



45th Annual Meeting

Presentation on the Health Insurance Plan

November 8, 2023 | 3:00PM to 5:00PM



Empowering health & well-being

We're here to help

World Bank 1818 Society | November 8, 2023

HealthAdvocateSM

Health Advocate Overview



Welcome to Health Advocate

Your Health Advocate service provides:

- **One-on-one support from our advocates** for healthcare, insurance, and well-being issues
- **Guidance** to take full advantage of all of your benefits
- **Compassionate help** available over the phone 24/7
- **Interactive mobile app** and website with tools and resources to help you take control of your health
- **Just call, tap, or click to reach us** and receive confidential, personalized support from our caring team.

Provided by World Bank at no cost to you!

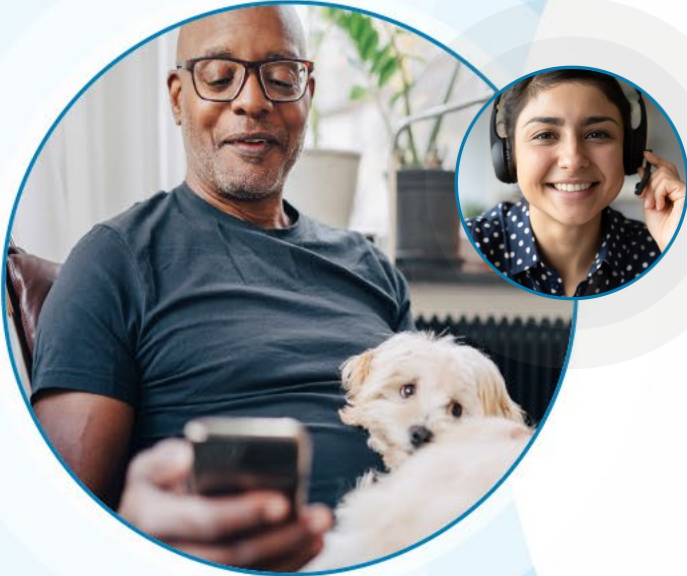
HealthAdvocateSM

Health Advocate helps the whole family

Unlimited access
for World Bank
retirees and family
members enrolled
in the Aetna RMIP
plan options



We're here for you no
matter what,
to help with anything you
need, in the language and
communication channel
you're most
comfortable using



How does the Health Advocate service work?



It's easy. When you have an issue, just call us or start a case online or through our mobile app.



You will be assigned to a Personal Health Advocate.



Your Personal Health Advocate works on your behalf until your issue is resolved.

Important Notes About Our Service



Health Advocate does not replace health insurance



Health Advocate does not provide medical care or recommended treatment

Private and Confidential



We protect your privacy



We fully comply with the federal Health Insurance Portability and Accountability Act (HIPAA)



All health information is kept strictly confidential

Medical Authorization Release Form

- **Authorizes Health Advocate to interact with doctors, other providers and insurance companies on your behalf**
- **One-page form can be downloaded from member website or app, or emailed, mailed or faxed to you to complete and return**
- **Secure electronic signature service also available**
- **Ensures complete confidentiality and privacy**

HealthAdvocate

Mail or Fax this form to:
3043 Walton Road, Suite 150
Plymouth Meeting, PA 19462
Fax: 610.941.4200

Authorization for Use and Disclosure of Protected Health Information

Description of PHI to be Released to Health Advocate: I hereby authorize my health plan(s), my healthcare providers and their applicable business associates to disclose the following Protected Health Information ("PHI") pertaining to me: enrollment, claims, payment and managed care information to Health Advocate, Inc. for the purpose of assisting me in my effort to obtain healthcare services and/or approval or payment for healthcare services.

My authorization includes the release of the following, please check those you wish to include, if any:

- Diagnosis and/or treatment for alcoholism and/or drug abuse or dependency
- Diagnosis and/or treatment regarding mental health issues
- HIV antibody test results and/or diagnosis and treatment
- Genetic test results and/or related treatment

Identification of Person Authorizing Release: (Please complete all items.)

Name of Member/Participant: _____
Last First MI

SSN: _____ Date of Birth: _____ Relationship to Subscriber: _____

Address: _____
Street (Apt #) City State Zip

Subscriber Name: _____

Subscriber's Sponsor Name (e.g., Employer, Health & Welfare Fund): _____

Health Insurance Carrier 1: _____
Coverage Type:
 HMO POS PPO Indemnity Medicare
ID#: _____

Health Insurance Carrier 2: _____
Coverage Type:
 HMO POS PPO Indemnity Medicare
ID#: _____

Unless otherwise revoked, this authorization will commence on the date indicated below and will expire on the following date, event or circumstance: _____. If I fail to specify, this authorization will expire in twelve months from the date of my signature.

- I understand that information used or disclosed based on this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.
- I understand that I may revoke this authorization at any time by giving written notice of my revocation to Health Advocate's Privacy Officer at the above address. I understand that revocation of this authorization will not affect any action Health Advocate or other parties took in reliance on this authorization before it received my written notice of revocation.
- I understand that Health Advocate provides administrative and informational services only and does not provide health insurance or medical services nor does it recommend treatment. Consequently, independent healthcare practitioners, who are not employees or agents of Health Advocate, will provide all my medical services.

You are not required to authorize Health Advocate to have access to your "PHI" and the provision of treatment, payment, enrollment or eligibility for benefits does not depend on whether you sign this authorization. You should keep a signed copy of this authorization for your records, however, a copy of this signed authorization will be provided upon your request.

Signature: _____ Date: _____

Signature: _____ Date: _____
Personal Representative (include a description of such authority to act for the member)

Special Support for Retirees

Near retirees and their family members
enrolled in in the Aetna RMIP plan options



Address healthcare concerns

Your Advocate will do the legwork to get you to the right providers and the right answers for your health issues

- Find in-network doctors, dentists, hospitals, labs, pharmacies and more
- Schedule appointments and transfer medical records
- Understand diagnoses and treatment options
- Arrange second opinions
- Coordinate clinical services related to all aspects of care
- Get peace of mind that your healthcare decisions are on track



Locate care facilities and support

We'll do the research to get you the right resources
for you and your family

- Research local adult day care, assisted living, and long-term care facilities
- Locate in-home care and nursing support services
- Help facilitate transportation to medical appointments
- Locate eldercare services and community resources that fall outside traditional coverage
- Feel supported and have options to help manage your life



Guidance with insurance coverage

We'll walk you through your coverage, explain insurance jargon and help you understand your available choices

- Understand your insurance options provided by World Bank
- Help with insurance choices before you're eligible for Medicare
- Explain all parts of Medicare coverage and costs, if applicable
- Explain how Medicare coordinates with your employer provided insurance
- Feel confident that your coverage is adequate for your needs



Handle insurance-related issues

Our experts can address your questions and help you maximize your benefits

- Resolve medical billing and claims issues
- Facilitate pre-authorizations and preapprovals
- Help with durable medical equipment
- Provide estimated out-of-pocket costs of common medical procedures in your area
- Know that your coverage is applied properly and better manage out-of-pocket costs



Understand your medications

Our experts can help you use your medications safely and properly, and help you get the best prices.

- Explain what the medication is for and how it works
- Help you save money by switching to your plan's mail order pharmacy and find generic versions of brand-name prescriptions
- Go over any side effects, including what to do if you have a reaction
- Review recommendations for missing a dose and tips to help you stay on track

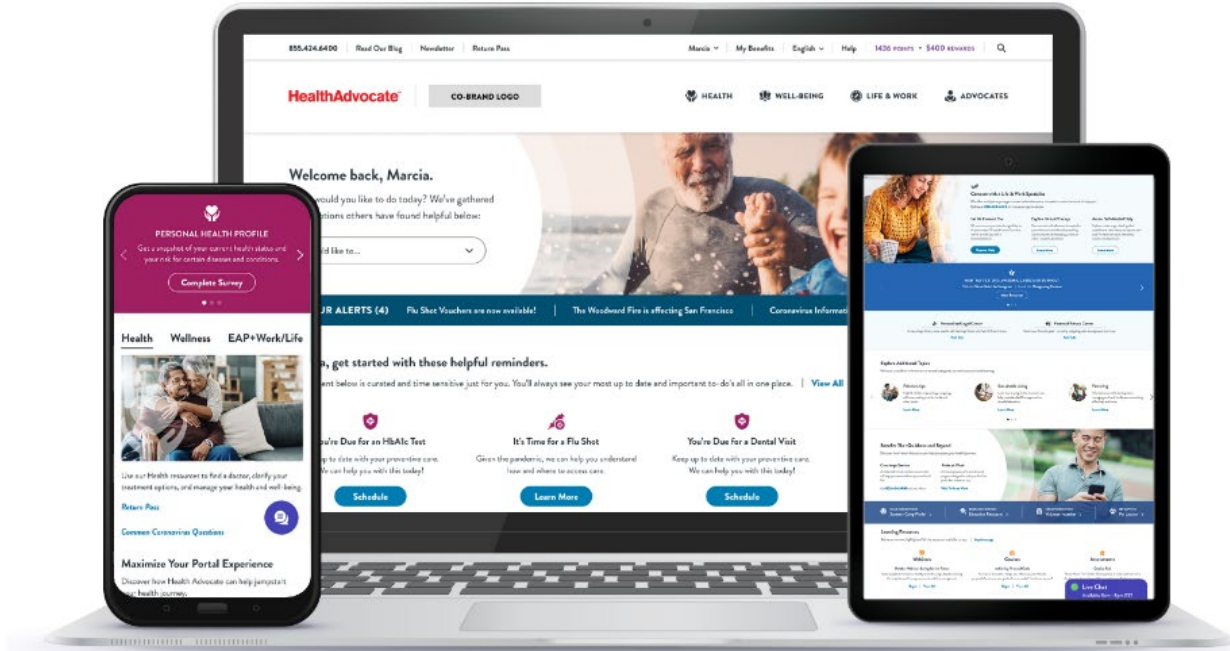
The background is a solid blue color with a pattern of overlapping, semi-transparent circles of varying shades. On the right side, there is a faint graphic of a heart with a compass rose inside it.

Interactive Mobile App and Website

Resources to help
you live well, find balance and more!



Interactive Mobile App and Website



- Upload documents & forms
- Track the status of your case
- Access online tools & resources
- Chat with or message an advocate
- 24/7 personal support is just a call or click away

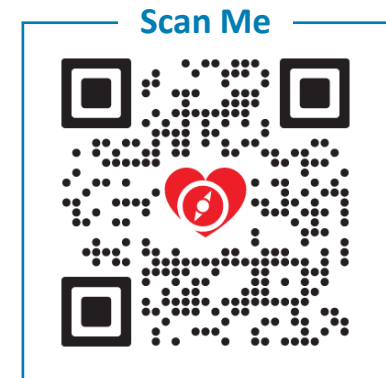




Register for our website and app

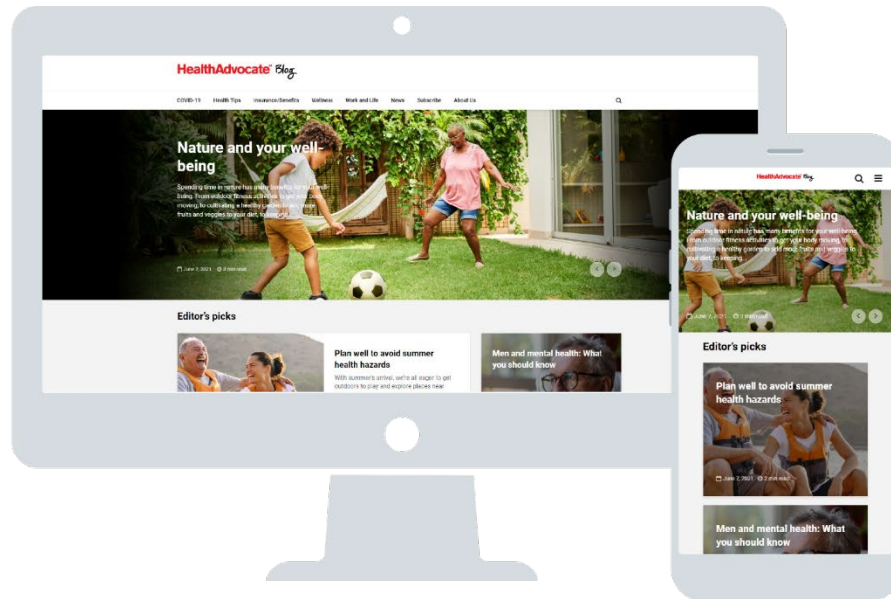
Follow the steps below:

1. Visit **HealthAdvocate.com/worldbankretirees** or download the mobile app **by scanning the QR code**
2. Enter the **name of your organization** and select it from the drop-down
3. Click **“Register Now”**
4. Enter the required information, **confirm your registration**, and then **log in**

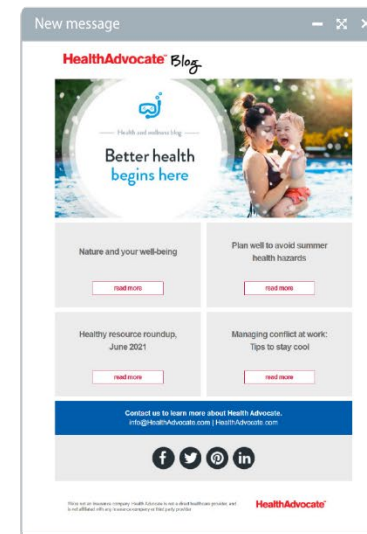


Visit the blog!

A robust collection of timely articles viewable on desktop and mobile devices.



Go to:
Blog.HealthAdvocate.com



Plus, you can subscribe to receive monthly emails and participate in well-being campaigns!

**Help is just a phone
call, email or click away**



877.650.7785

answers@HealthAdvocate.com

HealthAdvocate.com/worldbankretirees

HealthAdvocateSM



World Bank Group Retiree Meeting – Your Guide to SilverScript

♥ CVSH[®]Health.



Agenda

- **Introducing SilverScript®**
- **Prescription drug benefits designed for World Bank retirees**
- **What happens next?**
- **Contact information**
- **Questions and answers**



Rich benefits through The World Bank Group



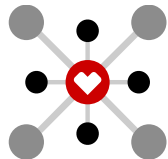
Richer benefits than a standard Part D plan



No “donut hole” or coverage gap

Predictable copay

No large out-of-pocket costs for brand or specialty drugs



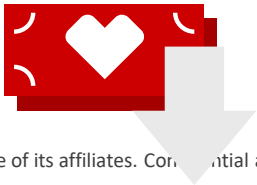
Access to a broad network of pharmacies

90-day supply option through CVS Caremark[®] Mail Service Pharmacy or CVS Pharmacy[®] retail locations

No requirement to use CVS Pharmacy locations

Catastrophic coverage

- The Catastrophic Coverage stage begins once a member reaches \$8,000 in Medicare prescription drug expenses.
- Once you are in the Catastrophic Coverage stage, you **don't pay anything** for covered Part D prescription drugs for the rest of the plan year.
- You also have coverage for drugs that are excluded from the definition of a Part D drug. This means you'll continue to pay a [copay] [or] [coinsurance] for these drugs.



Medicare Part B vs. Part D determinations



- Certain medications are covered under Medicare Part B or Medicare Part D depending on the reason a member is using the medication.
- World Bank will cover many these medications regardless of the coverage determination. However, before the prescription can be filled, the retail pharmacy will need to determine if the medication is covered under Part B or Part D.
- Members who take multiple medications and have multiple chronic conditions may qualify for the **Medication Therapy Management program** — a voluntary program that will assist members in the best use of the pharmacy benefit.

Prior authorization and transition fills

Prior authorization

- If you are taking a prescription drug that will require a prior authorization under SilverScript®, you will receive a letter in the mail.
- To begin the prior authorization process, you can contact SilverScript Customer Care after your effective date.
- If you are a current retiree moving into Medicare, your prior authorization will transfer.

Transition fill

You can get a temporary 90-day supply of your drug if:

- It is a Medicare Part D drug that is not on the formulary
- There is a prior authorization, quantity limit or step therapy on a Medicare Part D drug

Other things to keep in mind about your refills:

- Transition fill occurs during the first 90 days you are eligible for coverage in the plan.
- Long-term care (LTC) members are allowed multiple fills to equal the transition fill maximum day supply during their 31-day transition fill period.
- Select safety quantity limits may not be eligible for a transition fill, or the Part B vs. Part D processing.
- You will receive a letter sent to your home. Medicare requires that you get this letter even if your drug is covered under the additional coverage provided by World Bank.

Need help with your Medicare drug costs?

You may qualify for **Extra Help** if you have limited income and resources.

Extra Help is a Medicare program that helps pay some Medicare prescription drug costs, such as:

- Monthly plan premium
- Yearly deductible
- Coinsurance
- Copays
- Coverage gap

To see if you qualify, you can:

Call Medicare:
1-800-MEDICARE (1-800-633-4227),
(TTY: 1-877-486-2048), available
24 hours a day, 7 days a week.

Call Social Security:
1-800-772-1213 (TTY: 1-800-325-0778),
Monday to Friday, 8 AM to 7 PM.





**Already with us?
Keep an eye out for
these mailings**



Annual Notice of Change	Explanation of Benefits
Details changes to expect for the new plan year.	Sent the month after you fill prescriptions to summarize your pharmacy claims.

Contact information



SilverScript

- Call toll-free at 1-866-785-5709
- [Caremark.com](https://www.caremark.com)

World Bank Group HR Operations

- Call at 1-202-473-2222
- hroperations@worldbank.org

Other Resources

- www.socialsecurity.gov
- www.medicare.gov

Recap of important points

- Respond right away to any requests from HR Operations or SilverScript for a Medicare Beneficiary ID (MBI), street address, name change, or any other information to avoid a delay in enrollment (trouble processing letter)
- If you are enrolled in an individual Medicare Prescription drug plan, you will be automatically disenrolled from that plan when the World Bank Group enrolls you into SilverScript
- You do not have to enroll directly with Medicare for Part D coverage
- Be sure to present your SilverScript® ID card at the pharmacy when filling your first prescription after your effective date



Thank you



SilverScript[®]

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within <x> days. You can call <phone number/TTY/hours of op> if you do not receive your mail-order drugs within this timeframe. [Members may have the option to sign-up for automated mail-order delivery.] The <PlanName>'s pharmacy network includes limited lower-cost, preferred pharmacies in <applicable areas>. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call <CustomerCareNumber> (TTY: <CustomerCareTTY>), <CustomerCareHours>, or consult the online pharmacy directory at <WebsiteURL>. The formulary, and/or pharmacy network may change at any time. You will receive notice when necessary.

©2023 SilverScript Insurance Company
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A photograph of a diverse group of people celebrating a birthday. In the foreground, a woman in a pink shirt is blowing a kiss to a baby in a blue shirt. To the right, an older man with a white beard is blowing a blue and white striped party horn. In the background, a man and a woman are smiling, and a young child is visible. A large birthday cake with green frosting and colorful candles is on a table in front of them. The scene is set outdoors with a blurred background.

2023 1818 Society Annual Meeting

World Bank

November 8, 2023

Agenda

Topics

Slide

Medicare Coordination of Benefits

- RMIP 1: 100% Allowable

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- RMIP2: Maintenance of Benefits

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RMIP1

Medicare Coordination of Benefits

100% Allowable

RMIP1 & Medicare (Coordination of Benefits)

Example 1: 100% Allowable

Billed \$292.00 - office visit (assuming the Medicare deductible **was met**)

Medicare Calculation:		RMIP1 Calculation:	
Billed Amount	\$292.00	Billed Amount	\$292.00
Medicare Approved	\$193.45	RMIP 1 Allowable	\$193.45
Medicare Paid	\$154.13	Payment less copay	\$178.45
Patient Balance	\$39.32	Patient Balance	\$15.00

The plan will pay RMIP normal liability (\$178.45) or the patient balance after Medicare (**\$39.32**) – whichever is less. In this case...

- **\$154.13** paid by Medicare
- **\$39.32** paid by the RMIP
- **\$0** paid by the retiree

RMIP1 & Medicare (Coordination of Benefits)

Example 2: 100% Allowable

Billed \$292.00 - office visit (assuming the Medicare deductible **was not met**)

Medicare Calculation:		RMIP1 Calculation:	
Billed Amount	\$292.00	Billed Amount	\$292.00
Medicare Approved	\$193.45	RMIP 1 Allowable	\$193.45
Medicare Applied to ded	\$193.45	Payment less copay	\$178.45
Patient Balance	\$193.45	Patient Balance	\$15.00

The plan will pay RMIP normal liability (\$178.45) or the patient balance after Medicare (**\$193.45**) – whichever is less. In this case...

- **\$0** paid by Medicare
- **\$178.45** paid by the RMIP
- **\$15** paid by the retiree

RMIP1 & Medicare (Coordination of Benefits)

Example 3: 100% Allowable

Billed \$500.00 - x-ray (assuming the Medicare deductible **was met**)

Medicare Calculation:		RMIP1 Calculation:	
Billed Amount	\$500.00	Billed Amount	\$500
Medicare Approved	\$200	RMIP 1 Allowable	\$200
Medicare paid 80%	\$160	Ded not met Aetna side applied	\$200
Patient Balance	\$40	Patient Balance	\$200

The plan will pay RMIP normal liability (\$0) or the patient balance after Medicare (**\$40**) – whichever is less. In this case...

- **\$160** paid by Medicare
- **\$0** paid by the RMIP
- **\$40** paid by the retiree

RMIP1 & Medicare (Coordination of Benefits)

Example 4: 100% Allowable

Billed \$500.00 – x-ray (assuming the Medicare deductible **was not met**)

Medicare Calculation:		RMIP1 Calculation:	
Billed Amount	\$500	Billed Amount	\$500
Medicare Approved	\$400	RMIP 1 Allowable	\$400
Medicare Applied to ded	\$400	Applied to ded	\$400
Patient Balance	\$400	Patient Balance	\$400

The plan will pay RMIP normal liability (\$0) or the patient balance after Medicare (**\$400**) – whichever is less.

- **\$0** paid by Medicare
- **\$0** paid by the RMIP
- **\$400** paid by the retiree

RMIP2

Medicare Coordination of Benefits

Maintenance of Benefits

RMIP2 & Medicare (Coordination of Benefits)

Example 1: Maintenance of Benefits

Billed \$63.36 – Xray (assuming Medicare deductible **was met**)

Medicare Calculation:		RMIP2 Payment after Medicare:	
Billed Amount	\$63.36	Amount Allowable	\$4.82
Medicare Approved	\$23.72	RMIP 2 Deductible	\$600.00
Medicare paid	\$18.90	Payable at 80%	\$0
Patient Balance	\$4.82	Patient Balance	\$4.82

The plan will apply benefits based on the balance after Medicare payment. In this case...

- **\$18.90** paid by Medicare
- **\$0** paid by the RMIP
- **\$4.82** paid by the retiree

RMIP2 & Medicare (Coordination of Benefits)

Example 2: Maintenance of Benefits

Billed \$63.36 – Xray (assuming Medicare deductible **was not met**)

Medicare Calculation:		RMIP2 Payment after Medicare:	
Billed Amount	\$63.36	Amount Allowable	\$23.72
Medicare Approved	\$23.72	RMIP 2 Deductible	\$600.00
Medicare Deductible	\$23.72	Payable at 80%	\$0
Patient Balance	\$23.72	Patient Balance	\$23.72

The plan will apply benefits based on the balance after Medicare payment. In this case...

- **\$0** paid by Medicare
- **\$0** paid by the RMIP
- **\$23.72** paid by the retiree

RMIP2 & Medicare (Coordination of Benefits)

Example 3: Maintenance of Benefits

Billed \$250 – Office visit (assuming Medicare deductible **was met**)

Medicare Calculation:		RMIP2 Payment after Medicare:	
Billed Amount	\$250	Amount Allowable	\$25
Medicare Approved	\$125	RMIP 2 Paid	\$5
Medicare paid	\$100	Copay	\$20
Patient Balance	\$25	Patient Balance	\$20

The plan will apply benefits based on the balance after Medicare payment. In this case...

- **\$100** paid by Medicare
- **\$5** paid by the RMIP
- **\$20** paid by the retiree

RMIP2 & Medicare (Coordination of Benefits)

Example 4: Maintenance of Benefits

Billed \$250 – Office visit (assuming Medicare deductible **was not met**)


Medicare Calculation:		RMIP2 Payment after Medicare:	
Billed Amount	\$250	Amount Allowable	\$125
Medicare Approved	\$125	RMIP 2 Paid	\$105
Medicare paid	\$0	Copay	\$20
Patient Balance	\$125	Patient Balance	\$20

The plan will apply benefits based on the balance after Medicare payment. In this case...

- **\$0** paid by Medicare
- **\$105** paid by the RMIP
- **\$20** paid by the retiree

2024 ID Card Update

2024 ID Cards



Aetna International

MARIJANE Q SAMPLE-TESTCARD

ID 0000 12345-01

ISSUER (80840) 9140860054

GRP: 111111-011-00101

Open Choice PPO

	O/V	\$ 15.00
	SPC	\$ 15.00

MEDICAL	INDIVIDUAL	FAMILY
	Tier 1	Tier 1
INN DED	\$\$\$\$\$\$	\$\$\$\$\$\$
INN OOP MAX	\$\$\$\$\$\$	\$\$\$\$\$\$
OON DED	\$\$\$\$\$\$	\$\$\$\$\$\$
OON OOP MAX	\$\$\$\$\$\$	\$\$\$\$\$\$

www.aetnainternational.com PAYER NUMBER 60054 0049


TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.
Benefits shown do not reflect benefits outside of the U.S.
See your plan documents for plan requirements, including precertification. This card does not guarantee coverage.

AETNA PROVIDERS in North & South America Call +1-800-231-7729
ALLIANZ PROVIDERS in EU, UK, APAC, ME, Africa
Call +353 16301301

Separate Rx ID card issued by separate vendor for U.S. claims

MEMBERS CALL	1-800-723-8897
U.S. PROVIDER SERVICES	1-888-632-3862
DIRECT DIAL	1-202-473-8666
FAX CLAIMS	1-859-425-3363

Aetna Life Insurance Company
Submit Claims To:
P.O. BOX 981543
EL PASO TX 79998-1543



On-line claim submission



When to submit a claim online

Inside the U.S.

If you choose to see an out-of-network provider, you'll need to pay at the time of service and then submit a claim for reimbursement.

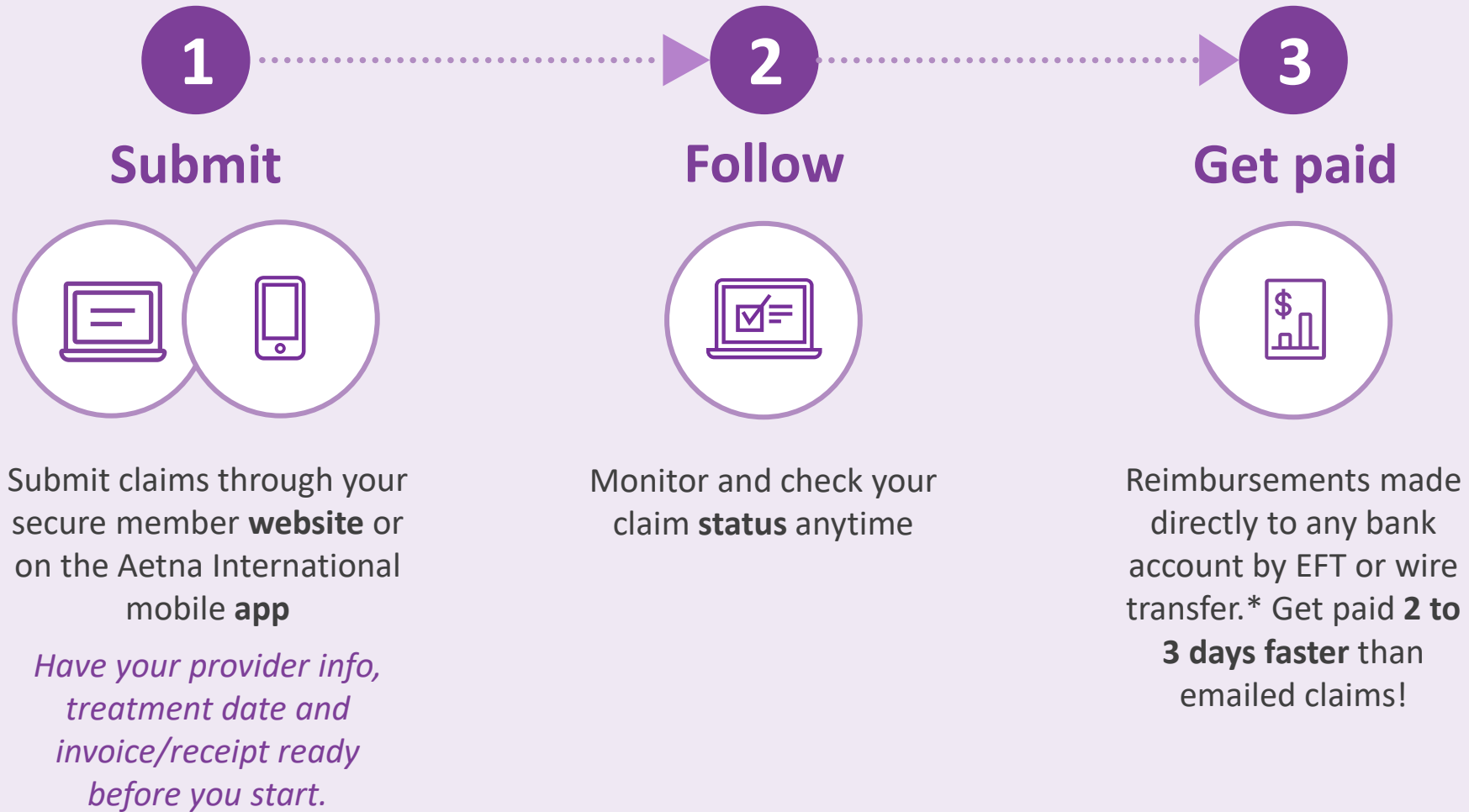
Outside the U.S.

If you choose to see a provider that's not in our direct settlement network, you'll need to pay at the time of service and then submit a claim for reimbursement.

Pro tips:

- Submit your claim within 180 days of treatment
- Have all supporting documents including receipts, certificates and X-rays ready
- Submit complete details of your visit including treatment date and provider info
- Be sure to indicate how you want to be reimbursed — EFT, wire transfer or check

Online claim journey

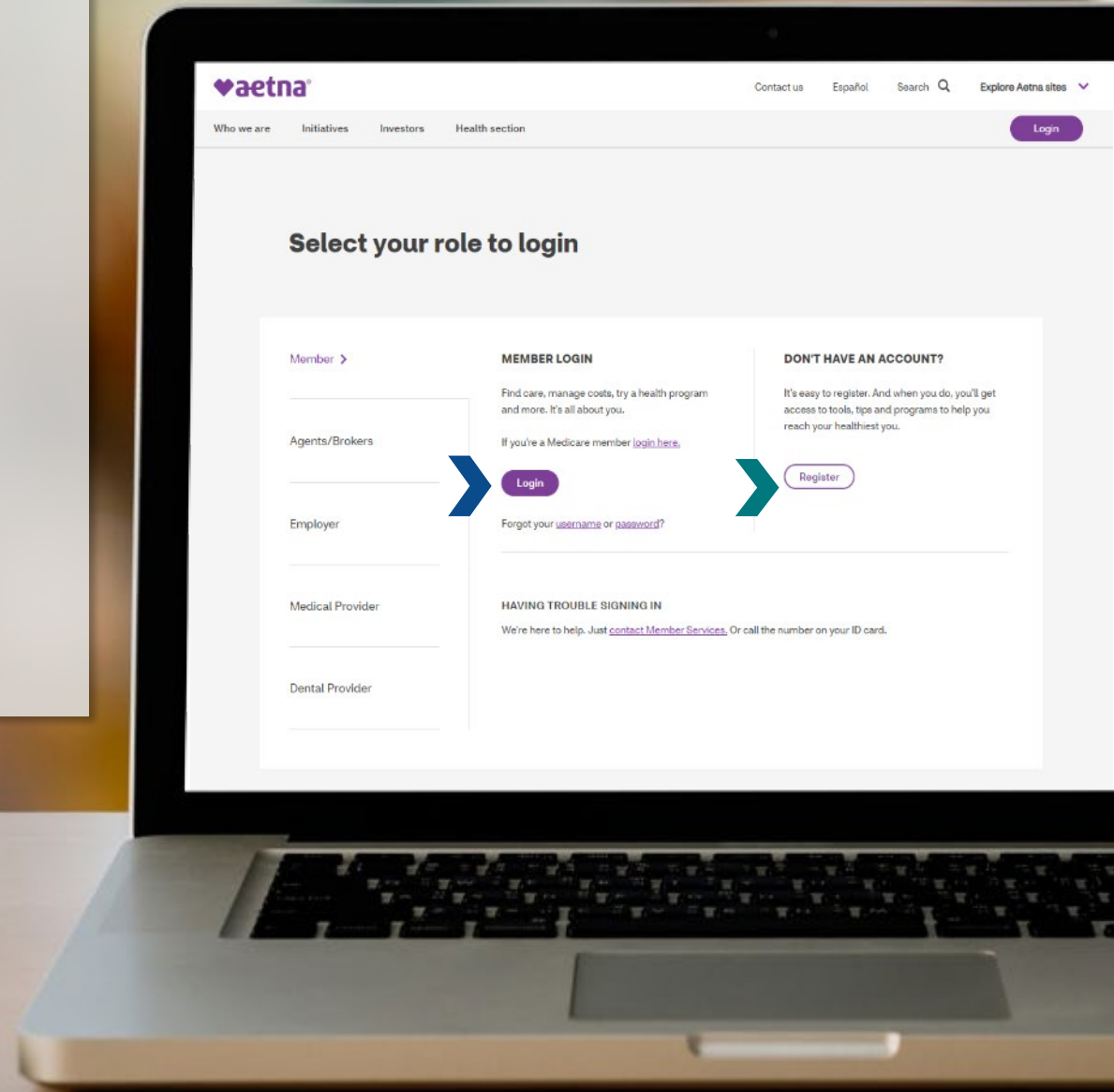


Get started

Go to **Aetna.com** and click the “Login” button in the upper right corner

➤ Already registered?
Click “Login” with your username and password

➤ Not registered?
Click “Register” and follow the instructions



Transition to Aetna International.com: International provider search & Submitting a claim online

The screenshot shows the Aetna International website interface. At the top, the Aetna logo is on the left, and a navigation menu includes Home, Claims, Plan Overview, Find Care & Pricing, Pharmacy, Health & Wellness, and Support. Below the navigation, a purple banner displays a personalized welcome message: "Welcome, Francis". A blue callout arrow points to a banner for international members that says "Aetna International members start here" and provides instructions on submitting claims and searching for providers. Below this, a "Find Care & Pricing" section contains four buttons: "Find a Provider", "Find a Dentist", "Get Quick Care", and "Manage my Prim". At the bottom, there are sections for "Plan Overview" and "Claims View All".

Click the banner for Aetna International members

Aetna International members start here
Submit your claims online, search for providers outside the U.S., access well-being resources and more — it's all exclusively for you.
Let's go →

Find Care & Pricing

- Find a Provider
- Find a Dentist
- Get Quick Care
- Manage my Prim

Plan Overview

Claims View All

Submitting a claim online

The screenshot shows the Aetna website interface. At the top left is the Aetna logo. To the right, there is a language dropdown menu set to 'English' and a 'Logout' link. Below this is a navigation bar with links for 'Home', 'Find health care', 'My Claims', 'Well-being', 'My plan and me', 'Articles', and 'Questions'. A purple banner below the navigation bar contains the text: 'A faster, simpler approach to your well-being: try the new Resource Selector Tool now!'. The main content area features a personalized greeting: 'Hi RENEE' followed by 'Welcome to health care built around you'. Below this, there are five service options, each with an icon and a text description: 1. 'I need to submit a new claim' with a red icon of a document and a plus sign. 2. 'I'm looking for a healthcare provider' with an orange magnifying glass icon. 3. 'I'd like to see my plan details or documents' with a yellow document icon. 4. 'I want to improve my well-being' with a blue icon of a person and a bicycle. 5. 'I want to check or update my details' with a teal person icon. 6. 'I want to improve my health in five minutes or less' with a green icon of the number '5'. A blue arrow-shaped callout box on the left points to the first option.

Click submit a new claim

aetna Language: English **Logout**

Home Find health care My Claims Well-being My plan and me Articles Questions

**A faster, simpler approach to your well-being:
try the new Resource Selector Tool now!**

Hi RENEE

Welcome to health care built around you

- I need to submit a new claim
- I'm looking for a healthcare provider
- I'd like to see my plan details or documents
- I want to improve my well-being
- I want to check or update my details
- I want to improve my health in five minutes or less

Submitting a claim online

Complete each section and upload your treatment invoice/receipt

Submit a new claim

We've made the claims process simple, straightforward and quick.

My Claims > Submit A New Claim

What you'll need

- Personal details**
You'll need personal and contact details for the patient, as well as the policy number and Member ID
- Claim details**
Make sure you have the provider details as well as the patient's symptoms or medical condition
- Claim evidence**
So we can process your claim you'll need to upload digital copy of the treatment invoice or receipt
- Payment details**
We can pay you or pay your provider directly, so make sure you have the right details to hand

1 About the patient

This section asks you some basic details about the claim. We've already filled out as much information as we have on file to make it easy. Now, just fill in the blank fields. The 'subscriber' is the primary member. The 'patient' is the person who the claim is for - this could be the subscriber or any covered dependent.

Please do not use the browser back button.

Your details

First name:

Last name:

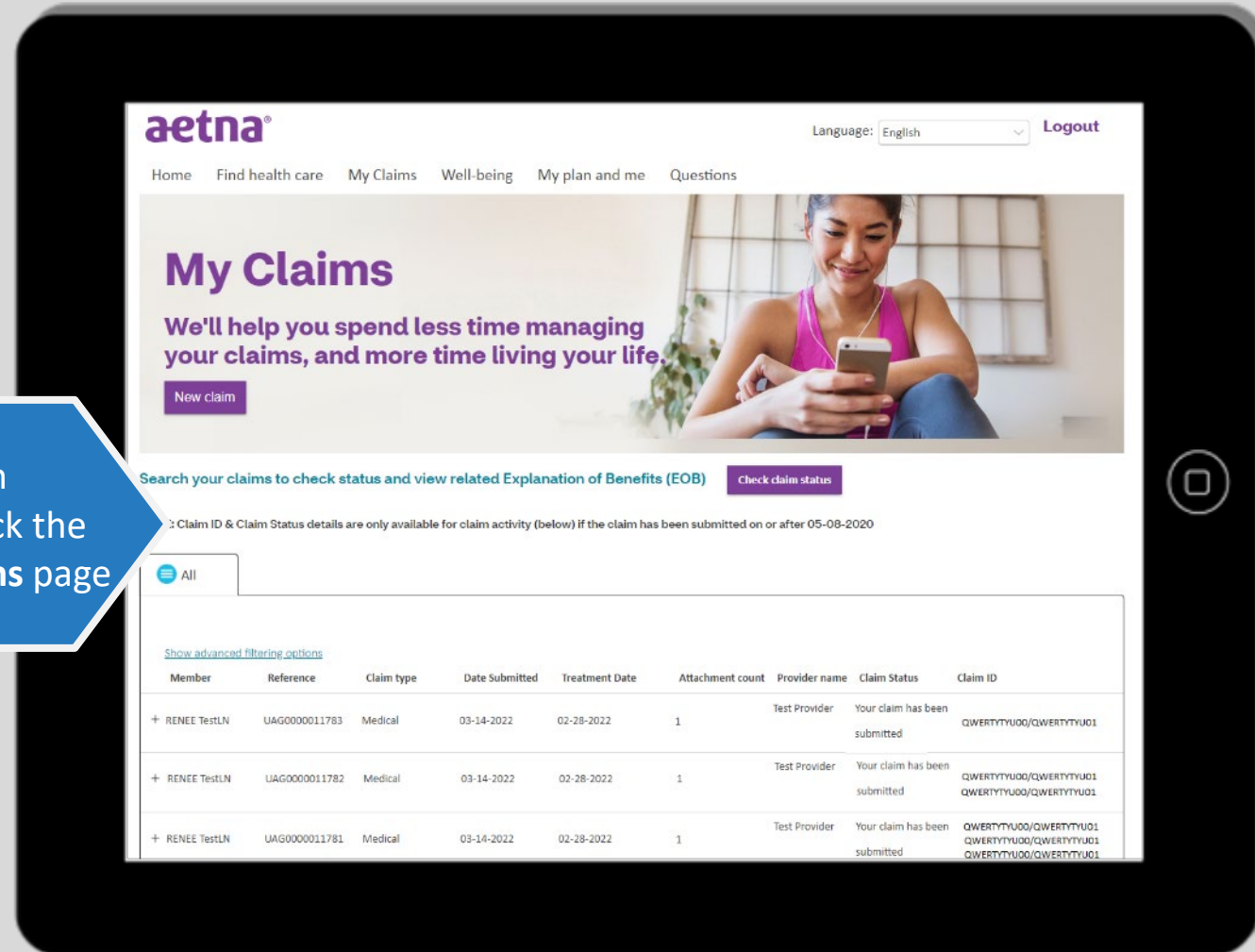
Aetna ID Number:

Your date of birth:

20%

Checking claim status

After the claim has been submitted, you can check the status on your **My Claims** page



Aetna.com — claims

Help Messages Documents & Forms

Home Benefits **Claims & Spending** Find Care & Pricing Pharmacy Stay Healthy

Claims Explanations of Benefits (EOBs) Medical Spending Dental Spending

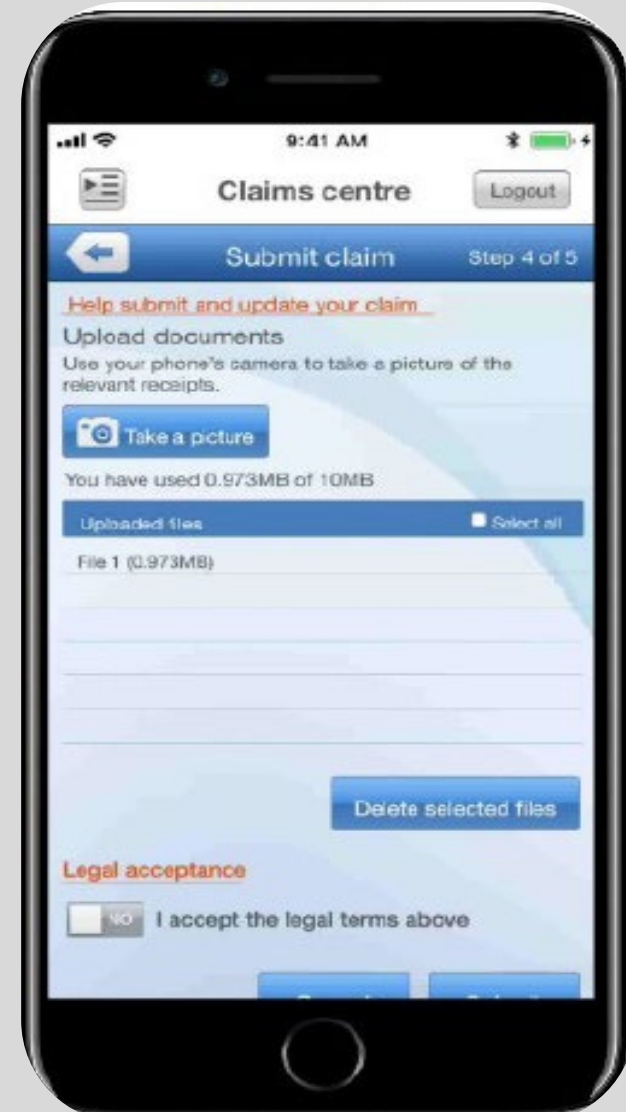
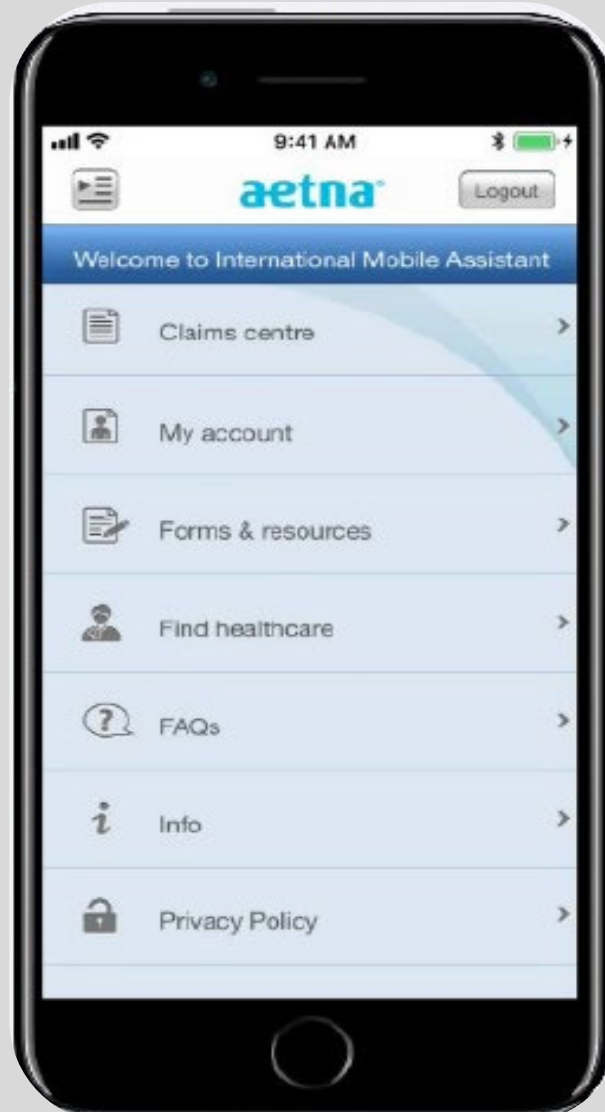
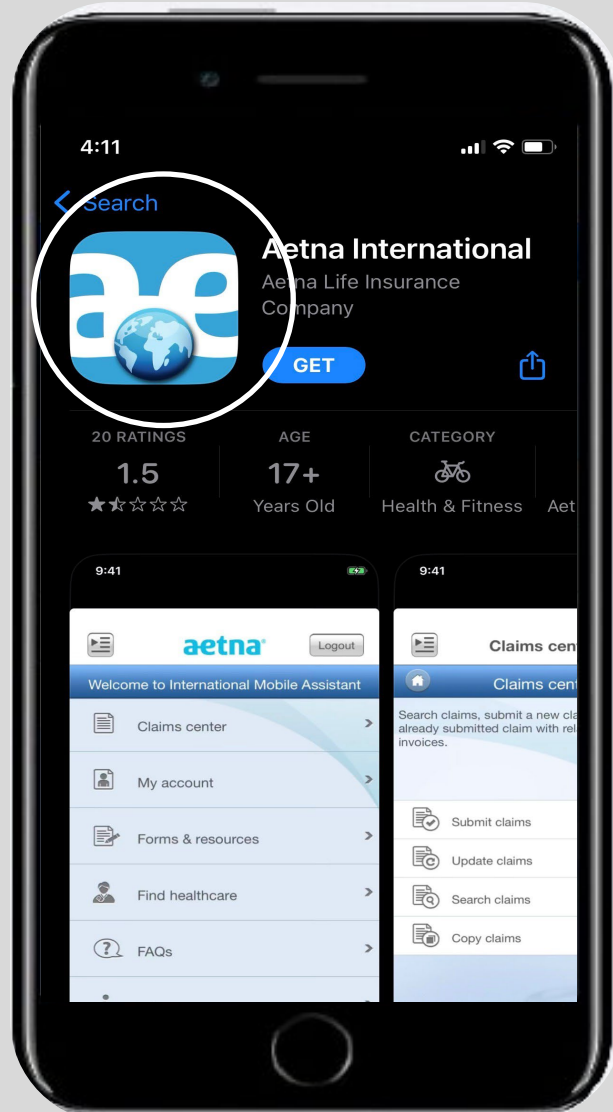
Claims

Filters 1 - 10 of 13

Member All	Richard Tredeau Dec 28 For Hannah (Spouse)	Provider billed	\$136.00	→
Service Type All		Your plan paid	\$63.69	
Date Range Current Year		Your total cost	\$72.31	
Provider, Facility or Medication All		Children's Hospital Colorado Dec 15 For Jordan (Child)	Provider billed	\$648.00
Claim Status All	Your plan paid		\$315.00	
	Your total cost		\$333.00	
	Lisinopril 5mg Tab Dec 15 For James (Self)		Prescription price	\$98.31
		Your plan paid	\$88.91	
		Your total price	\$9.40	
		Stella Aaboe, DDS Oct 11 For Hannah (Spouse)	Provider billed	\$87.00
	Your plan paid		\$19.60	
	Your total cost		\$67.40	

Once you've submitted a claim on **AetnaInternational.com** you can view and track the status on **Aetna.com**

Aetna International mobile app







RMIP REVIEW

Understanding Your Benefits

SEAN KIERNAN / YONGCHIL LY

A large graphic of an umbrella with a light blue and white striped canopy and a dark blue handle, centered on the left side of the slide. A white rounded rectangular box is overlaid on the lower part of the umbrella.

**MAXIMIZE YOUR
MEDICAL BENEFITS!**



AGENDA

- New for 2024
- Spotlight on Telehealth
- Plans Demographics
- 2024 Premiums
- RMIP Financial Overview
- Q&A





CVS Minute Clinic

- **For 2024, there will be a reduction in the copay (member cost) associated with services at Minute Clinic locations (CVS)**
 - ✓ Previously, members paid a copay amount equal to that of an office visit (\$15-\$20)
 - ✓ For 2024, the copay will be reduced to \$10 for all services
- **How does this change matter to you?**
 - ✓ Access to care
 - ✓ Lower costs for members
 - ✓ Reduced wait times
 - ✓ Access to pharmacy for any prescription needs

AETNA TELADOC

Teladoc® is a national network of U.S. board-certified doctors available on-demand 24/7 to diagnose, treat and prescribe medication, if necessary, for many non-emergency medical issues.



Talk to a



anytime



Top Diagnoses

- Flu
- Cough
- Sinus problems
- Upper respiratory infection
- Pink eye
- Nasal congestion
- Sore throat
- Sinusitis
- Seasonal allergies
- Rash/poison ivy
- Food poisoning

Prescriptions as needed

- Best practices in prescription management
- Appropriate prescribing following CDC guidelines
- No controlled substances, psychiatric or lifestyle drugs
- 98% generic prescribing rate
- Member convenience through e-prescribing

Teladoc
HEALTH



WORLD BANK GROUP
People and Culture

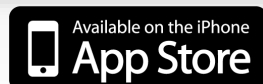
GETTING STARTED WITH TELADOC



A screenshot of the Teladoc website. At the top, it says "TELADOC." on the left, "made available through aetna" in the center, and "Call us at: 1-855-835-2362" on the right. The main image shows a woman and a child looking at a screen together. Overlaid on the image is the text: "We've connected patients like you with doctors over 2 million times" and "Speak to a licensed doctor by phone or video in minutes." Below this, there are two columns of forms. The left column is titled "Talk to a doctor" and has fields for "USERNAME" and "PASSWORD", a "SUBMIT" button, and a link "Forgot your Password?". The right column is titled "Setup your account" and has fields for "FIRST NAME", "LAST NAME", "DATE OF BIRTH", and "AETNA MEMBER ID" (with a question mark icon), and a "SUBMIT" button.

It's quick and easy to set up your account. Once your account is set up, a doctor is only a call or click away.

- 1 Visit Teladoc.com/Aetna (or download the app)
- 2 Go to "Set up account"
- 3 Provide required information



TELADOC VS. TELEMEDICINE



	Aetna Teladoc (For HQ RMIP)	Cigna Telehealth (For RMIP International)	Telemedicine (Both HQ and International MIP)
What is it?	Virtual consultation with a medical professional for acute care items (think “a-doc”)	Virtual consultation with a medical professional for acute care items (think “a-doc”)	Office visit with your medical professional – basically an ordinary office visit in a virtual environment (think “my-doc”)
Services Provided	Non-emergency and acute care items New for 2021: Mental Health and Dermatology	Non-Emergency and acute care items and certain specialty and mental health care	Any medical need
Copay	\$0	\$0	Regular rules apply

RMIP & RMBP Membership

Plan Beneficiaries

	2020	2021	2022	Annual Growth Rate (2020-2022)
Number of Retirees ¹				
• RMIP	7,250	7,345	7,479	1.6%
RMIP 1	6,152	6,128	6,122	-0.2%
RMIP 2	1,099	1,217	1,357	11.1%
• RMBP	451	483	498	5.1%
Number of Dependents ¹				
• RMIP	12,760	12,844	12,880	0.5%
RMIP 1	10,634	10,493	10,322	-1.5%
RMIP 2	2,126	2,351	2,557	9.7%
• RMBP	449	468	459	1.1%
Number of Members ¹				
• RMIP	20,010	20,189	20,358	0.9%
• RMBP	900	951	957	3.1%

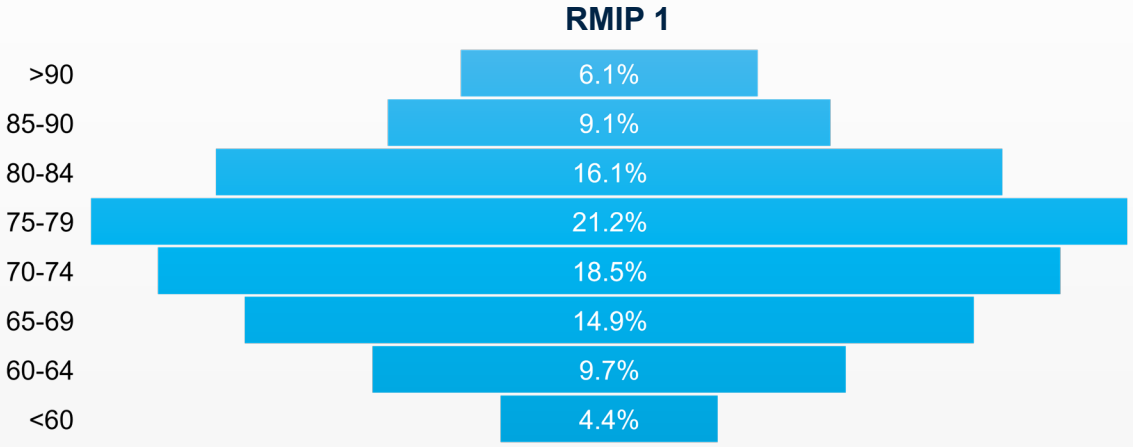
¹ RMIP: monthly average headcount
RMBP: headcount as of December 31

- 2023 YTD (Sept 30th) average monthly enrollment for RMIP is about 7,586 retirees

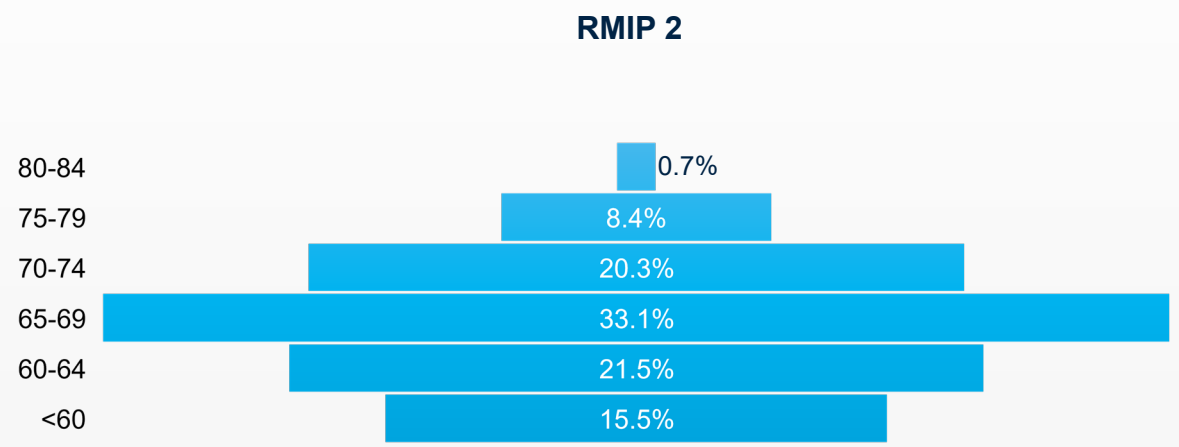


RMIP Demographic

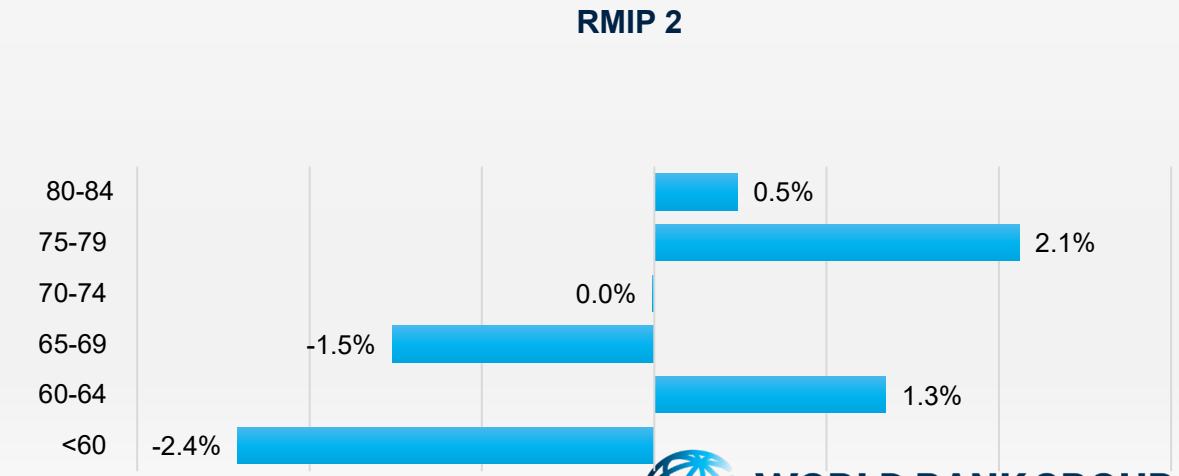
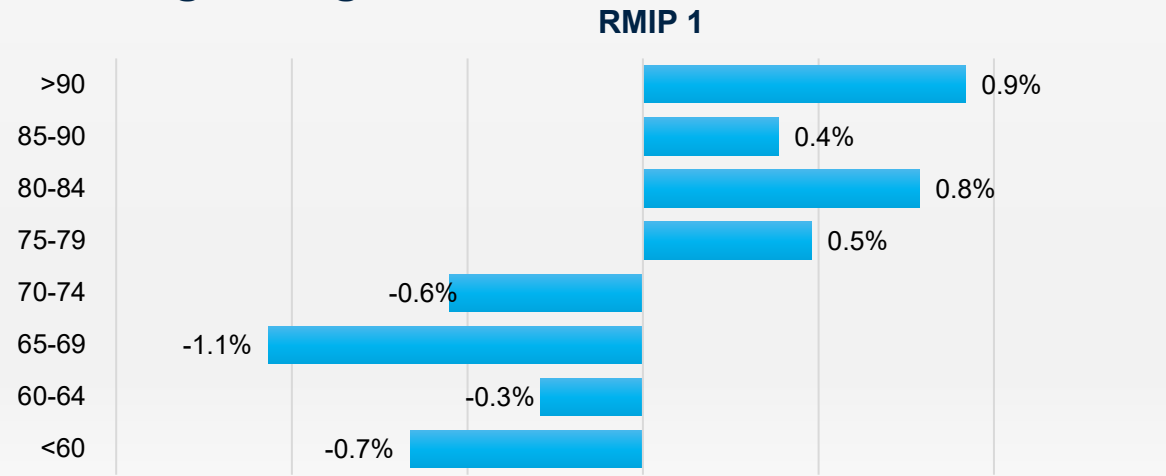
Age Distribution¹



¹ Retirees as of 12/31/2022

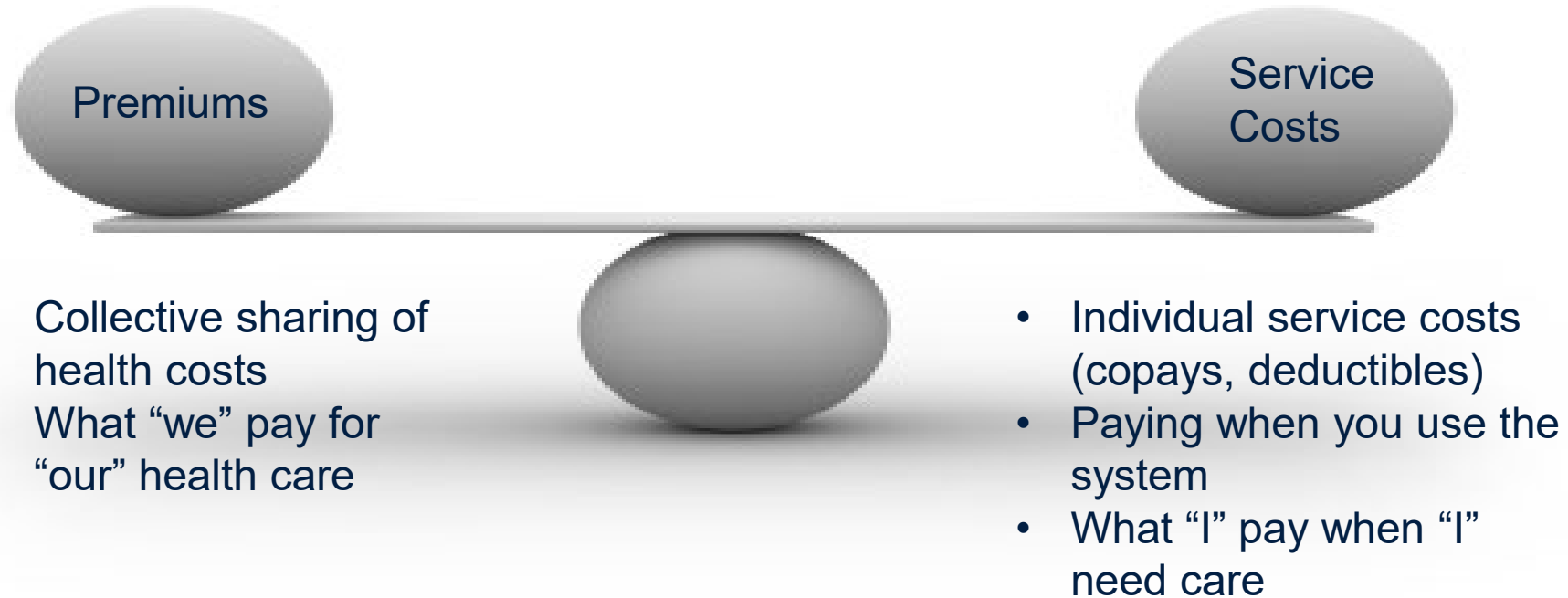


Change in Age Distribution²



² Percentage point difference compared to 12/31/2021

2024 Premiums



For every \$1 in premiums paid by retirees, World Bank pays \$3 (RMIP1)

2024 Premiums



While service costs (copays and deductibles) for retirees have remained constant, the overall cost of care continues to increase

- 2023 Medical Trend Assumptions for RMIP – increased to reflect the high inflation
 - Medical Service Costs – 7.0%
 - Prescription Drug Costs – 9.9%
 - Dental Costs – 4%
 - Overall cost inflation (weighted) – 7.8%
- In 2022, the RMIP has realized significant savings through coordination with the Medicare system, which lowers service and prescription drug costs by tying them to the prices in the Medicare system.
 - Medical Savings – approx. \$38M (net savings of \$17M after Medicare premiums reimbursement)
 - Rx Savings – approx. \$8M (coverage gap discount and reinsurance)

RMIP Financial Review

Funding

Funding Source	2022 Funding (in million)
Retiree Contribution	\$32.7
World Bank Group Contribution	\$85.3
Continuation, Direct Billing & Long -Term Disability (Retirees + WBG)	\$4.5
Total Funding	\$122.4
Total Medical Plan Expenses	\$113.5

- For 2023 plan year total expenses are projected to be \$123.6m vs \$125.1m of contributions
- For 2024 plan year:
 - projected medical expenses will be approximately \$133.2m
 - projected contributions prior to adjustment will be approximately \$125.4m
 - 6.3% premium increase was estimated by the plan's actuaries for 1/1/2024
 - 5.0% premium increase was proposed and approved

2022 RMIP Medical Plan Expenses

(in Million)	Allowed Amounts ¹	Coordination of Benefits Savings (COB) ²	Rx Rebates & Subsidy	Deductibles, Co-Payments & Coinsurance	Total Expenses after Offsets ³
Medical Claims	\$104.7	\$38.5		\$11.5	\$54.7
Dental Claims	\$12.9	\$0.02		\$3.1	\$9.8
Prescription Drugs Claims	\$42.7		\$16.7	\$2.6	\$23.4
Total Claims ³	\$160.4	\$38.5	\$16.7	\$17.2	\$87.9
Medicare B Premium Reimbursement & IRMAA	\$21.0				\$21.0
Admin. and Other Fees	\$4.6				\$4.6
Total Cost Incl. Fees ³	\$185.9	\$38.5	\$16.7	\$17.2	\$113.5

¹ Expenses before Medicare/NHP, rebates, deductibles, co-pays, and coinsurance

² Coordination of benefits (COB) are benefits submitted but paid by another carrier including payments made by Medicare. The COB Saving amount shows the savings that the plan benefited by having COB in place. Data is based on vendors' reports.

³ Numbers may not precisely add up to total due to rounding

Healthcare Trends Overview

U.S. Healthcare Trends 2019 - 2023¹

	2019	2020	2021	2022	2023
Annual Trend	5.0%	5.0%	4.8%	4.1%	3.6%

¹ Source: WTW Best Practice in Healthcare Employer Survey Report for 2019 to 2020, Aon Global Medical Trend Rates Report for 2021 to 2023

MIP/RMIP Contribution Increases 2019 - 2023¹

	2019	2020	2021	2022	2023
MIP Contribution Increase	5.0%	5.0%	5.0%	2.8% (A: 5%, B: 0%, C: 1.5%)	7.5%
RMIP Contribution Increase	5.0%	3.5%	5.0%	3.0%	4%
U.S. General Inflation ¹	2.3%	1.4%	7.0%	6.5%	3.7%

¹ Source: U.S. Department of Labor; 2019-2022 are December to December annual rates; 2023 is September to September annual rate