

November 2025



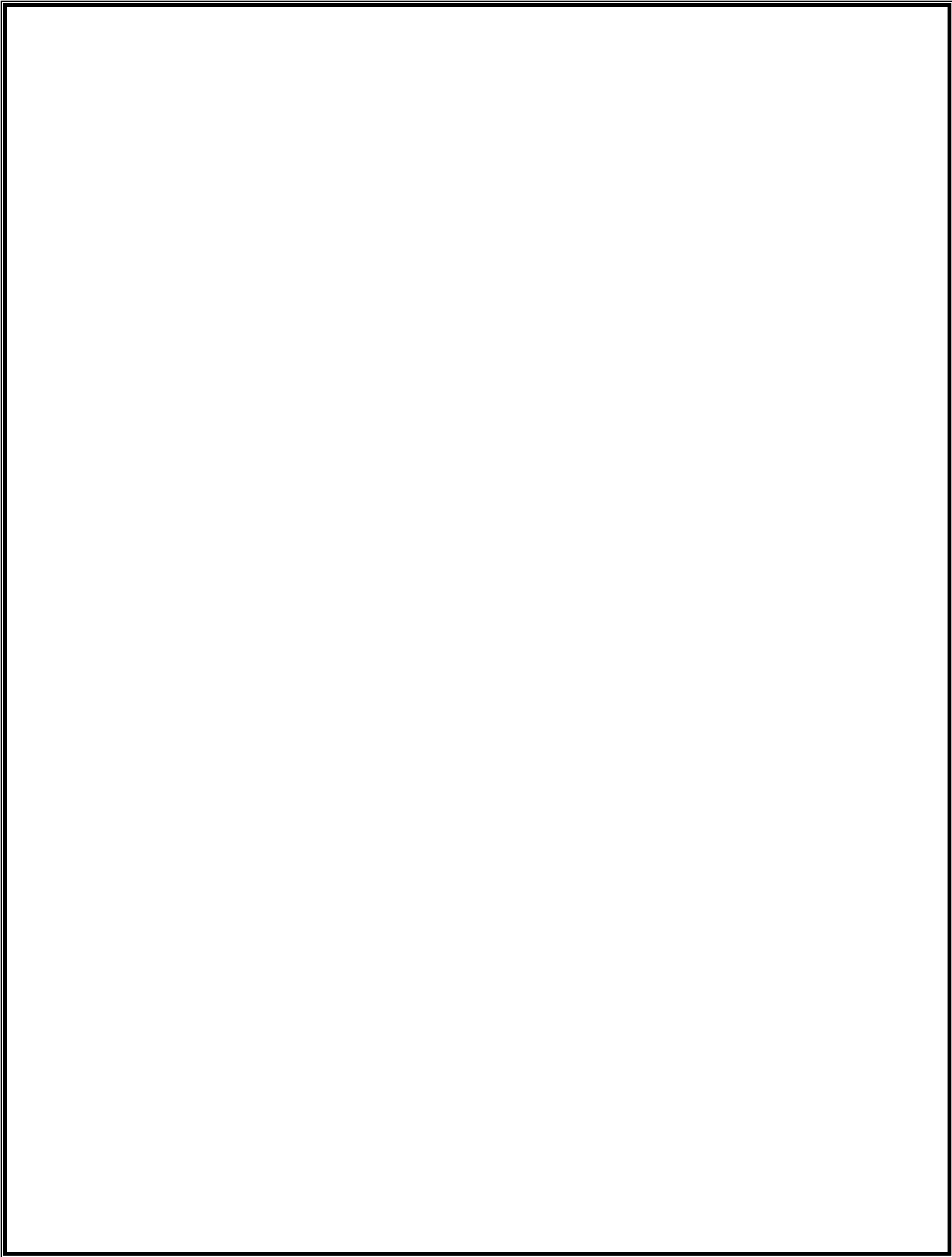
Engaged, Connected, Active

USER GUIDE
for
Retiree Medical Insurance Plan (RMIP)



Prepared by
1818 Society®

1818 H Street, NW, Washington DC 20433
Phone: (202) 458 1956/57; Email: 1818Society@wbgalumni.org; Website: <https://www.wbgalumni.org/>



Retiree Medical Insurance Plan (RMIP)
User Guide for WBG Retirees
November 2025

Table of Contents

A. Introduction & Overview	1
A1. For Active Staff: Pre-Retirement Preparation – Review Policies	1
A2. Medical Coverage, Membership Cards & Accounts.....	1
A3. Online Portals & Accounts.....	2
A4. Participation in National Health Plans including US Medicare	2
A5. 1818 Society	2
B. Retiree Medical Insurance Plan (RMIP).....	3
B1. Plan Basics	3
B2. Eligibility.....	3
B3. Covered Expenses.....	4
B4. Coverage Start Date.....	4
B5. Coverage Termination	5
B6. Survivor Coverage.....	5
B7. RMIP Premiums	5
B8. Premium Reimbursements or Discounts for Participants in National Health Programs	6
B9. RMIP Continuation	6
B10. Coordination with National Health Plans	7
B11. Coordination with US Medicare	7
B12. Submitting Claims to Medicare	8
B13. International Coverage Option [Cigna International]	8
B14. Claims, Reviews & Appeals.....	9
B15. Additional Programs Available to Retirees Using Aetna Who Live in the US.....	10
B16. Additional Program Available to Retirees Using SilverScript Who Live in US:.....	11
B17. Additional Program Available to Retirees Using Cigna International Living Outside the US...	11
C. Reference/Contact Information.....	12
Annex 1 – Applying for US Medicare and Social Security.....	13
Annex 2 – RMIP Resources	14

Disclaimer:

The information provided here was prepared by 1818 Society volunteers to help guide new retirees (or staff who are about to retire) on how to navigate the Retiree Medical Insurance Plan (RMIP). The information provided here should not be considered fully authoritative, reliable, or complete, because it is continually evolving and the volunteers who prepared it are not HR representatives. Retirees are encouraged to contact HR directly for information about your individual plan.

An online version of this User Guide is available on the 1818 Society's website at:

<https://www.wbgalumni.org/UserGuideRMIP>

A. Introduction & Overview

This user-developed guide for the Retiree Medical Insurance Plan (RMIP) is directed to recent World Bank Group (WBG) retirees and eligible staff about to enter retirement. The information presented in this document is collected from multiple WBG sources, edited and in many cases rewritten for clarity, using plain(er) English. Not every scenario in every instance is mentioned/described – i.e., less likely situations are not covered. WBG plan/policy documents¹ and communications are the only official and complete sources. For situations not covered in this document, please consult the official plan documents available on the HR website. Information is as of November 2025.

Retired locally hired Country Office staff, if eligible, may participate in the separate **Retiree Medical Benefits Plan (RMBP)**. ***This document does not cover the RMBP.***

The actions/steps described in this introductory section make references to topics explained in greater detail in other parts of this document. Please consult other sections as required.

A1. For Active Staff: Pre-Retirement Preparation – Review Policies

1. Review RMIP policies – this guide provides condensed descriptions/summaries of core policies and processes.
2. Download relevant documents and retain on non-WBG computer/cloud.
3. Consult with HR Operations [hroperations@worldbank.org; 1-202-473-2222] if you have questions.
4. Enter MyHR and MyHRSS and download all the historical or relevant content you wish to keep; retain on non-WBG computer/cloud. [Note: you should follow a similar process for pension-related information.]

A2. Medical Coverage, Membership Cards & Accounts

1. Coverage under the RMIP is effective as of the first day of the month of retirement (see section B4 for enrollment).
2. See Annex 2 for a link to the RMIP premium schedule.
3. ***For US-based retirees, Aetna alone will replace the active staff MIP Aetna + EyeMed policies.*** A new policy group number will be provided, along with new ID cards for all members. Expect to receive the new policy information and ID cards approximately 10-12 days into retirement.
4. ***Cigna Dental transition is seamless*** and no new account/ID card are necessary. Additionally, once the retiree enrolls in US Medicare (at 65 years of age), ***the pharmacy program will transition to SilverScript/CVS*** as a Medicare Part D plan with a new account/card; this transition is managed by the plan and no action is required.
5. ***For the International Coverage option, Cigna International is the Insurance Administrator.*** For the transition, contact HR Operations, who will add the member to the next eligibility file for the new vendor (this gets processed on a weekly basis) to generate a new account and ID.
6. ***If you need to present an ID card for medical services during the transition period before you have received the new insurance cards, see if you can download a virtual RMIP card from Aetna or else use the MIP card;*** if the MIP card is not accepted (not a likely occurrence), you will have to either (a) delay the visit/procedure or (b) pay up front and file for reimbursement later.

¹ Key reference material is *Retiree Medical Insurance Plan, January 1, 2018*.

A3. Online Portals & Accounts

1. You will be provided access to various portals; important ones include the Pension Portal and the HR Retiree Portal; the Pension Portal (also labeled “Retiree Center”) includes a “My Insurance” tab which you may use to submit Medicare forms to HR. You will be given access by the Pension Department through a one-time setup process.
2. The externally accessible HR Retiree portal [<https://www.worldbank.org/en/about/unit/human-resources/retirees>] provides useful general purpose content including RMIP information.
3. The Aetna and Cigna Dental Insurance Administrator portal will seamlessly transition from the active-staff MIP to the corresponding RMIP.

A4. Participation in National Health Plans including US Medicare

RMIP participants (including retirees and any spouse/domestic partner or eligible dependents) are obligated to join any national health plan for which they are eligible in their country of residence and in which they can participate on the same terms as other nationals of that country. For US citizens and permanent residents, enrollment in Medicare at age 65 is required (see section B11, Coordination with US Medicare). This obligation applies to each participant individually (e.g., family members enroll in Medicare at different times as they each reach age 65 and are eligible).

A5. 1818 Society

The 1818 Society maintains a website (<https://wbgalumni.org>), publishes a Quarterly magazine, and issues weekly bulletins which provide access to many WBG alumni articles, activities, and thematic groups. The website has web pages dedicated to Pension and retiree Health Insurance, among others. ***The 1818 Society does not act as advocates for individual cases.***

B. Retiree Medical Insurance Plan (RMIP)

B1. Plan Basics

The RMIP provides worldwide comprehensive medical and prescription drug insurance to eligible retirees who participate in the Staff Retirement Plan (SRP) and their eligible family members.

The RMIP does not cover all medical and prescription drug services and purchases, even if performed or prescribed by physicians. Coverage extends only to “medically necessary” services as defined by the plan. The RMIP does not have a lifetime maximum benefit – i.e., no overall lifetime limit applies to the covered benefits in the RMIP, but some covered services may have a benefit-specific annual or lifetime maximum benefit.

The RMIP is self-funded. The WBG and RMIP participants fund the plan and pay the claims for eligible plan expenses of members. Participating retirees pay monthly premiums net of a WBG subsidy and are responsible for deductibles and co-payments.

There are two plans, Retiree Plan 1 (RMIP1) and 2 (RMIP2), with different eligibility requirements (see below) with the former providing a higher benefit level with higher premiums. The WBG offers an International Coverage Option for RMIP participants with a permanent pension mailing address outside of the US; coverage of benefits is nearly identical to those provided within the US.

For US-based RMIP members, the Insurance Administrators are **Aetna** (medical, vision and pharmacy) and **Cigna** (dental). For members using the International Coverage Option, the Insurance Administrator is **Cigna International**.

B2. Eligibility

RMIP1 is for staff who joined the WBG prior to April 15, 1998, and met the following conditions as of the date employment ended.²

- Age 62 or older;
- Or at least age 55, but less than age 62 with 10 years of service under the SRP;
- Or at least age 50, but less than age 55 with a combined total of age plus years of service under the SRP of at least 75

RMIP2 is for staff who joined the WBG on or after April 15, 1998 and met the following conditions as of the date employment ended:

- At least age 50; and
- At least 5 years of service under the SRP; and
- Combined total of age plus years of service under the SRP of at least 60.

² Some retirees who joined the WBG prior to April 15, 1998 are not eligible for RMIP1 but are eligible for RMIP2 if they meet the following conditions: At least age 50; and at least 5 years of service under the Staff Retirement Plan; and combined total of age plus years of service under the Staff Retirement Plan of at least 60; and do not meet the listed RMIP1 requirements. These retirees also have the ability to “buy up” to RMIP1 at initial enrollment and have a one-time and irrevocable ability to switch back to RMIP2 to start the next year.

Eligible dependents include legal spouse or registered domestic partner and qualifying children under age 26. A child is eligible to be a dependent if the child (a) is under 19 years of age, or (b) suffers from disability, or (c) is under age 25 and is either a full-time student or has an income of \$10,712 [as of December 2024] or less, and (d) at least one-half financial support is provided to the child. Eligibility ends on not meeting the latest of all the above, or the child marries, or the child dies.

If retiree and spouse and/or registered domestic partner are eligible for WBG-sponsored health insurance plans (whether RMIP or MIP), only one can be the primary insured and the other is a family member; this also applies for dependent children.

B3. Covered Expenses

Covered expenses must be medically necessary for the member's specific medical condition as determined by the RMIP Insurance Administrators. The RMIP does not cover all medical and prescription drug services and purchases, even if performed or prescribed by a doctor. The WBG establishes the benefits design of the RMIP, but the Insurance Administrators determine coverage and reimbursement on each claim in accordance with the terms of the RMIP. ***The WBG cannot instruct the Insurance Administrator on how to process an individual claim.***

Covered drugs and vitamins are those that may be lawfully dispensed only on a doctor's prescription. Benefits for certain drugs, such as Viagra and Cialis, are available but supplies are limited by the RMIP.

The RMIP covers the cost of covered drugs prescribed by a licensed doctor for medically necessary treatment of an injury, an illness, a condition or a pregnancy in accordance with the provisions of the RMIP and established medical norms.

Benefit summaries for RMIP1 and RMIP2 contain information about general coverage, deductibles and coinsurance percentages and are refreshed periodically. Links to the summaries can be found in Annex 2; note that if there are any differences between the summaries and the official plan documents, the terms of the official plan documents will prevail.

The RMIP Plan Document (2018) provides detailed descriptions of benefits and exclusions, updated as appropriate. HR needs to be contacted for issues not addressed in the plan document. The 1818 Society website provides a lot of useful RMIP information. This can be found under Quick Links → Health Insurance.

B4. Coverage Start Date

RMIP coverage is effective as of the first day of the month of retirement, provided the retiree applies for RMIP coverage on or before retirement or within sixty (60) calendar days following the last day of active service.³

If a member does not apply for RMIP coverage before or within sixty (60) calendar days, coverage will be automatically deferred until the retiree elects to begin coverage. To start deferred coverage, the retiree must show that he or she has maintained continued comprehensive medical insurance coverage for the three years prior.

³ This also applies for newly eligible family members except in the case of a new birth or adoption, for which the enrollment window is extended to the first year.

B5. Coverage Termination

RMIP coverage ends on the earliest of:

- The last day of the month following notice from a member that he/she wishes to withdraw from the RMIP; or
- The date of the member's death.

A decision by the retiree to end RMIP coverage is irrevocable.

A family member's coverage under the RMIP ends:

- When the retiree's coverage ends;
- When eligibility ends, including:
 - Legal separation, divorce or termination of a registered Domestic Partnership; and
 - A child's attainment of age 26 (with exceptions for children who live with a disability)
- Upon the death of the retiree; family members remain eligible for participation in the RMIP (see Sections B6 and B9 below).

Absent a life event that ends eligibility, retirees may not drop an eligible family member from coverage without the written consent of the family member.

The WBG can terminate a member's coverage as a consequence of fraud, intentional misrepresentation of material fact, or misconduct.

B6. Survivor Coverage

If a participating retiree dies, the surviving spouse or registered domestic partner will remain eligible for subsidized coverage. The surviving spouse or registered domestic partner should contact HR Operations as soon as possible to enroll/transfer the RMIP policy in their name. We suggest this is done at the same time when the Pension Administration is informed about the death of the retiree. Contributions will be deducted from the survivor pension or as indicated by the survivor spouse/partner. Surviving dependents may not add individuals to their survivor coverage unless the surviving spouse or domestic partner is pregnant at the time of the member's death.

If a surviving child of a retiree was covered by the RMIP before the retiree's death and is not otherwise covered under the survivor provisions of the RMIP, subsidized coverage will continue until the earlier of the date the child no longer qualifies as a dependent under Staff Rule 6.02 or the end of the month in which the child reaches age 26.⁴

Covered spouses, domestic partners and children who do not meet eligibility requirements for the RMIP can continue coverage under unsubsidized RMIP Continuation (see section B9 below).

B7. RMIP Premiums

For **RMIP1**, the WBG provides an average subsidy of 75% of net plan costs, with adjustments based on a retiree's final net salary and other factors such as age and length of pensionable service under the SRP.

⁴ There are special provisions for continuing coverage for a disabled child, mainly that the condition continues.

For **RMIP2**, the WBG subsidy is equal to 4% of the cost of coverage times the retiree's total years of pensionable service, less 3% times the number of years by which the retiree's age preceded 62 when the retiree elected to begin coverage under the RMIP. The maximum subsidy level is 75%.

A link to the 2025 premium schedule is in Annex 2. Active staff can find an RMIP calculator in MyHR.

B8. Premium Reimbursements or Discounts for Participants in National Health Programs

Members of both RMIP1 and RMIP2 who participate in a national health program (see Sections B10 & B11) are eligible for the following reimbursements or premium reductions:

- Enrollment in US Medicare Part A: no reimbursement or discount since RMIP does not require any member to participate in Part A if they are required to pay a premium.
- Enrollment in US Medicare Part B: Reimbursement of the standard Part B premium and the Income Related Monthly Adjustment Amount (IRMAA)⁵ if any.
- Enrollment in US Medicare Part D: Reimbursement of the IRMAA premium if any.
- Enrollment in a non-US National Health Plan: 40% RMIP premium discount for individual coverage or 20% per participant for dual or family coverage.

B9. RMIP Continuation

An RMIP member who loses eligibility (for example, if a child reaches age 26 or if a retiree divorces) may continue coverage for up to 36 months, but without subsidy from the Bank. Coverage ends on the last day of the month during which the event occurred. RMIP continuation is not available for coverage terminated for fraud or misconduct.

The member must contact HR Operations to register an event that ends RMIP eligibility for themselves or a covered family member:

- In case of divorce or termination of a registered domestic partnership, an RMIP Continuation application will be sent to the retiree, the retiree's ex-spouse or former domestic partner or their respective attorneys. The retiree is obligated to facilitate RMIP Continuation by notifying HR Operations and providing the appropriate forms in a timely manner.
- In case a child loses eligibility, retirees must notify HR Operations promptly. If less than 60 days have passed since the child's coverage ended (not the date of notification), retirees will receive an RMIP Continuation application.

An applicant has 60 calendar days from the end date of RMIP coverage (and not the date of notification, even if later) to enroll for RMIP Continuation coverage and pay for at least the first month of coverage. If this deadline is missed, the RMIP Continuation application is rejected without possibility of subsequent submission.

The member pays the entire cost of RMIP Continuation coverage (i.e., no subsidy from the Bank). This cost is adjusted each year at the same time premiums are adjusted. Under RMIP Continuation, all RMIP provisions and benefits remain in effect, and members participating are subject to the same periodic plan design changes and premium adjustments as any other RMIP member.

⁵ IRMAA is a premium surcharge that applies to Medicare Part B and D participants whose federal Modified Adjust Gross Income exceeds \$106,000 if single or \$212,000 if married filing jointly (thresholds as of 2025); the surcharge will vary according to income brackets.

B10. Coordination with National Health Plans

The RMIP is designed to work in coordination with other health plans which typically is a national health plan (e.g., US Medicare for eligible participants 65 or over, or other national health plans).⁶ The intention is that when more than one health plan pays benefits, these benefits must be coordinated to ensure that the total benefits paid for a health care service by all insurers do not exceed what the RMIP recognizes as a covered expense.

RMIP participants (including retirees and any spouse/domestic partner or eligible dependent) are obligated to join any national health plan for which they are eligible in their country of residence and in which they can participate on the same terms as other nationals of that country. They must report enrollment to HR Operations.

Under these circumstances, *the national health plan is the primary insurer, and the RMIP will pay for covered expenses what the national health plan will not up to the limit of and subject to the conditions of coverage under the respective RMIP plans.*

B11. Coordination with US Medicare

US citizens and permanent residents are required to enable coordination between the RMIP and US Medicare as follows:

- *At age 65, US citizens and permanent residents are required by RMIP to enroll in Medicare Part A (Hospital Insurance) if they can do so without having to pay a premium for Part A.*⁷
- *US citizens and permanent residents who meet eligibility requirements must enroll in Medicare Part B (Medical Insurance) and pay the premium associated with Part B, even if they are not enrolled in Part A.* RMIP will reimburse members for the costs of their participation in Part B. Failure to enroll in Medicare Part B in a timely fashion may result in the assessment of a late enrollment penalty by the US Government. This late enrollment penalty will not be reimbursed by the RMIP.
- *Eligible participants should NOT enroll in Medicare Part D (Prescription Drug Insurance) on their own* as their enrollment will be coordinated by HR and the Insurance Administrator [SilverScript/CVS] for the WBG-sponsored Employer Prescription Drug Plan when they become eligible. Medicare requires that you be given the choice to opt out of the plan. However, if you are eligible for Part D and you choose to opt out, you will lose your prescription drug coverage under the RMIP.

The requirement and qualifications to enroll in Medicare applies to each RMIP participant individually; each participant will therefore enroll in Medicare as they each become eligible.

Medicare Premium Reimbursement. RMIP members who are eligible for and enroll in Medicare Parts B and D will be reimbursed for the standard Medicare Part B premium and any applicable IRMAA for Parts B and D upon proof of enrollment and annual updates to HR of premium adjustments (see Annex 1).

⁶ "Other health plan" also includes parallel group health insurance such as an employer-sponsored plan for a spouse. This is less typical.

⁷ You don't have to pay Part A premium if (a) at the time of enrollment at 65 years of age, you had paid Medicare taxes while working for 10 years or 40 quarters or (b) prior to age 65, you have been entitled to Social Security Disability Insurance (SSDI) benefits for 24 months. Other conditions will also apply, check the appropriate Medicare documents.

Coordination Method Under Medicare. To ensure that payments by multiple parties do not exceed what RMIP considers the total cost of a covered service, benefits are coordinated in such a manner as to ensure that the RMIP will pay either (a) its regular benefits in full or (b) a reduced amount of benefits. RMIP1 uses the “coordination method” and RMIP2 uses the “exclusion method”; the former typically results in less cost-sharing by the retiree.⁸ ***Refer to the plan document for detailed explanations of the two methods.***

Coordination Method for US Plans Other Than Medicare. The insurance administrator (Aetna or Cigna) must first determine which plan pays first. Then a determination will be made based on a schedule of allowable expenses and whether the provider participates or not in Medicare. ***As these can be complicated scenarios, it is recommended to have a prior consultation with Aetna/Cigna and refer to the RMIP detailed plan document.***

If you have Aetna and use services from providers who do not participate in Medicare, the provider must submit an **Aetna Opt-Out form** with the first claim (member signature required) certifying their opting out of Medicare (form is good for two years). In such cases, Aetna will pay based on the RMIP’s Allowable Expense schedule.

B12. Submitting Claims to Medicare

You must show your Medicare card at the time of receiving medical services to your healthcare provider. A doctor or facility that accepts Medicare is obliged to submit claims to Medicare on your behalf. To make coordination between Medicare and the RMIP easier, it is recommended to enroll in **Medicare Direct** with Aetna; this free service allows Aetna to contact Medicare to send your processed claims directly to Aetna for secondary review, reducing time and paperwork. To enroll in Medicare Direct, call or email Aetna as soon as you receive your Medicare card. [Call 1-800-723-8897 or write to mclaims@aetna.com.]

For Medicare Part D, use your SilverScript/CVS ID card when you use a network pharmacy. If you use an out-of-network pharmacy in the US and its territories, you will need to pay the full cost and submit a claim form and an itemized receipt for reimbursement of the plan’s share of the cost. If you fill a prescription outside the US and its territories, you will need to file a claim with Aetna.

B13. International Coverage Option [Cigna International]

The WBG offers an **International Coverage Option** for retirees participating in the RMIP and with a permanent pension mailing address outside of the US. The International Coverage Option is nearly identical in terms of the coverage of benefits provided within the US.⁹

Members who participate in the International Coverage Option are reimbursed at non-network benefit levels in accordance with the RMIP, based on medical necessity and subject to the “usual and

⁸ RMIP1’s “coordination method” compares the amount of allowable expenses the RMIP would have paid to the amount the other insurance coverage (e.g., Medicare) actually paid. The RMIP will pay the balance of all unpaid expenses, including the other insurance coverage’s deductibles and co-payments, up to the limit it would have otherwise paid.

RMIP2’s “exclusion method” takes the amount of allowable expenses under the RMIP incurred by the member for whom a claim for benefits is filed, minus any benefits paid by other plan(s) (e.g., Medicare) and applies the RMIP coverage rules to the resulting balance.

⁹ For more details regarding the differences between the US and international plans, see the *Retiree Medical Insurance Plan, 2018*, section 4.13.04.

customary” level of fees for that service according to a database of costs of medical and dental procedures around the world maintained by the Insurance Administrator (Cigna International). Charges that exceed the usual and customary charges are reduced, and reimbursement will be based on the maximum usual and customary charges.

International Coverage Option members are encouraged to use providers (usually hospitals and clinics) that have an agreement with Cigna International if available. In this instance, members will receive medical care by showing their insurance card and will not be required to complete claims forms, prepay for medical services, or provide a certificate of insurance. Cigna International has, in some cases, also negotiated discounted fees with providers in various countries, including many of the same providers with whom they have direct payments arrangements. Using such providers where possible offers savings to both members and the RMIP.

While in the US, these members can use the Cigna International US in-network providers, with the following advantages: (a) only a co-payment is charged for 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; and (b) lower expenses.

Switching between US and International Coverage Options. If retirees participating in an International Coverage Option [Cigna] move to the US and change their permanent pension mailing address to a US address, their participation in the International Coverage Option will end, and the retiree and enrolled family members, if applicable, will be automatically enrolled in the US-based plan [Aetna].¹⁰ Members with a permanent non-US mailing address may elect to switch between the International Coverage Option and the US-based plan once a year (or vice-versa), with the change effective starting January 1 of the following year.¹¹

B14. Claims, Reviews & Appeals

Claims. If an in-network provider is used, the provider will file claims on the member’s behalf. If an out-of-network provider is used, the member is responsible for filing his/her own claims if the provider does not do so. All claims must be filed promptly and no later than the end of the calendar year following the year in which the service was incurred.

A **prior authorization** (also referred to as a pre-approval) claim is one for which a member must get approval before obtaining medical care or treatment. **All non-emergency hospitalizations should have prior authorization by the Insurance Administrator.** Members are responsible for ensuring the prior authorization has been done either by calling the Insurance Administrator directly prior to or as close as possible to a hospitalization or having this done by the admitting physician on their behalf. If prior authorization is requested, the Insurance Administrator will provide an answer in not more than 15 days. If more time or necessary information is needed, the process can be extended.

The Insurance Administrator has fiduciary responsibility to review, and process claims in accordance with the RMIP, assuming all sufficient medical information is provided. If a claim is incomplete, the member will be notified and provided time to provide additional information (48 hours for urgent care claims and 45 days for pre-service and post-service claims). If the additional information is not provided

¹⁰ Changes to or from an International Coverage Option are processed only prior to June 15 of any calendar year. For changes later in a calendar year, the effective date of the change in option will be January 1 of the following year.

¹¹ Each year, members living outside of the US will receive a “switch letter” from HR Operations reminding them they have the choice to change from their current plan to the other, and to do so by signing and returning the form.

within the applicable timeframe, the claim will be denied, but the case can be re-opened and processed later with the required information.

The WBG does not review medical claim information and cannot and will not instruct the Insurance Administrator on specific claim reimbursements. The WBG's internal grievance procedure is not available to review RMIP claim disputes. Resolution of claim disputes is the responsibility of the Insurance Administrator. If all or part of a claim is denied, the Insurance Administrator will notify the member of the denial (also called an adverse benefit determination). All denials will be in writing providing reasons and relevant information.¹²

A member can appeal a denial of claim, in writing and within 180 days. An employee of the Insurance Administrator other than the one involved in the initial benefit determination will be appointed to decide the appeal. The Insurance Administrator must respond within specified time frames. A member can request a second level appeal within 60 calendar days after receiving the first appeal denial decision. A further additional external review is available.¹³

B15. Additional Programs Available to Retirees Using Aetna Who Live in the US

1. **Health Advocate Program (free):** A Health Advocate can help you connect to all of your benefits; get answers to your insurance and claims questions; find the right in-network doctors, make appointments and transfer medical records; make informed decisions about medication conditions; explore the latest treatment options and arrange second opinions; understand how your benefits work and clarify copays and deductibles. Contact: 1-877-650-7785; HealthAdvocate.com/worldbankretirees
2. **Teladoc (free)** is a national network of US board-certified doctors available 24/7 to diagnose, treat and prescribe medication, if necessary, for many non-emergency medical issue within the US. There are no copays, deductible or fees this service. Download and set up the Teladoc app. Contact: 1-855-835-2362 – Teladoc.com/Aetna
3. **CVS Minute Clinics (\$10 copay)** provide in-person and virtual options for care ranging from vaccines to common illnesses such as cold and flu, rashes and skin conditions, COVID testing and many other health issues. These clinics operate during business hours, with some extended hours on weekends. You can do a "Walk in Visit" or make an appointment. For a CVS Minute Clinic near you: cvs.com/virtual-care
4. **CVS Accordant Program (free)** provides specialty nurse care for about 22 complex health conditions. It helps coordinate benefits, provides support on managing symptoms and medication side effects, connects the member (and caregivers) to support and resources, and helps manage overall physical and emotional health as you navigate health issues. You are eligible to enroll in the program if you have been diagnosed with one of the long term, complex health conditions listed here: accordant.com/how-we-help. Contact: 1-866-228-4574 (M-F, 8AM – 9PM, ET), accordant.com
5. **MedStar Health Primary Care at World Bank** offers personalized primary care, serving current staff and retired employees of the WBG, International Monetary Fund, and members of their families. Family physicians and nurse practitioners are available for annual well visits, to diagnose and treat

¹² See RMIP Plan Document (2018), section 11.03.02.

¹³ For appeals, see RMIP Plan Document (2018), sections 11.04, 11.05 11.06 and 11.07.

health problems, manage chronic conditions, and offer lifestyle counselling to prevent illnesses before they start. No fee, except for bloodwork. It is located at the Main Complex in MC-C2-140. Contact: 1-202-842-1500; medstarhealth.org/locations/primary-care-world-bank

B16. Additional Program Available to Retirees Using SilverScript Who Live in US:

1. **Therapy Management Program** (free) is offered as part of the WBG/Employer Prescription Drug Plan. This program will provide a comprehensive medication review that includes all prescription medications and over-the-counter vitamins and supplements. You can ask questions and get a written summary of the review. You can share this review with your health care providers, family members and/or caregivers. To schedule a review, call: **1-855-484-1580** (M-F, 8AM – 8PM, ET)

B17. Additional Program Available to Retirees Using Cigna International Living Outside the US

1. **Global Telehealth (free for retirees using Cigna International outside the US):** Retirees can access 24/7 telehealth services from anywhere in the world, connecting with licensed doctors via secure video or phone appointments within 24-72 hours and in multiple languages. Note: While you can call from any country, be aware that international prescribing abilities may be limited and standard fees, co-pays, and deductibles will apply based on the doctor's fee schedule. Some type of local restriction regarding telehealth visits may apply. Download the Cigna Wellbeing App from the App store; cignaglobal.com/individuals-families/members/resources/global-telehealth
2. **Clinical Case Management** is a specialized service designed to support individuals facing complex medical conditions such as heart surgery or cancer. Fully trained nurses provide personalized assistance, helping you understand your condition and available treatments, and guiding you through each step of your healthcare journey. You will benefit from direct access to multilingual professionals who are knowledgeable about local healthcare systems and available to support you by phone—or even in person in some regions. Whether you need help understanding procedures, managing side effects, or finding the right treatment facility, the Clinical Case Management team offers both practical and emotional support. Contact: clinicalcasemanagement@cigna.com
3. **Decision Support Programme** offers access to expert medical opinions from international specialists through Teladoc at no cost and with full confidentiality. This voluntary service is designed to support patients dealing with serious conditions such as back surgery, colon cancer, brain tumors, hip and knee replacements, and prostate cancer. It is multicultural, globally accessible, and available in multiple languages to ensure inclusive and personalized care. A second medical opinion can significantly impact patient outcomes with 60% of patients experiencing a change in treatment, 39% receiving a revised diagnosis and 20% being presented with new alternatives, including the cancellation of planned surgeries. Contact: admissions@cigna.com; App Store: Cigna Wellbeing App; Teladoc: 1-855-835-2362
4. **Chronic Condition Management Programme (CCMP)** is designed for members diagnosed with diabetes and cardiovascular conditions. Through CCMP, members receive confidential, one-on-one support from a Cigna registered nurse acting as a personal coach. The programme empowers individuals to better understand and manage their condition, reduce risks, and improve overall wellbeing. Participants benefit in improved self-management capabilities, peace of mind through ongoing guidance, improved overall health and quality of life and reduced risk of acute treatment and complications. This supportive, personalized approach can lead to better outcomes and a healthier, more confident lifestyle. Contact: +32 3 217 57 98; Toll free: 0800 32 17 57 98; wbg.mip@cigna.com

C. Reference/Contact Information

HR Retiree Website

worldbank.org/en/about/unit/human-resources/retirees

HR Operations

Email: hroperations@worldbank.org

1-202-473-2222

Retiree Portal

mywbgss.worldbank.org; provides links to pension, taxes, insurance, and the retiree Community Connections window. **Note: requires prior one-time registration.**

US Plan	International Option Plan
Medical & Vision Aetna Open Choice PPO Group Policy 720388-20-006 Issuer (8040) 9140860054 Co-pay \$20 Telephone: 1-800-723-8897 Dental Cigna Dental PPO Account No. 3339812 Telephone: 1-855-924-3368 Pharmacy SilverScript/CVS RxBIN 004336 RxPCN MEDDADV RxGRP RXCVSD Issuer 9151014609 Telephone: 1-844-641-0412	Cigna International Website: cignahealthbenefits.com Email: wbg.mip@cigna.com Toll-free for Cigna International: + 32-3-217-5798 Toll-free within the US: 1-866-669-7930 Toll-free within Canada: 1-202-473-8666 Fax: + 32-3-663-2857 Guarantee of Payment request: admissions@cigna.com Postal address: P.O. Box 692140, Antwerp Belgium

Annex 1 – Applying for US Medicare and Social Security

US citizens and permanent residents (“green card holders”) working for the WBG participate in US Social Security and Medicare by contributing as self-employed individuals. You must earn at least 40 Social Security credits to be eligible for Social Security benefits through working and paying Social Security and Medicare (FICA) taxes (including through employment outside of the WBG). In 2025, you must earn \$7,240 or more to get the maximum 4 credits for the year (for most, 40 credits is earned from 10 years or more of FICA contributions). You can also qualify through your spouse.

If you are eligible and have not already done so, create your account at ssa.gov/myaccount. You will have access to your earnings records if you have been contributing (you may not see last year’s earnings as there is a long system lag) and you will be provided estimates of your Social Security payments at various ages.

Applying for Medicare

The RMIP requires that eligible retirees sign up for Medicare Part A (hospital insurance) if you can do so premium-free and for Part B (medical insurance) in all cases – even if you do not have Part A. If you are a US citizen and have set up an online account, the portal is the most efficient way to do this. If you are a permanent resident, a visit to the local Social Security office is required. This can be done during the Initial Enrollment Period which last seven months: the month in which one turns 65, the three months prior, and the three months after.

Notice will be provided once the application is approved. A letter from SSA indicating what your Medicare Premiums will be sent to your home address. A physical Medicare card will be delivered through US mail approximately 2 weeks following approval.

Advise HR Operations of your enrollment in Medicare and apply for reimbursement of Part B premium (\$185 for 2025) as well as the IRMAA surcharge (if applicable and determined on individual basis). This is done through the Pension Portal > My Insurance Benefits > Medicare Confirmation.

Around the end of November of each year, SSA will send a letter to inform of any changes to the following year’s Part B premium and IRMAA surcharge (and Social Security payment if applicable). These adjustments need to be updated ASAP through the portal once the amounts are known to avoid delays (and/or retro adjustments) in reimbursement.

Applicable US Government policies/regulations/instructions

- IRS publication titled *Employees of a Foreign Government or International Organization - Federal Insurance Contributions Act (FICA) Including Social Security and Medicare Tax*
- IRS publication titled *Employees of a foreign government or international organization - How to report compensation*
- IRS publication titled *Self-employment tax*
- IRS *2023 Instructions for Schedule SE*
- *Social Security Administration EN-05-10566, Social Security Coverage for Employees of Foreign Governments and Instrumentalities of Foreign Governments Working in the United States*
- *Social Security Administration Code of Federal Regulations, § 404.1034. Work for an international organization*

Annex 2 – RMIP Resources

The following resources are maintained on the 1818 Society Health Insurance Committee website [<https://www.wbgalumni.org/2025health-insurance-committee/>]. This information is updated annually and/or as needed.

RMIP Premium Schedule

<https://www.wbgalumni.org/RMIPPremiumSchedule>

Aetna RMIP1 Plan Summary

<https://www.wbgalumni.org/AetnaRMIP1Plan>

Aetna RMIP2 Plan Summary

<https://www.wbgalumni.org/AetnaRMIP2Plan>

International Option (Cigna) RMIP1 Plan Summary

<https://www.wbgalumni.org/CignaInternationalRMIP1>

International Option (Cigna) RMIP2 Plan Summary

<https://www.wbgalumni.org/CignaInternationalRMIP2>

Prescription Drug Plan (SilverScript/CVS)

<https://www.wbgalumni.org/SilverScript>

