**The World Bank** HR Operations, MSN G2-202 (202) 473-2222

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G00081:   
MIP International Administrator Option

Detailed Provisions

The information contained in this booklet is provided for informational purposes and is subject to change and adjustment from time to time. The eligibility requirements for the Retiree MIP program are stated in Staff Rule 6.12 and in the plan contract documents, which shall govern, if such terms are inconsistent with the information provided in this booklet.

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# Introduction

The World Bank Group offers an International Administrator medical insurance option for staff and retirees participating in the MIP and residing outside the United States. The International Administrator is Cigna, an Antwerp-based international benefits consultant and administrator. This document describes in detail the International Administrator option, its features, and its procedures.

## Who May Elect the International Administrator Option?

### Active Staff MIP Participants

The International Administrator option is available to Active Staff MIP participants whose principle residence is not in the U.S., in the following circumstances, and subject to Section 1.1.3:

|  |  |
| --- | --- |
| Extended assignment away from Headquarters under Staff Rule 6.17 | Eligible |
| Appointment to “HQ Satellite” duty station (Paris, Tokyo, London, Brussels, Rome, etc.) |
| External Service (with or without pay) for at least one full calendar year (January to December) |
| Leave without pay for at least one full calendar year (January to December) |
| Telecommuting assignment outside the U.S. of at least one full calendar year (January to December) |
| Short term assignment as defined in Staff Rule 6.17 | Not eligible |

### Retiree MIP Participants

The International Administrator is available only to those Retiree MIP participants with a non-U.S. pension mailing address subject to the provisions of Sections 1.1.3 and 1.1.4.

### Sponsored Plan Participants

The International Administrator is not available to any active staff member with an elderly parent or parent-in-law enrolled in the Sponsored Plan. (The Sponsored Plan is currently supported only by Aetna.) A retiree with an elderly parent or parent-in-law in the MIP Continuation program of the Sponsored Plan may elect the International Administrator; however, the Sponsored Plan participant would continue to be administered by Aetna.

### Use of Both Administrators

All dependents must use the same Administrator. This provision extends to surviving dependents covered under the Retiree MIP as individuals (e.g., orphaned children).

## How Do I Enroll if I Am Eligible?

After reading this document, if you wish to elect the International Administrator, please complete Form F00996 and return it to the HR Operations.[[1]](#footnote-1)

# Plan Design and Premiums

## Plan Design

The International and Domestic options of the MIP are nearly identical in terms of the coverage of benefits provided to staff or retirees. For Active Staff, Option C is not available with Cigna. Detailed International Administrator plan design grids for Active Staff Options A and B, and for Retiree Plans 1 and 2, are available online at http://benefits for active staff and http://www.worldbank.org/yournet for retirees, or by contacting HR Operations. The minor plan design differences between the International and Domestic Administrator options include:

* + Dental: Under the International Administrator, which has no dental “preferred provider” network, routine dental care is covered at 100% no deductible, and special periodontal and oral surgery services are covered at 90% after deductible[[2]](#footnote-2) (see Section 3.3). In the Domestic Administrator option, these higher benefits (from the normal 80% after deductible coverage) are only available via use of “in-network” Aetna Dental PPO dentists.
  + Application of out-of-pocket limit: Under the Domestic Administrator, there is a medical expense out-of-pocket limit, and an in-network prescription drug out-of-pocket limit for brand-name drugs purchased in pharmacies affiliated with CVS/caremark. Under the International Administrator, there is only a medical out-of-pocket limit. The total out-of-pocket limit for any participant is identical. Coordination of information by Aetna, Cigna and CVS/caremark will ensure consistent and identical application of the out-of-pocket maximum to all MIP participants, regardless of choice of Domestic versus International Administrator (see Section 3.4 and Section 8) and regardless of where prescription drugs are purchased.

There are differences between the two administrators other than coverage levels which may be particular interest to non-U.S. based MIP participants. These are described in detail below.

## Premiums

There is no difference in the staff or retiree MIP contributions for the International Option versus the Domestic Option.

# Medical Care and Preferred Providers

Both the Domestic Administrator and the International Administrator, in accordance with the MIP contract, cover all medically necessary treatment, anywhere in the world.

## Care Outside the U.S.

Staff and retirees who elect the International Administrator and who receive care outside the U.S. are encouraged to use providers (usually hospitals and clinics) who have an agreement with Cigna. This will usually lower the participant’s costs and costs to the MIP. These agreements relate to fees only and do not reflect an endorsement or recommendation of a particular hospital or provider by Cigna or the World Bank Group.

Cigna is affiliated with providers in over 50 countries. These providers accept the Cigna insurance card in lieu of advance payment for services, provision of a guarantee of insurance, or payment of a deposit. Using these providers enables your admission to hospitals and clinics without advance payments, deposits or certification of insurance. These facilities will bill Cigna directly for your medical costs. Cigna will pay the hospital or provider directly up to the part covered by the MIP and at the same time inform you of any coinsurance that you owe the provider. Using Cigna providers also maximizes your MIP benefit, since in many cases the Cigna-affiliated facilities provide services at a discount to Cigna participants.

For more information on Cigna providers, see Cigna’s web site or contact their Call Center (see Section 11.1).

## Care Within the U.S.

Staff members and retirees (as well as covered dependents) enrolled in Cigna may use Aetna’s Open Choice PPO network for care received in the U.S. If International Administrator participants receive medical care in the U.S., use of Aetna Open Choice PPO providers offers significant advantages:

* A copayment of US$15 (Active Staff Option A, Retiree Plan 1) or US$20 (Active Staff Option B, Retiree Plan 2) for all physician office visits, regardless of the cost. Expenses other than the office visit fee for additional services such as x-rays, lab tests, etc. will be reimbursed at the appropriate percentage for that benefit category.
* Lower-cost medical services. Aetna Open Choice PPO providers and hospitals have agreed to charge Cigna patients reduced fees for their services.
* In addition to a large nationwide network of qualified physicians and hospitals, Aetna Open Choice PPO’s network includes many other medical facilities and services, such as laboratories, radiology centers, dialysis centers, durable medical equipment providers, sleep diagnostic centers, etc. By using one of these providers, you maximize your MIP benefits because your care will be less expensive than identical care from providers who are not affiliated with Aetna Open Choice PPO.
* Depending on your MIP Option or Retiree MIP Plan, you may receive a higher level of coverage when you use Aetna Open Choice PPO. For example, in Retiree Plan 1, laboratory and x-rays are covered at 90% after deductible at a laboratory or radiology facility affiliated with Aetna Open Choice PPO, but 80% after deductible if you use non-affiliated “out-of-network” facilities.

You can find Aetna Open Choice PPO providers on the web at [www.aetna.com/docfind](http://www.aetna.com/docfind) or by contacting Aetna (see Section 11.1).

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|  | If you receive care in the U.S. from a provider who is not affiliated with Aetna Open Choice PPO, your coverage will be “out-of-network.” All "out of network" claims must be submitted to Cigna. |

## Dental Services

Cigna does not have a dental network or agreements with any dental providers. Thus, International Administrator participants are covered at one level for all dental services, with no distinction between “in-network” and “out-of-network” services. International Administrator participants may access to the Aetna Dental PPO for “in-network” dental care in the U.S.

Recognizing the absence of a dental network in the International Administrator option, routine annual cleanings (two per calendar year per insured) are reimbursed at 100%, and special periodontal and oral surgery are reimbursed 90% after deductible.[[3]](#footnote-3)

## Pharmacy Services

The MIP covers the cost of drugs prescribed by a licensed doctor for medically necessary treatment of illness, in accordance with the MIP contract.

Qualifying prescription drug purchases made (a) outside the U.S., or (b) inside the U.S. but not at a CVS/caremark-affiliated pharmacy, are reimbursed at 80% after deductible, for both brand-name and generic drugs, and are subject to your medical out-of-pocket limits. In the U.S., there is a sharp distinction in price (but not quality) between brand-name and generic drugs. Use of generic drugs offers savings for you and the MIP.

In addition, the World Bank Group has contracted with CVS/caremark, a U.S. network of pharmacies, to provide both brand-name and generic drugs at significantly reduced cost.[[4]](#footnote-4) Each MIP participant receives a CVS/caremark card, including those enrolled in the International Administrator option. If you purchase prescription drugs in the U.S., using your CVS/caremark card at CVS/caremark-affiliated pharmacies will maximize your savings. Prescription drugs purchased at CVS/caremark-affiliated retail pharmacies are subject to coinsurance and per-prescription per-fill copay maximums as follows:

Non-specialty Medications 30-day Supply 90-day Supply

Generics 10% to $25 maximum 10% to $60 maximum

Brand Preferred 25% to $70 maximum 25% to $175 maximum

Brand Non-preferred 40% to $120 maximum 40% to $300 maximum

Specialty medications are managed through CVS/caremark's Specialty Pharmacy and are subject to different coinsurance and copay maximums.

Specialty Medications 30-day Supply 90-day Supply

Generics 5% to $50 maximum 5% to $75 maximum

Brand Preferred 25% to $100 maximum 25% to $150 maximum

Brand Non-preferred 40% to $150 maximum 40% to $225 maximum

### CVS/caremark Out-of-Pocket Maximum Coordination

CVS/caremark administers a separate out-of-pocket limit for each MIP participant on all prescription drug purchases at CVS/caremark-affiliated pharmacies.[[5]](#footnote-5) For Domestic Administrator participants, the medical out-of-pocket limit and the CVS/caremark out-of-pocket limit are administered independently by Aetna and CVS/caremark, respectively. For International Administrator participants, CVS/caremark will send pharmacy purchase information to Cigna annually for reconciliation. International Administrator participants who met their medical out-of-pocket expenses during a calendar year and who also had CVS/caremark out-of-pocket expenses for drug purchases during the same calendar year will receive reimbursement of the out-of-pocket CVS/caremark costs from Cigna after the reconciliation.[[6]](#footnote-6) A similar reconciliation will be conducted annually for Domestic Administrator participants who switched from the International Administrator during a calendar year.

# Identification Cards

Aetna and Cigna have different, mutually-exclusive MIP identification cards. Participants who elect the International Administrator will receive a Cigna card. These participants are no longer enrolled in the Domestic MIP and should destroy their Aetna MIP cards upon receipt of their Cigna MIP cards.

In addition, for “in-network” services within the U.S., International Administrator participants will also receive an Aetna Open Choice PPO identification card. This card can only be used in the U.S. at Aetna Open Choice PPO providers.

Both Domestic and International participants will continue to use their CVS/caremark card for any prescription drug purchases in the U.S. at CVS/caremark-affiliated pharmacies.

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| Services | Country | Domestic Administrator (Aetna) | International Administrator  (Cigna) |
| Medical services (in network) | U.S. | Aetna ID card | Aetna Open Choice PPO |
| Medical services (non-network) | U.S. | Cigna card |
| Medical services (other) | Non-U.S. |
| Dental services (in network) | U.S. | Aetna ID card | No card: Participant prepays and submits claim |
| Dental services (non-network) | U.S. |
| Dental services (other) | Non-U.S. | No card: Participant prepays and submits claim | |
| Prescription drug purchases at CVS/caremark affiliate | U.S. | CVS/caremark card | |
| Prescription drug purchases (other) | All | No card: Participant prepays and submits claim | |

# Direct Billing and Negotiated Fees

## Direct Billing

One major advantage of using Cigna is “direct billing.” Cigna has established direct billing arrangements at many hospitals and clinics throughout the world, and is constantly expanding this list of providers. If you use one of these direct billing providers, you will receive medical care simply by showing your Cigna card. You will not be required to complete claims forms, prepay for medical services, or provide a certificate of guarantee of your insurability. The provider will bill Cigna directly. Cigna will pay the hospital or provider the portion covered by the MIP. At the same time, Cigna will inform you of any coinsurance that you owe the medical provider.

For more information on Cigna providers, see Cigna’s web site or contact their Call Center (see Section 11.1).

## Negotiated Fees

Cigna also has negotiated discounted fees with many providers in many countries, including many of the same providers who have direct billing arrangements. Using such providers offers you and the MIP savings, since the costs of any given procedure are lower for persons associated with Cigna than for other persons.

# Cigna Claims Processing and Services

## Customer Service

Cigna processes claims and operates a Call Center at their headquarters in Antwerp, Belgium. This facility is staffed from 0700 to 1730 GMT Monday through Friday (except Belgian holidays), with emergency 24-hour phone coverage available for eligibility verification and guarantees of benefits. The Cigna staff are multilingual, with fluency in Danish, Dutch, English, French, German, Greek, Italian, Portuguese, Spanish and Turkish. Cigna representatives are also highly experienced in adjudicating medical and dental claims from most countries. For contact information, see Section 11.1.

## How to File a Claim

If you elect the International Administrator, you no longer use Aetna for MIP claims processing for claims incurred on or after your Cigna start date. Thus, staff and retirees who elect the International Administrator must file all old claims with Aetna prior to switching. Failure or delay in doing so may be financially disadvantageous (see Section 8).

Cigna has its own claim form which is available on the World Bank’s HR Operations websites (http://hrforms for active staff, and <http://www.worldbank.org/en/about/unit/human-resources> for retirees, on their own website and from their Call Center. A blank form, suitable for photocopying, is provided by Cigna to new participants upon enrollment. Each time you or a covered dependent incurs medical or dental claims, you must complete a Cigna claim form, providing your name, UPI, banking information, etc., and mail it to Cigna with the original, itemized bill or receipt from the provider. Fax submissions are not accepted; original receipts are required per the MIP contract.

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| b101 | Do not submit Aetna claim forms to Cigna, or vice versa. |

## Translation of Claims

Cigna can process claims in Danish, Dutch, English, French, German, Greek, Italian, Portuguese, Spanish and Turkish without translation. Other languages are accepted; by providing a translation, you may shorten the claim processing time.

## Claims Adjudication

### Fiduciary Responsibility

As with Aetna, the World Bank has contractually provided fiduciary responsibility to Cigna to process MIP claims. Accordingly, Cigna must adjudicate claims according to the MIP plan design, and can disburse World Bank funds on behalf of the MIP to pay claims. Cigna (like Aetna) has no financial incentive related to claims decisions (except to process them quickly and accurately). They (like Aetna) are paid a service fee based on the number of insured lives, not how many claims are processed, reduced or denied.

### Medical Necessity

Cigna, like Aetna, determines medical necessity for each claim in accordance with the MIP contract. Medical necessity underpins all MIP claims. The MIP will not reimburse experimental treatment or other treatment that is not medically necessary. The World Bank Group cannot intervene in issues of medical necessity. Such decisions must be adjudicated through Cigna, including appeal of decisions (see Section 6.6).[[7]](#footnote-7)

## Claims Reimbursement

### Claim Processing Service Standard

Cigna’s processing service standard is 95% claims completed within 14 days.

### Usual and Customary Charges

Cigna reimburses MIP participants in accordance with the MIP contract, based on medical necessity and subject to the “usual and customary” level of fees for that service. Cigna maintains an extensive database of the cost of all medical and dental procedures in countries and cities around the world which reflects their international claims payment experience over the past 30 years. Under the provisions of the MIP contract, charges that exceed the usual and customary level are reduced and reimbursement will be based on the maximum usual and customary level.[[8]](#footnote-8)

### Payment Option: Electronic Funds Transfer v. Paper Check

Each claim reimbursement will be made by Cigna via electronic funds transfer or by paper check, if the reimbursement is made in a major currency.[[9]](#footnote-9) Reimbursement in other currencies is possible but only by paper check. You may elect the mode of payment with each claim. If you fail to do so, reimbursement will be made by paper check in US$.

### Currency of Reimbursement

Normally, claims are reimbursed in US$. If you elect reimbursement in the currency in which the claim was incurred, the exchange rate used will be the United Nations Operational Rates of Exchange on the date of service. Also, deductible balances, out-of-pocket expenses and other financial accumulators will be administered in US$ using the United Nations Operational Rates of Exchange as of the date of service.

### Explanation of Benefits

Each claim processed by Cigna will generate an Explanation of Benefits detailing the patient, the amount of the claim, the amount covered, and other information. Please retain these Explanation of Benefits for your records; annual summaries are not provided.

### Mailing Address

Active staff may elect their office or home address for use by Cigna. They may change their election or update their home address at any time through myHR Self-Service. Contact the HR Operations if you do not have myHR Self-Service access.

Retirees must use their official Pension mailing address for Cigna purposes. Changes to the official Pension mailing address are made through Pension Administration.

## Disputed Claims and Appeals Process

Cigna is obligated to adjudicate MIP claims in accordance with the MIP contract, including determination of medical necessity and application of usual and customary limits. If a claim is denied, you should first take steps to ensure Cigna possessed and processed complete information with regard to the diagnosis and treatment. If the claim is still denied, you may appeal it by sending a full description of the issues and documentation to the Deputy Director of the Medical Claims Center of Cigna.

If your appeal is denied and you wish further review, Cigna will participate in arbitration using an independent medical examiner that is mutually agreeable to you and Cigna. The disputed claim must be for at least US$500. If no agreement can be reached as to the arbitrator, the arbitrator will be designated by the Président du Conseil de l’Ordre des Médecins in Belgium or by a similar medical authority in your country. Such arbitration is binding on you and Cigna, and it represents the final level of appeal. The World Bank Group cannot intervene on substantive claim issues, and is prohibited (due to medical confidentiality) from reviewing your claim. Per Staff Rule 6.12, MIP claims decisions are not subject to the World Bank Group internal grievance mechanisms such as the Appeals Committee or the Administrative Tribunal.

The World Bank Group will assist you with service issues relating to claims adjudication, should such issues arise. You may contact the HR Operations, for example, if the Administrator does not respond to your appeal.

## Predetermination of Benefits

If you have planned a medical or dental procedure, you may ask Cigna to pre-determine your benefits. Predetermination means asking your doctor or hospital to complete a claim form specifying all anticipated procedures, and submitting this claim form by mail or fax to Cigna. Cigna will “preprocess” the claim, and inform you in general of the level of coverage. This will be processed within 14 calendar days.

Cigna also uses a cost estimate form used for hospitalization only, which gives a patient an idea on the reasonableness of the expenses to be incurred, and serves as a basis for a letter of guarantee. The form is available from Cigna in English and French.

# ELIGIBLITY CHANGES AND MIP CONTINUATION

## Life Events

You are obligated to report all life events (divorce, marriage, birth, death, end of dependency, creation of domestic partnership, dissolution of domestic partnership) to the Bank’s HR Operations Unit within 60 calendar days of the event. If the life event results in adding an eligible dependent (e.g., marriage), and if you miss this deadline, your eligible dependent may still join the MIP if you are an active staff member, but only by completing “late enrollment” and satisfactorily passing a medical screening with right of refusal by Aetna’s Medical Underwriting Section or Cigna’s Medical Advisor, depending on which Administrator applies to you. Late enrollment is not available for the Retiree MIP under any circumstances.

## MIP Continuation

With the exception of fraud/misconduct cases, any MIP participant losing eligibility (for example due to ending employment, divorce, or child ending dependency) is eligible for MIP Continuation for up to 36 months from the end of coverage, generally the last day of the month that the life event occurred.[[10]](#footnote-10) The plan design and benefits under MIP Continuation is provided without subsidy from the World Bank Group. The cost of MIP Continuation is adjusted annually at the same time as adjustments to normal MIP premiums (generally January 1 for active staff, and May 1 for retirees).

Once you contact HR Operations with a life event notification that ends MIP eligibility, or once you resign from active World Bank Group employment (and are not immediately enrolling in the Retiree MIP), HR Operations will provide you or your eligible dependent with an application form for MIP Continuation and the monthly premium required. You will have 60 calendar days from the end of MIP Coverage to enroll in MIP Continuation. If you do not meet this deadline, you lose MIP Continuation eligibility. In order to enroll in MIP Continuation, our MIP Continuation billing administrator must receive your completed and signed application form, with a US$-denominated check for at least the first month’s premium, by the deadline date.

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| b101 | You must contact HR Operations at [hroperations@worldbank.org](mailto:hroperations@worldbank.org) to obtain an application for MIP Continuation. |

Aetna is our MIP Continuation billing administrator, even for participants who elected the International Administrator. Thus, MIP Continuation with Cigna is available to anyone losing eligibility while in the International Administrator option, but the monthly premium payments for the MIP Continuation coverage, payable to “IBRD” in US$, are mailed to Aetna. Contact Aetna regarding electronic billing arrangements.

MIP Continuation must occur under the same Option and Administrator (Aetna or Cigna) as was in effect when MIP eligibility ends, which cannot change once started.[[11]](#footnote-11)

## Conversion After MIP Continuation

If an MIP participant resides outside the US and has exhausted his/her 36 months of MIP Continuation, he/she may apply within 60 calendar days for a Conversion Policy directly with Cigna. Cigna must insure him/her (subject to eligibility policies), regardless of medical condition. The Conversion Policy is completely separate from the MIP, with different coverage, administration, billing and premiums.

If an Aetna or Cigna MIP participant resides within the US and has exhausted his/her 36 months of MIP Continuation, he/she may apply for Individual coverage in the Health Insurance Marketplace at www.healthcare.gov.

# Coordination With Aetna

If you elect to switch Administrators, Cigna and Aetna will exchange information about you and your family’s accrual on deductibles, dates of last medical exams, etc. In order to effectively manage this transition, you should be up-to-date with filing of claims with the prior Administrator before you switch to the new Administrator.

Claims must be processed with the Administrator in effect when the participant received the medical or dental service. Since the MIP allows claims submission for the previous calendar year, participants who do not file claims in a timely manner may send claims to Aetna after a switch to Cigna, or vice versa. Once Cigna and Aetna exchange information about mid-year accumulation of deductibles, lifetime maxima, out-of-pocket expenses, etc., claims received thereafter by the prior Administrator for services prior to the switch date will be processed without coordination. This could reduce your financial coverage.

# National Medical Plans

Retiree MIP participants are obligated to join any national health plan for which they are eligible and for which they can participate on the same level as other nationals of their country of residence (e.g., Medicare in the U.S.). You should report such enrollment of you and/or your spouse to the HR Operations, as it will reduce the premium you pay for the Retiree MIP. Like Aetna, Cigna will coordinate your MIP coverage with any national health plan coverage.

# Switching Between Aetna and Cigna

## Retirees

### General

Each December, retirees with a non-U.S. pension mailing address who are enrolled with the Domestic Administrator may switch to the International Administrator for effect the following calendar year. Also each December, any retiree who elected the International Administrator may switch to the Domestic Administrator. Retirees must stay with the option (International or Domestic) they elected for the full calendar year.

### Active Staff Who Retire

A retiree whose Pension mailing address is non-U.S. may elect to switch to the International Administrator, as long as the request is made prior to June 15 of any calendar year or during annual enrollment for an effective date of 1/1 of the following year.

## Active Staff

Eligible active staff[[12]](#footnote-12) may elect the International Administrator within 60 calendar days of the start date of an extended assignment away from Headquarters (see Staff Rule 6.17). Thereafter, staff on extended assignment will have the opportunity to elect the International Administrator each December for effect during the following calendar year.

Staff on Leave Without Pay, External Service (with or without pay), or telecommuting assignments who are residing outside the U.S. and who are participating in the MIP may also elect the International Administrator, provided the assignment is over one year in duration and includes a full calendar year (January to December).

If a staff member in MIP Option C elects the International Administrator, he or she must choose Option A or Option B, since there is no equivalent Option C (Point of Service) plan under the International Administrator.

Upon return to the U.S., participation in the International Administrator ends, and the staff member will be transferred automatically to the Domestic Administrator. The transfer occurs at the same MIP Option (A or B) as that administered by Cigna. A staff member may elect Option C within 60 days of the transfer by contacting the HR Operations.[[13]](#footnote-13)

# Contact Information

## Cigna

Contact Cigna for general questions on direct billing, affiliated providers, direct billing, negotiated-fee arrangements, international access, claims management, claims reimbursement, etc.

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| --- | --- |
| Email: | [wbg.mip@cigna.com](mailto:wbg.mip@cigna.com) |
| Web address: | <http://www.cignahealthbenefits.com>  To search for providers:   * click on “Personal Access.” * In the first line marked “Index Number,” in the leftmost box, type this: **200** * In the right box of “Index Number,” type your UPI number. * In the second line marked “Date of Birth,” type this: **05** / **05** / **1962** (slashes not required) * Click on **ENTER** |
| Call Center Phone:  7am – 5:30pm GMT  2am – 12:30pm Washington time | ++32 (3) 217.57.19  +800.3217.57.98 toll-free from selected countries[[14]](#footnote-14) |
| Fax: | ++32 (3) 236.75.38 |
| Mailing Address: | Cigna International  Postbox 69  2140 Antwerpen  BELGIUM |

## World Bank Group HR Operations

Contact for general questions about plan design, eligibility, MIP Continuation, policy governing switching Administrators, general MIP issues, etc. Always include your UPI.

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| Email: | [hroperations@worldbank.org](mailto:hroperations@worldbank.org) |
| Web address: | Internet: http://www.worldbank.org/en/about/unit/human-resources, then click on Retiree MIP then International Administrator.  Intranet for Active Staff only: <http://mip> |
| Phone: 1400 – 2200 GMT 9am – 5pm at Headquarters | +1-202-473-2222 |
| Fax: | +1-202-522-2150 |
| Mail: | HR Operations  World Bank MSN G2-202 P.O. Box 1420  Landover, MD, 20785, USA |

## Aetna Member Services

Contact Aetna for questions regarding claims incurred prior to your enrollment effective date with Cigna. Always include your UPI number in communications with Aetna:

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| Email: | [mclaims@aetna.com](mailto:mclaims@aetna.com) |
| Web address: | <http://www.aetna.com/> |
| Phone:  1400 – 2200 GMT  9am – 5pm at Headquarters | +1-800-723-8897 (toll-free within the U.S.)  +1-202-473-8666 |
| Fax: | +1-888-351-5004 (toll-free fax within the U.S.) +1-904-351-5009 (Medical only) +1-904-351-2995 (Dental only) |
| Mail: | Aetna Operations P.O. Box 14199  Lexington, KY 40512-4199 |

## CVS/caremark Customer Service

CVS/caremark discounts are applied at the time of purchase with no claims forms. Replacement CVS/caremark cards may be requested from CVS/caremark’s Customer Service. Customer Service also will help you find the closest CVS/caremark pharmacy.

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| Phone:  Available 24/7 | +1-844-641-0412 (toll-free within the U.S.) |
| Email: | www.caremark.com; Register or log onto your account,  click on the "My Account" tab then the "Mailbox: Secure Message Center" tab to send a secure email. |

1. This form is available at <http://hrforms> on the World Bank Group intranet, or <http://www.worldbank.org/en/about/unit/human-resources> on the World Bank Group external website. [↑](#footnote-ref-1)
2. For Retiree Plan 2 only, the special periodontal and oral surgery benefit is 50% after deductible. [↑](#footnote-ref-2)
3. 50% after deductible for special periodontal and oral surgery services for Retiree Plan 2 participants. [↑](#footnote-ref-3)
4. CVS/caremark’s network of pharmacies is comprehensive and national, including CVS, Target, WalMart, Giant Pharmacy, Safeway Pharmacy, Walgreens and several independent pharmacies. Contact CVS/caremark at 844-641-0412 or [www.caremark.com](http://www.catalystrx.com/worldbank) to obtain information on a participating pharmacy in your location or to review the formulary list. [↑](#footnote-ref-4)
5. The current annual out-of-pocket limit is US$1,000 per person/US$2,000 per family for the Active Staff MIP, and US$1,200 per person/US$2,400 per family for the Retiree MIP. [↑](#footnote-ref-5)
6. For example, assume a retiree in Plan 1 with individual coverage receives care in both the U.S. and Europe. In a calendar year, she meets her out-of-pocket maximum for medical expenses. Additional covered medical expenses during the calendar year are reimbursed at 100%. Assume, though, that in addition to the medical expenses, she had US$329 out-of-pocket expenses purchasing prescription drugs in the U.S. at CVS/caremark-affiliated pharmacies. There are no claims forms for these purchases. Once per year, CVS/caremark and Cigna will coordinate claims data. Cigna would, in this example, reimburse the retiree US$329 since she had met the total medical out-of-pocket maximum. [↑](#footnote-ref-6)
7. This is the identical process used by the Domestic Administrator. [↑](#footnote-ref-7)
8. For care within the U.S., Cigna uses the same database, percentile and tolerance levels as Aetna. “In-network” care through Aetna Open Choice PPO providers is not subject to usual and customary charge limitations. [↑](#footnote-ref-8)
9. Cigna currently supports EFT in the following currencies (subject to change): Australian Dollar, Thai Baht, Canadian Dollar, Swiss Franc, Euro, British Pound, Norwegian Crown, Philippine Peso, Swedish Crown, US Dollar. There are no restrictions in making payments in any other currencies, as long as there are no legal restrictions. If a request is received for EFT in a currency other than those mentioned above, Cigna will attempt such arrangements. However, this will delay the processing of the claim. [↑](#footnote-ref-9)
10. A notable exception is dependent children who marry. Their MIP eligibility ends on the date of marriage. [↑](#footnote-ref-10)
11. For example, you have Option A, you are assigned to Cairo on an extended assignment away from Headquarters, and you elect the International Administrator. During your assignment, your son turns age 26, ending dependency. If he elects MIP Continuation, his coverage would be Option A with Cigna, even if he resides in the U.S. or if your assignment subsequently ends and you return to Headquarters, and resume MIP coverage under the Domestic Administrator. [↑](#footnote-ref-11)
12. Active staff eligibility for the International Administrator is subject to the provisions of Section 1.1. [↑](#footnote-ref-12)
13. Each December, staff may elect to switch between Option A and Option B (if with the International Administrator), or between Option A, Option B and Option C (if with the Domestic Administrator). [↑](#footnote-ref-13)
14. To access the toll-free number, first dial the international prefix in your country, then dial the toll-free number. The Cigna toll-free number may be used from the following countries (subject to change): Australia, Austria, Canada, China, Denmark, Finland, France, Germany, Hong Kong, Hungary, Ireland, Israel, Italy, Japan, Netherlands, Norway, Portugal, Singapore, South Korea, Spain, Sweden, United Kingdom and U.S. [↑](#footnote-ref-14)