**Medical Insurance: UN NY HIP Health Plan**

1. The HIP plan is an HMO that follows the concept of total prepaid group practice hospital and medical care. That is, there is no out-of-pocket cost to the staff member for covered services at numerous participating medical groups in the Greater New York area. The costs of necessary worldwide emergency treatment obtained outside the covered area are included in the plan coverage. HIP participants may select a physician at an HIP medical centre or from a listing of 31,000 affiliated physicians for primary care services. If specialty care is required, the primary care physician will refer the staff member to a HIP specialist with a referral form; no referral form is required in certain instances. Details of the prescription drugs, vision care, and dental benefits covered are outlined in the relevant policy document below.

1. The policies detailed in the Policies and Procedures relate to staff member’s enrollment, status, and eligibility. Plan usage, such as how to file a claim, is described in the plan itself accessible through the links below.

* 1. <http://www.un.org/Depts/oppba/accounts/insurance/hip/outline.htm>

* 1. [Renewal of the Headquarters medical and dental insurance plans and annual](https://popp.undp.org/node/5536) [enrolment campaign](https://intranet.undp.org/global/documents/hr/STIC_HQ_Renewal_Enrollment_Campaign.pdf)

1. Staff at Headquarters are invited to use the above UN Secretariat link for specific plan utilization questions.

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