Welcome to your new international benefits plan. Our program helps provide you with the necessary tools and services to ensure the health and well-being of you and your family while you’re on assignment. We offer very comprehensive coverage and benefits, including preventive care, general screenings, maternity care and mental illness coverage.

MetLife is a leading global employee benefits provider serving 90 million customers in more than 150 different countries. We’ve been helping globally mobile individuals for nearly 60 years, so you can count on us to provide convenient, reliable service and help make your life easier while on assignment.

contact us

If you ever have questions or need medical assistance, all you need to do is call your dedicated Regional Service Center using the information on your ID card.

If you have an emergency, seek care immediately and call us at your earliest convenience.

If you need to update your information, add dependents, or report another type of life event, contact your company’s HR department.
using your ID card

Your ID card is the key to accessing health care around the world. You and your covered dependents will be provided with personalized ID cards. Carry your ID card at all times and present it when accessing care.

If you are a US citizen or are on assignment in the US, you will have a double-sided ID card – one side is for accessing care inside the US, and the other is for accessing care outside the US. Please note that you can go to any dentist in the US and will need to pay up-front and submit a claim for reimbursement.

Your health care service provider may contact the number on your ID card by phone to verify your eligibility or benefits.

Your ID card contains the following information:

- Your dedicated Regional Service Center;
- Phone number and email address for your 24/7 Regional Service Center; and
- Policy & certificate numbers.

MetLife’s unique Regional Service Center model means you and your covered dependents can access care wherever you live. Your Regional Service Center offers 24/7/365 live-person dedicated customer service and in-house clinical expertise. Call your Regional Service Center if you need help finding a doctor or hospital, if you have questions about your benefits, or if you want to check the status of a claim. No matter where you are, all you need to do is call your Regional Service Center.

accessing care

Providing you and your family with access to quality health care is very important to us. Our network of doctors and hospitals has been pre-screened by our Network Development team for the highest quality standards, such as international accreditation, reputation, language capabilities, and more.

To help make accessing care easier for you and your family and to help reduce up-front expenses, MetLife has established Direct Pay relationships with leading doctors and hospitals around the world. This means that MetLife pays directly on your behalf – resulting in little or no up-front costs for you.

If your desired doctor is not contracted through direct pay, your Regional Service Center may be able to issue a Guarantee of Payment (GOP) on your behalf to reduce your up-front costs. The GOP process can take up to five business days to be completed; however, in an emergency, we can issue a GOP on short notice. When calling to set up a GOP, you should know your policy and certificate numbers, the patient’s name, the expected medical service, the facility, and a contact phone number for the facility.

If you are unable to find your preferred doctor or hospital through our international network directory, MetLife can work to add them to our network. Simply fill out the Provider Nomination form, found on MetLifeExpat.com.

Remember, you are free to seek care from any licensed doctor or hospital worldwide, although staying in-network may help reduce your up-front costs. You do not have to select a doctor as your primary care physician, and you do not need referrals to see a specialist.

If you ever have questions or require additional assistance, please do not hesitate to call your Regional Service Center.

When visiting your doctor, you should bring:

1. **Your ID card.** Present your ID card and identify yourself as a MetLife Expatriate Benefits member.

2. **A form of identification.** You can use a valid driver’s license or passport.
using eBenefits | MetLifeExpat.com

Our secure website provides you with access to resources 24/7 – you can:

» **Find** a doctor or hospital virtually anywhere in the world;

» **View** your paid claims history;

» **View** personal data & coverage details;

» **Download** forms;

» **Print** a copy of your ID card or your dependents’ ID cards;

» **Access** translation tools;

» **Access** general currency converters;

» **Access** travel information including warnings, country guides, passport & visa requirements; and more.

**Registration is easy** – all you need is your ID card. To register:

1. **Go** to MetLifeExpat.com.

2. **Click** the Login button on the right-hand side of the screen.

3. **Click** the New User Registration link.

4. **Enter** either your policy and certificate numbers or your client code and certificate number. These can be found on your ID card. **Click** the Submit button.

5. **Fill out the User Registration information and click** the Submit button.

Your new password will be automatically emailed to you. Login through the eBenefits home page with this password to sign on.

**finding a doctor**

There are two easy ways to find a doctor:

1. **Search** the Online Directory on eBenefits.

   » **Log on** to eBenefits at MetLifeExpat.com.

   » **Select** whether you are inside or outside the US on the “Provider Directory” dropdown and choose the country in which you would like to search.

   » **Select** your search criteria. You can search by country, city and doctor type. Doctors with whom MetLife Expatriate Benefits has a Direct Pay relationship are identified with the handshake icon.

   » **Schedule** an appointment with Direct Pay doctors for maximum cost-savings, identifying yourself as a MetLife Expatriate Benefits member.

2. **Contact** your Regional Service Center. A Customer Service Representative can help you find a doctor or hospital near you.
claims submission options

You can submit claim forms and receipts to your Regional Service Center via:

- Email
- Fax
- Mail

claims processing tips

- Fill out the form completely. Remember to include your Policy Number (found on your ID card) as well as the diagnosis and services rendered.
- Sign and date the form.
- Include your itemized bills, receipts, or the Attending Physician Statement, which can be filled out by your doctor.
- Keep a copy of your forms and receipts for your records.
- Clearly state how you would like to be reimbursed.
- Submit the form to your Regional Service Center— as noted on your ID card.
- Send claims incurred prior to your start date with MetLife to your previous carrier.

reimbursement options

Once a completed claim is submitted and processed for payment, your Regional Service Center will reimburse you in your local currency.

If your Regional Service Center supports wire transfer, a Wire Transfer form can be submitted with your International Claim form so that reimbursements can be wired into your bank account. Call to find out if your Regional Service Center supports reimbursements via wire transfer.

A Wire Transfer form is included in this kit, and is also available on MetLifeExpat.com. Remember, you can sign up for wire transfers at any time. If you enroll in the Wire Transfer Program, future reimbursements will be paid via wire transfer unless otherwise requested on subsequent Claim forms.

We do not impose a fee for initiating a wire transfer but some financial institutions may impose a fee or may use an intermediary bank which may also charge a fee for funds received via wire transfer. Check with your bank.

filing a claim

If you visit a doctor that is part of MetLife’s Direct Pay network, your doctor will file a claim with us on your behalf.

If you visit a doctor or hospital that is not part of MetLife’s Direct Pay network, you may have to pay up-front or you may receive a bill for the services.

Complete an International Claim form and provide receipts or invoices to your Regional Service Center for reimbursement. MetLife usually pays correctly-completed claims in 10 business days or less.

An International Claim form is included in this kit, and you can find additional claim forms and claim forms in different languages on our website, MetLifeExpat.com.

how to file a claim

1. **Complete** the appropriate sections of the International Claim form, including signing and dating the form.
2. **Include** itemized bills and receipts with your submission.
3. **Submit** the form and all itemized bills and receipts to the Regional Service Center located on your ID card.
glossary

- **Coinsurance** – the amount of eligible expenses the insured is responsible for paying after any applicable deductibles are met. For example, a 90% plan means the insurer pays 90% of the covered expenses and the insured pays the remaining 10% after any applicable deductibles are satisfied. Coinsurance amounts, if applicable, are identified in the Schedule of Benefits.

- **Co-Payment** – flat amount that the insured must pay for at the time of service (such as $10 per office visit), after any applicable deductible is met. Co-payments, if applicable, are identified in the Schedule of Benefits.

- **Deductible** – a flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy. Deductible amounts, if applicable, are identified in the Schedule of Benefits.

- **Individual Deductible** – the amount of eligible expenses each insured person must pay for before the plan begins paying benefits for all covered family members.

- **Family Deductible** – the aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

- **Direct Pay** – also known as "Direct Payment." It is when your provider agrees to receive payment of your eligible benefits directly from your insurer and eliminates the need for you to file a claim for reimbursement. You are still responsible for paying any applicable deductible and/or coinsurance at the time of service.

- **Emergency Medical Condition** – a sudden and unexpected injury or illness considered severe or acute that requires immediate care. For these conditions, failure to obtain immediate care could result in serious deterioration of the member’s condition and place their life in jeopardy.

- **Explanation of Benefits (EOB)** – a statement sent by the insurer to covered members that explains what services and/or treatments were paid for by your insurer. This explanation typically includes description of services performed with service codes, date of service, claim status, amount paid by your insurer and any member responsibility.

- **Guarantee of Payment (GOP)** – A request sent by the insurer to the provider guaranteeing payment for covered services.

- **Lifes Event** – a change in your circumstances or situation that would affect your benefits, such as adding a spouse or other dependent.

- **Lifetime Maximum** – maximum benefit amount paid for each covered member.

- **In-Network** (in U.S. only) – doctors, hospitals, physicians and other health care providers in the U.S. who are contracted with the insurer and typically include discount arrangements. Utilizing in-network health care will reduce the amount of money you may pay up front.

- **Out-of-Network** (in U.S. only) – hospitals, doctors, physicians and other health care providers in the U.S. that are not contracted with MetLife and do not offer discount arrangements. These health care providers may require that you pay up-front at the point of service.

- **Out-of-Pocket Maximum** – the maximum amount MetLife will require you to pay out-of-pocket towards the cost of your care before the plan pays 100%.

- **Individual Out-of-Pocket Maximum** – the amount of eligible expenses each insured person must pay at the coinsurance rate before benefits are paid at 100%.

- **Family Out-of-Pocket Maximum** – the aggregate amount of eligible expenses a family must pay at the coinsurance rate before benefits for all covered family members are paid at 100%.

- **Regional Service Center** – the office that provides local customer service and claim processing based on your location. Information pertaining to your specific Regional Service Center is located on your ID card.
MetLife is a subsidiary of MetLife, Inc. (NYSE: MET), a leading global provider of insurance, annuities and employee benefits programs, serving 90 million customers in over 45 countries. Through its subsidiaries and affiliates, MetLife holds leading market positions in the United States, Japan, Latin America, Asia Pacific, Europe and the Middle East.

The description herein is a summary only. It does not include all terms, conditions and exclusions of the coverage described. Please refer to the actual policy for complete details of coverage and exclusions.