Welcome Guide

MetLife

Your Journey Starts Here
Your New Benefits Plan

Welcome to MetLife, an employee benefits leader. We’ve been helping globally mobile individuals for nearly 60 years, so you can count on us to provide convenient, reliable service and to help make your life easier.

HOW WE HELP YOU

• Phone • Email • Website • Mobile App

With MetLife, you have access to local resources that provide 24/7 customer service and claims processing for faster, more accurate responses and expanded network options, often referred to as Regional Service Centers. If you ever have a question or need medical assistance, simply contact Customer Service using the contact information on your ID card.

Registering for eBenefits

eBenefits is MetLife’s secure, self-service web portal, available 24/7 at MetLifeExpat.com. All your policy documents — like this guide — are available on eBenefits for quick, convenient access.

Registration is easy! Now that you have your ID card, grab it and:

1. Go to MetLifeExpat.com and select “A member” from the dropdown menu.
2. Click the “New User Registration” link.
3. Enter your policy number, certificate number/member number, date of birth, and a valid email address. (Your policy number and certificate/member number are printed on your ID card.) Click Submit.
4. Check your inbox for a validation email and click the link in the email. The link is time-sensitive, so please access within 24 hours.
5. Re-enter your policy number, certificate/member number, and date of birth and click Submit.
6. Personalize your user profile and access eBenefits’ many tools and resources.

If you cannot complete registration within 24 hours or need additional assistance, please contact your Regional Service Center.

See page 9 for a list of all the eBenefits tools that are available to you.

1 Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.
Travel Tips

As a world traveler, you’re going to have questions as you move from place to place. We’re here to help!

- Contact your Regional Service Center to request documentation concerning your insurance coverage.
- Watch our pre-departure webinar on eBenefits for tips on preparing for your assignment.
- Know your benefits by reviewing your Schedule of Benefits, included in this kit. Call your Regional Service Center if you have questions.
- Bring your ID card and a form of identification when you seek care. Your provider can verify your eligibility by calling the number on your ID card.
- Visit any licensed health care provider you wish — you do not have to select a doctor as your primary care physician, and you do not need a referral to see a specialist.
- In the US, take advantage of our mail-order pharmacy program. You can also access more than 68,000 chain and independent pharmacies, such as CVS, if you need to fill a prescription. If you need to fill a prescription outside of the US, contact your Regional Service Center for help.
- Check with your doctor before traveling regarding your maintenance medications. You may be able to receive up to a 12-month supply if prescribed by your US physician.

Insider Tip

If you have an emergency, seek care immediately and then contact us at your earliest convenience.
Getting Started

How can you access care while on assignment? Four easy steps — we’ve mapped it out for you on the next pages.

GLOBAL CARD

Your ID card is your key to accessing health care around the world. You and your covered dependents will each receive personalized ID cards and will share the same policy and certificate numbers.

Your ID card contains the following information:

- The logo and contact information for your Regional Service Center
- Policy holder name
- Policy and certificate/member numbers

Please carry your ID card at all times and present it when accessing care to help minimize out-of-pocket expenses.
UNITED STATES CARD

The gray side of your ID card pictured on page 3 is for accessing care outside the US, and the white side of your ID card pictured below is for accessing care inside the US.

If the back of your ID card does not look like this and you are planning to visit the US to receive care, please contact WilmClaims.MetLifeExpat@alico.com.

Insider Tip
If you change Regional Service Centers, you and your family will be issued new ID cards.
Search for a Doctor or Hospital

There are two easy ways to find a health care provider:

1. **Search** the Online Directory on eBenefits by clicking the “Find Providers” tab.
2. **Contact** your Regional Service Center for help finding a doctor or hospital as well as for help during emergencies.

**DIRECT PAY**

For the most cost-savings as well as the least out-of-pocket costs, choose one of more than 1 million direct pay providers. They will bill MetLife directly for your covered services, so you will only need to pay your patient responsibility, such as your coinsurance or deductible. Direct pay providers are clearly identified on eBenefits.

**Insider Tip**

You are free to seek care from any licensed doctor or hospital worldwide, although choosing one in our direct pay network may help reduce your costs.
GUARANTEE OF PAYMENT

If your provider of choice is not direct pay, that’s not a problem. Just contact us in advance of your appointment for a Guarantee of Payment (GOP), which will help minimize your out-of-pocket costs so you will only need to pay any applicable coinsurance or deductibles. A GOP is a letter from MetLife to your health care professional that confirms your eligibility as a covered MetLife member. If your provider accepts the GOP, they will bill MetLife directly instead of billing you.

You can call or email your Regional Service Center to set up a GOP. You should be able to provide the following information:

- Your policy and certificate numbers
- The patient’s name
- The expected medical service
- The facility
- Contact phone number for the facility

You will receive a copy of the GOP and so will your provider. Bring it with you when you go for your visit.

eBenefits Tip

If your preferred provider isn’t in our direct pay network, you can nominate them. We’ll try to contract with them if they’re interested. Look for the Provider Nomination form on eBenefits.
When visiting your chosen health care professional, please bring the following:

- **ID card.** When checking in, point out the Regional Service Center logo on your ID card, if you have one.
- **A form of identification.** You can use a valid national ID or passport.
- **Guarantee of Payment,** if applicable.

Health care providers anywhere in the world should call the phone number on your ID card to verify your eligibility or benefits. Providers should use the contact information that corresponds to their location; e.g., an international provider should use the contact information listed on the international side of your ID card and a US provider should use the contact information listed on the US side.

**WHEN TO SUBMIT A CLAIM**

If you pay out-of-pocket, file a claim for reimbursement. You will be reimbursed for all covered expenses other than your patient responsibilities, like your deductible or coinsurance.

We accept claims in four convenient ways:

- **Online claim submission** via website or mobile app
- Email
- Fax
- Courier mail

**No matter where you are in the world outside of the US, submit your claim form to your Regional Service Center** using the contact information on your ID card. If you incur the claim within the US, send the claim to your US Regional Service Center, using the address on the US side of your ID card.

**REIMBURSEMENT OPTIONS**

Claims that are submitted with all of the necessary information are typically processed in 10 business days or less. Once your claim is processed, your Regional Service Center will issue a reimbursement. **Check with your Regional Service Center to see what reimbursement options are available.**
Claim Submission Hints

- Use MetLife's **online claim submission** for the quickest response.
- Include your itemized **bills** and **payment receipts**. An itemized bill should clearly identify individual dates of service. For each date of service, ensure a description of the service and the cost per service are available.
- You have a limited time to submit claims – check your medical certificate, found on eBenefits, for details. Claims submitted after this deadline may be denied.
- If you fill out a **Claim form** rather than submitting online:
  - Fill it out completely and be specific about your diagnosis or reason for treatment.
  - Remember to include your **Policy Number** (found on your ID card).
  - Clearly state how you would like to be reimbursed.
  - **Submit the form as directed on your ID card.**
  - **Sign** and **date** the form.
  - **Keep a copy** of your forms and receipts for your records. Please do not send us your original receipts.

**eBenefits Tip**

Submitting a claim through eBenefits is easy!

1. **Log on** to eBenefits at [MetLifeExpat.com](http://MetLifeExpat.com) and click the **Submit Claims** link.
2. **Complete** Parts A, B, and C. Your information has been pre-populated, if available.
3. **Click** Next to continue or **click** **Save for Later** to complete at a later date.
4. **Complete** Part D and **click** Next to continue.
5. **Complete** Part E. If you have copies of your receipts or invoices, **select** Yes and upload them. If you **select** No, you will be instructed to save this claim as a draft and have your provider complete the Attending Physician's Statement. Once you upload your receipts, **click** **Signature Page**.
6. **Review** and, if you agree, **check** the consent to do business electronically. **Type** your **name**, **claimant's name**, and the **date** then **click** **Preview and Submit Claim**. If you do not have any edits, **click** **Submit**.
Navigating Your Health Care

MetLife has tools and resources to guide and support you and your family wherever you are, whether your health changes or you just want to work on getting healthier.

**eBENEFITS**

We offer many tools on our website, eBenefits, located at [MetLifeExpat.com](http://MetLifeExpat.com). Once logged in, you can:

- **Search** for full-service hospitals, medical centers, clinics, and doctors virtually anywhere in the world;
- **Submit** a claim online;
- **View** your claim history;
- **Print** a copy of your ID card or your dependents’ ID cards;
- **Request** hard copies of your ID cards;
- **Update** your mailing address or employment status;
- **View** coverage details for you and your dependents;
- **Download** forms and policy information;
- **Review** travel information, such as warnings, country guides, passport and visa requirements;
- **Access** wellness tools such as health-risk assessments and personal health trackers;
- **Set** language preferences, to read in English, Spanish, Arabic, Chinese, Korean or Hindi.

**Insider Tip**

To add dependents or report another type of life event, contact your company’s HR department. You cannot make these changes on eBenefits.
ADDITIONAL SERVICES

Some benefits plans include emergency medical services¹, International Employee Assistance Program³ (IEAP), and Second Opinion⁴ services. Check your Schedule of Benefits to see if these services are included in your plan.

- Our emergency medical evacuation benefit provides you protection if you find yourself in an emergency situation where local care is not sufficient to safely address your critical care needs. Our Customer Service Representatives are trained to coordinate all facets of an emergency evacuation to ensure you are quickly and safely getting the care you need.

- Our IEAP service offers you 24/7 telephonic access to more than 8,000 mental health professionals and counselors as well as face-to-face counseling in nearly 70 countries. To access EAP information, click the “Wellness” tab on eBenefits.

- Our second opinion service offers remote peace of mind if you or your dependents are diagnosed with complex medical problems or issues. World-renowned specialists will review your medical records to confirm your diagnosis and offer treatment plans.

² Emergency medical and travel assistance services are provided through AXA Assistance USA, Inc.
³ IEAP provided through Optum.
⁴ Second Opinion services provided through vendors not affiliated with MetLife.
COMMONLY USED TERMINOLOGY

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 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 pays any benefit.
- **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 (direct payment) – your provider agrees to receive payment of your eligible benefits directly from your insurer. This 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 – an illness or disease, diagnosed by a physician, that occurs suddenly and unexpectedly which could result in serious deterioration of your health or place your life in jeopardy.

Guarantee of Payment (GOP) – a request sent by the insurer to your doctor or hospital confirming your eligibility and guaranteeing that MetLife will pay for your services.

Life Event – a change in your circumstances or situation that would affect your benefits, such as getting married or having a baby.

In-Network (in US only) – doctors, hospitals, physicians and other health care providers in the US 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 US only) – hospitals, doctors, physicians and other health care providers in the US 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 (RSC) – the center that provides local customer service and claim processing based on your work location. These partners and their networks may have a logo that appears on your ID card.

PRIVACY

Protecting the privacy and security of the personal information you provide is of the utmost importance to us. Consequently, we take appropriate technical and organizational measures to protect your personal information.

By submitting claims, questions, or requests to your dedicated Regional Service Center, including the Global Regional Service Center in Wilmington, DE, USA, you expressly authorize us, our affiliates, and agents to share among them and process any personal information, including sensitive information such as health information, included in such claims or questions/requests. Such information will be used for the following purposes: enrollment; processing, administering, evaluating and adjudicating claims; utilization review; financial audit; servicing and providing your insurance benefits; and answering your questions/requests.

This authorization includes any transfer of personal information for the purposes described above from outside the US, including the European Economic Area and other jurisdictions with similar data privacy regimes, into the US or other jurisdictions that may not be considered to have an adequate level of data protection by the countries from where the data is sent. If applicable, you may access, rectify or delete your personal information by sending a written communication to admin.metlifeexpat@alico.com.

This authorization shall remain valid and effective until revoked by sending a written communication to admin.metlifeexpat@alico.com.

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.

MetLife’s expatriate benefits products are underwritten by Delaware American Life Insurance Company, a MetLife affiliate domiciled at 600 North King Street, Wilmington, DE 19801, and other affiliates.