Medical Plan Handbook

MetLife®

Helping people pursue more from **life**

About this booklet & Contents

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The purpose of this booklet is to present an easy guide to understand the benefits, limitations, exclusions that fall under the policy, and the claims procedure.

This booklet does not replace or override the definite policy or contract signed between MetLife and your organization.

Please take your time to read the Medical Plan Handbook so you are fully informed of your Plan.

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Introduction

Congratulations!

You are now covered under a Group Medical Insurance Plan that gives you access to some of the best medical benefits and facilities.

Our goal is your peace of mind. You can depend on our coverage in your time of need.

MetLife offers comprehensive medical coverage that suits your needs and is designed for you.

Some benefits of your plan include:

- Consultation and Hospitalization.
- Coverage for acute and chronic medical conditions.
- Diagnostic, radiology and laboratories.
- Prescription drugs.
- And much more ….

Benefits of your Medical Plan

In-network Medical Benefits

Access to an unparalleled network of medical providers:

At MetLife, we have contracted with over 1600 medical providers in Egypt to provide you with the access to a broad network of preferred providers.

You can get the list of approved medical providers by visiting our website www.metlife.eg

Advantage of visiting in-network medical providers

- Direct settlement facility - only pay your co-insurance as specified in your medical plan and MetLife covers the rest.
- No claim forms to complete; no documents to collect.
- Get your medication on the spot without having to pay for it (as specified in your medical plan).
- Prior approvals* are arranged by certain network medical providers.

* *Please refer to page 11*

In-Patient Benefits/Services

- Hospitalization benefits: Daily benefits (room and board).
- Hospital Special Services.
- Intensive Care benefits.
- Ambulance Transportation.
- Surgical benefits.
- Doctor's in-patient visits.
- Diagnostic Investigations and Laboratory Expense benefits.

In-patient

An Insured person who is registered as a bed patient in a hospital and incurs a daily room and board.

Out-Patient Benefits/Services

- Clinical Examination.
- Investigation services.
- Medicine and Treatment.
- Follow–ups.
- Minor surgery and day care.

Out-patient

A patient who is not hospitalized overnight but who visits a hospital, clinic or associated facility for diagnosis or treatment.

How to use the Medical Network Provider

- To use MetLife's Medical Network all you have to do is to visit a treating physician within MetLife's network of providers, presenting your medical card. You may also be required to provide additional identification.
- After examination, the attending physician will provide you with the medical prescription along with the relevant managed care claim form for any further needed medical service (laboratory tests, medical investigations, radiology….etc.
- You will also have to pay for the deductible amount or the specified share cost of your treatment as specified in your medical plan.
- The prescription and all forms are valid for 7 days from the date of issuance

NOTE:

Managed care claim forms are of 5 types:

- **WHITE** for the attending physician's own use
- **YELLOW** for Laboratory Investigations
- **RED** for Radiology tests
- **BLUE** for the Pharmacy
- **GREEN** other services like Physiotherapy

How to use your medical card inside the pharmacy

- Direct the attending physician's prescription along with the blue MetLife Managed Care Claim Form.
- You'll be asked to pay your plan-specified co-insurance.

You will need to present the following:

1. The treating physician's stamped prescription, clearly stating the dosage needed.
2. MetLife's blue stamped managed care claim form.
3. Your medical card (you might be requested to present your national ID).

How to use your medical card during a laboratory investigation

- If the treating physician has requested a laboratorial/radiology investigation, your medical card shall be presented along with the prescription and the yellow/ red managed care claim form to the laboratory within the network.

You will need to present the following:

1. The treating physician's prescription stating the need for the laboratory/radiology test.
2. MetLife's Managed Care claim form.
3. Your medical card.

Important notes*:

- If the prescribed medication exceeds 400 EGP, you will need to obtain a prior approval.
- In some advanced laboratory / radiology investigations, you will need to obtain a prior approval.
- Dental and maternity medications will be dispensed on a cash reimbursement basis.

* *Unless mentioned otherwise in the table of benefits of your company's group insurance policy.*

Out of Network Medical Benefits

There is the flexibility to use providers outside MetLife medical network for treatments outside the preferred providers' network. you should submit a completed claim form and all original bills within 90 days from the date of occurrence.

Claim Submission

What do you need to submit?

A complete claim form and a scanned copy of the claimant's medical card attaching the following to the form:

Outpatient Treatment:

1.Doctor visit

- Physician's prescription showing the patient's name and diagnosis.
- Official receipt showing the attending physician's detailed charges along with his stamp and signature.
- In case of non-availability of an official receipt, the doctor's declaration of amount charged should be stated on the stamped presciption*.

2.Medication

- Copy of physician's prescription showing the patient's name and diagnosis.
- Official and stamped itemized pharmacy invoice** showing the date of purchase, name of patient, quantity and name of drugs.
- Copy of MetLife prior approval acquired if drugs purchased exceed EGP 400.

******The presciption should contain physician's name - commercial register no. - tax card no. - clinic's phone no..*

3.Laboratorial tests and investigations

- The respective physician's request to undergo examinations and copies of the results of examinations undertaken.
- Official receipt** showing detailed charges with breakdown for each of the laboratory test, X-ray, films and other examinations undertaken.
- Copy of MetLife prior approval acquired if needed.

4.Physiotherapy

- The respective physician's request to undergo physiotherapy sessions.
- Official receipt** showing detailed charges.
- Copy of MetLife prior approval to undergo the sessions.
- Copy of follow up card.

5.Optical

- Copy of the eye test showing insured name, date of service, and cost of eye test.
- Official stamped detailed invoice** from the optical store showing insured name, date of purchase, shop address.

6.Dental

- Official stamped detailed invoice**, showing insured name, date of treatment, breakdown of treatments received with associated cost.
- In case of non-availability of official receipt, the doctor's declaration of amount charged should be stated on the stamped invoice.

** *The invoice should contain : (pharmacy / shop name) - commercial register no. - tax card no.*

7.Maternity (antenatal)

- Copy of ultrasound sonography or pregnancy test, medical report showing insured name, date of service, date of inception and last menstrual period date.
- Refer to previous guidance related to services provided during maternity period (e.g. labs, investigations, drugs).

8.Maternity (delivery)

- Official stamped detailed hospital invoice, supported by an official stamped hospital receipt showing total amount paid.
- Official receipt showing attending physician's or surgeon's charges / anesthesiologist's charges along with his stamp and signature.
- Detailed hospital discharge medical report.
- All documents must clearly show dates and name of insured.

For in-patient treatment

- Official stamped detailed hospital invoice, supported by an official stamped hospital receipt showing total amount paid.
- Official receipt showing Attending Physician's or Surgeon charges along with their stamp and signature.
- Detailed hospital discharged report.
- Copy of the prior approval acquired "in non-emergency cases".
- All claim documents should clearly show dates of service and name of patient.

All these documentations whether for the Attending Physician / Pharmacy / Laboratory needs to include and clearly specify the following Insured Member's name – Date of Service – Diagnosis – Receipt of the total amount paid with proof of payment official and stamped.

WHERE TO SUBMIT

Check with your HR Department for thr claim submission process.

Claim settlement

Upon receipt of a MetLife claim form and completed claims documents, reimbursement will be made within 14 working days from the date of full submission of claim documents.

MetLife will reimburse the claimant for the incurred expenses according to the coinsurance specified in your medical plan.

Claims are refunded with a cheque issued to the benefit of either the policyholder's name (your company) or your name. Please refer back to your HR Department for information on the payee name on the refund cheque.

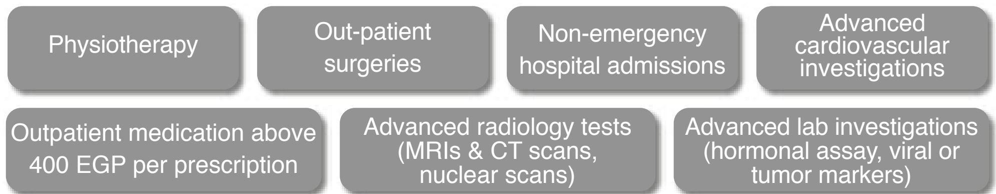
Services that require prior approval

Acquiring a prior approval is a process where a medical officer of the insurance company reviews the proposed treatment, to make sure of the following:

1. The insured's medical needs are being met.
2. Medical necessity of treatment.
3. Eligibility of treatment.
4. Verifying cost of service against available limit.
5. Guidance and recommendation to a better provider within the network to ensure an optimum service.

Prior-approvals are not required in case of emergencies

When do I need to request for a prior-approval



What you need to submit to acquire a prior approval

- Your credentials (name/group number/certificate number).
- Medical report or treating physician prescription for the requested procedure.
- Name specification of desired provider.
- In addition any supporting medical documents (radiology report/lab analysis/detailed medical report) relevant to desired medical service.

The request may be completed by:

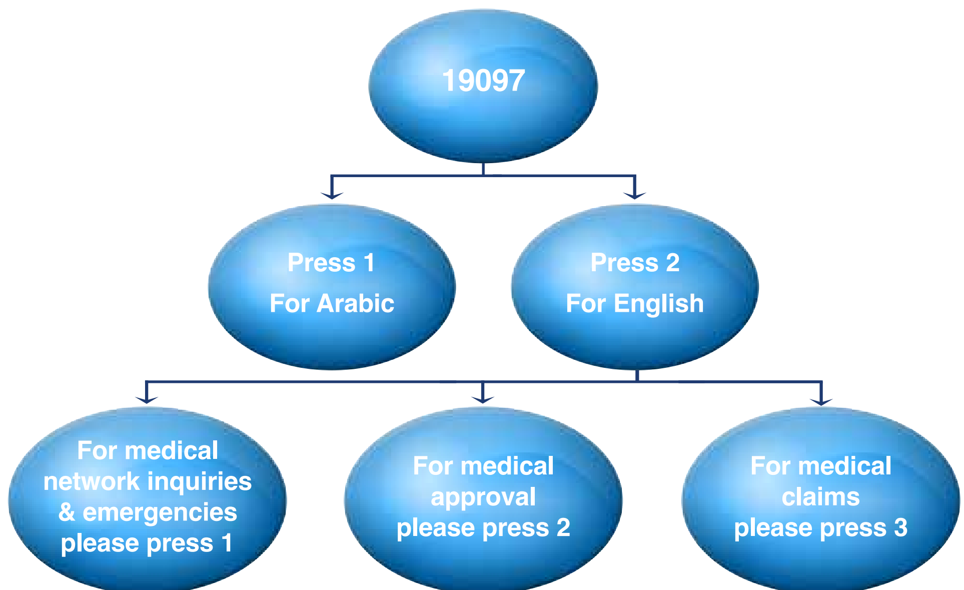
- HCIS* Medical Provider with prior approval facility on site.
- E-mailing MetLife at *approval.requests@metlife.com*
  Reply is acquired within 24 hours.
- Sending a fax (+202) 279 29 166 / (+202) 279 29 174.
  Reply is acquired within 24 hours.
- The prior approval is valid for 7 days and only at the location approved.
- In case prior approval is not acquired, reimbursement will be at 50% of reasonable and customary charges.
- For any queries on prior approvals the insured may contact MetLife on 19097 – option 2.

* *Please refer to page 15*

Emergency Cases

- In case of an emergency, no prior approvals are required, just go direct to any of the hospitals inside MetLife network and present your membership card to receive immediate treatment with 100% coverage.
- MetLife has to be further notified within 24 hours of the emergency via (Fax (+202) 279 29 166 / (+202) 279 29 174 or email *approvals.requests@metlife.com*) by the member or the hospital. Such notification should include the medical reports stating the member's details, diagnosis, date symptoms first appeared, the necessary treatment, and medical services needed.
- In case of emergency, and non-availability of MetLife contracted hospital nearby, or in life-threatening cases where there is a need of immediate hospital admission, you can always admit to any of the hospitals outside the network and be reimbursed 100% of reasonable and customary charges upon submitting the necessary claim documents.

How can you reach us



If in any doubt as to the validity of your claim, indemnity, benefits, or service, always call MetLife helpline in advance of taking treatment quoting the membership number on your card.

Exclusions

1. Any Pre-existing Condition, unless specified in your schedule of benefits.
2. Self-inflicted injury while sane or insane, treatment of chronic alcoholism, drug addiction, desensitization and allergen tests or nervous and mental disorders.
3. Injury sustained as a result of a criminal act or illegal act of the insured member, directly or indirectly resulting from insurrection or war, declared or undeclared, or as a result of strike, riot, or civil commotion.
4. Rest cures, sanitaria or custodial care or periods of quarantine or isolation.
5. Cosmetic or plastic surgery including related medicines and products unless medical treatment necessitated by an accidental injury occurring while the insured is covered under the insurance plan.
6. Dental treatment unless specified in your schedule of benefits.
7. Eye glasses &vision correction not related to sickness unless specified in your schedule of benefits.
8. Pregnancy, delivery and obortion cases, unless specified in your schedule of benefits.

9. Any elective abortion cases done for social reasons and their consequences.
10. Hearing aids.
11. General medical checkup or any checkup not related to sickness or accident.
12. Expenses related to :
    - Durable medical appliances (e.g., nebulizer).
    - Insomnia, baldness, hair loss, dandruff, anorexia and obesity related investigations.
    - Ovulation induction, invitro-fertilization (IVF).
    - Birth control measures, infertility treatment, tubal ligation & reversal, IUD, vasectomy and reversal, voluntary abortion, or circumcision.
    - Food supplements (e.g., vitamins), herbal medicines.
    - Preventive treatment and vaccinations, acupuncture immune stimulants and alternative treatment
13. Genetic testing or counseling.
14. Psychiatric treatment, unless specified in your schedule of benefits.
15. Treatment of AIDS, AIDS related complex(ARC) of sexually transmitted diseases.
16. Physical disability congenital cases, birth defect, and pre-mature babies.
17. Organs acquisition or donation costs, cost of body organs, in case of organ transplantation.
18. Replacement surgeries, corrective tools and unneeded surgical tools.
19. Transportation other than local licensed ambulance service.

Definitions

In-network provider

A health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally incur less cost for services received from in-network providers because they have negotiated a discount for their services.

Out-of-network provider

A health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.

Copayment

One of the ways you share in your medical costs. You pay a flat fee for certain medical expenses, MetLife covers the rest.

R&C

A reasonable and customary charge is the amount that your health plan determines is the normal range of payment for a specific health-related service or medical procedure within a given geographic area. If the charges you submit to your insurer are higher then what the health plan considers normal for the covered service, then your health plan may not allow the full amount charged to you.

Pre-existing condition

An injury that occurred or a sickness that first appeared or manifested itself before enrollment under the medical plan.

HCIS

Health care information system – it is the electronic link between the major Medical Providers within MetLife' s medical network and the prior approvals, thus providing fast and efficient pre-approvals within 30 minutes to 1 hour at most.

I*Care

I*Care is an online pharmacy management system used by the pharmacy for dispensing medications. I*Care will help you dispense your medication in an accurate way, ensures accurate dosage, provides notifications and alerts to the pharmacist for contraindicated drugs and drugs that might interfere with your condition, and requires no extra documentation for monthly medication other than your medical card.

you can register your monthly medications by referring to your HR department.

Frequently Asked Questions

Q: Why MetLife? Why should I choose you?

A: In general the huge experience we have gathered over the years through international diversification sets us apart. We have at the heart of our business an ability to respond quickly to customer needs, global trends and market conditions.

This, together with our vast network of trusted medical providers, managed care facilities and an unswerving customer focus, is what makes us different.

Q: Why do I need to have a treating physician's managed care claim form in hand to get my medical service?

A: The treatment cycle always starts with the treating physician of your choice, and this form is required to determine medical necessity of the procedure.

Q: Is it possible to consolidate medical costs related to more than one health problem in one claim form?

A: Each different service for the same member should be separated in different claims (optical, dental, maternity, inpatient cases, other cases). Each family member should present his/her receipts in a separate claim form. This is for ease of tracking your claim.

Q: How do I follow up on my claim?

A: You will receive an Explanation of Payment (*EOP) after 14 working days as a part of your claim, whether it is paid or suspended for a missing document.

Q: How do I get further medical service using MetLife card if my treating physician is not in MetLife network?

A: You can obtain a managed care claim form from any of MetLife's PCPs (Primary Care Physicians). Please refer to MetLife's medical network guide for exact locations.

Q: If I do not consume my medical coverage ceiling in full, can I transfer it partially to any of my dependents?

A: No, the medical coverage ceiling is only yours and cannot be transferred.

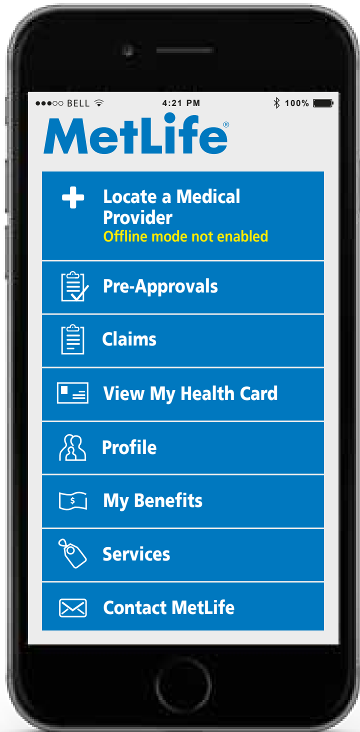
Q: How do I dispense my chronic medication?

A: You need to present a renewed prescription to your HR department every six months, and your medication type and dosage will be recorded on the medical network pharmacies via the I*Care system. You will only need your medical card to dispense your monthly medication.

Q: What about vitamins? Are they covered?

A: Multivitamins and food supplements are not covered under your medical plan, unless the prescribed vitamin is medically necessary for your treatment and not prescribed as a supplement and in that case it would be covered subject to acquiring a prior approval.

Mobile Application



It's convenient, secure, easy to use and provides access to the features you need most!

KEY FEATURES:

- Locating a medical provider using Google Maps.
- Submitting a pre- approval request.
- Submitting cash claims.
- Monitoring your pre-approval and claims status.
- Viewing a softcopy of your health card.
- Viewing and updating your profile.

WHAT DO YOU NEED TO DO?

Download the app

Select your language and country

Register using your policy number and certificate number stated on your medical card.

Download the app today!

Let us know about your mobile application experience!

MetLife, Life Insurance Company (Previously, Pharaonic American Life Insurance Company – MetLife Alico) was incorporated in Egypt in 1997. It is the first life insurance company to enter the Egyptian market with a major shareholding of an international life insurance company.

Over the past years, MetLife's accomplishments in Egypt have proved its capabilities in offering and distributing insurance plans & services for life insurance, accident and health insurance, retirement planning, and wealth management solutions to more than 650 thousand customers.

MetLife®

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