

Frequently Asked Questions

General Info

How can I get a copy of the explanation of benefits (EOB)?	Cigna will send you a copy of the EOB after your claim has been processed. If you need another copy, you can access mycigna.com and find it under "My Claims."
Where can I send my claim appeals?	<p>If your claims administrator is Cigna, scan and send claim form and itemized bill by:</p> <p>Email: iadb@cigna.com</p> <p>Or mail:</p> <ul style="list-style-type: none"> • Medical: P.O. Box 188060, Chattanooga, TN 37422 • Pharmacy: P.O. Box 188053, Chattanooga, TN 37422 • Dental: P.O. Box 188037, Chattanooga, TN 37422 <p>If your provider is Cigna IGO (Vanbreda), send claim appeals by:</p> <p>Email: iadb@vanbreda.com or mcc371@vanbreda.com</p> <p>Or mail: Vanbreda International P.O. Box 260790 Miami, FL33126</p>
What is the deadline for filing claims?	For medical expenses incurred in a calendar year, you have up to June 30th of next year to file your claims.
What can I do through the claim administrator secure network website?	<p>This website allows you to navigate through the different sections to follow up on your claims, submit claims, request ID cards, find providers, and access other information regarding your medical insurance.</p> <p>Cigna website: myCigna.com</p> <p>Vanbreda website: vanbreda-international.com.</p>
How long does the claim administrator take to process a claim?	From the date that the claim is received, the claim administrator will take approximately 15 business days to process it.
How do I request a GOP and submit the associated claim to the administrator?	The claim administrator will process your request for a GOP in a timely manner. The provider should file the claim directly with the claim administrator after all services have been rendered.
Can Cigna make electronic deposits in banks outside the U.S.?	No, this option is not available at the moment.
How do I file claims through the Secure-Mail of	You need to register first, get a personal password, and then proceed to the secure-mail and attach the necessary claim

Cigna IGO (Vanbreda International)?	documentation. The website is www.vanbreda-international.com .
Will Cigna automatically be advised about the birth of my child?	Please contact the Staff Retirement Plans in the case of a birth.
Should I use the Cigna or Cigna IGO (Vanbreda International) ID number to go to the doctor?	Use the ID number that is on your Cigna or Cigna IGO (Vanbreda International) card at all times.
How many CIGNA IGO (Vanbreda) cards should I have?	Since you live outside the U.S., you should have 2 cards—one for medical services with Cigna IGO's (Vanbreda's) logo and another issued by Cigna HealthCare (CHC) for prescription medications purchased in the U.S.
Where do I report a change of address for Cigna IGO (Vanbreda)?	Please report a change of address to SRP.
If I need medical assistance in the U.S., how can I locate doctors, hospitals, and pharmacies that are within the network for Cigna?	Login to mycigna.com and search on "Find Provider", by specialty. Otherwise, you may call Cigna directly.
How do I determine the premiums for Health Insurance of International or National Retirees?	Please see premiums under "Important Links"
I lost my Cigna card, how can I replace it?	In the Cigna website you can print a temporary card and request a new one that will be sent by mail to your personal address.
What is the cost for each dependent parent?	Please contact hrd/ins@iadb.org for this information.

Life Insurance

Can I get a copy of my Beneficiary Designation card?	Yes, please contact the Staff Retirement Plan at hrd/srp@iadb.org
My dependent parent/parent-in-law has died. Is there a life insurance benefit that covered him/her?	No, unfortunately dependent life insurance does not cover parents or parents-in-law.
Where can I find information regarding purchasing supplemental life insurance?	If you are interested in purchasing supplemental life insurance, please consult the Insurance handbook and/or email hrd/ins@iadb.org .
What happens if I don't designate my beneficiaries?	If you haven't designated your beneficiaries through beneficiary designation cards, benefits will automatically be paid to your

	<p>closest survivors:</p> <ul style="list-style-type: none"> • First, to your spouse; if there's no spouse, then • Second, to your children; if there are no children, then • Third, to your parents; if there are no parents, then • Fourth, to your brothers and sisters; if there are no brothers and sisters, then • To your estate
<p>What is the amount to be paid in the event of my death?</p>	<p>Basic</p> <p>Basic Life- In the event of your death, the plan pays a benefit equal to 1½ times your annual salary.</p> <p>Basic Dependent Life- In the event of your spouse's or dependent child's death, the plan pays a benefit of \$10,000 for your spouse and \$3,500 for each of your dependent children.</p> <p>Basic Accidental Death and Dismemberment- In the event of your accidental death, the plan pays a benefit equal to 3 times your annual salary.</p> <p>Supplemental</p> <p>Additional life insurance coverage for you and your spouse in an amount you choose.</p> <p>Additional AD&D coverage for you and your family in an amount you choose.</p> <p>Please email hrd/ins@iadb.org for additional information.</p>

Medical

<p>What is the Pre-Determination of Benefits?</p>	<p>The pre-determination of benefits is a settlement regarding the benefits you'll receive for a planned medical or dental procedure before the procedure is done. It is a good idea to obtain a pre-determination of benefits any time you're planning an extensive procedure that is not routine care.</p> <p>Once the information is submitted and reviewed, your health care provider will inform you of coverage details and how much the plan will pay.</p>
<p>What does Reasonable and Customary (R&C) mean?</p>	<p>Reasonable and Customary means the average, most frequent cost for a given service in a particular geographic area.</p>

<p>What do I do if my family or I need medical attention while traveling outside the U.S.?</p> <p>(Applicable to International Staff, International retirees in the US only)</p>	<p>Seek medical attention; pay for services and submit your claim to your claim administrator (Cigna).</p>
<p>What do I do if my family or I need medical attention while traveling outside our country of residence?</p>	<p>Contact your claim administrator, Cigna IGO (Vanbreda), to request direct payment to the medical providers and issue a Guarantee of Payment (GOP).</p>
<p>What is a medical pre-certification?</p>	<p>A medical pre-certification is the process before a hospitalization in which eligibility is confirmed for inpatient admissions and information regarding the upcoming procedures is compiled.</p> <p>It only applies for International plan members.</p>
<p>Does insurance cover ambulance services?</p>	<p>Charges for local ambulance service to or from the nearest hospital with necessary medical care and treatment can be provided.</p> <p>Local ambulance service includes Medivac helicopters, as long as their use is medically warranted.</p>
<p>What are my medical benefits?</p>	<p>Section 1 of the insurance handbook has a table listing your benefits.</p>
<p>Does the medical insurance cover medical equipment?</p>	<p>Charges for rental or purchase of durable medical equipment (at the Bank's discretion) are covered.</p> <p>To find a more detailed list of what is covered by your plan, please refer to the insurance handbook, Section 6, or contact Cigna by email (iadb@cigna.com) or phone (1-855-511-6371).</p>
<p>Does the plan pay for Hearing Aids?</p>	<p>Yes, the IDB Plan reimburses for Hearing Aids. The benefit reimburses 80% of costs up to a maximum of \$5000 every 5 years. The benefit includes hearing evaluation, testing, and purchase of necessary hearing aids (including repair).</p>
<p>How does the deductible apply under the plan for services received within the U.S?</p>	<p>For out-of-network providers, each person pays \$200 per calendar year before the plan starts paying benefits.</p> <p>For more info, see table in section 6.4 of the International Handbook.</p>
<p>What should I do if I am traveling abroad and I have a medical emergency?</p>	<p>If you have a medical emergency abroad, pay for the medical services up front. If you are living in the US, file a claim to Cigna for reimbursement. If you are living abroad, file a claim to Cigna IGO (Vanbreda).</p>
<p>If I divorce, will my spouse continue to be covered under the Plan?</p>	<p>No, your ex-spouse is only entitled to 30 days of coverage, known as a grace period from the official divorce date.</p> <p>Your official divorce order needs to be processed by the Legal</p>

	department before the Benefits Unit removes your ex-spouse from our Medical Plan.
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Prescription Drugs

Can I request a refund for medicines purchased outside the U.S.?	No matter where you are (outside the U.S.), you are covered for prescription drugs. You simply purchase your medication and file a claim.
What form should I use to submit expenses for medicines purchased within the U.S.?	If medicines are purchased in the U.S. use the Prescription Claim Form. Please refer to the “ Insurance Forms” page
What should I know when purchasing prescription medications in the U.S.?	<p>If you purchase prescription medications in the U.S., your share of the drug cost depends on:</p> <p>(a) Whether it’s generic or brand-name and (b) Whether you use a network pharmacy.</p> <p>At pharmacies, your prescription will include up to a 30-day supply.</p>
What is the difference between generic medicine and brand-name medicine?	A generic medicine is one that contains the same ingredients as the equivalent brand medicine, but is sold at a lower cost. A generic medicine enters the market when the patent for the brand-name drug expires.
Does the insurance cover over the counter drugs?	No, the plan does not cover drugs that do not require a prescription.

Dental

What is the Pre-Determination of Benefits?	<p>The pre-determination of benefits is a settlement regarding the benefits you’ll receive for a planned medical or dental procedure before the procedure is done. It is a good idea to obtain a pre-determination of benefits any time you’re planning an extensive procedure that is not just routine care.</p> <p>Once the information is submitted and reviewed, your health care provider will inform you of what’s covered and how much the plan will pay.</p>
Is there an annual maximum limit for the Dental Plan for the International Staff?	The Dental Plan covers a maximum annual dollar limit of \$2,000 for the first and second years and \$4,000 for each following year.
Is there an annual maximum limit for the Dental Plan for the National Staff?	The Dental Plan covers a maximum dollar limit of \$1,500 per year.

Does the deductible apply under the dental plan?	No, the Dental Plan does not have deductibles. The Plan pays for a portion of the cost and you pay the co-insurance amount, which varies based on the type of service rendered.
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Medicare

What kind of Medicare coverage options are there?	Medicare includes 3 parts: Part A (hospitalization), Part B (medical services), and Part D (prescription drug coverage).
Which parts of Medicare coverage should IDB retirees sign up for?	All Medicare participants automatically are enrolled in Part A at no cost. <u>The Bank requires that retirees who are covered by the Bank's medical insurance plan also enroll in Part B,</u> which covers outpatient care and other services obtained from doctors or other health care providers. Part C is not relevant for IDB retirees who are covered by the IDB medical insurance plan. The Bank advises against enrolling in Part D (Medicare prescription drug coverage) since Medicare Part D is relatively expensive and the IDB medical insurance plan already offers better prescription drug coverage.
How much will my premiums for Medicare Part B come to?	The premium for Medicare Part B is calculated by the Social Security Administration and includes two components: (1) a basic rate, charged to all Medicare Part B participants, and (2) an income-related monthly adjustment amount (IRMAA), based on your personal tax return information, obtained from the IRS. If, for example, your basic monthly premium for Medicare Part B is \$104.90 per month, and your IRMAA has been calculated at \$230.80 per month, then your total monthly premium payment will be \$335.70.
How do I pay my premiums?	You will be billed by the U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services (CMS). Payment can be made by credit card, money order, check, or automated bank transfer.
Will the Bank reimburse me for Medicare Part B premium payments? How do I apply?	Yes. Send a copy of your Medicare card and the statement from the Social Security Administration indicating what your premium amount is, to: P&A Group - Flex Department Attn: IDB Reimbursement Account 17 Court Street, Suite 500. Buffalo, NY 14202 Phone: 1.855.362.7711 (toll-free)
How will I receive reimbursement of premium	The Bank will reimburse the monthly Part B premium payment

payments from the Bank?	starting with your next pension payment.
If my spouse also becomes eligible for Medicare and is covered by the Bank's health insurance policy, should she/he also sign up for Medicare Part B? Will the Bank also reimburse those costs, using the same procedures?	Yes. The Bank will reimburse the premium of the dependents with the pension of the primary plan member.
Once I get my Medicare card, how do I submit medical claims?	Once at your medical provider's office, you have to present both ID cards and specify that Medicare is your primary insurance and Cigna is your secondary insurance.
Does Medicare cover 100% of medical expenses?	No, Medicare typically covers only 80% of the costs.
How does supplementary coverage from Cigna fit in?	The Bank's medical insurance plan (Cigna) covers the remaining 20% of the costs.
Am I still responsible for partial payment of the bill? Will I still have a copayment that I must pay myself?	No. Because Medicare pays 80% and Cigna pays 20%, you do not have to pay any remaining costs.
What if my doctor does not participate in Medicare and is not a Cigna network provider?	You (the member) will pay for services up front and request a note or form from the doctor stating that he does not participate in Medicare. This form is called an opt-out letter . Attach a copy of this letter to your claim every time you submit a claim from this provider. Send the claim directly to Cigna for processing. Since the provider is not a network provider, out-of-network benefits will be applied. You will be responsible for the \$200 deductible and the claim will be reimbursed at 80%. Keep in mind that out-of-network fees are subject to Reasonable and Customary rates.
What if I need to seek medical services outside of the U.S.?	Medicare only covers you within U.S. territory. When outside the U.S., you will be covered entirely by the IDB Medical Insurance Plan.
What if I am covered by Medicare but live outside of the U.S. and need to seek medical services while in the U.S.?	In this case, you continue to be covered by Medicare while in the U.S. Once you leave, any services abroad are covered by your international insurer.
What about dental services?	Dental services are not covered by Medicare.
What about vision care?	Vision services are not covered by Medicare.