteers 80% for dependents, subject to deductible
Home trainer	Not covered
Infrared lamp	
Decubitus material (special pillow, mattress)	
Incontinence material	



Item	Remarks
Wig	100% for volunteers 80% for dependents, subject to deductible
Special bathing suit/bra after breast amputation	Not covered
CPAP-appliance	100% for volunteers 80% for dependents, subject to deductible
Support stockings Orthopedic insoles and shoes	100% for volunteers 80% for dependents, subject to deductible

25 Allergies

Item	Remarks
Anti-allergic eiderdown coverage, mattress cover, pillow cover	Not covered
Immunotherapy	100% for volunteers 80% for dependents, subject to deductible
Humidifier Air cleaner (Baby) food in case of serious metabolic disorder (e.g. Amino acid deficiency)	Not covered

26 Contraceptives

Item	Remarks
Prescribed contraceptives (e.g. birth control pill, IUD=intra-uterine device, contraceptive implant, contraceptive injection)	100% up to 50 USD per person per calendar year
Over-the-counter (OTC) contraceptives (condoms, diaphragm, spermicides,...)	Not covered
Abortus provocatus	100%
Sterilization / reversal of sterilization	Not covered

27. Childbirth

Item	Remarks
Amniocentesis	100% for volunteers 80% for dependents, subject to deductible. Prior approval required
Delivery in hospital/outpatient delivery	See In the hospital 2.1
Home delivery	100% for volunteers 80% for dependents, subject to deductible
Visits midwife	100% for volunteers 80% for dependents, subject to deductible
Maternity care/assistance	100% for volunteers 80% for dependents, subject to deductible 8 days with a maximum of 7 hours per day starting from the day of the delivery (the number of days stayed in the hospital will be deducted)
Maternity pack for home delivery, Breast pump, Birth premium, Adoption premium	Not covered
Prenatal & postnatal exercises	100% for volunteers 80% for dependents, subject to deductible only if it is given by a paramedic

28 Fertility

Item	Remarks
IVF and/or ICSI (intra-cellular sperm injection) Including the techniques to obtain sperm (PESA, TESE, MESA, ...)	100% for volunteers 80% for dependents, subject to deductible Note: lifetime maximum of 3 attempts (one attempt is defined as one embryo transfer IVF/IVSI) Prior approval is required
Hormonal treatment to stimulate fertility	Not covered
IUI (intra-uterine insemination)	Not covered
Cryopreservation	Not covered

Item	Remarks
Limit	USD 10,000 per event
Medical emergency transportation by professional services including road ambulance and helicopter-ambulance (in-country)	<p>100% for volunteers</p> <p>80% for dependents, subject to deductible</p> <p>Only covered to the closest hospital where adequate emergency care can be given and only in case of medical emergency resulting from an accident or a sickness</p>
Search & rescue (e.g. in case of ski - accident)	Not covered
Taxi	Not covered
Own transportation	Not covered
Public transportation	Not covered
Repatriation deceased person to his / her home country	<p>Under the limitations of section II – Life Insurance, the Insurers will also refund 100% of the costs of repatriation of the corpse of an International UNV up to a maximum of USD 10,000. This reimbursement applies for repatriation from the location of mortal remains (could be country of assignment or place of evacuation) to the place of recruitment or country of origin if different (as per the family request). The reimbursable costs include:</p> <ul style="list-style-type: none"> - transportation within the country of assignment or evacuation, if the late Insured Person deceases there, to the departure airport - transportation from arrival at the airport to the home of the late Insured Person, as well as from the home to the burial ground - coffin - preparation of the body to allow for repatriation, such as embalming <p>In case the death of a dependent occurred at the volunteer’s county of assignment or place of evacuation, the cost of repatriation of his/her corpse will be reimbursed at 80% up to a maximum of 5,000 USD.</p> <p>This includes:</p> <ul style="list-style-type: none"> - transportation from the country of assignment or place of evacuation to the country of origin/place of recruitment of the International UNV - transportation within the country of origin if the late Insured Person deceases there - transportation from arrival at the airport to the home of the late Insured Person, as well as from the home to the burial ground

-
- coffin
 - preparation of the body to allow for repatriation, such as embalming

In case the death of a dependent occurred in a country other than the volunteer's county of assignment or place of evacuation, the cost of repatriation of his/her corpse to or within the home county will not be reimbursed.

Medical emergency evacuation by professional services of patient to another country

100% for volunteers
80% for dependents, subject to deductible

Only to the closest location where adequate Emergency care can be given in case of medical emergency resulting from an accident or a disease and provided this care is not available in-country

Accompanying person

100% if medically necessary

Non-emergency transport / evacuation

Not covered

20. At the Optician's

Item	Remarks
General optical care	100% up to 200 USD per Insured Person per two calendar years Lenses must be prescribed and/or rendered by an ophthalmologist, optometrist, or optician and have a corrective diopter.
Lenses/glasses/frame	See general optical care
Lasik/keratotomy and other procedures to change the diopter	Not covered
Eye test to determine dioptre	See general optical care

21. At the Dentist's

Item	Remarks
Ordinary dental care	100% up to maximum of 700 USD per insurance year
Half-yearly dental examination at dentist, orthodontist, dental hygienist, dental surgeon,...	See ordinary dental care
Scaling	See ordinary dental care
Prosthesis and provisional prosthesis	
X-rays	
Orthodontic treatment: device and fee	
Dental hygienist	
Splint = mouthguard	
Implants	See ordinary dental care
Periodontitis treatment	
Treatment plan	Not covered
Dental surgery, stomatology	Hospital expenses: See In the hospital 2.1
Surgical tooth extraction (wisdom teeth)	Surgeon, anaesthetist, parts of implants/bridge: 100% up to the maximum for ordinary dental care

Item	Remarks
<p>General cover of prescribed pharmaceutical products</p> <ul style="list-style-type: none"> containing active medical components; and generally medically recognised and fully approved by the relevant legislation in force; and required as a result of illness, accident, or maternity. 	<p>100% for volunteers 80% for dependents, subject to deductible</p> <p>For claiming purposes, please provide us with the following documents together with your Claim form:</p> <ul style="list-style-type: none"> doctor's prescription stating: <ul style="list-style-type: none"> the name of the patient; the diagnosis; the name of the medication; the dosage; the official original invoice clearly mentioning: <ul style="list-style-type: none"> the date of purchase; the name(s) of the medication; the price paid for each product.
<p>Over-the-counter (OTC) drugs</p>	<p>OTC drugs are only covered in case they are an essential part of a treatment and when the following conditions are met:</p> <ul style="list-style-type: none"> the medication must be generally medically accepted as medicine (containing enough active pharmaceutical components). This means that there has to be enough scientific proof of its effectiveness in the peer reviewed medical literature. the medication needs to be prescribed by a doctor for a well specified diagnosis and this diagnosis needs to be mentioned on the prescription. <p>The following products are never reimbursable:</p> <ul style="list-style-type: none"> cosmetics such as creams/lotions to remove wrinkles, Retin A products (unless for diagnosed severe acne), body washes/soaps, moisturizers/barrier creams, skin cleansers; non-mediated eye drops, hypo tears, eye lubricants
<p>Drugs for obesity management/dietary products</p>	<p>Not covered</p>
<p>Chinese medicines</p>	<p>100% for volunteers 80% for dependents, subject to deductible</p>
<p>Phytotherapy</p>	<p>Not covered</p>
<p>Homeopathy</p>	<p>100% for volunteers 80% for dependents, subject to deductible</p>

Item	Remarks
Food/nutritional supplements	Not covered
Vitamins	100% for volunteers 80% for dependents, subject to deductible Only covered when prescribed to cure a deficit. Lab results confirming the deficit must be submitted with the claim.
Vaccinations/preventive medication (e.g. against malaria)	100% for volunteers 80% for dependents, subject to deductible For all prescribed vaccinations and preventive products, also for children.
Medication to (temporarily) treat impotence (Viagra, Levitra,...)	100% for volunteers 80% for dependents, subject to deductible Prior approval required
Bifosfonates/Medication to treat osteoporosis (Fosamax, Evista etc.)	100% for volunteers 80% for dependents, subject to deductible Only in case of osteoporosis Prior approval required
Nicotine substitutes	Not covered
Hair tonics	Not covered
Special shampoo or toothpaste	Not covered
Dressings/bandages	100% for volunteers 80% for dependents, subject to deductible Only if for care of wounds
PrEP medication	Not covered

23 In the Laboratory/Medical Imaging Facility

Item	Remarks
Diagnostic medical imaging	100% for volunteers 80% for dependents, subject to deductible
Lab tests	100% for volunteers 80% for dependents, subject to deductible
Screening/preventive testing	Not covered
General or complete check-up	Not covered
Mammography	100% for volunteers 80% for dependents, subject to deductible Only for diagnostic purposes
PSA test, urological exam	100% for volunteers 80% for dependents, subject to deductible Only for diagnostic purposes
HIV-test	100% for volunteers 80% for dependents, subject to deductible Only for diagnostic purposes

24 Life Insurance

The capital sum payable on the death of an Insured Person, amounts to 100.000 USD.

If the death is caused by malicious acts (e.g. war, murder, sabotage...), the capital sum payable is brought to 500.000 USD, i.e. for death caused directly or indirectly by war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, riots or civil commotion, sabotage, explosion of war weapons, terrorist activities (whether terrorists are the country's own nationals or not), murder or assault by foreign enemies or any attempt thereat. Bearing in mind that malicious acts are generally associated with the security situation prevailing in the given countries, UNV Headquarters may require a certification from the UN Designated Official that all security instructions have been complied with.

The capital sums mentioned above are only payable if the death occurs before the volunteer's 80th birthday. This age limit does not apply to the repatriation expenses.

If the death of an Insured Person occurs on or after their 63rd birthday, only 50% of the applicable capital sum will be payable. This age threshold does not apply to repatriation expenses.

Coverage is provided under this section insofar as the decease occurs during the insurance period and is notified to the Insurers within **three (3) months of its occurrence** by email to benefits@cignahealthcare.com.

The costs of repatriation of the corpse will be reimbursed on sight of the invoices or other documents stating the expenses, and as per the conditions stipulated in section 2.9. These claims must be submitted via the website or Cigna Benefits + app, just like other medical claims.



On the death of an Insured Person, the insurers will pay the Policyholder the capital sum guaranteed within 15 days of receipt of the following documents:

- the Insured Person's birth certificate or equivalent extract from the birth records in an official statistics form;
- the death certificate;
- the medical certificate stating the cause of death;
- the fully completed Cigna discharge form.

25 Dismemberment Insurance

Total Permanent Dismemberment

If any accident or disease listed below results in Permanent dismemberment within one year after being incurred or diagnosed, the insured shall receive the insured sum of 100.000 USD.

The amount of indemnity payable in case of Permanent dismemberment shall be the sum insured of USD 500.000 when the Permanent dismemberment is attributable to malicious acts, i.e. for Permanent dismemberment caused directly or indirectly by war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, rebellion, insurrection, military or usurped power, riots or civil commotion, sabotage, explosion of war weapons, terrorist activities (whether terrorists are the country's own nationals or not), murder or assault by foreign enemies or any attempt thereof. This means that if the Permanent dismemberment of an International Volunteer is not attributable to malicious acts as described above, the capital sum shall be USD 100.000.

Bearing in mind that malicious acts are generally associated with the security situation prevailing in the given countries, UNV Headquarters may require a certification from the UN Designated Official that all security instructions have been complied with. Any accident or disease that may give rise to a claim for Permanent Dismemberment should be notified to benefits@cignahealthcare.com as soon as reasonably practicable following the occurrence of an accident or, in the case of a disease, following medical diagnosis.

A claim for Permanent Dismemberment shall be notified to benefits@cignahealthcare.com as soon as reasonably practicable after the treating medical practitioner has indicated that the loss or dismemberment is likely to be permanent. In any event, no claim for Permanent Dismemberment shall be made later than **two (2) years from the date of the accident or the date on which the disease was medically diagnosed**, unless medical evidence demonstrates that the permanence of the dismemberment could not reasonably have been determined within that period.

The indemnity under this section is paid upon confirmation of the permanent dismemberment by an appointed medical expert.

Partial Permanent Dismemberment

If the Permanent dismemberment is partial, a proportion of this capital sum will be paid, according to the degree of invalidity in accordance with the scale of benefits shown below.

Any accident or disease that may give rise to a claim for Permanent Dismemberment should be notified to benefits@cignahealthcare.com as soon as reasonably practicable following the occurrence of an accident or, in the case of a disease, following medical diagnosis.

A claim for Permanent Dismemberment shall be notified to benefits@cignahealthcare.com as soon as reasonably practicable after the treating medical practitioner has indicated that the loss or dismemberment is likely to be permanent. In any event, no claim for Permanent Dismemberment shall be made later than **two (2) years from the date of the accident or the date on which the disease was diagnosed**, unless medical evidence demonstrates that the permanence of the dismemberment could not reasonably have been determined within that period.

The indemnity under this section is paid upon confirmation of the permanent dismemberment by an appointed medical expert.



For a person who is left-handed, on condition that he has so declared in the application for insurance, the rates relative to the upper right limb will be applied to the left and vice-versa.

The invalidities which have not been mentioned before, shall be indemnified according to their importance compared to those which have been mentioned, the Insured's profession not being taken into consideration.

Partial amputation or partial functional loss of the limbs listed in this document shall give rise to payment of benefits proportional to those payable in the case of total amputation or total functional loss.

The total loss of the use of a limb will be considered like the loss of a limb. No benefit shall be paid for the loss of limbs the use of which had been lost prior to the accident or before a disease was medically diagnosed. The benefit payable for injury to a limb previously crippled shall be based solely on the difference in the state of the limb or organ before and after the accident or before and after a disease listed below was medically diagnosed. The extent of injury to healthy limbs as the result of an accident or disease shall be assessed without regard to the crippled conditions of any other limbs not affected by the accident or disease.

The total benefit payable for several dismemberments caused by the same accident or disease shall be calculated by addition and shall not exceed either the total sum assured for total or Permanent dismemberment or the partial sum assured for total loss of the injured limb or total loss of the use thereof.

The indemnity under this section is paid upon confirmation of the permanent dismemberment by an appointed medical expert.

General

The admitted diseases are tropical disease, stroke, heart attack, meningitis, encephalitis, blindness, deafness and permanent total renal insufficiency. Tropical disease means a sickness which is typical for tropical countries and cannot practically be incurred in another climate. Examples of tropical disease are: pestilence, leprosy, trypanosoma, etc.

The indemnities are paid upon the statement of permanent dismemberment by a physician acceptable to both the Policyholder and the Insurers.

Determination of the extent of permanent dismemberment shall be based solely on the final condition of the victim, which shall be duly established, but not later than two years after the accident or after the disease was medically diagnosed.

In case of major dismemberment, special transport of the Insured Person, including costs accompanying person or attendant will be reimbursed, as per the conditions stipulated in section 2.9. These claims must be submitted via the website or Cigna Benefits + app.



Scale and Conditions¹

Scale and conditions	Part of the capital sum reimbursed	
Incurable insanity incompatible with any gainful occupation	100%	
Total paralysis	100%	
Total blindness	100%	
Amputation or total irrevocable loss of use:	100%	
<ul style="list-style-type: none"> • both arms or hands • both legs or feet • one arm or hand and one leg or foot 		
Total and absolute loss by amputation or excision or total functional loss of	<u>Right</u>	<u>Left</u>
<ul style="list-style-type: none"> • Arms • Forearm • Hand • Thumb • Index finger • Middle finger • Ring finger • Little finger • Movement of shoulder or elbow • Movement of wrist • Thigh • Leg • Foot • Big toe • Other toe • Movement of hip or knee • Eye, excised • Eye, not excised • Total deafness in one ear • Total deafness in both ears 	75% 65% 60% 20% 16% 12% 10% 8% 30% 25% 60% 50% 40% 8% 3% 25% 30% 25% 15% 40%	60% 55% 50% 18% 14% 10% 8% 6% 25% 20% 25% 50% 40% 6% 3% 25% 30% 25% 15% 40%

¹ This is a summary of the benefits. A detailed version of the benefits is available on request.

A. Exclusions applicable to the medical and dismemberment coverage:

1. Periodic, preventive health examinations;
2. The consequences of sicknesses or accidents resulting from voluntary and intentional action on the part of the Insured Person, e.g. attempted suicide, voluntary mutilation;
3. The insurance is suspended in time of war for Insured Persons who are mobilised or who volunteer for naval, air or military service;
4. The results of wounds or injuries resulting from motor-vehicle racing and dangerous competitions in respect of which betting is allowed; normal sports competitions are covered;
5. The consequences of insurrections or riots, if by taking part the Insured Person has broken the applicable laws;
6. The consequences of brawls, except in cases of self-defence;
7. Spa cures, rejuvenation cures and cosmetic treatment. Cosmetic surgery is covered, however, when it is necessary as the result of an accident for which coverage is provided;
8. The direct or indirect results of explosions, heat release or irradiation produced by transmutation of the atomic nucleus or by radioactivity or resulting from radiation produced by the artificial acceleration of nuclear particles;
9. Expenses for or in connection with travel or transportation whether by ambulance or otherwise, except that charges for professional ambulance service used to transport the Insured Person between the place where he is injured by an accident or stricken by a disease and the first hospital where treatment is given will not be excluded hereunder;
10. Any and all consequences of a voluntary or intentional act of the Insured Person to commit fraud, for example to submit false reimbursement claims;
11. Experimental and/or unproven treatment for which there is not enough adequate evidence of safety and effectiveness in the peer reviewed published medical literature.

B. Aircraft accidents

Aircraft accidents are only covered if the Insured Person is on board of an aircraft with a valid certificate of air-worthiness, piloted by a person in possession of a valid licence for the type of aircraft in question; the pilot himself may be the Insured Person.

C. Exclusions applicable to the life insurance:

1. Suicide with sane and deliberate intent is covered only if it occurs not less than 2 years after the Insured Person's inclusion in this insurance.

However, it will be covered from the date of inclusion in this policy if the person was not acting with sane and deliberate intent at the moment of suicide. The onus of proof for this rests with the beneficiary.
2. In the event of war, the cover under this contract will apply only insofar as determined by subsequent legislation on life insurance in wartime.

27. Telehealth services and Employee Assistance Programme

1. Telehealth Services

Telehealth Services provide **remote** access (not face to face) to primary care consultations through GPs (general practitioners, general medicine, and other board-certified doctors). Additionally, after a primary care consultation, access may be provided to specific specialists.

UN Volunteers and their dependents will have 24-hour 365 days unlimited telephonic or video access to the following services:

- Initial or follow up consultation with a medical doctor to obtain medical advice and clinical guidance;
- Discuss medical symptoms like fever, rash or aches and pain;
- Reach a diagnosis if enough medical information is available;
- Discuss a medical report, test result or a treatment plan;
- Prepare for an upcoming consultation;
- Discuss a medication plan and potential side effects;
- Get support with navigating the local healthcare system;
- Receive medical prescription if indicated in those countries licensed to do so. Prescription fulfilment is the responsibility of the plan member.

2. EAP Services

Telephonic, face to face and professional counselling support of the UN Volunteers and their dependents:

- 24-hour/365-days unlimited telephonic access to confidential consultation regarding behavioral health issues;
- Up to six telephonic or face-to-face professional counselling sessions per issue per year;
- Up to six sessions confidential online counselling via E-counselling – English language only;
- Crisis intervention services and triage to emergency care;
- Critical Incident Support;
- Management consultations to assist managers with difficult workplace issues;
- Counsellor managed AWARE (mindfulness) and In My Hands (cognitive behavioral therapy) service;
- Life coaching;
- Work-Life Referrals
- Access to IEAP website;
- Access to the service contact via SMS text and call back -service from a counsellor within one hour;
- Custom sed local language, local community referrals for:
 - Child Care;
 - Senior Care;
 - Legal Services;
 - Financial Services.



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