

## Enrollment Form – Medical, Dental, Vision, Life, AD&D Coverages

Please complete and return this form to your HR Administrator. Please remember to **sign on page three**.

### Please enter your personal information

Policyholder/Employer Name:					
Employee Last Name/Surname:		First Name:		MI:	
Date of Birth:		Assignment Effective Date:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Classification/Job Title:		Email Address:			
Country of Citizenship:		If US Citizen, Include State:			
Social Security Number (SSN)/Individual Tax Identification Number (ITIN):					
Assignment Country:		Assignment City:		Work Phone:	
Annual Salary (USD):		I work:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours worked per week	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated				

### Please enter your mailing address

Address:		City:			
State / Province:		Country:		Zip / Postal Code:	

### Please select who you are enrolling in this plan by placing an "X" in the corresponding box

☐ Self Only ☐ Self + 1 ☐ Self + 2 or More

### Please select the coverages you would like to elect by placing an "X" in the corresponding box

☐ Medical ☐ Dental ☐ Vision ☐ Basic Life ☐ Accidental Death & Disability (AD&D)

### Please enter dependent information if you are enrolling dependents

Name	Relationship	SSN/ITIN	Date of Birth
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A

## Please enter beneficiary information if you are electing Life and/or AD&D coverages

Beneficiary Name	Relationship	% of Benefit

### FRAUD WARNINGS

Updated: June 28, 2019

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kansas and Oregon:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## AUTHORIZATION TO RELEASE, OBTAIN AND PROCESS PERSONAL INFORMATION

By signing below, I expressly provide my authorization for all my personal, sensitive (such as health information), location and financial information provided in this form, or obtained directly or indirectly from me or my employer during the underwriting process ("Personal Information"), to be reviewed and processed by and shared among Delaware American Life Insurance Company ("DelAm") and/or its affiliates and/or agents. Such Personal Information will be used for the following purposes: enrollment; underwriting; processing, administering, evaluating and adjudicating claims; utilization review; financial audit; servicing and providing insurance benefits; answering questions/requests; and complying with local and foreign legal obligations.

If applicable, I understand that I may exercise my rights to access, rectify, delete or object to the processing of my Personal Information by sending a written communication to [metlifeworldwide@metlife.com](mailto:metlifeworldwide@metlife.com) (please identify employer and group policy number in written request).

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 Personal Information is sent.

To the best of my knowledge and belief, the information I provided in this enrollment form is true, complete, and correct. By my signature below, I agree that I am making this authorization on behalf of not only myself, but also as the agent or representative of any covered dependents or beneficiaries included in this form. This consent shall remain valid and effective and may be relied upon by DelAm, its affiliates, and agents, until revoked by sending a written communication to [metlifeworldwide@metlife.com](mailto:metlifeworldwide@metlife.com).

I have read the applicable **Fraud Warning(s)** provided in this form.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Welcome to the worldwide plan with a personal touch

The support you need when you're a world away





## Right there alongside you

Working abroad is exciting and inspiring. But it can also be stressful. Acclimating to a new culture, language, and work environment is tough without the right support. For more than 60 years, globally mobile employees and their families have relied on MetLife for our knowledge and expertise while they are on assignment. We understand your unique needs and we've built a personalized network to help meet them. Our customer service teams are local experts, well-versed in the nuances of your region's healthcare system to make it easier for you to obtain quality medical care, receive expert advice and guidance, and get your claims reimbursed more efficiently — regardless of time zone or geography.

### How we help you

Contact us at any time by using the phone number or email address on your ID card:



Phone



Email



Mobile App



Website

## How to get started

Here's everything you need to know to get started in four steps — a Table of Contents if you will:



**Step 1**  
Register for  
eBenefits



**Step 2**  
Get your  
ID card



**Step 3**  
Find  
a doctor



**Step 4**  
Know your  
benefits

If you want to learn more, you can keep reading, but these four items will cover the basics.

**Oh wait one more thing!** If you ever need help or have questions, please reach out. Our contact info is on your ID card.





## Step 1: Register for eBenefits

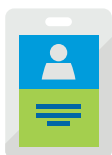
Let's get registered for eBenefits — our secure, self-service web portal, available 24/7 at [eBenefits.metlife.com](https://eBenefits.metlife.com). Registration is easy — step-by-step instructions are available on the website and we also emailed you all the information you need to register once your eligibility was loaded. See page 11 for a list of everything you can do on eBenefits.



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Go to [eBenefits.metlife.com](https://eBenefits.metlife.com) and register now.

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## Step 2: Get your ID card

Your ID card is your passport to accessing healthcare around the world. **Please carry it with you and show it at your doctor's office when accessing care.**

There are three ways you can access your ID card:

1. Through eBenefits at [eBenefits.metlife.com](https://eBenefits.metlife.com).
2. Through our mobile app (download from your app store by searching for “MetLife Worldwide”).
3. Hard copy in the mail.



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**If you haven't received your ID card in the mail yet, download a copy from eBenefits in case you need it. Print a copy and keep it in your wallet.**

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## Step 3: Find a doctor

We recommend finding a doctor before you need to see one. There are three easy ways to find a doctor near you:

1. Use our telemedicine network to connect to a doctor virtually. To learn more about this process, go to <https://www.AXAteleconsultation.com/MetLifeWorldwide>.
2. Contact us for a provider recommendation using the contact info on your ID card.
3. Search the Online Directory on eBenefits at [eBenefits.metlife.com](https://eBenefits.metlife.com). Once logged in, click the “Find Providers” tab.



### To find providers outside of the U.S.

- **Select** your [country](#) from the [Country](#) dropdown box and then **select** your [city](#) from the City dropdown box.
- **Click** “[Search](#)” and your result will appear. Direct pay providers are noted with the wording “Provider may settle bills directly”. To see only direct pay providers, **check** the “[Provider may settle bills directly](#)” checkbox under Payment options.



### To find providers within the U.S.

- **Click** the “[Or, Find U.S. Providers](#)” link.
- **Click** the “[Continue to U.S. Providers](#)” button. This will take you to the appropriate website where you can search your U.S. network for in-network providers.

[Radius Search >](#)[Or, Find U.S. Providers >](#)

Country*	City*
<div>Please Select ▼</div>	<div>All Cities ▼</div>
Provider Name	Provider Type*
<div></div>	<input checked="" type="checkbox"/> Select All



**Register for telemed<sup>1</sup> access or search for a doctor now;** contact your chosen doctor to make sure they are seeing new patients or to schedule an appointment if you need one. Ask what you need to bring with you. If you don’t need an appointment right away, ask what the wait time for an appointment is.

1. Telemedicine services are provided through vendor not affiliated with MetLife



## Step 4: Know your benefits

Understanding your benefits will help you know what procedures are covered and how much you may pay for them when you go to the doctor. All this information is outlined in your Schedule of Benefits. To get it, login to eBenefits and:

1. Click the “Documents and Forms” tab.
2. In the Category box, select “Policy Documents” from the dropdown.
3. In the Subcategory box, select “Schedule of Benefits” from the dropdown.
4. Click the Search button.

Your Schedule of Benefits will appear. Click the most current version to download the PDF. (Please note, if you see multiple documents and don’t know which one applies to you, check with your employer for clarification.)



## Other documents and forms

This section of eBenefits has lots of other helpful material to read — click through the options for:

- Glossary of terms
- How to find a direct pay provider, request a GOP, or file a claim
- Telemedicine network & User’s Guide
- Forms for all your coverages around the world

The key things you should look for in your Schedule of Benefits are your deductible, coinsurance, and out-of-pocket maximum. These may vary depending on your location; for example, they may be different internationally vs. in the U.S.



**Go download your Schedule of Benefits and review it now.** Contact us if you have questions.

Your plan may include some additional benefits and features. Check out page 10 for more on these features.





## So you want to know more?

We've covered the basics and gave you a few action items — but if you want to know more, here's some other information that'll help you understand the nuances of your plan. Click to learn more about:



**Your ID card**



**Options for  
accessing care**



**What to take  
to the doctor**



**Other benefits &  
services included  
in your plan**



**eBenefits**



**Prescriptions (Rx)**



**Emergencies**



## More about your ID card

Your ID card is double-sided for your convenience. This means that in most situations, you will only need to carry one ID card regardless of where you are in the world. The gray side of your ID card is for accessing care outside the U.S., and the white side of your ID card is for accessing care inside the U.S., like this:

### Where to use: **Outside the U.S.**

The diagram shows the gray side of the ID card. At the top left is the MetLife logo. To its right is a box labeled 'A'. Below the logo, there are labels for 'Policy Holder:', 'Policy #:', 'Effective Date:', 'Insured:', and 'Member #:', followed by a large box labeled 'B'. Below these labels, there are two sections: 'Customer Service Telephone Numbers:' and 'Non-U.S. Claims Submission:', followed by a large box labeled 'C'. At the bottom left, the text 'Global Health Benefits' is displayed.

#### Your ID card contains the following information:

- A** The logo of the local **provider network** you'll utilize when going to the doctor.
- B** **Customer Service** information, including 24/7 phone and email.
- C** **Policy and certificate numbers.**
- D** Where to find an in-network provider
- E** Where to send claims if you pay out-of-pocket
- F** Rx information

### Where to use: **Within the U.S.**

The diagram shows the white side of the ID card. At the top is a box labeled 'A'. Below it is a blue header 'MEMBER - U.S. Claim & Service'. To the left of this header, there are labels for 'Employee:', 'Group No:', 'Aetna CSA:', and 'ID No:', followed by a box labeled 'B'. Below these labels, there is a section 'Customer Service and Provider Search:' followed by two boxes labeled 'C' and 'D'. Below these boxes is a section 'Member Reimbursement Claims Submissions:' followed by a box labeled 'E'. At the bottom left, there is a disclaimer: 'This card is for identification only and does not prove eligibility. While insurance remains in force, covered participants and dependents are entitled to Benefits subject to the terms and conditions of the Group Policy. Coverage is Underwritten by Delaware American Life Insurance Company, a MetLife affiliate. CoreSource Inc. is an administrator for Delaware American Life Insurance Company.' To the right of the member section is a green header 'PROVIDERS - U.S. Claim & Service' followed by a large green box. Below the green box is a yellow header 'PHARMACY PLAN' followed by a box labeled 'F'. At the bottom right, there is the CVS Caremark logo and the website 'www.caremark.com'.



## Options for accessing care

There are three ways to access care:

- 1. Direct pay** — Billing arrangement where your doctor bills MetLife directly so that you don't have to pay out-of-pocket.
- 2. Guarantee of Payment (GOP)** — You contact Customer Service for a Guarantee of Payment before visiting your doctor so that your doctor may bill MetLife directly and you don't have to pay out-of-pocket.
- 3. Pay and claim** — You go to the doctor and pay for the cost of your appointment; then you submit a claim for reimbursement to MetLife and we'll reimburse you.

### Guarantee of Payment

A letter to your healthcare professional that confirms your eligibility and benefits as a covered MetLife member.



**Direct pay is the best experience because it means you leave the doctor's office with nothing else to do!** Our network spans the globe and includes more than 1.3 million direct pay providers — more than 335,000 of which are outside the U.S.

If your preferred provider isn't in our direct pay network, you can nominate them. We'll review their credentials and if they meet our selection standards, we will establish a direct pay arrangement with them if they're interested. Go to [MetLife.com/WorldwideNetwork](https://www.metlife.com/worldwideweb) to nominate.

## Requesting a GOP

You know how to find a direct pay provider — but if you see a doctor who isn't, that's OK too! Request a GOP so that you don't have to pay out-of-pocket. Contact us three to five days in advance of your appointment with 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 (ask if you need one when you make your appointment). Bring it with you when you go for your visit.

## Pay and claim

If you don't request a GOP or your provider doesn't accept one, don't worry! 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:



**Website or mobile app**

Online submission via website or mobile app is the easiest way to submit



**Email**



**Fax**



**Courier mail**

Claims that are submitted with all necessary information are typically processed in 10 business days or less. (Please note, it may take longer for funds to hit your account once the claim is processed.)



**To expedite reimbursement, fill out our Wire Transfer Form, which has the banking details we'll need to reimburse you.** You can even fill this out in advance and submit it — we'll keep it on file. Do this now if you haven't found a direct pay provider yet. Download the form on eBenefits.

Once your claim is processed, you will be issued a reimbursement. Check with Customer Service to see what reimbursement options are available.



## What to take to the doctor

When visiting your doctor or a hospital, you just need three things:



**Your ID card.** When checking in, point out the network logo, if you have one.



**A form of identification.** You can use a valid national ID or passport.



**Guarantee of Payment.** If you have a Guarantee of Payment, please bring it with you.



## More benefits

Some plans include additional services, like:



**Emergency medical evacuation<sup>2</sup>** — provides protection if you are in a medical emergency where local care is not sufficient to safely address your critical care needs.



**Political and security evacuation<sup>2</sup>** — provides protection in case of a political or natural disaster.



**International Employee Assistance Program (IEAP)<sup>3</sup>** — provides telephonic and face-to-face access to a worldwide network of more than 80,000 counselors, coaches, and specialized professionals — many of whom have been expats themselves — in 170 countries. To access EAP information, click the “IEAP” tab on eBenefits.



**Remote Second Medical Opinion<sup>4</sup>** — provides a second opinion if you or your dependents are diagnosed with complex medical problems or issues. World-renowned specialists in the U.S. will review your medical records to confirm your diagnosis and offer treatment plans while you stay in your assignment country – the best of both worlds!

If these services are part of your benefits plan, they are outlined in the “Additional Service Riders” section of your Schedule of Benefits. If you ever need to use them or have questions, contact us and we’ll help!

**A note on evacuations** — Customer Service is trained to coordinate all facets of emergency evacuations to ensure you are quickly and safely getting the care you need. If you are ever in an evacuation situation, our evacuation partner, AXA Assistance, will work with MetLife to support you and provide enhanced care.

2. Services are provided through vendor not affiliated with MetLife.

3. IEAP provided through vendor not affiliated with MetLife.

4. Second Opinion services provided through vendor not affiliated with MetLife.





## eBenefits

Once you're logged into eBenefits (at [eBenefits.metlife.com](https://eBenefits.metlife.com)), you can:

- Search for full-service hospitals, medical centers, clinics and doctors virtually anywhere in the world.
- Submit a claim online and view your claim history.
- Print a copy of your ID card or your dependents' ID cards and request hard copies of your ID cards.
- Download a Certificate of Coverage.
- Review travel information, such as a global risk map, global events, and country risks.
- Access wellness tools such as health-risk assessments and personal health trackers.
- Set language preferences to read in English, Spanish, French, Arabic, Chinese, Korean or Hindi.
- Download forms and policy information.
- View coverage details for you and your dependents.
- Update your mailing address or employment status.

You can also download MetLife's mobile application for access to tools and resources on the go. Download the app for your iPhone or Android device from the app store.



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**Download our mobile app now!** Search your preferred app store for "MetLife Worldwide."

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## Prescriptions (Rx)

Your pharmacy benefits are outlined in the “Prescription Drugs” section of your Schedule of Benefits.

Outside the U.S., you can fulfill prescriptions and go to the pharmacy the same way you go to the doctor — find a direct pay pharmacy on eBenefits or contact us for a recommendation or help.

In the U.S., MetLife partners with CVS Health to provide pharmacy benefits, which means you have access to:

- **More than 68,000 pharmacies nationwide**, including all major chains, all major retailers, 99% of independents (such as CVS, Rite Aid, Walgreens, Target, Walmart).
- The **CVS mail-order pharmacy program**.

You may recall, the U.S. side of your ID card provides information for CVS Caremark. Simply present your ID card at the pharmacy when filling prescriptions.

If you're from the U.S. and moving abroad, check with your doctor before traveling regarding your maintenance medications. You may be able to receive up to a 12-month supply to take abroad with you, if prescribed by your U.S. physician.



## Emergencies

If you have an emergency, seek care immediately and then contact us at your earliest convenience. Your health and safety is the priority, so contact us once you are safe or have your provider reach out on your behalf.

To help you use your benefits with confidence, **we've created a customized member website** where you'll find support for eBenefits, tips on navigating care globally, and educational materials for you and your family. Learn more at [metlife.com/MWBwelcome](https://metlife.com/MWBwelcome).

It is our goal to provide you and your family with the best access to providers and service excellence, so please contact us with any questions or for help.

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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 Customer Service, including the team 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 U.S., including the European Economic Area and other jurisdictions with similar data privacy regimes, into the U.S. 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 [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com).

This authorization shall remain valid and effective until revoked by sending a written communication to [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.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 worldwide 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.





# Schedule of Benefits

## Concord Crossroads LLC

**Effective:** October 1, 2021



# Medical Schedule of Benefits

## Eligible Classes

<b>Employees</b>	All active, Full-Time Employees of the Participating Employer who normally work at least thirty hours per week; who are U.S.-based Employees on temporary assignment outside the U.S.;
<b>Dependents</b>	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26
<b>Employee Contribution</b>	Contributory

## Plan Design (U.S. Care Included)

	<b>International</b>	<b>In-Network U.S.</b>	<b>Out-of-Network U.S.</b>
<b>Deductibles Individual / Family</b>	None / None	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>Deductibles accumulate across International, In-Network U.S. and Out-of-Network U.S. benefits.</b>			
<b>Covered Percentage</b>	100%	80%	60%
<b>Out-of-Pocket Maximum Individual / Family</b>	None / None	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Out-of-Pocket (OOP) Maximums accumulate across International, In-Network U.S. and Out-of-Network U.S. benefits. The OOP excludes payments made for Deductibles, Co-pays (including Pharmacy Co-pays), and benefit penalties incurred for failure to obtain Pre-Certification.</b>			
<b>Lifetime Maximum</b>	Unlimited		
<b>Benefit/Accumulation Period</b>	Calendar Year		

## Emergency and Urgent Care Services

	<b>International</b>	<b>In-Network U.S.</b>	<b>Out-of-Network U.S.</b>
<b>Emergency Room</b>	100%	100% After Deductible	100% After In-Network Deductible
<b>Non-Emergency Use of the Emergency Room</b>	100%	50% After Deductible	50% After Deductible
<b>Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Radiological/Laboratory</b> (in conjunction with ER visit)	100%	80% After Deductible	60% After Deductible
<b>Ambulance</b>	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Urgent Care</b>	100%	80% After Deductible	60% After Deductible



## Office Visits

	International	In-Network U.S.	Out-of-Network U.S.
<b>Physician Office Visit</b> (in person or through Telemedicine)	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible

\*Waived for wellness services

## Mental Illness/Substance Abuse

	International	In-Network U.S.	Out-of-Network U.S.
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Inpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible

## Laboratory and Radiological Services (including, but not limited to, MRI's, MRS's, CAT Scans, PET Scans)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Independent Lab / X-Ray Facility</b>	100%	80% After Deductible	60% After Deductible

## Hospital Services

	International	In-Network U.S.	Out-of-Network U.S.
<b>In-patient Hospital Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Semi Private Room and Board</b>	Avg. semi-private room rate		
<b>Private Room</b>	Limited to the semi-private room rate (private room covered outside the U.S. only if no semi-private room equivalent is available)		
<b>Special Care Units: ICU/CCU</b>	Limited to the ICU/CCU daily room rate		
<b>In-patient Hospital Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>In-patient Hospital Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible



## Hospital Services (continued)

<b>Inpatient Services – other Healthcare Facilities including:</b> <ul style="list-style-type: none"> <li>• Rehabilitation Hospital</li> <li>• Skilled Nursing Facility</li> <li>• Sub-Acute Care Facility</li> </ul>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible

## Maternity

	International	In-Network U.S.	Out-of-Network U.S.
<b>Initial Visit to Confirm Pregnancy</b>	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visits</b>	100%	100% (Deductible Waived)	100% (Deductible Waived)
<b>Laboratory and Radiological Services</b>	100%	80% After Deductible	60% After Deductible
<b>Physician Delivery Charge</b>	100%	80% After Deductible	60% After Deductible
<b>Delivery</b> (Inpatient Hospital/Birthing Center)	100%	80% After Deductible	60% After Deductible

## Obesity/Bariatric Surgery (Must be Medically Necessary)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Inpatient Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Physician Services</b>	100%	80% After Deductible	60% After Deductible

## Prescription Drugs

	International	In-Network U.S.	Out-of-Network U.S.
<b>Retail Generic Drug</b>	100%	100% After \$5 Co-pay (Deductible Waived)	60% After Deductible
<b>Retail Formulary Brand Name Drug</b>	100%	100% After \$30 Co-pay (Deductible Waived)	60% After Deductible
<b>Retail Non-Formulary Brand Name Drug</b>	100%	100% After \$90 Co-pay (Deductible Waived)	60% After Deductible
<b>Mail Order Generic Drug</b>	Not Available	100% After \$15 Co-pay (Deductible Waived)	Not Available
<b>Mail Order Formulary Brand Name Drug</b>	Not Available	100% After \$90 Co-pay (Deductible Waived)	Not Available
<b>Mail Order Non-Formulary Brand Name Drug</b>	Not Available	100% After \$270 Co-pay (Deductible Waived)	Not Available

## Wellness

	International	In-Network U.S.	Out-of-Network U.S.
<b>Well Baby/Child Care</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	(for dependents under 18 covered for routine preventive care and immunizations)		
<b>Adult Preventive Care</b> (for persons 18 and older-one visit every 12 months)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Immunizations</b> (Including Travel)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Mammograms</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	<ul style="list-style-type: none"> <li>Age 35 through 39: one baseline exam</li> <li>Age 40 through 49: one baseline exam every one or two years, based upon recommendation of a Physician</li> <li>Age 50 or older: one per year</li> <li>Based on Physician's evaluation that physical conditions, symptoms or risk factors indicate a probability of breast cancer higher than the general population: one exam</li> </ul>		
<b>Women's Preventive Care</b> (for eligible females)	100%	100% (Deductible waived)	100% (Deductible waived)
	<ul style="list-style-type: none"> <li>Annual well-woman visits</li> <li>Prenatal visits</li> <li>Screening for gestational diabetes for women who are 24 to 28 weeks pregnant and at the first prenatal visit for those who are at high risk of development of gestational diabetes</li> <li>Screening and counseling for interpersonal and domestic violence annually</li> <li>FDA-approved contraception methods &amp; contraceptive counseling as prescribed; including birth control &amp; sterilization (excludes reversals)</li> <li>Breast-feeding support, supplies and counseling</li> <li>HPV DNA testing every three years for women 30 years &amp; older</li> <li>Sexually-transmitted infection counseling and HIV screening &amp; counseling annually</li> </ul>		
<b>Prostate Cancer Screenings</b> (for eligible men age 50 and older up to once per year)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Gynecological Cancer Screenings</b> (for eligible females up to once per year)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Colorectal Cancer Screenings</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	(for persons age 50 or older, screening with annual fecal occult blood tests (3 specimens), flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double contrast barium enema every 5 years, or any combination of the most reliable screening tests available)		
<b>Lead Screenings</b>	100%	100% (Deductible waived)	100% (Deductible waived)

## Other Covered Benefits

	International	In-Network U.S.	Out-of-Network U.S.
<b>Temporomandibular joint dysfunction (TMJ)</b> (up to \$1,000 per lifetime) <b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Infertility</b> (Diagnosis and Treatment)	100%	80% After Deductible	60% After Deductible
<b>Family Planning</b>	100%	80% After Deductible	60% After Deductible
	<ul style="list-style-type: none"> <li>Office visits and counseling</li> <li>Lab and radiology tests</li> <li>Surgical sterilization procedures: Vasectomy (excludes reversals)</li> </ul>		
<b>Nutritional Evaluation</b> (up to 3 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Applied Behavior Analysis</b>	100%	80% After Deductible	60% After Deductible
	(for treatment of autism spectrum disorder up to a \$36,000 maximum per calendar year to age 21)		
<b>Outpatient Short-Term Rehabilitative Therapy</b> (up to a combined 60 visits per Calendar Year) <b>Includes:</b> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> <li>Cognitive Therapy</li> <li>Cardiac Therapy</li> <li>Pulmonary Therapy</li> </ul> (Physical Therapy visits for the treatment of back pain are excluded from the visit limit outlined above)	100%	80% After Deductible	60% After Deductible
<b>Chiropractic Services</b>	100%	80% After Deductible	75% After Deductible
<b>Acupuncture / Acupressure</b> (up to a combined 20 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible

## Other Covered Benefits (continued)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Home Health Care</b> (up to 120 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Skilled Nursing Facility</b> (up to 120 days per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Inpatient Physical Rehabilitation Facility</b> (up to 120 days per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Hospice Care, Including Bereavement</b> (up to \$10,000 per lifetime)			
<b>Inpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Allergy Treatment / Testing</b>	100%	80% After Deductible	60% After Deductible
<b>Alternative Therapies</b>	100%	Not Available	Not Available
<b>Durable Medical Equipment</b>	100%	80% After Deductible	60% After Deductible
<b>Diabetes Supplies</b>	100%	80% After Deductible	60% After Deductible
<b>Scalp Hair Prosthesis</b> (up to \$500 per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Hearing Exams</b> (once every 24 months)	100%	80% After Deductible	60% After Deductible
<b>Hearing Aids</b>	100%	80% After Deductible	60% After Deductible
	(once per ear every 3 years up to \$1,000 for dependent children up to age 24)		
<b>Vision</b>			
<b>Exams</b>	100% once every 24 months (Deductible waived)		
<b>Lenses, Frames, Hardware</b>	100% up to \$250 once every 24 months (Deductible waived)		



## Additional Service Riders

<b>Preferred Telemedicine Services</b>	24-hr, 7 days per week access to medical consultations with a network of licensed providers on any mobile device. Covered at 100% (Deductible waived) when accessed through this preferred network.
<b>Second Medical Opinion</b>	A Second Medical Opinion from specialists at top medical centers is provided for serious illnesses upon request. These medical experts review the patient's medical records and provide a customized report, reviewing the diagnosis and recommending a personalized treatment plan based on the latest medical research.
<b>Global Emergency Assistance</b>	24-hr, 7 days per week assistance services including telephonic translation, medical and legal referrals, evacuation/repatriation, dependent return, and concierge-level travel assistance. Covered at 100% (Deductible waived) up to \$25,000 for Repatriation of Remains, \$250,000 per occurrence for Medical Evacuation, \$10,000 for Emergency Family Travel and \$10,000 for Return of Dependents

# Dental Schedule of Benefits

## Eligible Classes

<b>Employees</b>	All active, Full-Time Employees of the Participating Employer who normally work at least thirty hours per week; who are U.S.-based Employees on temporary assignment outside the U.S.;
<b>Dependents</b>	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26
<b>Employee Contribution</b>	Contributory

	<b>Worldwide</b>
<b>Deductibles</b> Preventive/Diagnostic, Basic and Major: Individual / Family	Combined: \$50 / \$150
<b>Annual Maximum:</b> <ul style="list-style-type: none"> <li>Preventive/Diagnostic</li> <li>Basic</li> <li>Major</li> </ul>	Combined \$1,000
<b>Preventive/Diagnostic*</b> <ul style="list-style-type: none"> <li>Oral Examination: Once every six months</li> <li>Dental Prophylaxis (Cleanings): Once every six months</li> <li>Fluoride Treatment: Once every six months (Up to age of 12)</li> <li>Complete Mouth Survey or Panoramic X-Ray: Once every twelve months</li> <li>Bitewing X-rays: Once every six months (Up to age 12), Once every twelve months (Age 12 and older)</li> <li>Application of Sealants: Once per tooth every five years (Up to age 12)</li> </ul>	100% (Deductible Waived)
<b>Basic*</b> <ul style="list-style-type: none"> <li>Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance and Oral Surgery</li> </ul>	80% After Deductible
<b>Major</b> <ul style="list-style-type: none"> <li>Dentures, Crowns, Bridges</li> </ul>	50% After Deductible

*\*All frequencies outlined above are measured from last date of service*

# Life and AD&D Schedule

## Eligible Classes

<b>Employees</b>	All active, full-time Employees of the Employer who normally work at least thirty hours per week, and who are U.S.-based Employees on temporary assignment outside the U.S.
<b>Employee Contribution</b>	Non-Contributory

## Life Insurance On You

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
<b>Basic Life Insurance *</b>	Flat \$100,000
<b>Minimum Basic Life Benefit</b>	\$0
<b>Maximum Basic Life Benefit</b>	\$100,000
<b>Guaranteed Issue Amount</b>	The Guaranteed Issue Amount for Basic Life Insurance is \$100,000. Any amount of Life Insurance in excess of the Guaranteed Issue Amount is subject to Evidence of Insurability.
<b>Disability Provision</b>	Extended Death
<b>*If You are age 65 and under age 70 on Your Effective Date of insurance, Your Life Insurance will be limited to 65% of the amount shown. If you are age 70 or older on Your Effective Date of insurance, Your Life Insurance will be limited to 50% of the amount shown. If You are under age 65 on Your Effective Date of insurance, Your Life Insurance will be reduced by 35% on the date You attain age 65 and 50% on the date you attain age 70.</b>	

## Accidental Death And Dismemberment Insurance (AD&D) On You

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
<b>Basic AD&amp;D Full Amount</b>	An amount equal to Basic Life Insurance on You
<b>Minimum Basic AD&amp;D Benefit</b>	\$0
<b>Maximum Basic AD&amp;D Benefit</b>	\$100,000

**Schedule Of Covered Losses For Basic AD&D Insurance On You** (All amounts listed are stated as percentages of the Full Amount.)

COVERED LOSS	COVERED PERCENTAGE
Loss of life	100%
Loss of both arms and both feet	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of sight in both eyes	100%
Loss of sight in one eye	50%
	<b>Loss of sight</b> means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.
Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand	25%
	<b>Loss of thumb</b> and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.
Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%
	<b>Loss of speech</b> means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury. <b>Loss of hearing</b> means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.
Loss of hearing in one ear	25%
	<b>Loss of hearing in one ear</b> means the entire and irrecoverable loss of hearing in an ear that continues for 6 consecutive months following the accidental injury.
Coma	1% monthly, beginning on the 31st day of the Coma and for the duration of the Coma to a maximum of 60 months
	<b>Coma</b> means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 90 days of the accidental injury and continue for 30 consecutive days.

## Medical Insurance: Exclusions

### **We will not pay Medical Insurance benefits for charges incurred for:**

1. services or supplies to the extent that benefits are available for the services or supplies elsewhere under the Group Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Participating Employer contributes or makes payroll deductions whether or not You or Your Insured Dependents are covered for such benefits;
2. services or supplies for which benefits are not payable because of Deductible or Co-payment provisions under the Group Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Participating Employer contributes or makes payroll deductions;
3. cosmetic surgery, unless the cosmetic surgery is required as a result of a covered accident to You or Your Insured Dependents while covered under the Group Policy;
4. eyeglasses, hearing aids or examinations for a prescription or fitting of eyeglasses, hearing aids; including any surgical procedures which are done primarily to correct a refractive error, hearing loss, unless specifically provided for elsewhere in the Group Policy.
5. treatment of the teeth or gums unless such expenses are incurred for:
  - a) dental work necessitated by Accidental Injury to natural teeth sustained while You or Your Insured Dependents are covered for Medical Insurance under the Group Policy. Eligible charges are limited to services provided within ninety days of the Accidental Injury; or
  - b) Hospital Room and Board or Miscellaneous Services or Supplies;
6. benefits that are not payable according to the section of the Group Policy entitled GENERAL LIMITATIONS.

## Emergency Medical Evacuation Exclusions and Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Emergency Medical Evacuation benefits:

### **We will not pay Emergency Medical Evacuation benefits for charges incurred for:**

1. services rendered without Pre-Certification from Us.
2. claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose.
3. claims arising from elective cosmetic or plastic surgery, except as a result of a covered accident.
4. claims arising from You or Your Insured Dependents traveling against the advice of a Physician.
5. claims caused by or resulting from:
  - a) any business or financial contractual obligations of You or Your Immediate Family Member;
  - b) Change of plans or disinclination of You or Your Immediate Family Member to travel.



## Prescription Drug Exclusions

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded for all Prescription Drug benefits:

**We will not pay Prescription Drug benefits for charges incurred for:**

1. drugs which do not meet the definition of Prescription Drugs.
2. medication which is to be taken by or administered to You or Your Insured Dependents, in whole or part, while You or Your Insured Dependents, are patients in a Hospital, rest home, sanitarium, extended care facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
3. therapeutic devices or appliances including, but not limited to, colostomy supplies and support garments, regardless of intended use. (This exclusion does not apply to insulin syringes with needles, blood testing strips - glucose, urine testing strips - glucose, ketone testing strips and tablets, lancets and lancet devices which are covered.)
4. injectable drugs (This exclusion does not apply to insulin or self-administered injectables which can be injected subcutaneously which are covered.).
5. progesterone suppositories.
6. appetite suppressants and other weight loss products.
7. general and injectable vitamins (This exclusion does not apply to prenatal vitamins, vitamins with fluoride and B-12 injections which are covered.).
8. any prescription refilled in excess of the supply limits or in excess of the number specified by the Physician, or any refill dispensed after one year from the Physician's original order.
9. replacement drugs resulting from a lost, stolen, broken or destroyed Prescription Drug order or refill.
10. unit dose packaging of drugs.
11. drugs available over-the-counter that do not require a Prescription Drug order or refill by federal, state or applicable law before being dispensed and any drug that is therapeutically equivalent to an over-the-counter drug.
12. drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs, even though a charge is made to the person.
13. immunization agents, biological sera, blood or blood plasma.
14. drugs related to any sex transformation or the reversal thereof.
15. drugs for tobacco dependency or smoking cessation.
16. drugs for, or in connection with cosmetic surgery unless the You or Your Insured Dependents are injured as a result of an accident that occurs while he or she is covered for Medical Insurance under the Group Policy, which results in damage to his or her person requiring the cosmetic surgery.

## Vision Insurance Exclusions

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Vision Insurance benefits:

**We will not pay Vision Insurance benefits for charges incurred for:**

1. more than one examination in any 24 consecutive month period.
2. more than one pair of lenses in any 24 consecutive month period.
3. more than one set of frames in any 24 consecutive month period.
4. non-prescription eyeglasses or lenses.
5. sunglasses, unless prescribed to be worn at substantially all times.
6. any coatings added to eyeglasses or lenses.
7. examinations required for employment.
8. glasses or lenses required for employment.
9. any item or service not listed in the SCHEDULE OF BENEFITS.
10. surgical treatment of the eyes.
11. services or supplies to the extent that benefits are payable for the services or supplies elsewhere under the Group Policy.

## Dental Insurance Exclusions

In addition to the provisions of the Group Policy titled "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Dental Insurance benefits:

**We will not pay Dental Insurance benefits for charges incurred for:**

1. services not performed by a Dentist except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist and which are for:
  - a) scaling and polishing of teeth; or
  - b) fluoride treatments.
2. services which are primarily cosmetic.
3. repair or replacement of an orthodontic appliance.
4. services or appliances which restore or alter occlusion or vertical dimension.
5. restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
6. restorations or appliances used for the purpose of periodontal splinting.
7. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
8. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
9. decoration or inscription of any tooth, device, appliance, crown or other dental work.
10. missed appointments.
11. prescription drugs.
12. the following when charged by the Dentist on a separate basis:
  - a) infection control such as gloves, masks, and sterilization of supplies; or
  - b) local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
13. dental services arising out of Accidental Injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
14. intraoral-periapical x-rays and other x-rays not specified as Covered Dental Services.
15. sedative fillings.
16. veneers.

## Dental Insurance Exclusions (continued)

17. local chemotherapeutic agents.
18. adjustments, repairs or re-cementing of Dentures.
19. relinings and rebasings of Dentures.
20. implants and implant supported prosthetics including, but not limited to any related surgery, placement, restorations, maintenance, and removal.
21. oral surgery except as specified elsewhere as a covered service.
22. diagnosis and treatment of temporomandibular joint (TMJ) disorders.
23. general anesthesia or intravenous sedation.
24. consultations.
25. application of desensitizing agents and occlusal adjustment.
26. fixed and removable appliances for correction of harmful habits.
27. appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
28. orthodontia.
29. initial installation of a Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
30. implants and implant supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. duplicate prosthetic devices or appliances.
32. replacement of a lost or stolen appliance or crown, inlay/onlay, or Denture.

## Transplant Exclusions And Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under Transplants:

### **We will not pay Transplant benefits for charges incurred for:**

1. acquiring the organ for the purposes of storage or harvesting without the expectation of an immediate transplant for an existing Sickness. However, such harvesting and/or storage of bone marrow, tissue or stem cells, is covered if the transplant is expected to occur within twelve months for an existing Sickness.
2. xenotransplantation.
3. transplant of partial pancreatic tissue or islet cells under the context of a Clinical Trial.
4. transplants performed at a facility that does not meet the prerequisite local or regional accreditation requirements.
5. experimental and investigational services which include but are not limited to the following:
  - a) In kidney transplants:
    - i. gene microarrays and measurement of cytokines and tumor necrosis factors for diagnosis of acute renal allograft rejection;
    - ii. urine immunocytology for T cells, measurement of pre-transplantation soluble CD30 level for diagnosing acute kidney rejection;
    - iii. belatacept when used as a prophylaxis for prevention of organ/tissue rejection other than for kidney;
    - iv. human leukocyte antigen-G-14-base-pair-insertion/deletion polymorphism for evaluating the risk of developing kidney graft rejection;
    - v. equine antithymocyte immune globulin other than for prophylaxis or management of allograft rejection episodes in kidney transplants; and
    - vi. aplastic anemia;
  - b) In liver transplants:
    - i. bioartificial, ectopic, and hepatocellular liver transplants;
  - c) In heart transplants:
    - i. the use of a total artificial heart as permanent treatment as an alternative to a heart transplant;
    - ii. heartsbreath test – to diagnose rejection;
    - iii. allomap gene expression profile for monitoring rejection in recipients more than six months past procedure;
    - iv. cytokine gene polymorphism for evaluating rejection;

## Transplant Exclusions And Limitations (continued)

- d) In intestinal transplants:
  - i. multi-visceral transplants for individuals with neuroendocrine pancreatic tumors;
- e) In corneal grafts:
  - i. when combined HLA-matched limbal stem cells allograft with amniotic membrane is used as a prophylactic approach to prevent corneal graft rejection following penetrating keratoplasty;
  - ii. when used for indications other than total loss of stem cells including, but not limited to, chemical/thermal injuries, Steven Johnson syndrome, following surgeries or cryotherapies to limbal region, contact lens induced keratopathy or hypofunction of stem cells;
- f) In autologous chondrocyte implants:
  - i. for patellar/talar lesions, and lesions of joints other than the knee;
  - ii. matrix-induced chondrocyte implantation including the use of Bio-Gide (resorbable bilayer membrane made of porcine collagen) for the treatment of osteochondral defects/lesions and all other indications;
  - iii. combined meniscal allograft and autologous chondrocyte implantation of the knee;
  - iv. hybrid autologous chondrocyte implant performed with osteochondral autograft transfer system (Hybrid ACI/OATS) technique;
  - v. non-autologous mosaicplasty using resorbable synthetic bone filler materials (including but not limited to plugs and granules);
  - vi. use of minced articular cartilage (whether synthetic, allograft or autograft);
  - vii. use of synthetic resorbable polymers including, but not limited to, PolyGraft BGS, TruFit, TruGraft) to repair osteochondral articular cartilage defects;
- g) In stem cell transplants:
  - i. harvesting, freezing, storage of umbilical cord blood of non-diseased persons for possible future use.
- 6. services related to organ procurement from a cadaver or a live donor, other than the costs for surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor.
- 7. donor expenses directly related to or as a result of organ donation which occur more than thirty days after surgery.
- 8. re-transplantation when evidence exists that patient non-compliance with treatment recommendations was a significant contributor to transplant failure.

## Infertility Exclusions And Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Infertility Benefits:

### **We will not pay Infertility benefits for charges incurred for:**

- 1. commercially available over-the-counter home ovulation prediction tests or pregnancy kits.
- 2. experimental and investigational Infertility services including, but not limited to:
  - a) immunological testing including, but not limited to, Antiphospholipid, embryotoxicity assays, reproductive immunophenotype (RIP), circulating natural killer cell measurement, Th1 and Th2 intracellular cytokine assay or antiprothrombin antibodies;
  - b) uterine and endometrial receptivity testing including, but not limited to, Endometrial function tests, E-tegrity, Beta-3 integrin test etc.);
  - c) sperm DNA integrity testing including, but not limited to, Sperm Chromatin structure assay, TUNEL assay, Comet assay, human sperm activation assay, sperm DNA fragmentation assays or sperm DNA decondensation;
  - d) ovarian reserve testing including, but not limited to, Serum inhibin B measurement or anti-mullerian hormone testing;
  - e) hemizona test;
  - f) computer assisted sperm motion analysis;
  - g) reactive oxygen species testing (ROS);
  - h) in vitro testing of sperm penetration;
  - i) DHEA and FSH manipulation;
  - j) hyaluronan binding assay;
  - k) manual soft tissue therapy for the treatment of pelvic adhesions including, but not limited to, WURN technique or clear passage therapy;
  - l) immune treatments including, but not limited to, preimplantation glucocorticoids, anti-tumor necrosis factor agents, leucocyte immunizations or IV immunoglobulins;

## Infertility Exclusions And Limitations (continued)

- m) direct intraperitoneal insemination, intrafollicular insemination, fallopian tube sperm transfusion;
  - n) laser assisted necrotic blastomere removal from cryopreserved embryos; or
  - o) HCG, hMG, urofollitropin and recombinant follitropins, Follistim and Follistim AQ for idiopathic male infertility (i.e. for those without documented hypogonadotropic hypogonadism, idiopathic microphallus and all other indications in males).
3. cryostorage/cryopreservation of sperm, eggs or embryo when not undergoing covered active Infertility treatment.
  4. cryopreservation of immature eggs.
  5. testicular tissue or testis xenografting.
  6. services when either of the partners has had a previous sterilization procedure, with or without surgical reversal and in females who have undergone a hysterectomy. Individuals who have undergone gender reassignment surgery are considered to have undergone elective sterilization and are therefore not considered eligible.
  7. any treatment for infertility in absence of an associated diagnosis.
  8. egg retrievals greater than six per lifetime.
  9. IVF not performed by a Physician who conforms to the guidelines of the American Society for Reproductive Medicine and American Congress of Obstetricians or the appropriate medical specialty society in the corresponding jurisdiction.
  10. egg retrievals completed after the age of 45.
  11. IVF transfers completed after the age of 50.
  12. IVF where You or Your Insured Dependents have not made a reasonable effort through less costly procedures to obtain a successful pregnancy. Reasonable effort is defined as no more than 3 treatment cycles of ovulation induction or intrauterine inseminations. This exclusion shall not apply if a Physician has determined IVF to be Medically Necessary for You or Your Insured Dependents.

## General Limitations

### We will not pay benefits under the Group Policy for charges incurred for:

1. an Injury arising out of, or in the course of, any employment for wage or profit, including self-employment.
2. a Sickness for which You or Your Insured Dependents are entitled to benefits under any workers' compensation or similar law.
3. services or supplies received by You or Your Insured Dependents before insurance starts for that person.
4. completion of claim forms when charged by a provider.
5. by You or Your Insured Dependents that are reimbursed, entitled to reimbursement, or are in any way indemnified by any personal injury protection benefits payable under any group or individual automobile "no-fault" insurance policy.
6. care or treatment of any Sickness or Injury that results from war, declared or undeclared, or any act of war.
7. care or treatment of any Sickness or Injury that results from active participation in riot or civil disobedience.
8. care or treatment of any Sickness or Injury that results from committing or attempting to commit an assault or felony.
9. care or treatment of any Sickness or Injury that results from any intentionally self-inflicted Injury.
10. care or treatment to the extent that payment under the Group Policy is prohibited by any law of the jurisdiction in which You or Your Insured Dependents reside at the time the charges are incurred.
11. which You or Your Insured Dependents are not legally required to pay.
12. which would not have been made if no insurance coverage had existed.
13. services and supplies which are in excess of the lesser of: (a) the Reasonable and Customary Charge; or (b) the Maximum Allowed Charge.
14. services and supplies that are not Medically Necessary.
15. services and supplies that are not Dentally Necessary.
16. vitamins, food supplements or for experimental drugs or drugs limited by law to investigational use and any charges for the administration of such substances (This exclusion does not apply to prenatal vitamins, vitamins with fluoride and B-12 injections which are covered.).
17. drugs that are not approved by the Food and Drug Administration (FDA).
18. experimental procedures or treatment methods not approved by the American Medical Association, the American Dental Association or the appropriate medical or dental specialty society in the corresponding jurisdiction.

## General Limitations (continued)

19. treatment, services or supplies received in a Hospital owned and operated by any government.
20. private duty nursing services in a Hospital or any other facility.
21. reversal of gender reassignment surgery.
22. Custodial Care, education or training.
23. services that are reimbursed, entitled to reimbursement, or are in any way indemnified by or through any public program, other than Medicaid by You or Your Insured Dependents. For the purpose of this limitation, any individual who, at any time, was entitled to enroll in any portion of the medical care program under Title XVIII of the Social Security Act of 1965, but did not enroll, for any reason, will only receive reimbursement in an amount equal to that of which he or she would have been entitled, if any, if he or she had enrolled.
24. services rendered by a member of Your or Your Insured Dependents Immediate Family.
25. reversal of a voluntary surgical sterilization.

## Life Insurance Exclusions

### **We will not pay benefits for any loss caused or contributed to by:**

1. suicide or any attempt thereat within two years of the Effective Date of such coverage under the Group Policy;
2. the commission of or attempt to commit a felony;
3. the participation in a riot or insurrection;
4. declared or undeclared war, or any act of declared or undeclared war;
5. any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter; or
6. the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent.

## Accidental Death And Dismemberment Insurance Exclusions

### **We will not pay benefits under this section for any loss caused or contributed to by:**

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority.
  - a) However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training.
  - b) For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
6. any incident related to:
  - a) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - b) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - c) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation;
  - d) travel in an aircraft or device used:
    - i. for testing or experimental purposes;



## Accidental Death And Dismemberment Insurance Exclusions (continued)

- ii. by or for any military authority; or
  - iii. for travel or designed for travel beyond the earth's atmosphere;
- 7. committing or attempting to commit a felony;
- 8. the voluntary intake or use by any means of:
  - a) any drug, medication or sedative, unless it is:
    - i. taken or used as prescribed by a Physician, or
    - ii. an "over the counter" drug, medication or sedative taken as directed;
  - b) alcohol in combination with any drug, medication, or sedative; or
  - c) poison, gas, or fumes; or
- 9. war, whether declared or undeclared; or an act of war, insurrection, rebellion, riot; or
- 10. any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter;
- 11. the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent.

### **DISCLAIMER**

*This schedule of benefits is intended as a guideline and does not modify in any manner the terms and conditions specified in the policy document. In case of discrepancy between this document and the actual policy contract, the terms and conditions of the policy contract shall prevail. It should always be used in conjunction with the actual policy contract.*

# METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

<b>Facts:</b>	<b>What Do the MetLife Companies Do With Your Personal Information?</b>
<b>Plan Sponsors and Group Insurance Contract Holders</b>	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
<b>Why?</b>	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and employment information</li> <li>• income and assets</li> <li>• driving record</li> <li>• credit information and other consumer report information</li> <li>• medical information and insurance history</li> <li>• information about any business you have with us, our affiliates, or other companies</li> </ul>
<b>How Does MetLife Get Your Information?</b>	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> <li>• reputation</li> <li>• work history</li> <li>• driving record</li> <li>• finances</li> <li>• hobbies and dangerous activities</li> </ul> <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
<b>How Does MetLife Use Your Information?</b>	<p>We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> <li>• administer your products and services</li> <li>• market new products to you</li> <li>• confirm or correct your information</li> <li>• help us run our business</li> <li>• process claims and other transactions</li> <li>• comply with applicable laws</li> <li>• perform business research</li> </ul>
<b>How Does MetLife Protect Your Information?</b>	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
<b>Reasons MetLife Shares Your Information</b>	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.

Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	Not Applicable
For our affiliates’ everyday business purposes – Information about your transactions and experiences		No	Not Applicable
For our affiliates’ everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		No	Not Applicable
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long-term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our web site at <a href="http://www.MetLife.com">www.MetLife.com</a> . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at <a href="mailto:HIPAAprivacyAmericasUS@metlife.com">HIPAAprivacyAmericasUS@metlife.com</a> , or call us at (212) 578-0299.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.		
How Can I Access and Correct Information?			
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law. If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.			
Who is Providing This Notice?	Metropolitan Life Insurance Company First MetLife Investors Insurance Company Delaware American Life Insurance Company General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of America; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America MetLife Insurance Company USA New England Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc.		
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.		
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to <a href="http://www.metlife.com">www.metlife.com</a>		

\*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.



**MetLife Worldwide Benefits**  
600 King Street  
Wilmington, DE 19801  
1-800-451-1847  
Fax: 302-427-0817

**September 24, 2021**

**Concord Crossroads LLC  
2525 Pointe Center, Ste. 350  
Dumfries, VA 22026**

### **About Your Privacy**

Dear Valued Customer:

Protecting the privacy and security of the personal information you provide to us is of the utmost importance to us. We have long been sensitive to privacy issues concerning our customers and believe it is important that you understand our privacy policies and what they mean to you. With this in mind, we have provided our Privacy Notice on the back of this letter. It indicates the types of information we collect, how we collect it, and when we may share it with others.

We urge you to read the Privacy Notice carefully and completely so that you may be informed of our practices and policies to protect your personal information. It is our hope that you find peace of mind in knowing that your privacy is important to us.

We look forward to continuing to serve you with the same top quality customer care and service you have come to expect from us. Thank you for your continued business.

Sincerely,

**MetLife Worldwide Benefits Administration**



# Pre-trip planning

**Presenter:** MetLife Worldwide Benefits

**For:** Globally-mobile employees



# Summary

What we'll be discussing

- [Introduction to MetLife](#)
- [Prior to departure](#)
- [When you arrive](#)
- [Appendix](#)



# Introduction to MetLife



# MetLife is a leading global life insurer and employee benefits powerhouse

Operating  
for nearly



**150 years**

 **58K**  
employees



Serves **90** of the top  
**Fortune 100®**  
companies



Leading market  
positions in more than  
**20 countries**



Local employee benefits  
operations in more than  
**40 countries**

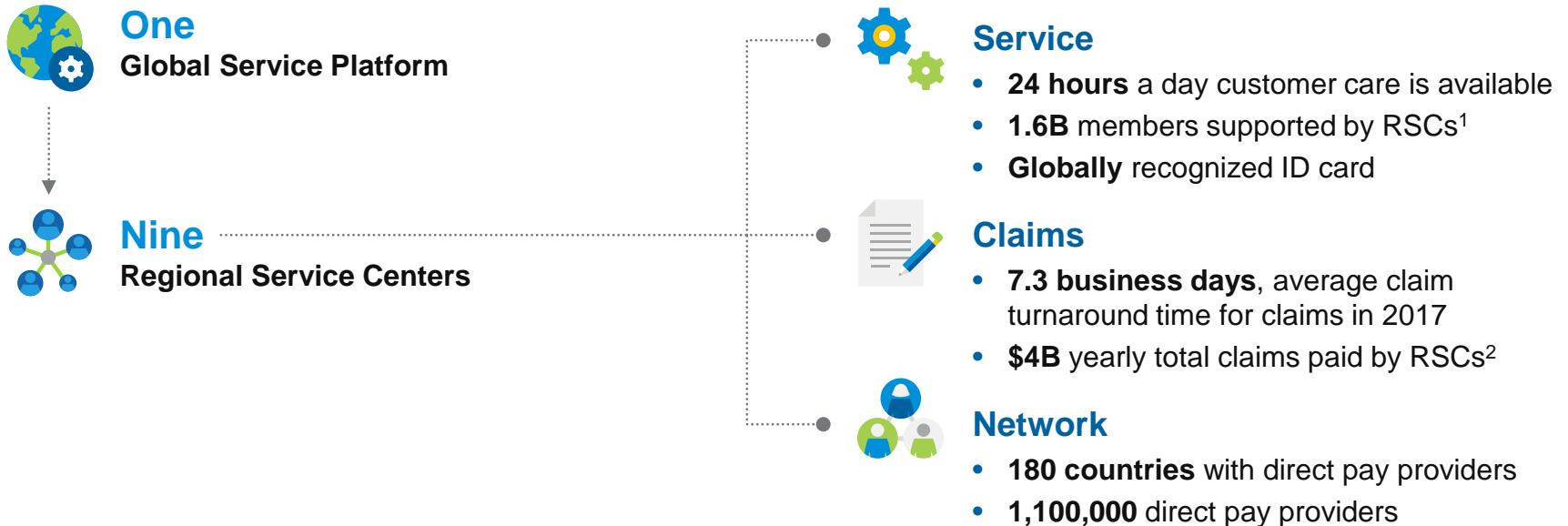


One of the **most admired**  
Companies, Fortune®, 2004–2017

**#62** Forbes 2000<sup>SM</sup> **#39** Fortune 500®

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# MetLife Worldwide Benefits at a glance



1. This includes members from MetLife group clients and from other organizations.

2. This includes claims paid for MetLife group clients and for other organizations.

# Mission statement

MetLife Worldwide Benefits surrounds our members with the people and tools they need to stay safe and healthy around the globe. Our Regional Service Centers provide expert local support, giving members the confidence to use their benefits with ease.

# Prior to departure



# Research requirements before you leave

## Passport, visa, and country requirements may include:

- Non-expired passport
- A passport that is valid for three to six months after date of entry to your assignment country
- Check your passport expiration date carefully
- Your assignment country may require a tourist or work visa, depending on length and nature of your stay

**Research all  
requirements  
PRIOR to  
departure**

# Visa or passport requirements

## Documents required for a new visa or passport include:

- Application
- Approved photo ID
- Applicable Fees
- Proof of Citizenship
- Certificate of Coverage

Documents may be required for all members of your family. Allow enough time to receive your passport and visa before your assignment begins.

*Note: You can download a Certificate of Coverage on our website, eBenefits, once you are registered. If your country requires specific items be included, you can request a Certificate of Coverage from our Administration team at [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com). Please allow 48 hours for the Certificate of Coverage to be completed.*



# Register with your embassy

**Your embassy may be able to assist you in an emergency:**

- Register with your embassy your new host country
- To find your embassy, visit: <http://embassy.goabroad.com/>
- U.S. citizens can register at <http://step.state.gov/step>

# Gather back-up documents

## Back-up documents to gather include:

- Descriptive data page of each family member's passport
- Birth certificates for each family member
- Marriage certificate
- National driver's license
- Passport-size photographs for each family member
- Certificates of citizenships for naturalized individuals
- Adoption papers
- Divorce and child custody papers
- Property and motor vehicle insurance records
- Income tax records for several previous years
- Wills, Power of Attorney
- Lease or rental agreement for housing in your new country

# Gather medical documents

**Back-up documents to gather related to your health care include:**

- Medical insurance coverage
- Medical and dental records, where appropriate
- Medical history
- Immunization records, where appropriate

# Understand your medical coverage

- **Review your health insurance coverage**
  - Every medical plan is different.
  - Your international plan may differ from your domestic plan.
- **Review Schedule of Benefits**
  - Your Schedule of Benefits outlines your applicable deductibles, out-of-pocket limits and coinsurance limits.
  - Keep it with you when you travel.
- **ID Card**
  - Each family member enrolled in our plan will receive an ID card.
  - Carry it with you and show it when you visit your doctor.
- **Know who to contact in case of emergency**
  - Know your company's emergency plan.
  - Call the number on your MetLife ID card if you have an emergency.

# Other health tips before you depart

- **Obtain a pre-travel health consultation** from your health care provider.
- See your health care provider **about one month before your assignment for recommendations:**
  - Discuss applicable vaccinations
  - Decide if baseline tests should be run for any existing conditions
  - Medications or other preventive measures
- **Extended supplies of your prescriptions may be needed** in advance if your medication isn't available in your new work location.
- Determine whether or not a **new eyeglass or contact lens prescription** is needed.

# When you arrive



# Country tips and cultural considerations

Familiarize yourself with the country you will be traveling to.

Things to consider include:

- Weather
- Driving regulations
- Current events in your destination country
- Environmental hazards
- Diet or food differences



# Country tips and cultural considerations

- Use our Travel Tools, available on eBenefits, for help with:
  - Country and city guides
  - Travel and transportation information
  - Communication tools
  - Medical information
- **Cultural training is important** when traveling to a new country.
- Some countries have **different customs and business etiquette**.
- Keep an eye on **health hazards**.
- **Stay prepared** by visiting websites such as Centers for Disease Control and applicable state departments.

# Selecting a medical provider

- **Choose providers in advance of needing medical care.** Search the Provider Directory on our website, eBenefits, to find a direct pay provider near you.
- You are free to seek care from any licensed provider of your choice, although going to a **direct pay provider** means you won't have to pay out-of-pocket and file a claim.
- Choose a facility that can **meet you and your family's specific needs.**
- **Some hospitals have International Patient Departments** that offer higher levels of service and direct bill MetLife.
- **Register with your provider** – give your address, health history, and MetLife Worldwide Benefits insurance information

**Be sure to  
always carry  
your global  
ID with you**

# Travel tips



- Contact your Regional Service Center to request **documentation** concerning your insurance coverage.
- **Know your benefits** by reviewing your Schedule of Benefits, available on eBenefits. Call your Regional Service Center if you have questions.
- Bring your **ID card** and a **form of identification** when you seek care.
- When checking in, it may help to point out the local network logo that appears on your ID card. 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, please 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.

# Appendix



# Common insurance terminology



## Coinsurance

The amount of eligible expenses the insured is responsible for paying after any applicable deductibles are met.



## Deductible

A flat amount that an insure must pay before the insurance company will make any benefit payments under a health insurance policy.



## Individual deductible

A flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy.



## Family deductible

The aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

# Common insurance terminology



## Direct Pay

When a 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



## Explanation of Benefits (EOB)

A statement sent by the insurer to covered members that explains what services and/ or treatments were paid for by the 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 a one-time payment for covered services.



## Regional Service Center (RSC)

The office that provides customer service and claim processing based on location. Information pertaining to you specific Regional Service Center is located on the back of your ID Card.

# Deductible and out-of-pocket examples for international and out-of-network US coverage

Medical Bills	Medical Bill Amount	Deductible (\$500 individual /\$1000 family)	Coinsurance (80%)	Out of Pocket Expense (20%)
1 <sup>st</sup> Medical Bill	\$300	\$300	\$0	\$0
2 <sup>nd</sup> Medical Bill	\$700	\$200	\$400 (80% x \$500)	\$100
Total	\$1000	\$500	\$400	\$100
3 <sup>rd</sup> Medical Bill	\$3,000	\$0	\$2,400 (80%)	\$600
Total	\$3,400	\$500	\$2,320	\$700
<b>Preventive Care Covered at 100%:</b> Well Baby/ Child Care (annual Wellness visits), Adult Preventive Care (Annual Physical), Immunizations, Mammograms, Women's preventive Care, Prostate Cancer / Gynecological Cancer/ Colorectal Cancer & Lead Screenings		No Deductible	Covered at 100%	\$0
		\$1,000 for individual / \$2,000 for Family for US In-Network coverage.	Insurance pays 100% for remainder of the year, once the OOP Max is reached.	\$1,500 for individual / \$3,000 for Family International and Out-of- Network US coverage.



# Frequently asked questions

**Q.** Where can I find a summary of covered benefits?

**A.** You can find all of your policy documents and Schedule of Benefits on eBenefits at MetLifeWorldwide.com. Once you login, click the “Documents & Forms” tab and then select “Policy Documents” from the Category dropdown.

**Q.** Who should I contact in case of an emergency?

**A.** Either call an ambulance or proceed directly to the hospital. Then, contact your Regional Service Center (RSC) located on your ID card.

**Q.** How do I change personal information? Add a dependent?

**A.** All changes in personal information and additions or deletions of coverage should be discussed with your Human Resources representative.

**Q.** Where can I find additional claim forms?

**A.** You can submit your claims online on eBenefits via website or mobile app. If you require a paper form, Claim forms can be found online on eBenefits at the “Documents & Forms” tab.

**Q.** How do I obtain additional ID cards?

**A.** Contact your Regional Service Center using the contact information located on your ID card. A PDF copy can also be found on our eBenefits site as well as be requested online.

# **We are here for you!**

**For additional questions  
please contact your Regional  
Service Center or Human  
Resources Department.**

# Welcome presentation

**Presenter:** MetLife Worldwide Benefits

**For:** Globally-mobile employees



# Table of contents

What we'll be discussing

- [Introduction to MetLife](#)
- [Member tools](#)
- Accessing care:
  - [Outside the US](#)
  - [Within the US](#)
- [Other tools and resources](#)
- [Appendix](#)

# Introduction to MetLife



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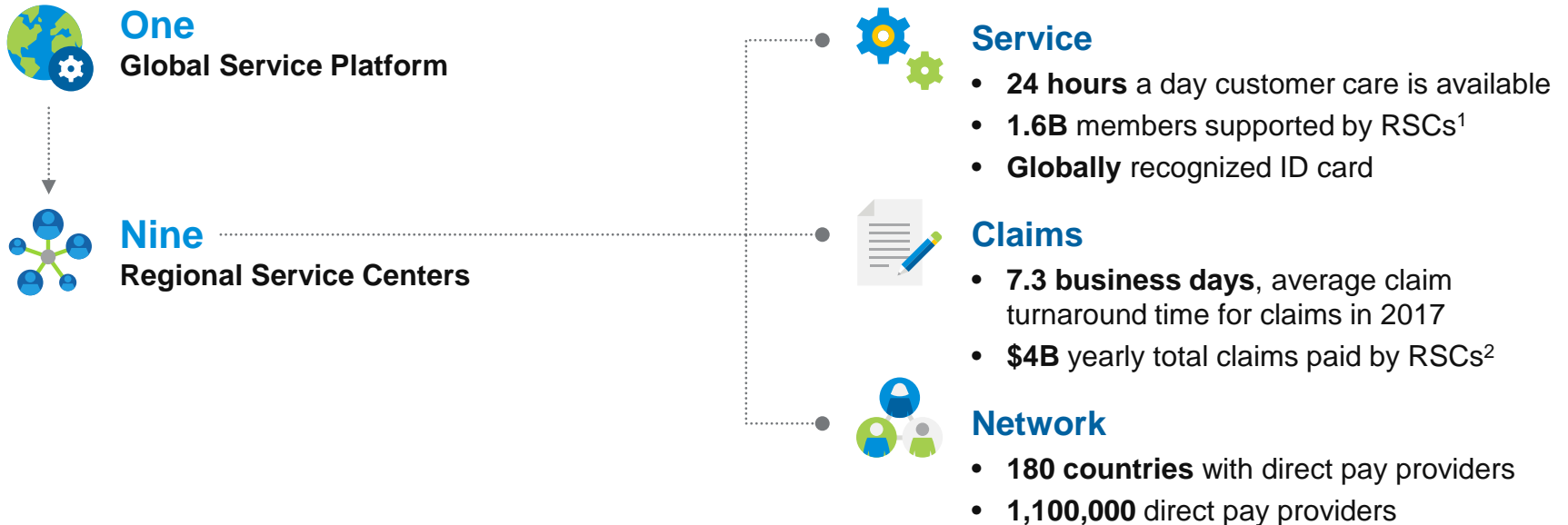


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# Member tools



# Giving you the tools and people you need to stay healthy while on assignment

## Welcome email

- Sent once your eligibility is loaded
- Contains information needed to register for eBenefits

## ID card

- Cobranded for recognition
- Double-sided for U.S. and global

## eBenefits

- Digital welcome kit
- Travel tools
- Wellness<sup>1</sup>



## Regional Service Centers

- Outreach calls
- 24/7 live help
- Answer questions
- Travel assistance

## Mobile App

- Your ID card when you need it
- Find a provider and use phone's navigation system to navigate to them
- Take a picture of your receipts for online claim submission

1. Service provided through vendor not affiliated with MetLife.

# A single globally-recognized ID card



## Brand recognition

- MetLife uses well-known networks in key countries of international assignment
- Network logos should be easily recognized by administrative personnel at hospitals, clinics, and doctors' offices worldwide



## Hassle-free

- Front desk personnel should recognize the network logos and know to:
  - Call MetLife to verify eligibility
  - Bill MetLife directly for services
  - Charge MetLife the appropriate amount as negotiated by local fee schedules



## Additional help

- You may receive a local ID card in:
  - Abu Dhabi
  - Saudi Arabia
  - Egypt
- You may also receive a Gulf VIP ID card in the Gulf for enhanced brand recognition and hassle-free doctor's appointments

# Your ID 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**

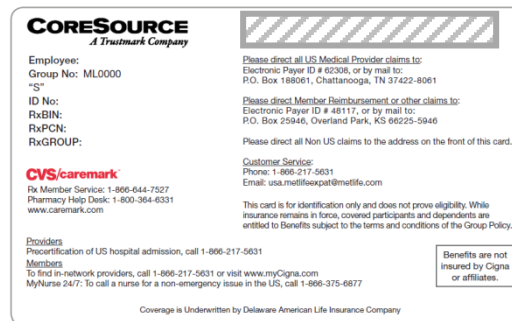
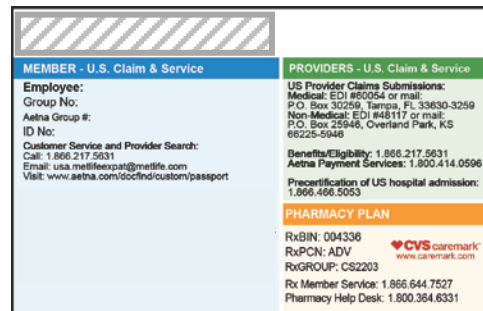
Please carry your ID card at all times and **present it when accessing care to help minimize out-of-pocket expenses.**

# One ID card for use virtually anywhere

Global network logo and contact information on front



U.S. network and Rx logos and contact information on back



If the back of your ID card does not look like this and you are planning to visit the U.S. to receive care, please contact [MetLifeWorldwideAdmin@metlife.com](mailto:MetLifeWorldwideAdmin@metlife.com).

# Local ID cards

If you're assigned to certain areas of the world, you may also receive a second, local ID card – either to enhance your experience in your work country or for compliance reasons.

The local ID card should be shown at your doctor's office when seeking care at a direct pay provider when in that region. Use your Global ID card for any services outside of that region, like your home country or if you're traveling.



## The following areas will receive a second ID card:

- Abu Dhabi
- Australia
- Gulf (UAE, Oman, Bahrain, Kuwait, Qatar)
- Saudi Arabia

Ask your Regional Service Center or Human Resources contact for more information if you are in one of these areas and haven't received a local ID card yet.

# Where to use your ID cards

If you have a local ID card for any areas, you should use it in conjunction with your global ID card as follows:

**Abu Dhabi, Australia, Gulf (UAE, Oman, Bahrain, Kuwait, Qatar), Saudi Arabia**



**USA**

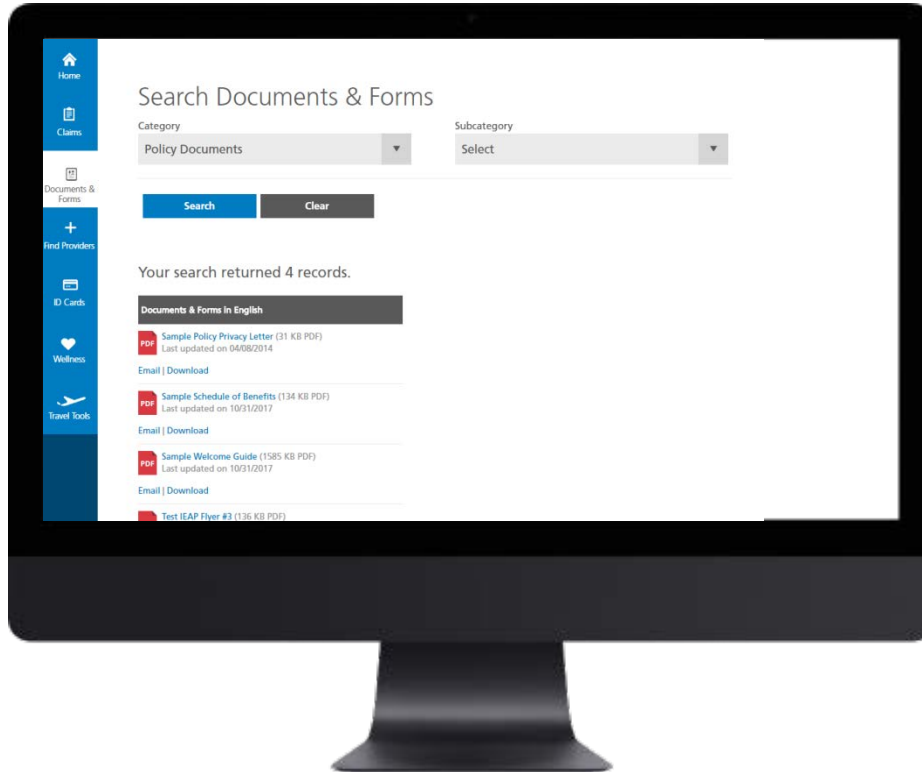


**Everywhere Else**





# Schedule of Benefits



- The Schedule of Benefits is a summary of eligible benefits available to you which may include coinsurance, deductibles, and out-of-pocket maximums.
- You can find your Schedule of Benefits on eBenefits in the “Documents and Forms” tab.

# Customer Service

The Regional Service Center (RSC) contact information is listed on the Global ID Card. The Regional Service Center is your primary point of contact and is available by email and phone to assist with:



Finding hospitals and clinics



Benefit questions

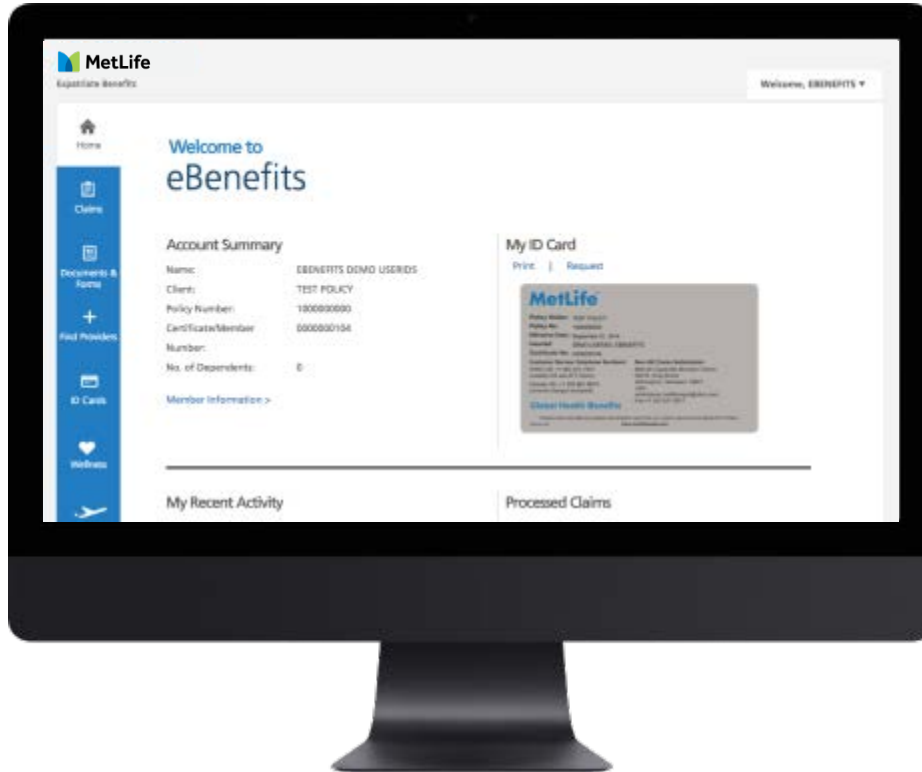


Guarantees of Payment (GOP)  
requests



Claims inquiries

# eBenefits — Your go-to resource for managing your benefits online

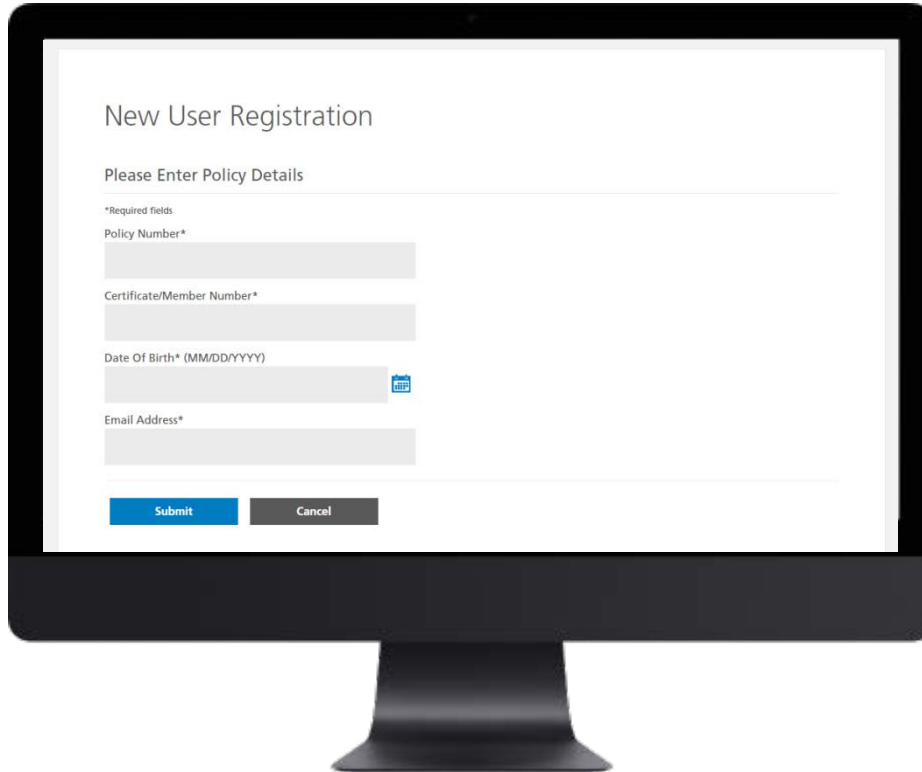


[Login@MetLifeWorldwide.com](https://www.MetLifeWorldwide.com)

- Search for full-service hospitals, medical centers, clinics and doctors virtually anywhere in the world<sup>1</sup>
- Print ID cards or dependents' ID cards and request hard copies to be mailed to them
- Download a Certificate of Coverage
- Submit a claim online and view claim history
- 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, French or Hindi
- Update mailing address or employment status
- View coverage details
- Download forms and policy information

1. Subject to applicable legal, contractual and regulatory restrictions.

# eBenefits — Your go-to resource for managing your benefits online



New User Registration

Please Enter Policy Details

\*Required fields

Policy Number\*

Certificate/Member Number\*

Date Of Birth\* (MM/DD/YYYY)

Email Address\*

Submit Cancel

## Registration instructions

- Go to MetLifeWorldwide.com, select “A Member” from the dropdown box, and click Continue.
- Click the *New user registration* link
- Enter your policy number, certification or member number, date of birth, and email address. (Your policy number and certificate/ member number are printed on your ID card.)
- Check your inbox for a validation email and click the link in the email. The link is time-sensitive so please access with 24 hours.
- Re-enter your policy number, certificate or member number, and date of birth and click Submit.

# eBenefits — Your go-to resource for managing your benefits online

## Registration Page:

New User Registration

Please Enter Policy Details

\*Required fields

Policy Number\*

Certificate/Member Number\*

Date Of Birth\* (MM/DD/YYYY)

Email Address\*

Submit Cancel

**MetLife**

Policy Holder: SAMPLE GROUP  
Policy #: XXXXXXXXXXX1  
Effective Date: January 1, 2015  
Insured: JOHN SAMPLE  
Certificate #: SMPL0001

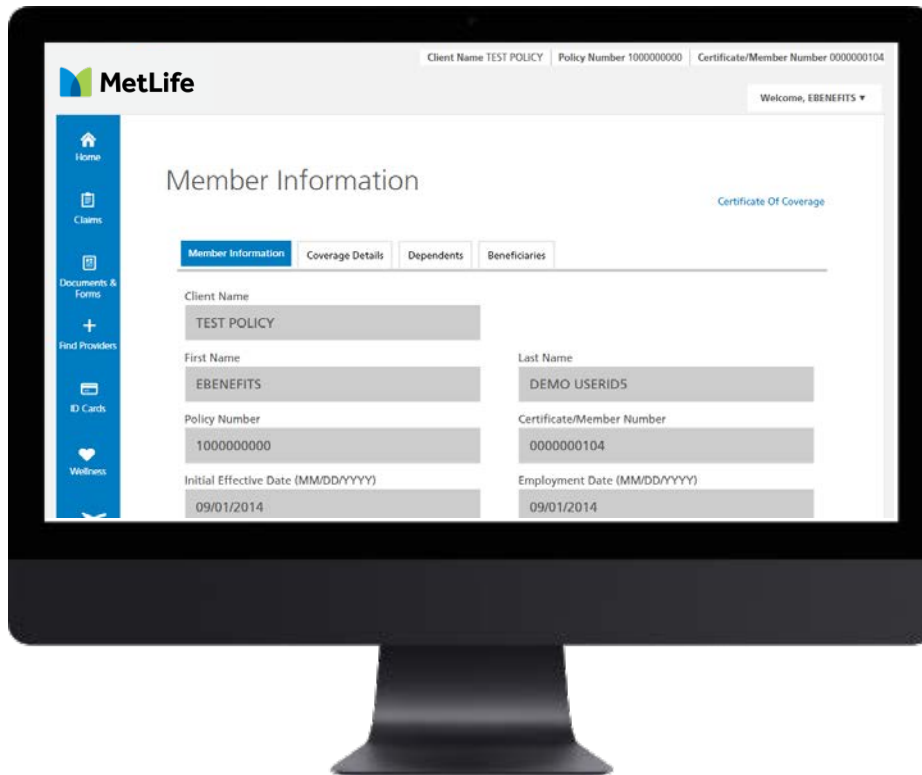
Customer Service Telephone Numbers: Within US 1 800 451 1847 (outside US use ATT Direct)  
Outside US +1 302 661 8674 (reverse charges accepted)

Non US Claims Submission: MetLife  
Attn: Expatriate Benefits  
600 N. King Street  
Wilmington, DE, 19801 USA  
Fax: +1 302 427 0817  
wilmclaims.metlifeexpat@salon.com

**Global Health Benefits**  
Present card and settle any patient responsibility each time you receive services from Network Providers.

- Policy number
- Certificate/member number
- Date of Birth
- Email address

# eBenefits — Your go-to resource for managing your benefits online

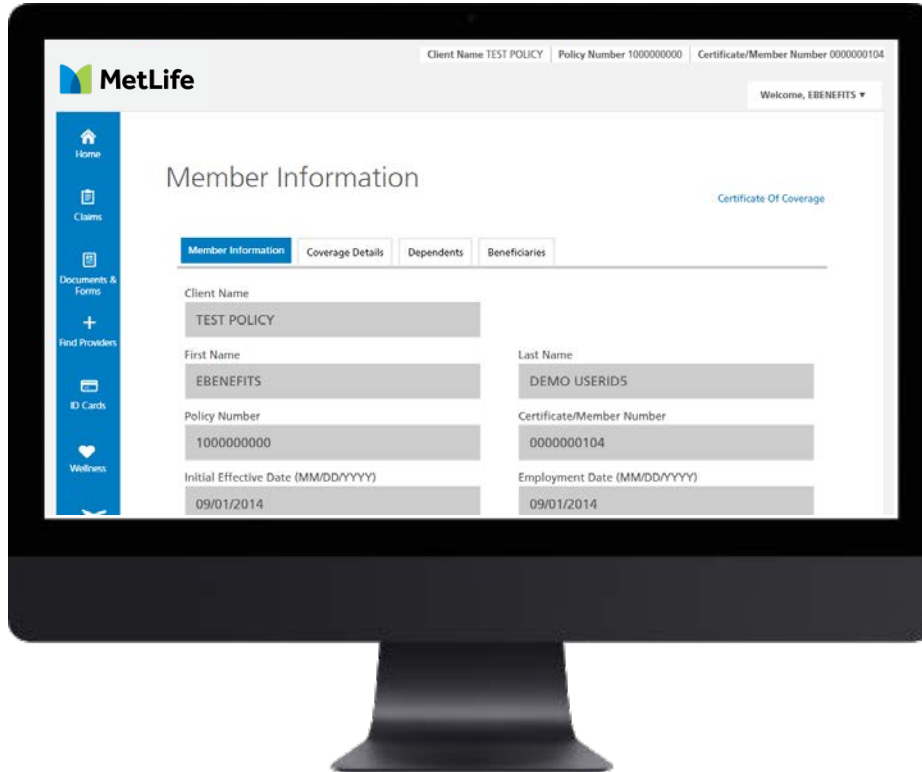


## Welcome tab:

Hover over this to view:

- [Member information](#)
- [Profile](#)
- [Logout](#)

# eBenefits — Your go-to resource for managing your benefits online

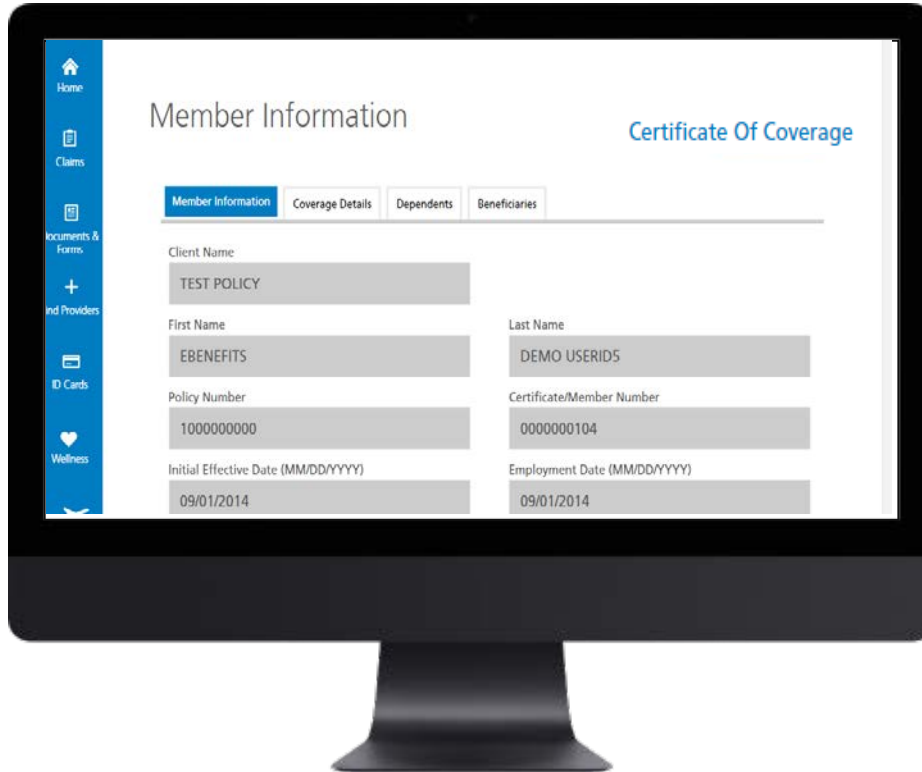


## Member Information tab:

Click “Member Information” from the hover menu. Use this page to:

- **Download** a Certificate of Coverage
- **Update** your personal information, including date of birth, email, phone number, and address
- **Select** your language preferences, including English, Spanish, French, Arabic, Chinese, Korean, or Hindi
- **Select** your date, number, and time formats preferences
- **Change** your password
- **Change** or update your security questions

# eBenefits — Your go-to resource for managing your benefits online



## Certificate of Coverage

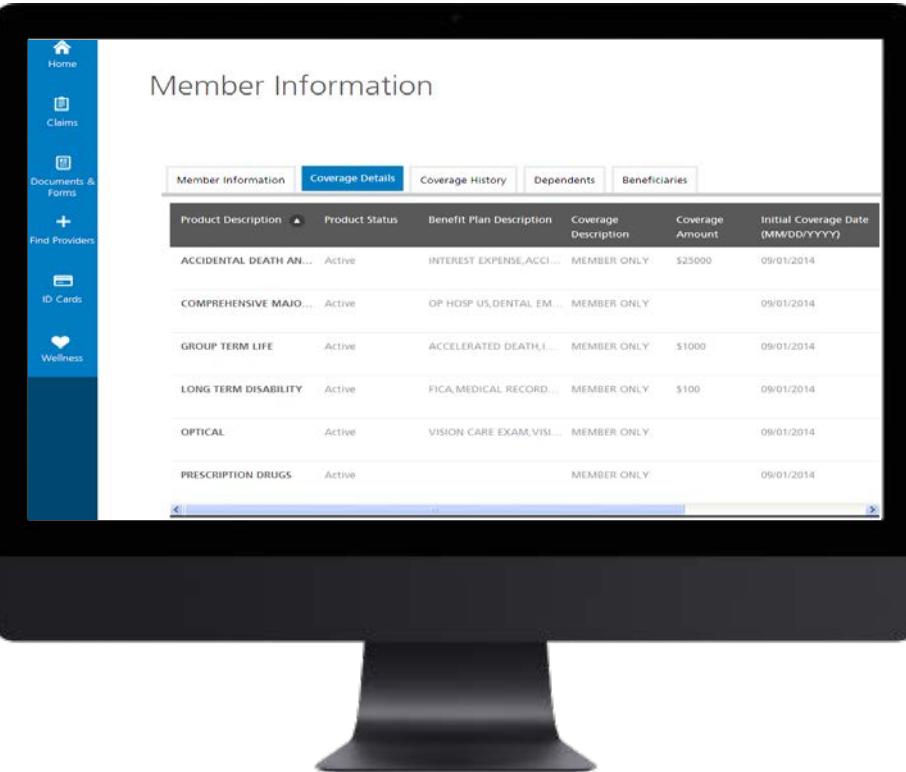
You can download a Certificate of Coverage on eBenefits, which shows proof of your insurance with MetLife.

To download a Certificate of Coverage, login to eBenefits and:

- **Hover** the Welcome tab in the top right corner
- **Click** “Member Information”
- **Click** the link for “Certificate of Coverage” in the top right



# eBenefits — Your go-to resource for managing your benefits online

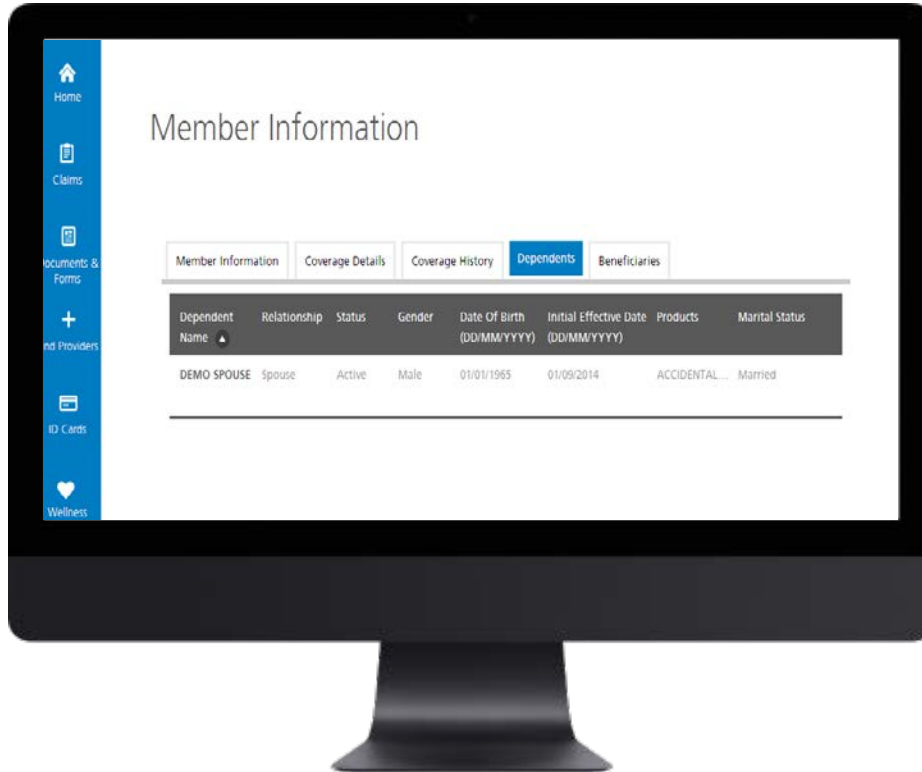


## View coverage details

You can view your coverage details on eBenefits to see what coverages you're enrolled in.

**Click the "Coverage Details" tab to view.**

# eBenefits — Your go-to resource for managing your benefits online

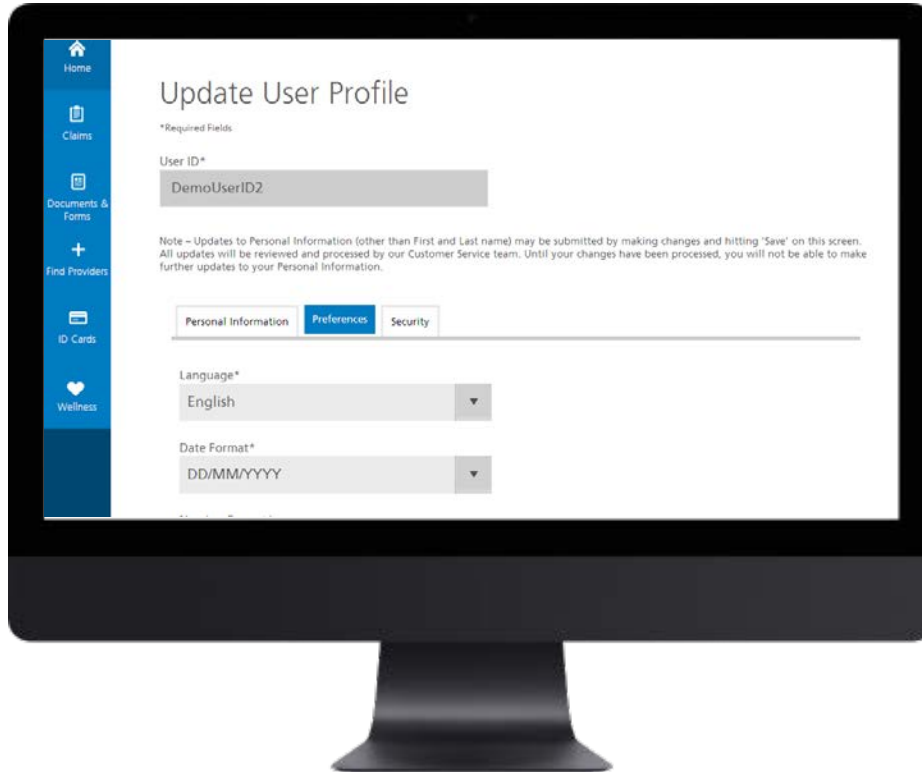


## View covered dependents

You can view your covered dependents on eBenefits to see which dependents are registered as part of your plan.

**Click the “Dependents” tab to view.**

# eBenefits — Your go-to resource for managing your benefits online

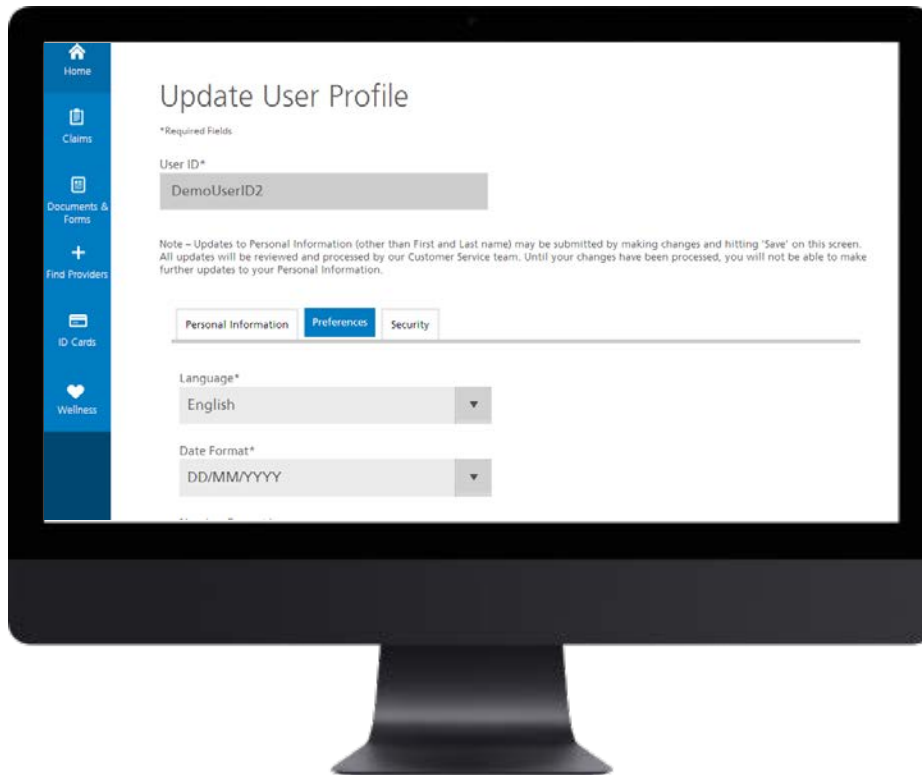


## Profile tab

Click “Profile” from the hover menu. Use this page to:

- **Update** personal information
- **Update** your personal preferences
- **Change** your password
- **Change** or update your security questions

# eBenefits — Your go-to resource for managing your benefits online

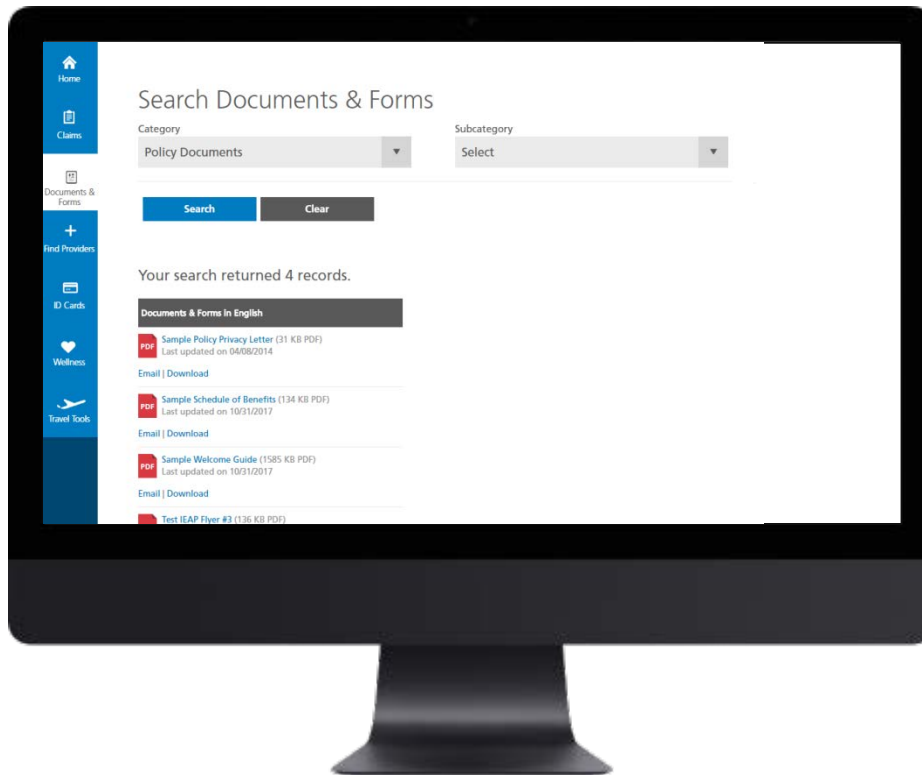


## Change language preferences

You can change your language preferences to read eBenefits in the language of your choosing.

- **Click** the “Preferences” tab.
- **Choose** your desired language from the dropdown box. English is set by default.
- **Click** “Save.”

# eBenefits — Your go-to resource for managing your benefits online



## Documents and forms

You can search for documents and forms in this tab. Select either Documents or Forms from the Category dropdown and click Search to see:

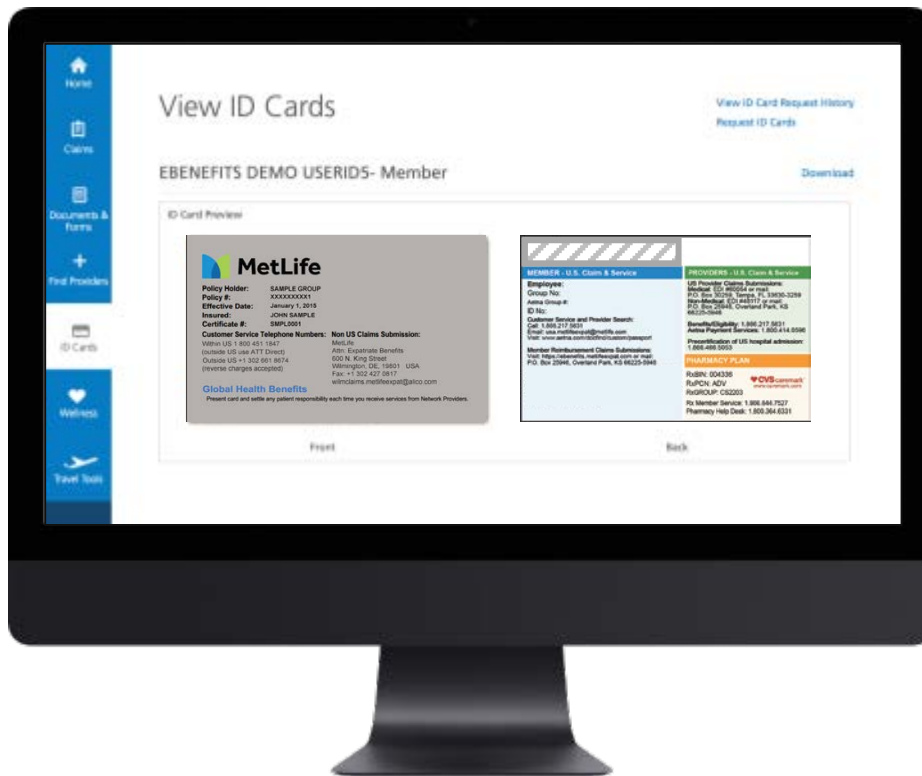
Policy documents:

- [Welcome Guide](#)
- [Schedule of Benefits](#)
- [IEAP flyer](#)
- [HIPAA/privacy letter](#)

Forms:

- [Medical claim form](#)
- [Wire transfer form](#)
- [Provider nomination form](#)
- [Notice of change form](#)
- [HIPAA authorization form](#)
- [Excess group Life insurance form](#)
- [Enrollment form](#)

# eBenefits — Your go-to resource for managing your benefits online



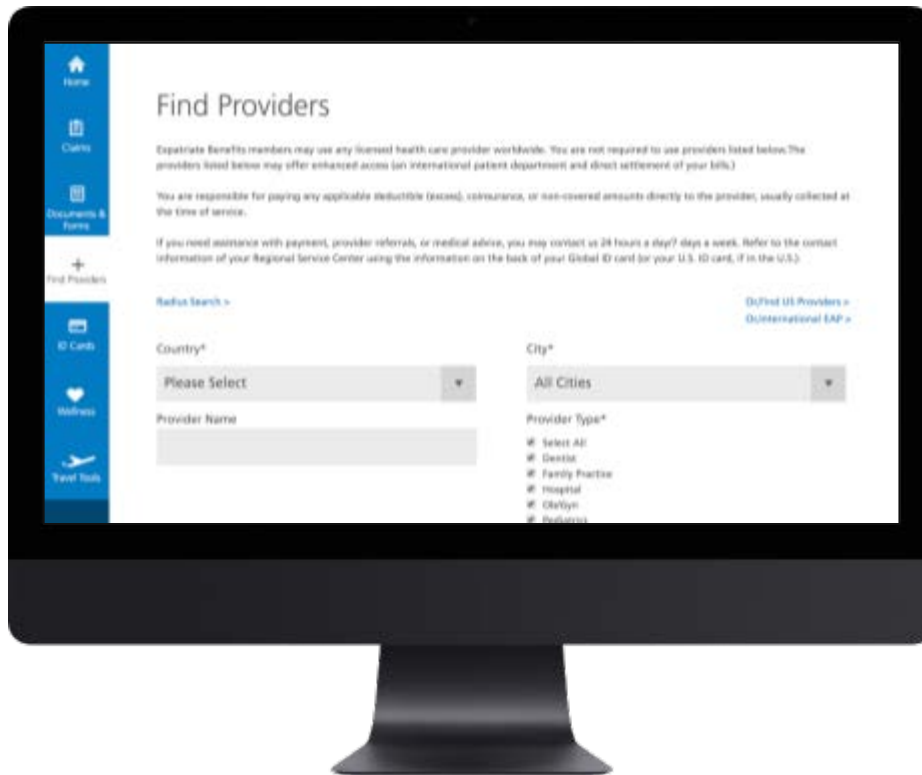
## ID cards — overview

The global ID card is your key to accessing health care around the world. Don't worry if an ID card gets misplaced, you can request a replacement or print a temporary card online.

Use this page to:

- **Request** a new ID card
- **Print** a temporary ID card
- **View** the ID cards of all covered dependents
- **Review** ID Card history

# eBenefits — Your go-to resource for managing your benefits online



## Find a direct pay provider

Looking for a healthcare provider is simple and easy. Access a list of providers by location, provider name, and provider type.

Use this page to:

- **Access** a list of providers by location or name
- **Identify** providers by specialty
- **Get** contact information for a specific provider
- **Identify** direct pay providers
- **Search** for providers within a specified radius

*By clicking on a provider in the Search results, eBenefits will give you directions from your location.*

# eBenefits — Your go-to resource for managing your benefits online



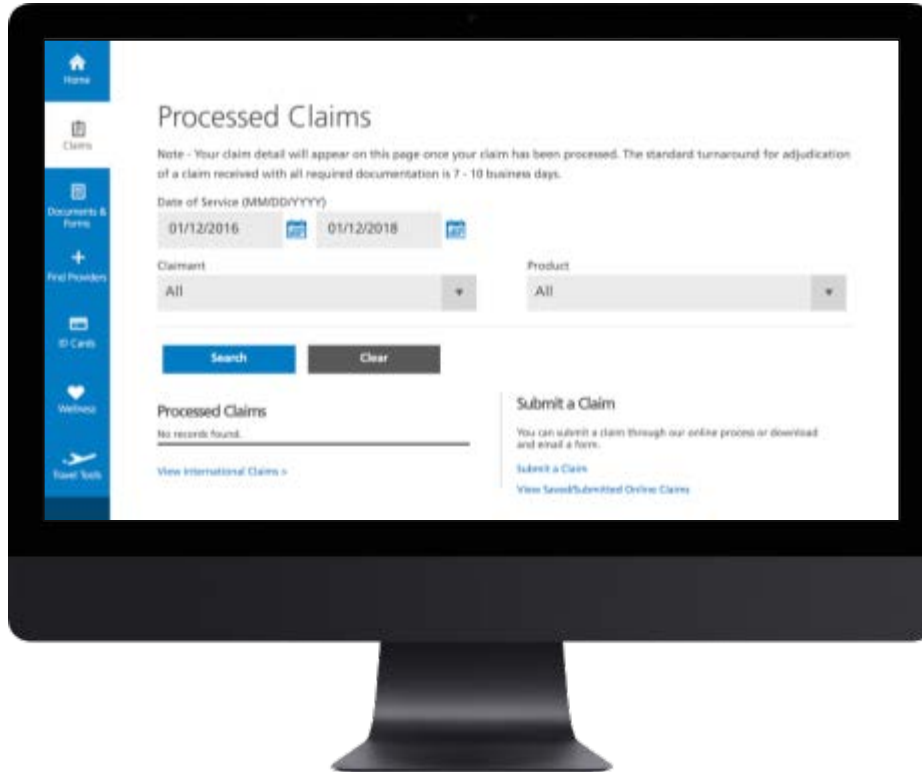
## Online travel tools include:

- Country and city guides:
  - Climate, geographic, and regional overviews
  - Local and public holiday listings
  - Business and cultural tips
  - National and foreign embassy information
  - Security, travel, and health warnings and alerts including information related to crime, terrorism, disease, and geopolitical developments
- Travel and transportation information:
  - Passport and visa requirements
  - Immunizations and vaccinations requirements
  - Global currency and exchange rate information
  - Airport, public transit, and car rental locations and services
- Communication tools:
  - Country codes
  - Mobile coverage
  - Postal services
  - Emergency numbers
- Medical Information
  - Health care system – search for information related to standards of care, hospital and ER care, and medication
  - Health care alerts – search for information on first aid, common communicable diseases, and food and water supply
  - Provider search – search for providers by provider type, specialty, and city

Service provided through vendor not affiliated with MetLife.



# eBenefits — Your go-to resource for managing your benefits online



## Claims — overview:

Use this page to:

- **Submit** a claim – if you pay out-of-pocket, you should submit a claim for reimbursement. For the quickest response, use the online claim submission.
- **View** your claims history

# eBenefits — Your go-to resource for managing your benefits online

Submit a Claim

\*Required Fields

Personal Information

NOTE: English is the preferred language for entering information into the form.

Save as PDF Print

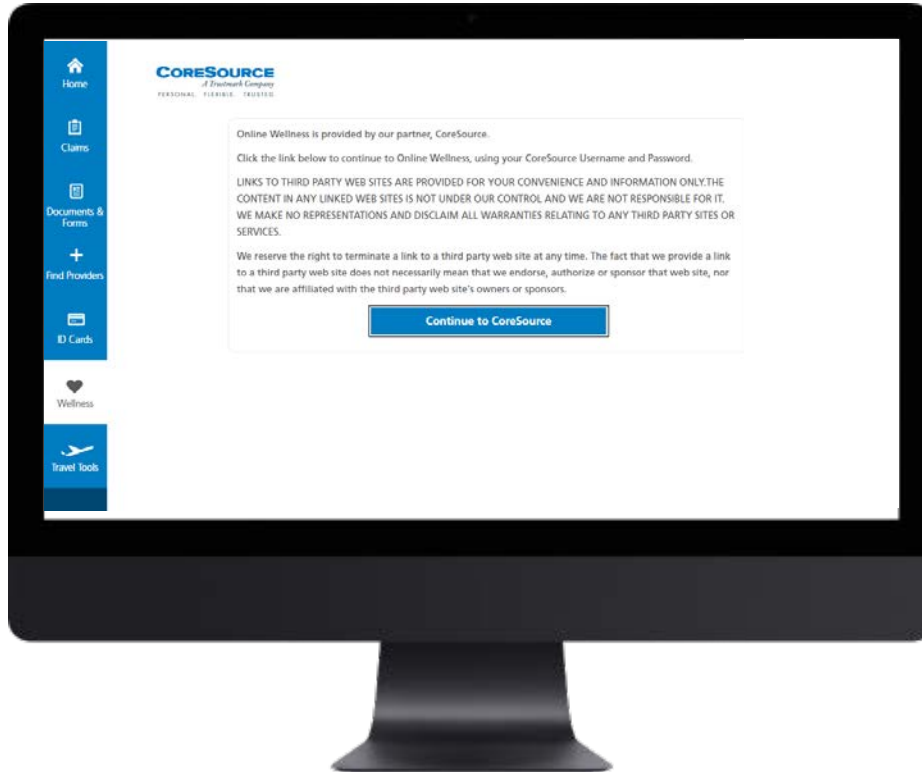
Part A - Personal Information

First Name	Last Name
EBENEFITS	DEMO USERID5
Employer/Client Name	Policy Number
TEST POLICY	1000000000
Email Address*	
jpuleo11@metlife.com	
Date Of Birth*	Street 1*
01/01/1960	600 N. KING STREET

## Submit a claim online in 6 steps

1. Complete Parts A, B, and C. Your information has been pre-populated, if available.
2. Click Next to continue or click Save for Later to complete at a later date.
3. Complete Part D and click Next to continue.
4. Complete Part E.
  - a) If you have copies of your receipts or invoices, select Yes and upload them. (You can upload itemized bills and receipts in any language!)
  - b) 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.
  - c) Once you upload your receipts, click Signature Page.
5. Review and, if you agree, check the consent to do business electronically.
6. Type your name, claimant's name, and the date then click Preview and Submit Claim. If you do not have any edits, click Submit.

# eBenefits tools



## Online wellness

If you have access to care in the US, you can access online wellness tools through CoreSource, including:

- **Health-risk assessment**
- **Personal health profile**
- **Personal health record**
- **My health assistance**
- **Health trackers for 22 biometric measures**

# Mobile application



## Tools

- Find a provider and, using GPS functionality, get turn-by-turn directions
- View, email, or request new ID card
- Submit claims and view claims history
- Contact customer care



## Available languages

- English
- Spanish
- French
- Korean
- Chinese
- Hindi
- Arabic



## Platforms

- Available on
  - iPhone
  - Android
- Syncs with eBenefits when used on computer

# Mobile application



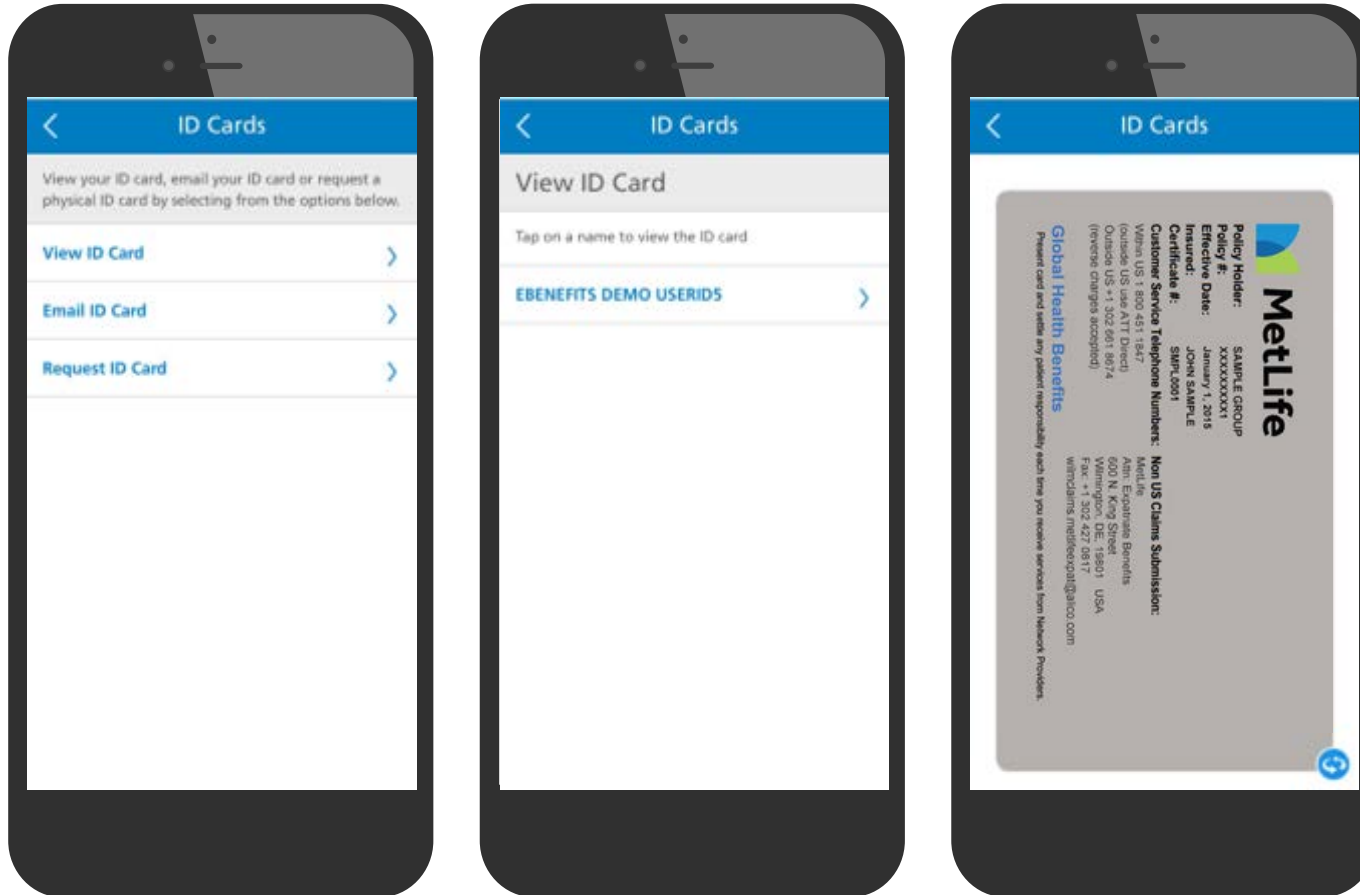
## Download from Google Play or Apple Store

- **Find a provider** and, using GPS functionality, get turn-by-turn directions
- View, email, or request new **ID card**
- **Submit claims** and view claims history
- Contact Customer Care
- Syncs with eBenefits when used on computer
- **Language capabilities:**
  - English
  - Spanish
  - French
  - Korean
  - Chinese
  - Hindi
  - Arabic

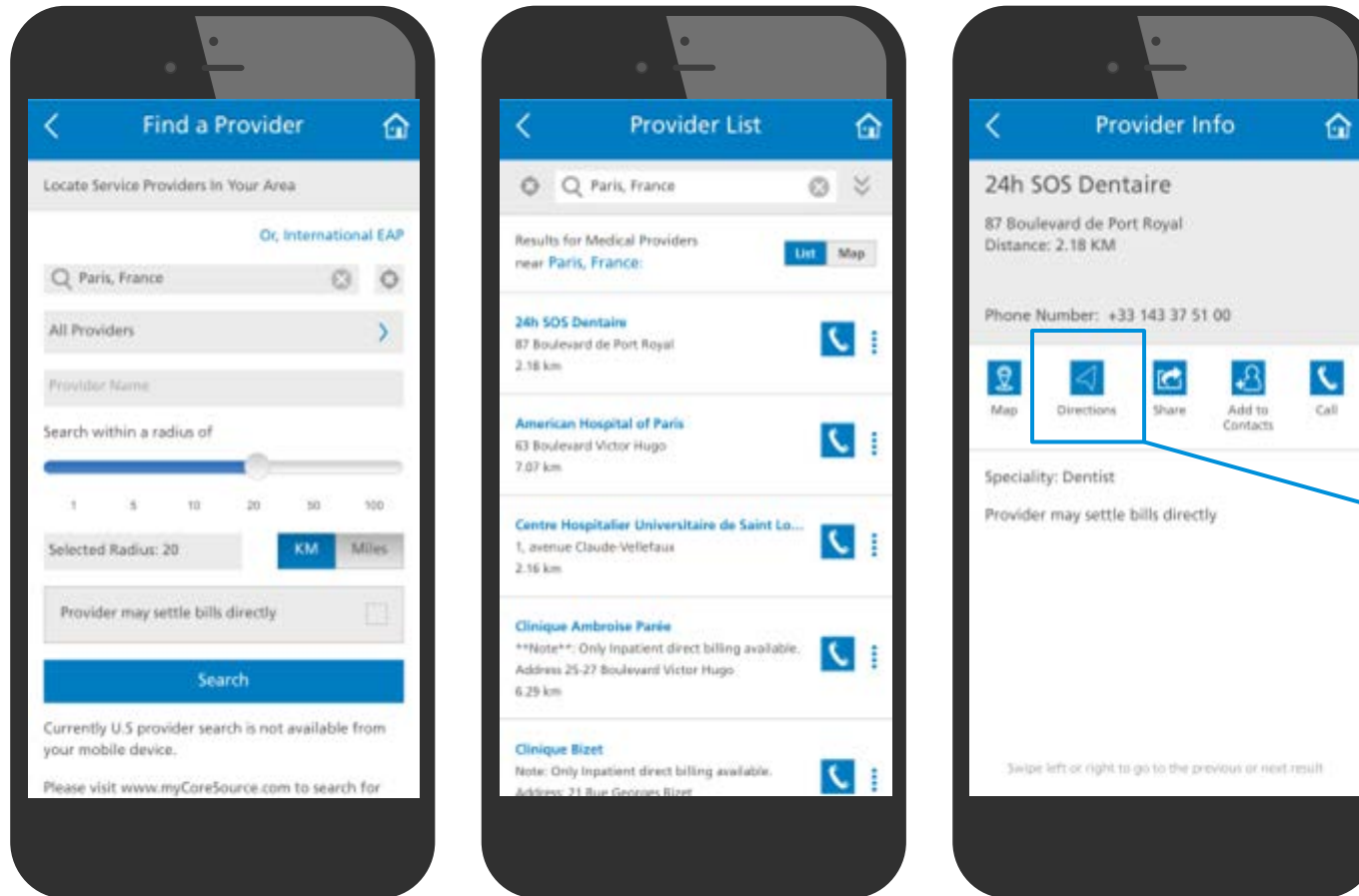
# Mobile application: main screen & sign-in



# Mobile application: view ID cards



# Mobile application: find a provider

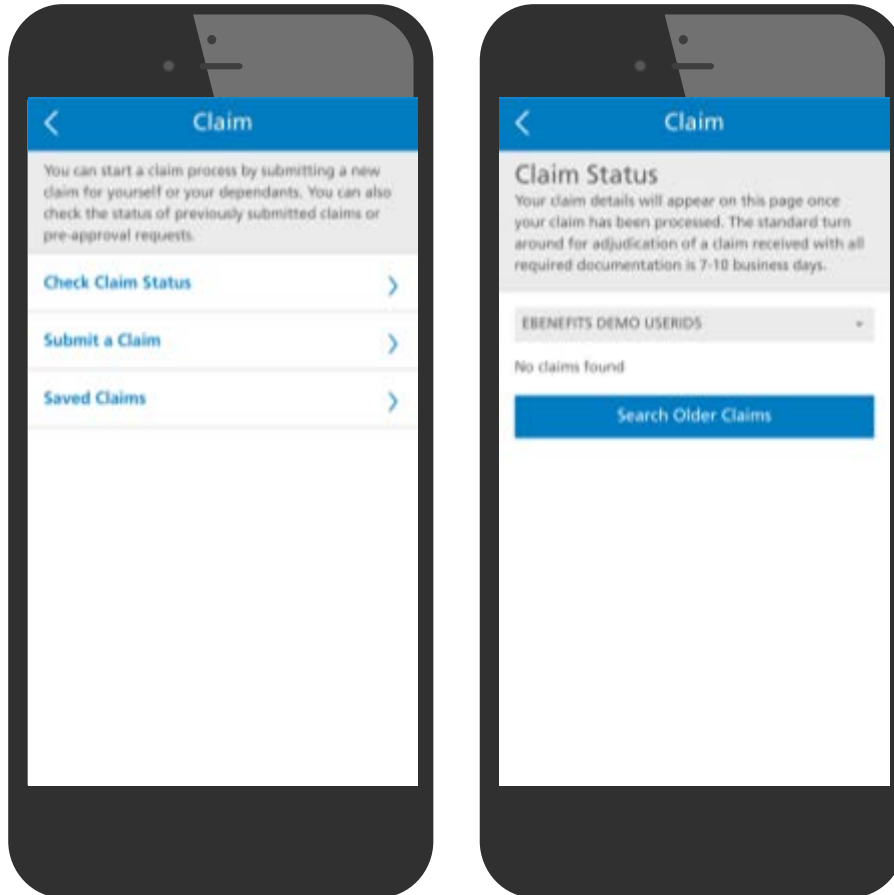


By clicking on a provider in the Search results, you can navigate using your phone's navigation app!

Example provided for illustrative purposes only.



# Mobile application: check claim status



# Accessing care outside the US



# Three options for accessing care so you can visit any provider you want

## One

### Direct pay

Billing arrangement where provider has agreed to bill MetLife directly

- Visit a provider in our direct pay network — more than 1.1 million to choose from
- ID card recognition at point of service means no-hassle appointments
- Your provider bills MetLife directly; you pay only your applicable coinsurance or deductible
- **No need to file a claim**

## Two

### Guarantee of Payment (GOP)

One-time payment to any willing, licensed provider worldwide

- Call Customer Service to request GOP before your doctor's appointment
- GOP issued to you and your provider
- Provider bills MetLife directly; you pay only your applicable coinsurance or deductible
- **No need to file a claim**

## Three

### Pay & claim

You can visit any licensed healthcare provider worldwide

- Visit to any licensed provider of your choosing
- Pay for cost of your visit in full at time of service
- Submit a claim for reimbursement:
  - Online, email, fax, mail
  - 140+ currencies
  - Average 7.3 business day turnaround time on claims in 2017

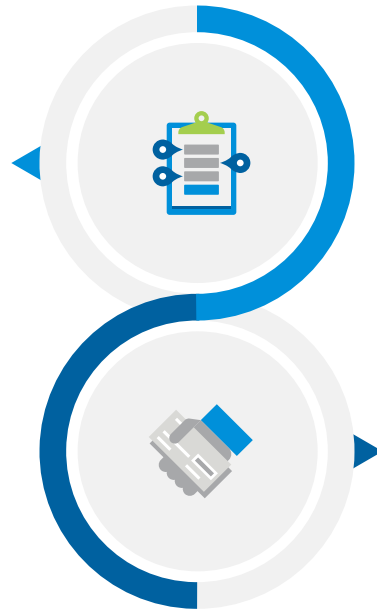
# What does network mean internationally?



# MetLife's approach to designing a medical network for international assignees

## Offer access to leading providers

- MetLife contracts with top facilities, including those oriented specifically for international assignees
- International assignees have unique needs compared to the local population:
  - May not speak the local language
  - May not understand the local health care infrastructure



## Offer a large number of direct pay providers

- MetLife offers direct pay access to more than 1.1 million providers around the world, including 185,000 outside the U.S
- Access to a direct pay provider provides a positive experience

# Find a direct pay provider

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

**Search** the **Online Directory** on eBenefits by clicking the “Find Providers” tab.



**Contact** your **Regional Service Center** for help finding a doctor or hospital as well as for during emergencies.

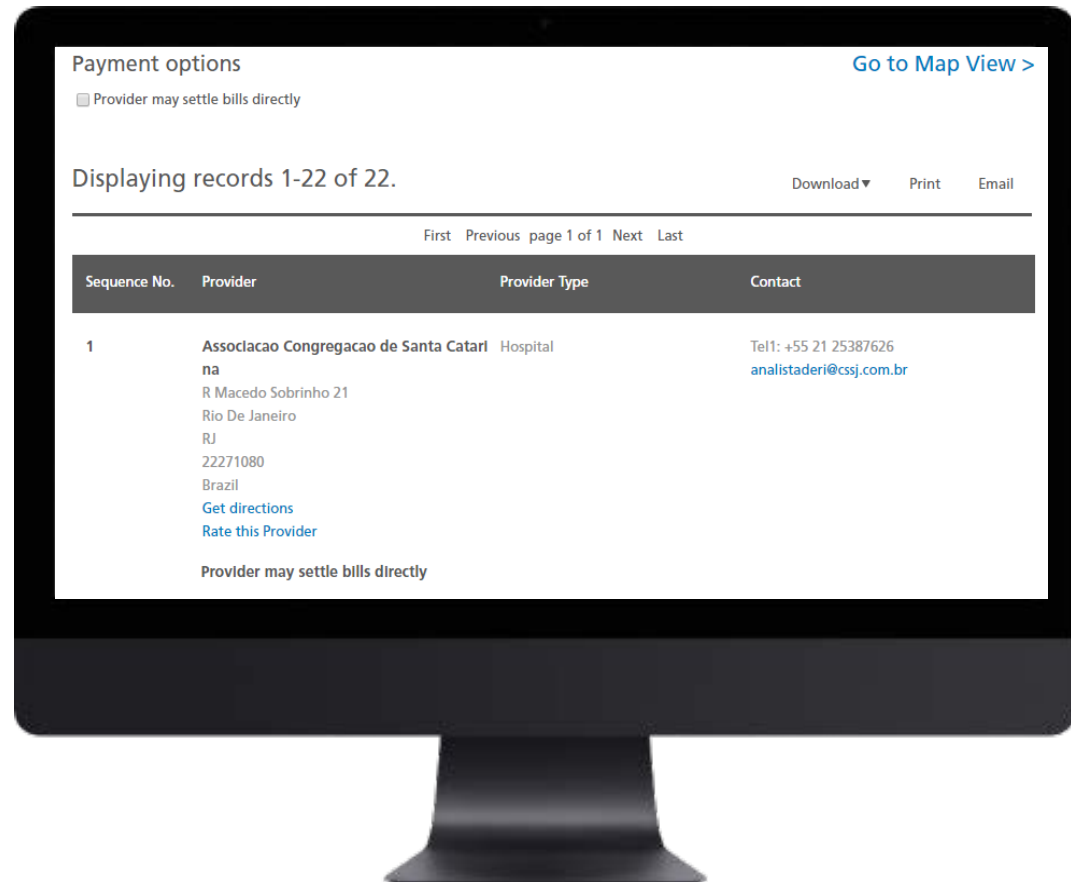
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- **Log on** to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- **Select** your country from the Country dropdown box and then **select** your city from the city dropdown box.
- **Click** Search and your results will appear.



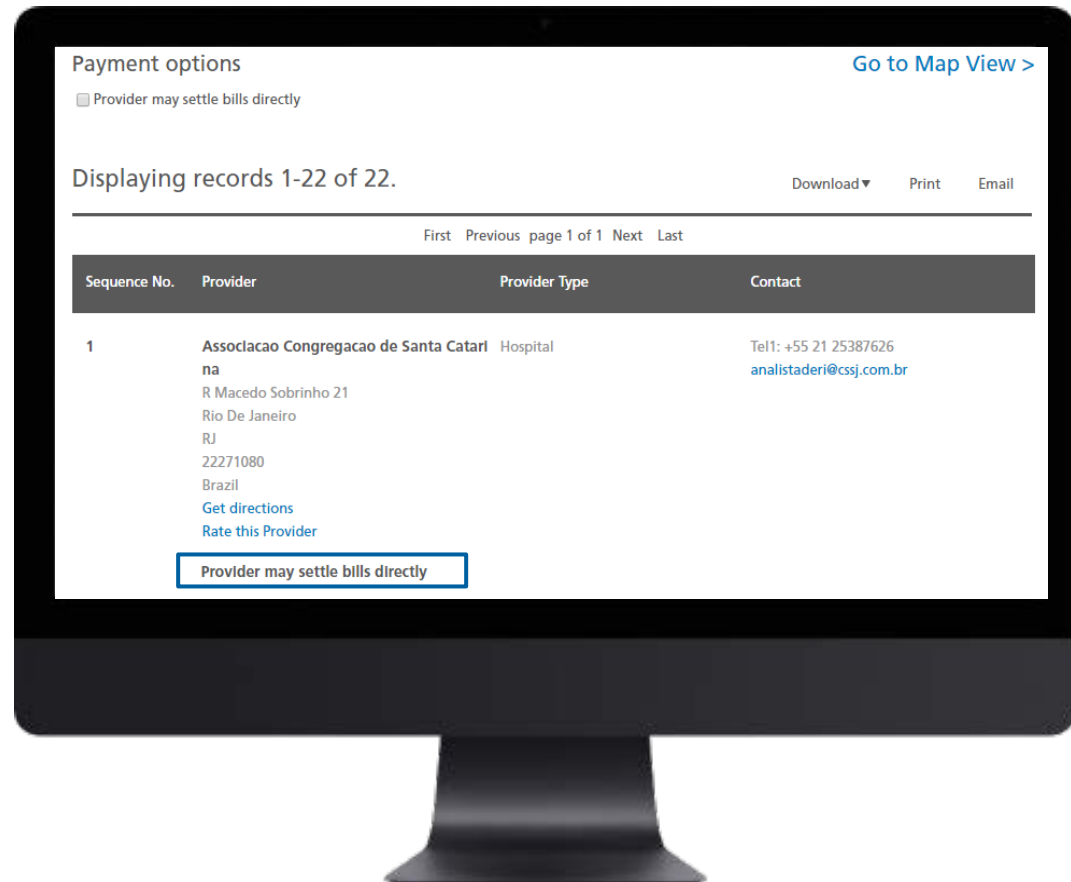
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- Log on to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- Direct pay providers are noted with the wording “Provider may settle bills directly.”





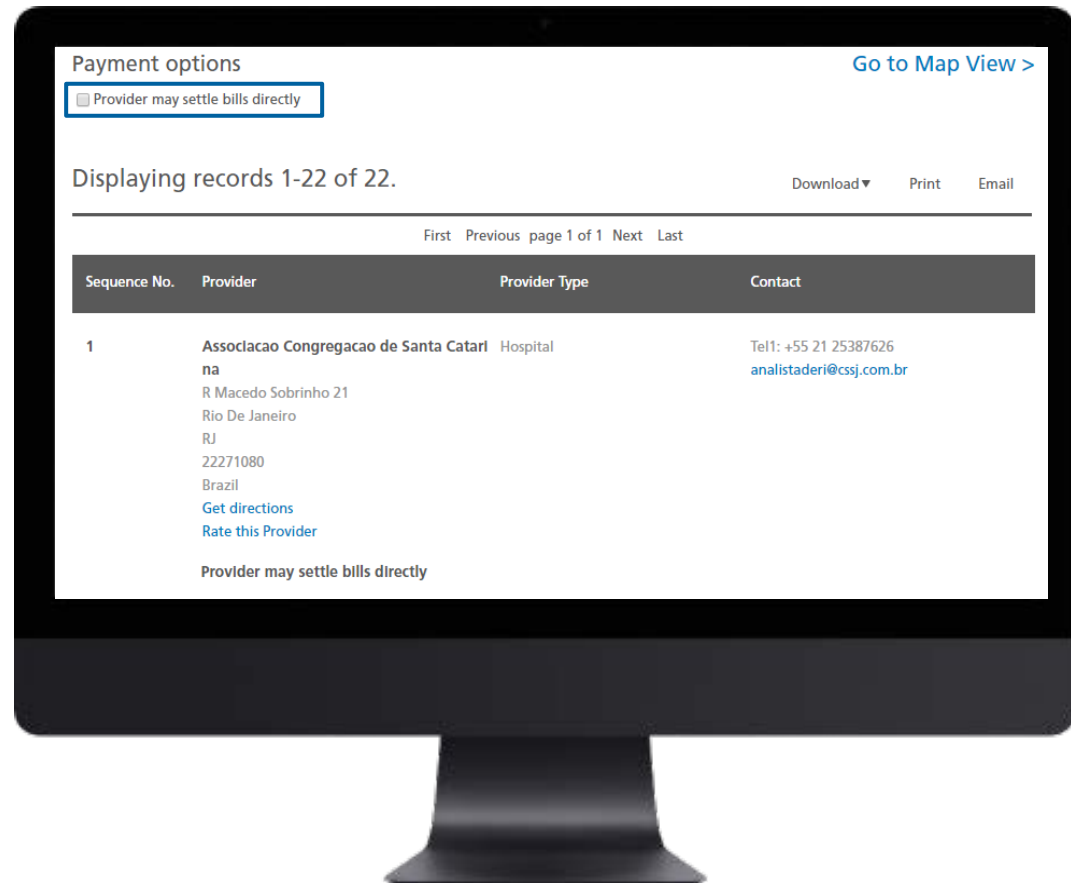
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- Log on to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- To see only direct pay providers, **check** the Provider may settle bills directly checkbox under Payment options.



# Tips for using direct pay

## Tips to help you with direct pay:

- Search for direct pay providers on our website, eBenefits, in advance of needing care.
- Register with your chosen provider in advance of needing care.
- Make an appointment in advance – there may be wait time before your provider can see you.
- Notify the facility that you are a MetLife Worldwide Benefits member and give them your insurance information as noted on your ID card.



## What to bring on your healthcare visit?

- Your ID Card
- A form of ID, like driver's license or passport
- A Guarantee of Payment, if required

# Guarantee of Payment

A Guarantee of Payment (GOP) is a letter from MetLife to your health care professional that confirms your eligibility as a covered MetLife member.



You can call or email your Regional Service Center to obtain a GOP in advance of your appointment. Your Regional Service Center will need:

- 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.
  - Please allow 3-5 business days for a standard GOP request, although emergency requests can be accommodated on a case-by-case basis.

**If you have to pay out-of-pocket for the cost of your visit, submit a claim to be reimbursed**



**Claim received in good order & reviewed**



**Claim decision & claim processed**



**EOB<sup>1</sup> & payment sent**

In 2017, average claims turnaround time was **7.3 days**

1. EOB — Explanation of Benefits.

# Reimbursement Options



- Most Regional Service Centers can reimburse you via wire transfer in multiple currencies, checks in USD or in local currency. Check with your Regional Service Center to find out what reimbursement options you have.
- Wire transfer fees incurred by the MetLife bank will be covered. However, if wire fees are incurred by intermediary banks or on the receiving bank end, MetLife will not cover these.
- Submit claims via online claim submission, mail, email, or fax using the contact information on your ID card.

# Accessing care in the US



# Accessing care in the US



## Medical networks

- In the US, you have access to some of the largest national healthcare networks, including Aetna Open Choice PPO
- More than 1 million in-network healthcare providers
- Cost containment measures including wellness programs, case management, pharmacy benefit management



## Pharmacy benefits

- MetLife uses CVS Health for pharmacy benefits. CVS Health is one of the largest pharmacy benefit programs in the US
- More than 68,000 retail outlets
- Cost management programs that encourage proper usage and manage specialty drugs
- Convenient mail order services – 50 million prescriptions filled annually



## Managing health care

- Individual case management for chronic, terminal or catastrophic illnesses or injuries
- Comprehensive wellness & disease management programs
- Convenient online health assessments, biometric screenings, health coaching and advising

# Accessing medical care in the US

## IN-NETWORK

- Search for a provider
- Seek care from your doctor
- Billing:
  - Providers are responsible for submitting claims to the proper US network for reimbursement
  - You will be responsible for any applicable out-of-pocket cost share (deductible, coinsurance and /or copayment)



## OUT-OF-NETWORK

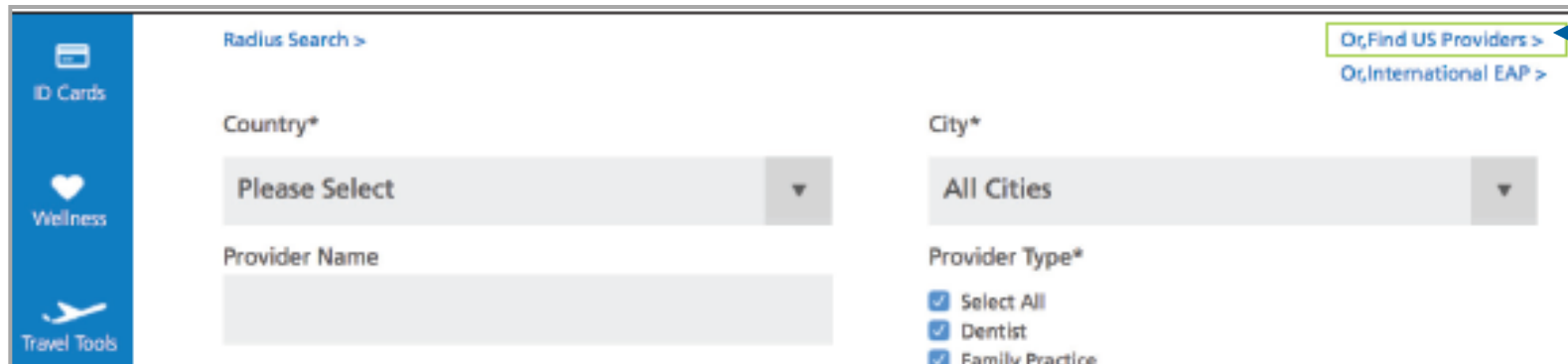
- Seek care from your doctor of choice
- Providers can call Customer Service to obtain benefit & billing information (this information is located on the back of your ID card)
- Billing:
  - You may be responsible for paying for your medical care and then submitting claims for reimbursement.
    - Obtain procedure or diagnosis codes needed for claim submission
    - Submit via eBenefits or mobile app – or send a Claim Form via email, mail, or fax



# Find an in-network provider in the US

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- **Log on** to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the Find Providers tab.
- **Click** the “Or, Find US Providers” link.
- **Click** the Continue to US Providers button. This will take you to the appropriate website where you can search your US network for in-network providers.



The screenshot shows a search interface with a blue sidebar on the left containing icons for ID Cards, Wellness, and Travel Tools. The main content area has a 'Radius Search >' link at the top left. On the right, there are two links: 'Or, Find US Providers >' (highlighted with a green box and a blue arrow) and 'Or, International EAP >'. Below these links are search filters: 'Country\*' with a dropdown menu showing 'Please Select', 'City\*' with a dropdown menu showing 'All Cities', 'Provider Name' with a text input field, and 'Provider Type\*' with three checked checkboxes: 'Select All', 'Dentist', and 'Family Practice'.

# Accessing dental and vision care in the US



## Network:

- For Dental and Vision Benefits there are NO Networks.
- You can seek care from any licensed dental and vision care provider you choose.



## Billing:

- If your provider is willing to submit the claims on your behalf, you will only be responsible for any applicable deductible, coinsurance and/or copayment at the time of service.
- If your provider does not submit the claim on your behalf, you will be responsible for payment and then you can submit claim for reimbursement via eBenefits or mobile app.
- Claims submitted via Claim Form can also be submitted by:
  - Email
  - Courier mail
  - Fax



## Providers:

- Instruct your provider to call 1-866-217-5631 to obtain information on covered benefits and billing. This number is listed on your ID card in the “PROVIDER” section.

# Prescription benefits in the US

The US side of your ID card also provides information for CVS Health, which is used when accessing prescription services in the US. Simply present your ID card at the pharmacy.



## CVS Health provides:

- Access to over 68,000 retail pharmacies nationwide – all major chains, all major retailers, 99% of independents (such as, CVS/pharmacy, Rite-Aid, Walgreens, Target, Wal-Mart)
  - Retail and mail order prescriptions
  - Access to Caremark website and mobile app
  - 24/7 customer service
- 
- For information on these services, call the US Regional Service Center at 1-866-217-5631 and select Option 3 for “Member” and then 2 for “Pharmacy.”
  - Or call CVS Health directly at 866-644-7527.

# Prescription benefits in the US



To find a pharmacy or access tools from CVS Health,

- Go to [MetLifeWorldwide.com](https://www.metlifeworldwide.com)
- Click on the “Network” tab
- In the “Find a Provider” box on the lower right hand side, click the “U.S. Network Pharmacies CVS Caremark” link. This will take you directly to the CVS Caremark home page. Or go there directly at: <https://www.caremark.com/wps/portal>
- Register or login (if you have previously registered) and then sign up for refills, prescription alerts, mail order and much more.

# How to file an extension for a prescription

If you are leaving for assignment outside of the US and your medication is not available in your work location, you can request an extended prescription **up to 1 year** upon a physician's request and prior authorization from MetLife.



## Follow the steps below for extending your US prescription:

- Contact the U.S. Regional Service Center via email or phone using the contact information on the US side of your ID card, preferably **at least 5 business days prior to needing the medication**
  - Include name of the prescription(s), dosage of medication, requested length of script, and reason for the extension.
  - Please note, all medications must be prescribed by a US physician on a US script.
- The US Regional Service Center will notify you when the extension has been approved.
- Take the hard copy of the physician's script to the pharmacy to fill it. The medication must be filled by a pharmacy in the US. Please note: You have 7 days to fill and pick up the medication before the extension is voided with CVS.
- Medication will be dispensed according to the approved amount by MetLife. Benefits will be paid according to the policy. You may be responsible for any applicable copays, deductibles, and/or coinsurance.

# Other tools and resources



# Check your Schedule of Benefits to see if you have access to any of these additional services:



## Additional services:

- Evacuation
- International Employee Assistance Program
- Remote Second Medical Opinion



## Tools available in the US:

- 24/7 Nurse Line
- Wellness tools
- Disease management
- Maternity management



## Standard tools

### Everyone benefits from:

- Regional Service Centers
- Case management
- eBenefits tools
- Direct pay
- ID card recognition

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife.

# Evacuation and emergency assistance

**Emergency assistance** services and arrangements can be made to **evacuate** or **repatriate** you or your dependents from your location to the nearest medical facility equipped to handle the emergency.



## Expert evacuations

Our vendor, AXA Assistance, will perform the evacuation



## Monitored

Coordinated between your Regional Service Center and AXA Assistance – and we keep your employer in the loop as well, if you consent

## Services include:

- Medical repatriation and evacuation services
- Medical and dental referrals
- Medical care monitoring
- Repatriation of mortal remains
- Family or travel companion transportation arrangements
- Escort of dependent children
- Prescription transfer assistance
- Hotel convalescence arrangements
- Guarantee of hospital admission
- Advance of medical expenses
- Health hazard advisory
- Inoculation requirements

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife.



# About AXA Assistance



## Support members need

- Workforce of over 7,000 people in 33 countries
- 13,000 medical transportations processed annually
- More than 20 languages in-house



## Agent qualifications

- Skills: minimum two languages
- Prior experience abroad
- Ability to troubleshoot and multitask



## Customer care agents

- Trained to offer international quality assistance, so they can navigate seamlessly in various cultures and health systems
- Subject matter experts by country and regions
- 100% call recording



## Global response center

- Operating for more than 20 years
- International Organization for Standardization (ISO) 9001:2008 Certified
- Dedicated quality, process and improvement team
- State-of-the-art and advanced technology with shared systems and telephony between various offices

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife. Above numbers are a representation of all resources for MetLife's evacuation vendor.

# How we help handle medical evacuations<sup>1,2</sup>



**Our Regional Service Center is contacted for help** — usually by a family member or the treating physician.



1. Customer care answers, enters the details into the Global Service Platform, then triages the call to the Evacuation Medical Director.



2. The Medical Director makes evacuation recommendation and contacts attending physicians for their assessment and to monitor treatment.



3. The decision is reviewed to make sure the evacuation is necessary.



4. Once the evacuation is approved, we find the appropriate facility and determine whether the patient is fit to fly.



5. Arrangements are made in both the departing and arriving locations.



6. An itinerary is shared with the member and their family. Updates are entered in the Global Service Platform.



7. An account manager tracks the progress and communicates with the employer, once the member consents.



**Evacuation is completed.** Medical monitoring continues in the receiving facility.

1. Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife. 2. Example provided for illustrative purposes only. The benefits provided under your policy may differ and contain certain exclusions, exceptions, waiting periods, reductions, limitations or other terms and conditions.

# Living far from home can be difficult — IEAP can help you cope with the stresses of your international assignment

**International Employee Assistance Program (IEAP)** provides confidential consulting to you and your dependents on cultural transition issues and other related challenges

## To find an IEAP provider,

- Login to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com).
- Click the “Find Providers” tab.
- Click the “Or, International EAP” link.
- Click the “Continue to Optum” box.
- You will be directed to our vendor’s website. From here you can:
  - Contact Optum for help via phone or email
  - View tools and programs available
  - Listen to webinars
  - Read more about a variety of topics, including Life, Family & Relationships, Health & Well-Being, and Education, Work & Career

## Services include:

- 24/7 on-demand telephone counseling by highly qualified, licensed professionals
- In-person sessions
- Crisis management, legal, financial and specialist advice
- Interactive online tools

IEAP provided through vendor not affiliated with MetLife.

# Remote second medical opinion: a “peace of mind” solution for medical care decisions abroad

For complex medical diagnoses, you and your dependents can have your diagnosis confirmed and treatment plans reviewed remotely by teams of specialized physicians at world-class hospitals in the US so that you can make more informed treatment decisions without needing to fly home.



## Global access

Personal consultations which can have a real impact on your decision



## Simple

Efficient process, opinion delivered directly to you, no need to travel



## Contact your Regional Service Center

For more information or to use this service, contact your Regional Service Center using the contact information on your ID card.

## Services include:

- Personal consultations from physicians at leading U.S. hospitals, research institutions and recognized centers of excellence
- Access to the most up-to-date medical opinions and advances
- Personal assistance through the remote second opinion process

Remote Second Medical Opinion provided through vendor not affiliated with MetLife.

# Medical advice 24/7 to help you avoid unnecessary trips to the doctor or emergency room – with our Nurse Line

Get the health information you need, when you need it. One call helps you avoid making unnecessary and costly trips to the doctor or ER. Plus, nurses may be able to help identify an emerging condition before it becomes more severe.



## 24/7 access

Call anytime from anywhere! You're eligible as long as you have access to care in the US.



## Informative

Call about a variety of topics – or chat online through the CoreSource portal in eBenefits



## Contact a nurse today

For more information on this service or to speak to a nurse about a concern, call 1-899-375-6877.

## Nurses are standing by to help:

- Call 1-899-375-6877 for medical advice in English, Spanish or one of nearly 150 other languages
- Use Nurse line for help with:
  - Infant care
  - Senior care
  - Injuries
  - Disease symptoms
  - Any concerns about everyday health issues

Remote Second Medical Opinion provided through vendor not affiliated with MetLife.

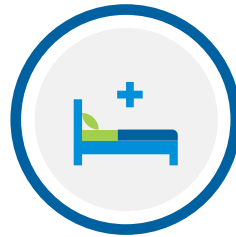
# Support for healthy living

Providing guidance and support when your health changes or when you just want to maintain your active lifestyle



## Wellness

- Health risk assessments
- Personalized activity plans
- Hundreds of articles, videos, and newsletters on various health topics and conditions
- Nurse Line – Access to registered nurses for non-emergencies when your GP isn't available



## Disease management

- Personal health coaches
- Online tools specifically for chronic conditions, including:
  - Asthma
  - Diabetes
  - Coronary artery disease
- Manages medical costs
- Encourages appropriate use of healthcare system



## Maternity management

- High-risk pregnancies flagged for case management
- Case management provides comprehensive approach to maternity management
- Helps result in healthier moms and babies

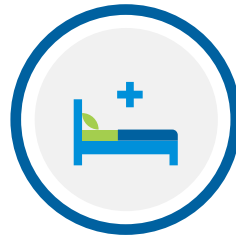
# Managing health care for high-cost, ongoing medical conditions

Case Management improves continuity and quality of care in addition to lowering costs by helping coordinate care



## Resources

- More than 450 medically trained resources provide case management services,<sup>1</sup> medical directors, doctors, registered nurses, Case Managers, and others



## Disease management

- Capabilities specifically tailored by region
- Prepared for regional outbreaks and new disease occurrences



## Help

- Triggered through claims review or an inbound phone call
- Local team reaches out to you or your dependent
- Support provided until you opt out

1. This number represents total combined number from MetLife, Regional Service Centers, and third party vendors not affiliated with MetLife.

# Life claims process

**!** If a member or their covered dependent passes away, MetLife will process their life insurance benefit within 10 business days of receipt of all necessary information.



1. A member or covered dependent passes away.



2. The client notifies their MetLife Account Manager of the loss.



3. The account manager provides the client with the death claim form to pass on to the member or beneficiary.



4. **The employee or beneficiary completes the death claim form and provides:**

- The original, stamped death certificate
- A signed enrollment card
- The completed death claim form, signed by the client and beneficiary

Additional documentation may be required in the case of an accident or investigation. Written proof of loss must be provided within 90 days after the date of the loss for which claim is made.<sup>1</sup>



5. **MetLife validates the documentation.**

We have help from our Regional Service Centers<sup>2</sup> when it comes to validating death certificates and documentation from other countries around the world.

Not only does this expertise cut down on fraud, it means members or beneficiaries are paid quicker and don't face the same restrictions that may be required on a domestic plan, like securing an embassy statement, which can take weeks to obtain.



6. The claim is adjudicated within 10 business days.



7. If the member or beneficiary has questions throughout the claims process, they contact the Global Service Center at **302-661-8674** or **1-800-451-1847**.



**Payment is made to the member or beneficiary.**

Reimbursement currency options include direct deposit to U.S. bank, foreign banks that will accept USD, and checks in USD.

1. Failure to furnish written proof of loss within the time provided will neither invalidate nor reduce any claim if it can be shown that it was not reasonably possible to furnish written proof of loss within that time and that written proof of loss was furnished as soon as was reasonably possible. 2. Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.



# Long-term disability claims process

 **When members become disabled due to sickness or injury and require the regular attendance of a physician, MetLife will pay a monthly benefit after the end of the elimination period.**



1. Susan fills out the claim form and provides proof of continued disability and regular attendance of her physician.



2. **Susan submits claim form to the Global Service Center, listed on the form.** (If Susan contacts or submits her claim to the wrong Regional Service Center,<sup>1</sup> her claim will be transferred properly.)



3. **The Global Service Center processes Susan's claim within 72 hours once all the necessary and required information is received.**

We can provide accurate and timely reimbursements with the help of our Regional Service Centers,<sup>1</sup> which validate documentation from different countries and in different languages. Not only does this expertise cut down on fraud, it means members or beneficiaries are paid more quickly and don't face the same restrictions that may be required on a domestic plan.



4. MetLife's disability unit offers guidance on prognosis, medical necessity review, and other areas of expertise, if needed.



5. **Once the claim is approved, it is paid seven days before the end of the monthly pay period.** Reimbursement currency options include direct deposit to U.S. bank, wire to international banks, and checks in USD.



6. If Susan has questions, she contacts the Global Service Center.



**Susan's subsequent claims are paid monthly via same reimbursement method and the same time of month as the initial payment.**

Susan's disability benefits will terminate once she is no longer disabled.

This situation and individuals referred to in this slide are fictional and for illustrative purposes only. The benefits provided under your policy may differ and contain certain exclusions, exceptions, waiting periods, reductions, limitations or other terms and conditions. 1. Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.

# Appendix



# Travel Tips



- Contact your Regional Service Center to request **documentation** concerning your insurance coverage.
- **Know your benefits** by reviewing your Schedule of Benefits, available on eBenefits. Call your Regional Service Center if you have questions.
- Bring your **ID card** and a **form of identification** when you seek care.
- When checking in, it may help to point out the local network logo that appears on your ID card. 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, please 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.

# Common insurance terminology



## Coinsurance

The amount of eligible expenses the insured is responsible for paying after any applicable deductibles are met.



## Deductible

A flat amount that an insure must pay before the insurance company will make any benefit payments under a health insurance policy.



## Individual deductible

A flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy.



## Family deductible

The aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

# Common insurance terminology



## Direct Pay

When a 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



## Explanation of Benefits (EOB)

A statement sent by the insurer to covered members that explains what services and/ or treatments were paid for by the 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 a one-time payment for covered services.



## Regional Service Center (RSC)

The office that provides customer service and claim processing based on location. Information pertaining to you specific Regional Service Center is located on the back of your ID Card.

# Deductible and out-of-pocket examples for international and out-of-network US coverage

Medical Bills	Medical Bill Amount	Deductible (\$500 individual /\$1000 family)	Coinsurance (80%)	Out of Pocket Expense (20%)
1 <sup>st</sup> Medical Bill	\$300	\$300	\$0	\$0
2 <sup>nd</sup> Medical Bill	\$700	\$200	\$400 (80% x \$500)	\$100
Total	\$1000	\$500	\$400	\$100
3 <sup>rd</sup> Medical Bill	\$3,000	\$0	\$2,400 (80%)	\$600
Total	\$3,400	\$500	\$2,320	\$700
<b>Preventive Care Covered at 100%:</b> Well Baby/ Child Care (annual Wellness visits), Adult Preventive Care (Annual Physical), Immunizations, Mammograms, Women's preventive Care, Prostate Cancer / Gynecological Cancer/ Colorectal Cancer & Lead Screenings		No Deductible	Covered at 100%	\$0
		\$1,000 for individual / \$2,000 for Family for US In-Network coverage.	Insurance pays 100% for remainder of the year, once the OOP Max is reached.	\$1,500 for individual / \$3,000 for Family International and Out-of- Network US coverage.

# Frequently asked questions

**Q.** Where can I find a summary of covered benefits?

**A.** You can find all of your policy documents and Schedule of Benefits on eBenefits at MetLifeWorldwide.com. Once you login, click the “Documents & Forms” tab and then select “Policy Documents” from the Category dropdown.

**Q.** Who should I contact in case of an emergency?

**A.** Either call an ambulance or proceed directly to the hospital. Then, contact your Regional Service Center (RSC) located on your ID card.

**Q.** How do I change personal information? Add a dependent?

**A.** All changes in personal information and additions or deletions of coverage should be discussed with your Human Resources representative.

**Q.** Where can I find additional claim forms?

**A.** You can submit your claims online on eBenefits via website or mobile app. If you require a paper form, Claim forms can be found online on eBenefits at the “Documents & Forms” tab.

**Q.** How do I obtain additional ID cards?

**A.** Contact your Regional Service Center using the contact information located on your ID card. A PDF copy can also be found on our eBenefits site as well as be requested online.

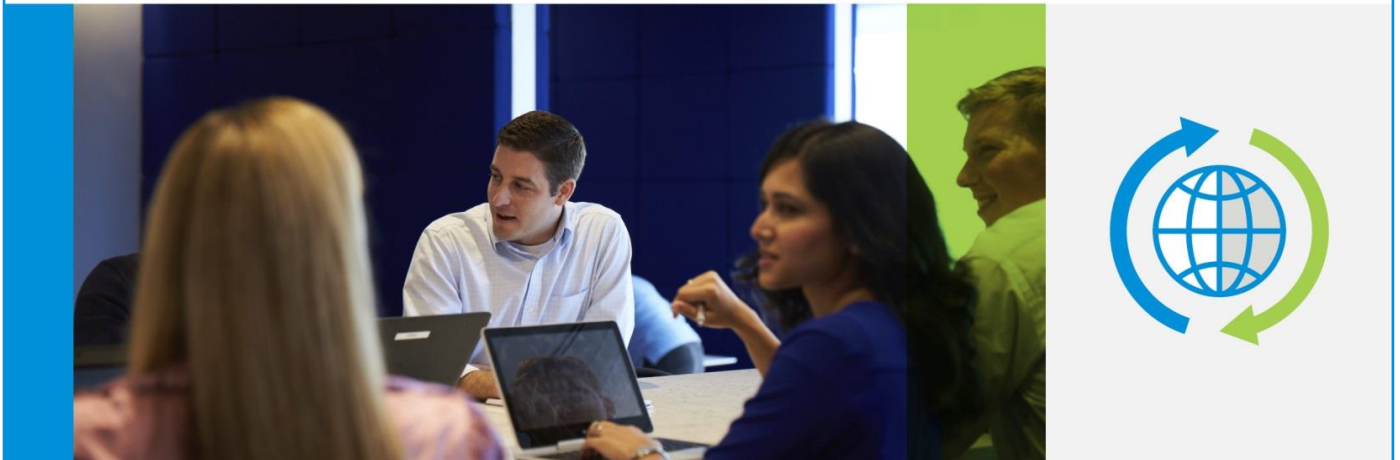
# **We are here for you!**

**For additional questions  
please contact your Regional  
Service Center or Human  
Resources Department.**





# MetLife Worldwide Benefits



MetLife's 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. MetLife offers 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 and has been helping globally mobile individuals for nearly 60 years. MetLife provides convenient, reliable service and help make your life easier while on assignment.

**MetLife has a long history of providing outstanding customer service and looks forward to offering Concord Crossroads employees a quality International Worldwide Benefits Program.**

MetLife has you covered:

- Any Time, Any Language, Anywhere
- Ensuring access to quality care through our global and local affiliate networks
- Care within the U.S.
- Quick, Accurate and Flexible Reimbursement
- Online Global Network Directory and services

You will receive a MetLife Welcome Guide and ID card in the mail or from Concord Crossroads

Once you receive your ID card, you can register for our customized website, eBenefits, where you can find a doctor, print ID cards, check your claims status, and much more.

During the transition, please keep in mind:

- Claims incurred prior to the effective date of the new MetLife Plan must be submitted to the prior carrier.
- Claims incurred on or after the effective date should be submitted to MetLife.

### **How Do I Obtain Additional Information?**

If you have any questions prior to receiving your MetLife Welcome Guide, please feel free to contact your Benefits Representative at Concord Crossroads.

### **Deductible Carryover**

## What you should know about Deductible Credits

### What is a deductible credit?

A deductible credit is a credit that is applied to your yearly deductible based on the amount that has already been met through your previous insurance carrier.

### What does this mean to me?

If you have had any charges that were applied to your deductible this calendar year with your previous carrier those will now carryover with MetLife.

### How does this work?

Simply provide proof from your previous carrier of what has been paid toward your deductible for the year and it will be applied to your current deductible.

### How can I provide proof of my deductible?

You may already have proof of your deductible if you have an up-to-date Explanation of Benefits (EOB) from your previous carrier. If not, contact that carrier and request an up-to-date EOB showing what has been applied toward your deductible. Once you have this, send it in with your claim submission and we will handle the rest.

### Will I know if the deductible credit has been applied?

The credit will be processed just like a claim submission, so you will see a deductible credit charge on eBenefits and/or on your EOB. When you see this charge it means that the amount listed has gone toward your deductible.

## Enrollment Form – Medical, Dental, Vision, Life, AD&D Coverages

Please complete and return this form to your HR Administrator. Please remember to **sign on page three**.

### Please enter your personal information

Policyholder/Employer Name:					
Employee Last Name/Surname:		First Name:		MI:	
Date of Birth:		Assignment Effective Date:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Classification/Job Title:		Email Address:			
Country of Citizenship:		If US Citizen, Include State:			
Social Security Number (SSN)/Individual Tax Identification Number (ITIN):					
Assignment Country:		Assignment City:		Work Phone:	
Annual Salary (USD):		I work:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours worked per week	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated				

### Please enter your mailing address

Address:			City:		
State / Province:		Country:		Zip / Postal Code:	

### Please select who you are enrolling in this plan by placing an "X" in the corresponding box

☐ Self Only ☐ Self + 1 ☐ Self + 2 or More

### Please select the coverages you would like to elect by placing an "X" in the corresponding box

☐ Medical ☐ Dental ☐ Vision ☐ Basic Life ☐ Accidental Death & Disability (AD&D)

### Please enter dependent information if you are enrolling dependents

Name	Relationship	SSN/ITIN	Date of Birth
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A

## Please enter beneficiary information if you are electing Life and/or AD&D coverages

Beneficiary Name	Relationship	% of Benefit

### FRAUD WARNINGS

Updated: June 28, 2019

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kansas and Oregon:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## AUTHORIZATION TO RELEASE, OBTAIN AND PROCESS PERSONAL INFORMATION

By signing below, I expressly provide my authorization for all my personal, sensitive (such as health information), location and financial information provided in this form, or obtained directly or indirectly from me or my employer during the underwriting process ("Personal Information"), to be reviewed and processed by and shared among Delaware American Life Insurance Company ("DelAm") and/or its affiliates and/or agents. Such Personal Information will be used for the following purposes: enrollment; underwriting; processing, administering, evaluating and adjudicating claims; utilization review; financial audit; servicing and providing insurance benefits; answering questions/requests; and complying with local and foreign legal obligations.

If applicable, I understand that I may exercise my rights to access, rectify, delete or object to the processing of my Personal Information by sending a written communication to [metlifeworldwide@metlife.com](mailto:metlifeworldwide@metlife.com) (please identify employer and group policy number in written request).

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 Personal Information is sent.

To the best of my knowledge and belief, the information I provided in this enrollment form is true, complete, and correct. By my signature below, I agree that I am making this authorization on behalf of not only myself, but also as the agent or representative of any covered dependents or beneficiaries included in this form. This consent shall remain valid and effective and may be relied upon by DelAm, its affiliates, and agents, until revoked by sending a written communication to [metlifeworldwide@metlife.com](mailto:metlifeworldwide@metlife.com).

I have read the applicable **Fraud Warning(s)** provided in this form.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Welcome Guide

# Welcome to the worldwide plan with a personal touch

The support you need when you're a world away





## Right there alongside you

Working abroad is exciting and inspiring. But it can also be stressful. Acclimating to a new culture, language, and work environment is tough without the right support. For more than 60 years, globally mobile employees and their families have relied on MetLife for our knowledge and expertise while they are on assignment. We understand your unique needs and we've built a personalized network to help meet them. Our customer service teams are local experts, well-versed in the nuances of your region's healthcare system to make it easier for you to obtain quality medical care, receive expert advice and guidance, and get your claims reimbursed more efficiently — regardless of time zone or geography.

### How we help you

Contact us at any time by using the phone number or email address on your ID card:



Phone



Email



Mobile App



Website

## How to get started

Here's everything you need to know to get started in four steps — a Table of Contents if you will:



**Step 1**  
Register for  
eBenefits



**Step 2**  
Get your  
ID card



**Step 3**  
Find  
a doctor



**Step 4**  
Know your  
benefits

If you want to learn more, you can keep reading, but these four items will cover the basics.

**Oh wait one more thing!** If you ever need help or have questions, please reach out. Our contact info is on your ID card.





## Step 1: Register for eBenefits

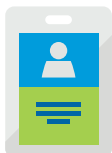
Let's get registered for eBenefits — our secure, self-service web portal, available 24/7 at [eBenefits.metlife.com](https://eBenefits.metlife.com). Registration is easy — step-by-step instructions are available on the website and we also emailed you all the information you need to register once your eligibility was loaded. See page 11 for a list of everything you can do on eBenefits.



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Go to [eBenefits.metlife.com](https://eBenefits.metlife.com) and register now.

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## Step 2: Get your ID card

Your ID card is your passport to accessing healthcare around the world. **Please carry it with you and show it at your doctor's office when accessing care.**

There are three ways you can access your ID card:

1. Through eBenefits at [eBenefits.metlife.com](https://eBenefits.metlife.com).
2. Through our mobile app (download from your app store by searching for “MetLife Worldwide”).
3. Hard copy in the mail.



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**If you haven't received your ID card in the mail yet, download a copy from eBenefits in case you need it. Print a copy and keep it in your wallet.**

---



## Step 3: Find a doctor

We recommend finding a doctor before you need to see one. There are three easy ways to find a doctor near you:

1. Use our telemedicine network to connect to a doctor virtually. To learn more about this process, go to <https://www.AXAteleconsultation.com/MetLifeWorldwide>.
2. Contact us for a provider recommendation using the contact info on your ID card.
3. Search the Online Directory on eBenefits at [eBenefits.metlife.com](https://eBenefits.metlife.com). Once logged in, click the “Find Providers” tab.



### To find providers outside of the U.S.

- **Select** your [country](#) from the [Country](#) dropdown box and then **select** your [city](#) from the City dropdown box.
- **Click** “[Search](#)” and your result will appear. Direct pay providers are noted with the wording “Provider may settle bills directly”. To see only direct pay providers, **check** the “[Provider may settle bills directly](#)” checkbox under Payment options.



### To find providers within the U.S.

- **Click** the “[Or, Find U.S. Providers](#)” link.
- **Click** the “[Continue to U.S. Providers](#)” button. This will take you to the appropriate website where you can search your U.S. network for in-network providers.

[Radius Search >](#)[Or, Find U.S. Providers >](#)

Country*	City*
<div>Please Select ▼</div>	<div>All Cities ▼</div>
Provider Name	Provider Type*
<div></div>	<input checked="" type="checkbox"/> Select All



**Register for telemed<sup>1</sup> access or search for a doctor now;** contact your chosen doctor to make sure they are seeing new patients or to schedule an appointment if you need one. Ask what you need to bring with you. If you don't need an appointment right away, ask what the wait time for an appointment is.

1. Telemedicine services are provided through vendor not affiliated with MetLife



## Step 4: Know your benefits

Understanding your benefits will help you know what procedures are covered and how much you may pay for them when you go to the doctor. All this information is outlined in your Schedule of Benefits. To get it, login to eBenefits and:

1. Click the “Documents and Forms” tab.
2. In the Category box, select “Policy Documents” from the dropdown.
3. In the Subcategory box, select “Schedule of Benefits” from the dropdown.
4. Click the Search button.

Your Schedule of Benefits will appear. Click the most current version to download the PDF. (Please note, if you see multiple documents and don’t know which one applies to you, check with your employer for clarification.)



## Other documents and forms

This section of eBenefits has lots of other helpful material to read — click through the options for:

- Glossary of terms
- How to find a direct pay provider, request a GOP, or file a claim
- Telemedicine network & User’s Guide
- Forms for all your coverages around the world

The key things you should look for in your Schedule of Benefits are your deductible, coinsurance, and out-of-pocket maximum. These may vary depending on your location; for example, they may be different internationally vs. in the U.S.



**Go download your Schedule of Benefits and review it now.** Contact us if you have questions.

Your plan may include some additional benefits and features. Check out page 10 for more on these features.



## So you want to know more?

We've covered the basics and gave you a few action items — but if you want to know more, here's some other information that'll help you understand the nuances of your plan. Click to learn more about:



**Your ID card**



**Options for  
accessing care**



**What to take  
to the doctor**



**Other benefits &  
services included  
in your plan**



**eBenefits**



**Prescriptions (Rx)**



**Emergencies**



## More about your ID card

Your ID card is double-sided for your convenience. This means that in most situations, you will only need to carry one ID card regardless of where you are in the world. The gray side of your ID card is for accessing care outside the U.S., and the white side of your ID card is for accessing care inside the U.S., like this:

### Where to use: **Outside the U.S.**

The diagram shows the gray side of the ID card. At the top left is the MetLife logo. To its right is a box labeled 'A'. Below the logo, there are labels for 'Policy Holder:', 'Policy #:', 'Effective Date:', 'Insured:', and 'Member #:', followed by a large box labeled 'B'. Below these labels, there are two sections: 'Customer Service Telephone Numbers:' and 'Non-U.S. Claims Submission:', followed by a large box labeled 'C'. At the bottom left, it says 'Global Health Benefits'.

#### Your ID card contains the following information:

- A** The logo of the local **provider network** you'll utilize when going to the doctor.
- B** **Customer Service** information, including 24/7 phone and email.
- C** **Policy and certificate numbers.**
- D** Where to find an in-network provider
- E** Where to send claims if you pay out-of-pocket
- F** Rx information

### Where to use: **Within the U.S.**

The diagram shows the white side of the ID card. At the top is a box labeled 'A'. Below it is a blue header 'MEMBER - U.S. Claim & Service'. To the right of this header is a green header 'PROVIDERS - U.S. Claim & Service'. Under the blue header, there are labels for 'Employee:', 'Group No:', 'Aetna CSA:', and 'ID No:', followed by a box labeled 'B'. Below these labels, there is a section 'Customer Service and Provider Search:' followed by two boxes labeled 'C' and 'D'. Below that is a section 'Member Reimbursement Claims Submissions:' followed by a box labeled 'E'. At the bottom left, there is a disclaimer: 'This card is for identification only and does not prove eligibility. While insurance remains in force, covered participants and dependents are entitled to Benefits subject to the terms and conditions of the Group Policy. Coverage is Underwritten by Delaware American Life Insurance Company, a MetLife affiliate. CoreSource Inc. is an administrator for Delaware American Life Insurance Company.' To the right of the disclaimer is a yellow header 'PHARMACY PLAN' and a box labeled 'F'. At the bottom right is the CVS Caremark logo and website 'www.caremark.com'.



## Options for accessing care

There are three ways to access care:

- 1. Direct pay** — Billing arrangement where your doctor bills MetLife directly so that you don't have to pay out-of-pocket.
- 2. Guarantee of Payment (GOP)** — You contact Customer Service for a Guarantee of Payment before visiting your doctor so that your doctor may bill MetLife directly and you don't have to pay out-of-pocket.
- 3. Pay and claim** — You go to the doctor and pay for the cost of your appointment; then you submit a claim for reimbursement to MetLife and we'll reimburse you.

### Guarantee of Payment

A letter to your healthcare professional that confirms your eligibility and benefits as a covered MetLife member.



**Direct pay is the best experience because it means you leave the doctor's office with nothing else to do!** Our network spans the globe and includes more than 1.3 million direct pay providers — more than 335,000 of which are outside the U.S.

If your preferred provider isn't in our direct pay network, you can nominate them. We'll review their credentials and if they meet our selection standards, we will establish a direct pay arrangement with them if they're interested. Go to [MetLife.com/WorldwideNetwork](https://www.metlife.com/worldwideweb) to nominate.

## Requesting a GOP

You know how to find a direct pay provider — but if you see a doctor who isn't, that's OK too! Request a GOP so that you don't have to pay out-of-pocket. Contact us three to five days in advance of your appointment with 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 (ask if you need one when you make your appointment). Bring it with you when you go for your visit.

## Pay and claim

If you don't request a GOP or your provider doesn't accept one, don't worry! 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:



**Website or mobile app**

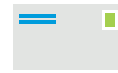
Online submission via website or mobile app is the easiest way to submit



**Email**



**Fax**



**Courier mail**

Claims that are submitted with all necessary information are typically processed in 10 business days or less. (Please note, it may take longer for funds to hit your account once the claim is processed.)



**To expedite reimbursement, fill out our Wire Transfer Form, which has the banking details we'll need to reimburse you.** You can even fill this out in advance and submit it — we'll keep it on file. Do this now if you haven't found a direct pay provider yet. Download the form on eBenefits.

Once your claim is processed, you will be issued a reimbursement. Check with Customer Service to see what reimbursement options are available.



## What to take to the doctor

When visiting your doctor or a hospital, you just need three things:



**Your ID card.** When checking in, point out the network logo, if you have one.



**A form of identification.** You can use a valid national ID or passport.



**Guarantee of Payment.** If you have a Guarantee of Payment, please bring it with you.



## More benefits

Some plans include additional services, like:



**Emergency medical evacuation<sup>2</sup>** — provides protection if you are in a medical emergency where local care is not sufficient to safely address your critical care needs.



**Political and security evacuation<sup>2</sup>** — provides protection in case of a political or natural disaster.



**International Employee Assistance Program (IEAP)<sup>3</sup>** — provides telephonic and face-to-face access to a worldwide network of more than 80,000 counselors, coaches, and specialized professionals — many of whom have been expats themselves — in 170 countries. To access EAP information, click the “IEAP” tab on eBenefits.



**Remote Second Medical Opinion<sup>4</sup>** — provides a second opinion if you or your dependents are diagnosed with complex medical problems or issues. World-renowned specialists in the U.S. will review your medical records to confirm your diagnosis and offer treatment plans while you stay in your assignment country – the best of both worlds!

If these services are part of your benefits plan, they are outlined in the “Additional Service Riders” section of your Schedule of Benefits. If you ever need to use them or have questions, contact us and we’ll help!

**A note on evacuations** — Customer Service is trained to coordinate all facets of emergency evacuations to ensure you are quickly and safely getting the care you need. If you are ever in an evacuation situation, our evacuation partner, AXA Assistance, will work with MetLife to support you and provide enhanced care.

2. Services are provided through vendor not affiliated with MetLife.

3. IEAP provided through vendor not affiliated with MetLife.

4. Second Opinion services provided through vendor not affiliated with MetLife.





## eBenefits

Once you're logged into eBenefits (at [eBenefits.metlife.com](https://eBenefits.metlife.com)), you can:

- Search for full-service hospitals, medical centers, clinics and doctors virtually anywhere in the world.
- Submit a claim online and view your claim history.
- Print a copy of your ID card or your dependents' ID cards and request hard copies of your ID cards.
- Download a Certificate of Coverage.
- Review travel information, such as a global risk map, global events, and country risks.
- Access wellness tools such as health-risk assessments and personal health trackers.
- Set language preferences to read in English, Spanish, French, Arabic, Chinese, Korean or Hindi.
- Download forms and policy information.
- View coverage details for you and your dependents.
- Update your mailing address or employment status.

You can also download MetLife's mobile application for access to tools and resources on the go. Download the app for your iPhone or Android device from the app store.



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**Download our mobile app now!** Search your preferred app store for "MetLife Worldwide."

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## Prescriptions (Rx)

Your pharmacy benefits are outlined in the “Prescription Drugs” section of your Schedule of Benefits.

Outside the U.S., you can fulfill prescriptions and go to the pharmacy the same way you go to the doctor — find a direct pay pharmacy on eBenefits or contact us for a recommendation or help.

In the U.S., MetLife partners with CVS Health to provide pharmacy benefits, which means you have access to:

- **More than 68,000 pharmacies nationwide**, including all major chains, all major retailers, 99% of independents (such as CVS, Rite Aid, Walgreens, Target, Walmart).
- The **CVS mail-order pharmacy program**.

You may recall, the U.S. side of your ID card provides information for CVS Caremark. Simply present your ID card at the pharmacy when filling prescriptions.

If you're from the U.S. and moving abroad, check with your doctor before traveling regarding your maintenance medications. You may be able to receive up to a 12-month supply to take abroad with you, if prescribed by your U.S. physician.



## Emergencies

If you have an emergency, seek care immediately and then contact us at your earliest convenience. Your health and safety is the priority, so contact us once you are safe or have your provider reach out on your behalf.

To help you use your benefits with confidence, **we've created a customized member website** where you'll find support for eBenefits, tips on navigating care globally, and educational materials for you and your family. Learn more at [metlife.com/MWBwelcome](https://metlife.com/MWBwelcome).

It is our goal to provide you and your family with the best access to providers and service excellence, so please contact us with any questions or for help.

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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 Customer Service, including the team 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 U.S., including the European Economic Area and other jurisdictions with similar data privacy regimes, into the U.S. 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 [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com).

This authorization shall remain valid and effective until revoked by sending a written communication to [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.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 worldwide 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.





# Schedule of Benefits

## Concord Crossroads LLC

**Effective:** October 1, 2021



# Medical Schedule of Benefits

## Eligible Classes

<b>Employees</b>	All active, Full-Time Employees of the Participating Employer who normally work at least thirty hours per week; who are U.S.-based Employees on temporary assignment outside the U.S.;
<b>Dependents</b>	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26
<b>Employee Contribution</b>	Contributory

## Plan Design (U.S. Care Included)

	<b>International</b>	<b>In-Network U.S.</b>	<b>Out-of-Network U.S.</b>
<b>Deductibles Individual / Family</b>	None / None	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>Deductibles accumulate across International, In-Network U.S. and Out-of-Network U.S. benefits.</b>			
<b>Covered Percentage</b>	100%	80%	60%
<b>Out-of-Pocket Maximum Individual / Family</b>	None / None	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Out-of-Pocket (OOP) Maximums accumulate across International, In-Network U.S. and Out-of-Network U.S. benefits. The OOP excludes payments made for Deductibles, Co-pays (including Pharmacy Co-pays), and benefit penalties incurred for failure to obtain Pre-Certification.</b>			
<b>Lifetime Maximum</b>	Unlimited		
<b>Benefit/Accumulation Period</b>	Calendar Year		

## Emergency and Urgent Care Services

	<b>International</b>	<b>In-Network U.S.</b>	<b>Out-of-Network U.S.</b>
<b>Emergency Room</b>	100%	100% After Deductible	100% After In-Network Deductible
<b>Non-Emergency Use of the Emergency Room</b>	100%	50% After Deductible	50% After Deductible
<b>Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Radiological/Laboratory</b> (in conjunction with ER visit)	100%	80% After Deductible	60% After Deductible
<b>Ambulance</b>	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Urgent Care</b>	100%	80% After Deductible	60% After Deductible

## Office Visits

	International	In-Network U.S.	Out-of-Network U.S.
<b>Physician Office Visit</b> (in person or through Telemedicine)	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible

\*Waived for wellness services

## Mental Illness/Substance Abuse

	International	In-Network U.S.	Out-of-Network U.S.
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Inpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible

## Laboratory and Radiological Services (including, but not limited to, MRI's, MRS's, CAT Scans, PET Scans)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Independent Lab / X-Ray Facility</b>	100%	80% After Deductible	60% After Deductible

## Hospital Services

	International	In-Network U.S.	Out-of-Network U.S.
<b>In-patient Hospital Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Semi Private Room and Board</b>	Avg. semi-private room rate		
<b>Private Room</b>	Limited to the semi-private room rate (private room covered outside the U.S. only if no semi-private room equivalent is available)		
<b>Special Care Units: ICU/CCU</b>	Limited to the ICU/CCU daily room rate		
<b>In-patient Hospital Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>In-patient Hospital Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible

## Hospital Services (continued)

<b>Inpatient Services – other Healthcare Facilities including:</b> <ul style="list-style-type: none"> <li>• Rehabilitation Hospital</li> <li>• Skilled Nursing Facility</li> <li>• Sub-Acute Care Facility</li> </ul>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Physician Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Out-patient Hospital Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible

## Maternity

	International	In-Network U.S.	Out-of-Network U.S.
<b>Initial Visit to Confirm Pregnancy</b>	100%	80% After Deductible	60% After Deductible
<b>Specialist Office Visits</b>	100%	100% (Deductible Waived)	100% (Deductible Waived)
<b>Laboratory and Radiological Services</b>	100%	80% After Deductible	60% After Deductible
<b>Physician Delivery Charge</b>	100%	80% After Deductible	60% After Deductible
<b>Delivery</b> (Inpatient Hospital/Birthing Center)	100%	80% After Deductible	60% After Deductible

## Obesity/Bariatric Surgery (Must be Medically Necessary)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Inpatient Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient Facility</b>	100%	80% After Deductible	60% After Deductible
<b>Physician Services</b>	100%	80% After Deductible	60% After Deductible

## Prescription Drugs

	International	In-Network U.S.	Out-of-Network U.S.
<b>Retail Generic Drug</b>	100%	100% After \$5 Co-pay (Deductible Waived)	60% After Deductible
<b>Retail Formulary Brand Name Drug</b>	100%	100% After \$30 Co-pay (Deductible Waived)	60% After Deductible
<b>Retail Non-Formulary Brand Name Drug</b>	100%	100% After \$90 Co-pay (Deductible Waived)	60% After Deductible
<b>Mail Order Generic Drug</b>	Not Available	100% After \$15 Co-pay (Deductible Waived)	Not Available
<b>Mail Order Formulary Brand Name Drug</b>	Not Available	100% After \$90 Co-pay (Deductible Waived)	Not Available
<b>Mail Order Non-Formulary Brand Name Drug</b>	Not Available	100% After \$270 Co-pay (Deductible Waived)	Not Available



## Wellness

	International	In-Network U.S.	Out-of-Network U.S.
<b>Well Baby/Child Care</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	(for dependents under 18 covered for routine preventive care and immunizations)		
<b>Adult Preventive Care</b> (for persons 18 and older-one visit every 12 months)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Immunizations</b> (Including Travel)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Mammograms</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	<ul style="list-style-type: none"> <li>Age 35 through 39: one baseline exam</li> <li>Age 40 through 49: one baseline exam every one or two years, based upon recommendation of a Physician</li> <li>Age 50 or older: one per year</li> <li>Based on Physician's evaluation that physical conditions, symptoms or risk factors indicate a probability of breast cancer higher than the general population: one exam</li> </ul>		
<b>Women's Preventive Care</b> (for eligible females)	100%	100% (Deductible waived)	100% (Deductible waived)
	<ul style="list-style-type: none"> <li>Annual well-woman visits</li> <li>Prenatal visits</li> <li>Screening for gestational diabetes for women who are 24 to 28 weeks pregnant and at the first prenatal visit for those who are at high risk of development of gestational diabetes</li> <li>Screening and counseling for interpersonal and domestic violence annually</li> <li>FDA-approved contraception methods &amp; contraceptive counseling as prescribed; including birth control &amp; sterilization (excludes reversals)</li> <li>Breast-feeding support, supplies and counseling</li> <li>HPV DNA testing every three years for women 30 years &amp; older</li> <li>Sexually-transmitted infection counseling and HIV screening &amp; counseling annually</li> </ul>		
<b>Prostate Cancer Screenings</b> (for eligible men age 50 and older up to once per year)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Gynecological Cancer Screenings</b> (for eligible females up to once per year)	100%	100% (Deductible waived)	100% (Deductible waived)
<b>Colorectal Cancer Screenings</b>	100%	100% (Deductible waived)	100% (Deductible waived)
	(for persons age 50 or older, screening with annual fecal occult blood tests (3 specimens), flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double contrast barium enema every 5 years, or any combination of the most reliable screening tests available)		
<b>Lead Screenings</b>	100%	100% (Deductible waived)	100% (Deductible waived)



## Other Covered Benefits

	International	In-Network U.S.	Out-of-Network U.S.
<b>Temporomandibular joint dysfunction (TMJ)</b> (up to \$1,000 per lifetime) <b>Specialist Office Visit</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Infertility</b> (Diagnosis and Treatment)	100%	80% After Deductible	60% After Deductible
<b>Family Planning</b>	100%	80% After Deductible	60% After Deductible
	<ul style="list-style-type: none"> <li>Office visits and counseling</li> <li>Lab and radiology tests</li> <li>Surgical sterilization procedures: Vasectomy (excludes reversals)</li> </ul>		
<b>Nutritional Evaluation</b> (up to 3 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Applied Behavior Analysis</b>	100%	80% After Deductible	60% After Deductible
	(for treatment of autism spectrum disorder up to a \$36,000 maximum per calendar year to age 21)		
<b>Outpatient Short-Term Rehabilitative Therapy</b> (up to a combined 60 visits per Calendar Year) <b>Includes:</b> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> <li>Cognitive Therapy</li> <li>Cardiac Therapy</li> <li>Pulmonary Therapy</li> </ul> (Physical Therapy visits for the treatment of back pain are excluded from the visit limit outlined above)	100%	80% After Deductible	60% After Deductible
<b>Chiropractic Services</b>	100%	80% After Deductible	75% After Deductible
<b>Acupuncture / Acupressure</b> (up to a combined 20 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible

## Other Covered Benefits (continued)

	International	In-Network U.S.	Out-of-Network U.S.
<b>Home Health Care</b> (up to 120 visits per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Skilled Nursing Facility</b> (up to 120 days per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Inpatient Physical Rehabilitation Facility</b> (up to 120 days per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Hospice Care, Including Bereavement</b> (up to \$10,000 per lifetime)			
<b>Inpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Outpatient</b>	100%	80% After Deductible	60% After Deductible
<b>Allergy Treatment / Testing</b>	100%	80% After Deductible	60% After Deductible
<b>Alternative Therapies</b>	100%	Not Available	Not Available
<b>Durable Medical Equipment</b>	100%	80% After Deductible	60% After Deductible
<b>Diabetes Supplies</b>	100%	80% After Deductible	60% After Deductible
<b>Scalp Hair Prosthesis</b> (up to \$500 per Calendar Year)	100%	80% After Deductible	60% After Deductible
<b>Hearing Exams</b> (once every 24 months)	100%	80% After Deductible	60% After Deductible
<b>Hearing Aids</b>	100%	80% After Deductible	60% After Deductible
	(once per ear every 3 years up to \$1,000 for dependent children up to age 24)		
<b>Vision</b>			
<b>Exams</b>	100% once every 24 months (Deductible waived)		
<b>Lenses, Frames, Hardware</b>	100% up to \$250 once every 24 months (Deductible waived)		

## Additional Service Riders

<b>Preferred Telemedicine Services</b>	24-hr, 7 days per week access to medical consultations with a network of licensed providers on any mobile device. Covered at 100% (Deductible waived) when accessed through this preferred network.
<b>Second Medical Opinion</b>	A Second Medical Opinion from specialists at top medical centers is provided for serious illnesses upon request. These medical experts review the patient's medical records and provide a customized report, reviewing the diagnosis and recommending a personalized treatment plan based on the latest medical research.
<b>Global Emergency Assistance</b>	24-hr, 7 days per week assistance services including telephonic translation, medical and legal referrals, evacuation/repatriation, dependent return, and concierge-level travel assistance. Covered at 100% (Deductible waived) up to \$25,000 for Repatriation of Remains, \$250,000 per occurrence for Medical Evacuation, \$10,000 for Emergency Family Travel and \$10,000 for Return of Dependents

# Dental Schedule of Benefits

## Eligible Classes

<b>Employees</b>	All active, Full-Time Employees of the Participating Employer who normally work at least thirty hours per week; who are U.S.-based Employees on temporary assignment outside the U.S.;
<b>Dependents</b>	Spouse, Same or Opposite Sex Domestic Partner, Child(ren) under age 26
<b>Employee Contribution</b>	Contributory

	<b>Worldwide</b>
<b>Deductibles</b> Preventive/Diagnostic, Basic and Major: Individual / Family	Combined: \$50 / \$150
<b>Annual Maximum:</b> <ul style="list-style-type: none"> <li>Preventive/Diagnostic</li> <li>Basic</li> <li>Major</li> </ul>	Combined \$1,000
<b>Preventive/Diagnostic*</b> <ul style="list-style-type: none"> <li>Oral Examination: Once every six months</li> <li>Dental Prophylaxis (Cleanings): Once every six months</li> <li>Fluoride Treatment: Once every six months (Up to age of 12)</li> <li>Complete Mouth Survey or Panoramic X-Ray: Once every twelve months</li> <li>Bitewing X-rays: Once every six months (Up to age 12), Once every twelve months (Age 12 and older)</li> <li>Application of Sealants: Once per tooth every five years (Up to age 12)</li> </ul>	100% (Deductible Waived)
<b>Basic*</b> <ul style="list-style-type: none"> <li>Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance and Oral Surgery</li> </ul>	80% After Deductible
<b>Major</b> <ul style="list-style-type: none"> <li>Dentures, Crowns, Bridges</li> </ul>	50% After Deductible

*\*All frequencies outlined above are measured from last date of service*

# Life and AD&D Schedule

## Eligible Classes

<b>Employees</b>	All active, full-time Employees of the Employer who normally work at least thirty hours per week, and who are U.S.-based Employees on temporary assignment outside the U.S.
<b>Employee Contribution</b>	Non-Contributory

## Life Insurance On You

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
<b>Basic Life Insurance *</b>	Flat \$100,000
<b>Minimum Basic Life Benefit</b>	\$0
<b>Maximum Basic Life Benefit</b>	\$100,000
<b>Guaranteed Issue Amount</b>	The Guaranteed Issue Amount for Basic Life Insurance is \$100,000. Any amount of Life Insurance in excess of the Guaranteed Issue Amount is subject to Evidence of Insurability.
<b>Disability Provision</b>	Extended Death
<b>*If You are age 65 and under age 70 on Your Effective Date of insurance, Your Life Insurance will be limited to 65% of the amount shown. If you are age 70 or older on Your Effective Date of insurance, Your Life Insurance will be limited to 50% of the amount shown. If You are under age 65 on Your Effective Date of insurance, Your Life Insurance will be reduced by 35% on the date You attain age 65 and 50% on the date you attain age 70.</b>	

## Accidental Death And Dismemberment Insurance (AD&D) On You

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
<b>Basic AD&amp;D Full Amount</b>	An amount equal to Basic Life Insurance on You
<b>Minimum Basic AD&amp;D Benefit</b>	\$0
<b>Maximum Basic AD&amp;D Benefit</b>	\$100,000

**Schedule Of Covered Losses For Basic AD&D Insurance On You** (All amounts listed are stated as percentages of the Full Amount.)

COVERED LOSS	COVERED PERCENTAGE
Loss of life	100%
Loss of both arms and both feet	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of sight in both eyes	100%
Loss of sight in one eye	50%
	<b>Loss of sight</b> means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.
Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand	25%
	<b>Loss of thumb</b> and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.
Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing	50%
	<b>Loss of speech</b> means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury. <b>Loss of hearing</b> means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.
Loss of hearing in one ear	25%
	<b>Loss of hearing in one ear</b> means the entire and irrecoverable loss of hearing in an ear that continues for 6 consecutive months following the accidental injury.
Coma	1% monthly, beginning on the 31st day of the Coma and for the duration of the Coma to a maximum of 60 months
	<b>Coma</b> means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 90 days of the accidental injury and continue for 30 consecutive days.

## Medical Insurance: Exclusions

### **We will not pay Medical Insurance benefits for charges incurred for:**

1. services or supplies to the extent that benefits are available for the services or supplies elsewhere under the Group Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Participating Employer contributes or makes payroll deductions whether or not You or Your Insured Dependents are covered for such benefits;
2. services or supplies for which benefits are not payable because of Deductible or Co-payment provisions under the Group Policy or under any other plan of group insurance, group prepayment coverage or other arrangement of coverage for individuals in a group to which the Participating Employer contributes or makes payroll deductions;
3. cosmetic surgery, unless the cosmetic surgery is required as a result of a covered accident to You or Your Insured Dependents while covered under the Group Policy;
4. eyeglasses, hearing aids or examinations for a prescription or fitting of eyeglasses, hearing aids; including any surgical procedures which are done primarily to correct a refractive error, hearing loss, unless specifically provided for elsewhere in the Group Policy.
5. treatment of the teeth or gums unless such expenses are incurred for:
  - a) dental work necessitated by Accidental Injury to natural teeth sustained while You or Your Insured Dependents are covered for Medical Insurance under the Group Policy. Eligible charges are limited to services provided within ninety days of the Accidental Injury; or
  - b) Hospital Room and Board or Miscellaneous Services or Supplies;
6. benefits that are not payable according to the section of the Group Policy entitled GENERAL LIMITATIONS.

## Emergency Medical Evacuation Exclusions and Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Emergency Medical Evacuation benefits:

### **We will not pay Emergency Medical Evacuation benefits for charges incurred for:**

1. services rendered without Pre-Certification from Us.
2. claims arising from depression or anxiety, mental or nervous disorder, alcohol or drug abuse addiction or overdose.
3. claims arising from elective cosmetic or plastic surgery, except as a result of a covered accident.
4. claims arising from You or Your Insured Dependents traveling against the advice of a Physician.
5. claims caused by or resulting from:
  - a) any business or financial contractual obligations of You or Your Immediate Family Member;
  - b) Change of plans or disinclination of You or Your Immediate Family Member to travel.

## Prescription Drug Exclusions

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded for all Prescription Drug benefits:

**We will not pay Prescription Drug benefits for charges incurred for:**

1. drugs which do not meet the definition of Prescription Drugs.
2. medication which is to be taken by or administered to You or Your Insured Dependents, in whole or part, while You or Your Insured Dependents, are patients in a Hospital, rest home, sanitarium, extended care facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
3. therapeutic devices or appliances including, but not limited to, colostomy supplies and support garments, regardless of intended use. (This exclusion does not apply to insulin syringes with needles, blood testing strips - glucose, urine testing strips - glucose, ketone testing strips and tablets, lancets and lancet devices which are covered.)
4. injectable drugs (This exclusion does not apply to insulin or self-administered injectables which can be injected subcutaneously which are covered.).
5. progesterone suppositories.
6. appetite suppressants and other weight loss products.
7. general and injectable vitamins (This exclusion does not apply to prenatal vitamins, vitamins with fluoride and B-12 injections which are covered.).
8. any prescription refilled in excess of the supply limits or in excess of the number specified by the Physician, or any refill dispensed after one year from the Physician's original order.
9. replacement drugs resulting from a lost, stolen, broken or destroyed Prescription Drug order or refill.
10. unit dose packaging of drugs.
11. drugs available over-the-counter that do not require a Prescription Drug order or refill by federal, state or applicable law before being dispensed and any drug that is therapeutically equivalent to an over-the-counter drug.
12. drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs, even though a charge is made to the person.
13. immunization agents, biological sera, blood or blood plasma.
14. drugs related to any sex transformation or the reversal thereof.
15. drugs for tobacco dependency or smoking cessation.
16. drugs for, or in connection with cosmetic surgery unless the You or Your Insured Dependents are injured as a result of an accident that occurs while he or she is covered for Medical Insurance under the Group Policy, which results in damage to his or her person requiring the cosmetic surgery.



## Vision Insurance Exclusions

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Vision Insurance benefits:

**We will not pay Vision Insurance benefits for charges incurred for:**

1. more than one examination in any 24 consecutive month period.
2. more than one pair of lenses in any 24 consecutive month period.
3. more than one set of frames in any 24 consecutive month period.
4. non-prescription eyeglasses or lenses.
5. sunglasses, unless prescribed to be worn at substantially all times.
6. any coatings added to eyeglasses or lenses.
7. examinations required for employment.
8. glasses or lenses required for employment.
9. any item or service not listed in the SCHEDULE OF BENEFITS.
10. surgical treatment of the eyes.
11. services or supplies to the extent that benefits are payable for the services or supplies elsewhere under the Group Policy.

## Dental Insurance Exclusions

In addition to the provisions of the Group Policy titled "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Dental Insurance benefits:

**We will not pay Dental Insurance benefits for charges incurred for:**

1. services not performed by a Dentist except for those services of a licensed Dental Hygienist which are supervised and billed by a Dentist and which are for:
  - a) scaling and polishing of teeth; or
  - b) fluoride treatments.
2. services which are primarily cosmetic.
3. repair or replacement of an orthodontic appliance.
4. services or appliances which restore or alter occlusion or vertical dimension.
5. restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease.
6. restorations or appliances used for the purpose of periodontal splinting.
7. counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
8. personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
9. decoration or inscription of any tooth, device, appliance, crown or other dental work.
10. missed appointments.
11. prescription drugs.
12. the following when charged by the Dentist on a separate basis:
  - a) infection control such as gloves, masks, and sterilization of supplies; or
  - b) local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
13. dental services arising out of Accidental Injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
14. intraoral-periapical x-rays and other x-rays not specified as Covered Dental Services.
15. sedative fillings.
16. veneers.

## Dental Insurance Exclusions (continued)

17. local chemotherapeutic agents.
18. adjustments, repairs or re-cementing of Dentures.
19. relinings and rebasings of Dentures.
20. implants and implant supported prosthetics including, but not limited to any related surgery, placement, restorations, maintenance, and removal.
21. oral surgery except as specified elsewhere as a covered service.
22. diagnosis and treatment of temporomandibular joint (TMJ) disorders.
23. general anesthesia or intravenous sedation.
24. consultations.
25. application of desensitizing agents and occlusal adjustment.
26. fixed and removable appliances for correction of harmful habits.
27. appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
28. orthodontia.
29. initial installation of a Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
30. implants and implant supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
31. duplicate prosthetic devices or appliances.
32. replacement of a lost or stolen appliance or crown, inlay/onlay, or Denture.

## Transplant Exclusions And Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under Transplants:

### **We will not pay Transplant benefits for charges incurred for:**

1. acquiring the organ for the purposes of storage or harvesting without the expectation of an immediate transplant for an existing Sickness. However, such harvesting and/or storage of bone marrow, tissue or stem cells, is covered if the transplant is expected to occur within twelve months for an existing Sickness.
2. xenotransplantation.
3. transplant of partial pancreatic tissue or islet cells under the context of a Clinical Trial.
4. transplants performed at a facility that does not meet the prerequisite local or regional accreditation requirements.
5. experimental and investigational services which include but are not limited to the following:
  - a) In kidney transplants:
    - i. gene microarrays and measurement of cytokines and tumor necrosis factors for diagnosis of acute renal allograft rejection;
    - ii. urine immunocytology for T cells, measurement of pre-transplantation soluble CD30 level for diagnosing acute kidney rejection;
    - iii. belatacept when used as a prophylaxis for prevention of organ/tissue rejection other than for kidney;
    - iv. human leukocyte antigen-G-14-base-pair-insertion/deletion polymorphism for evaluating the risk of developing kidney graft rejection;
    - v. equine antithymocyte immune globulin other than for prophylaxis or management of allograft rejection episodes in kidney transplants; and
    - vi. aplastic anemia;
  - b) In liver transplants:
    - i. bioartificial, ectopic, and hepatocellular liver transplants;
  - c) In heart transplants:
    - i. the use of a total artificial heart as permanent treatment as an alternative to a heart transplant;
    - ii. heartsbreath test – to diagnose rejection;
    - iii. allomap gene expression profile for monitoring rejection in recipients more than six months past procedure;
    - iv. cytokine gene polymorphism for evaluating rejection;

## Transplant Exclusions And Limitations (continued)

- d) In intestinal transplants:
  - i. multi-visceral transplants for individuals with neuroendocrine pancreatic tumors;
- e) In corneal grafts:
  - i. when combined HLA-matched limbal stem cells allograft with amniotic membrane is used as a prophylactic approach to prevent corneal graft rejection following penetrating keratoplasty;
  - ii. when used for indications other than total loss of stem cells including, but not limited to, chemical/thermal injuries, Steven Johnson syndrome, following surgeries or cryotherapies to limbal region, contact lens induced keratopathy or hypofunction of stem cells;
- f) In autologous chondrocyte implants:
  - i. for patellar/talar lesions, and lesions of joints other than the knee;
  - ii. matrix-induced chondrocyte implantation including the use of Bio-Gide (resorbable bilayer membrane made of porcine collagen) for the treatment of osteochondral defects/lesions and all other indications;
  - iii. combined meniscal allograft and autologous chondrocyte implantation of the knee;
  - iv. hybrid autologous chondrocyte implant performed with osteochondral autograft transfer system (Hybrid ACI/OATS) technique;
  - v. non-autologous mosaicplasty using resorbable synthetic bone filler materials (including but not limited to plugs and granules);
  - vi. use of minced articular cartilage (whether synthetic, allograft or autograft);
  - vii. use of synthetic resorbable polymers including, but not limited to, PolyGraft BGS, TruFit, TruGraft) to repair osteochondral articular cartilage defects;
- g) In stem cell transplants:
  - i. harvesting, freezing, storage of umbilical cord blood of non-diseased persons for possible future use.
- 6. services related to organ procurement from a cadaver or a live donor, other than the costs for surgery necessary for organ removal, organ transportation and the transportation, hospitalization and surgery of a live donor.
- 7. donor expenses directly related to or as a result of organ donation which occur more than thirty days after surgery.
- 8. re-transplantation when evidence exists that patient non-compliance with treatment recommendations was a significant contributor to transplant failure.

## Infertility Exclusions And Limitations

In addition to the provisions of the Group Policy titled "MEDICAL INSURANCE: EXCLUSIONS" and "GENERAL LIMITATIONS", the following will apply solely to the benefits afforded under the Infertility Benefits:

### **We will not pay Infertility benefits for charges incurred for:**

- 1. commercially available over-the-counter home ovulation prediction tests or pregnancy kits.
- 2. experimental and investigational Infertility services including, but not limited to:
  - a) immunological testing including, but not limited to, Antiphospholipid, embryotoxicity assays, reproductive immunophenotype (RIP), circulating natural killer cell measurement, Th1 and Th2 intracellular cytokine assay or antiprothrombin antibodies;
  - b) uterine and endometrial receptivity testing including, but not limited to, Endometrial function tests, E-tegrity, Beta-3 integrin test etc.);
  - c) sperm DNA integrity testing including, but not limited to, Sperm Chromatin structure assay, TUNEL assay, Comet assay, human sperm activation assay, sperm DNA fragmentation assays or sperm DNA decondensation;
  - d) ovarian reserve testing including, but not limited to, Serum inhibin B measurement or anti-mullerian hormone testing;
  - e) hemizona test;
  - f) computer assisted sperm motion analysis;
  - g) reactive oxygen species testing (ROS);
  - h) in vitro testing of sperm penetration;
  - i) DHEA and FSH manipulation;
  - j) hyaluronan binding assay;
  - k) manual soft tissue therapy for the treatment of pelvic adhesions including, but not limited to, WURN technique or clear passage therapy;
  - l) immune treatments including, but not limited to, preimplantation glucocorticoids, anti-tumor necrosis factor agents, leucocyte immunizations or IV immunoglobulins;

## Infertility Exclusions And Limitations (continued)

- m) direct intraperitoneal insemination, intrafollicular insemination, fallopian tube sperm transfusion;
  - n) laser assisted necrotic blastomere removal from cryopreserved embryos; or
  - o) HCG, hMG, urofollitropin and recombinant follitropins, Follistim and Follistim AQ for idiopathic male infertility (i.e. for those without documented hypogonadotropic hypogonadism, idiopathic microphallus and all other indications in males).
- 3. cryostorage/cryopreservation of sperm, eggs or embryo when not undergoing covered active Infertility treatment.
  - 4. cryopreservation of immature eggs.
  - 5. testicular tissue or testis xenografting.
  - 6. services when either of the partners has had a previous sterilization procedure, with or without surgical reversal and in females who have undergone a hysterectomy. Individuals who have undergone gender reassignment surgery are considered to have undergone elective sterilization and are therefore not considered eligible.
  - 7. any treatment for infertility in absence of an associated diagnosis.
  - 8. egg retrievals greater than six per lifetime.
  - 9. IVF not performed by a Physician who conforms to the guidelines of the American Society for Reproductive Medicine and American Congress of Obstetricians or the appropriate medical specialty society in the corresponding jurisdiction.
  - 10. egg retrievals completed after the age of 45.
  - 11. IVF transfers completed after the age of 50.
  - 12. IVF where You or Your Insured Dependents have not made a reasonable effort through less costly procedures to obtain a successful pregnancy. Reasonable effort is defined as no more than 3 treatment cycles of ovulation induction or intrauterine inseminations. This exclusion shall not apply if a Physician has determined IVF to be Medically Necessary for You or Your Insured Dependents.

## General Limitations

### We will not pay benefits under the Group Policy for charges incurred for:

- 1. an Injury arising out of, or in the course of, any employment for wage or profit, including self-employment.
- 2. a Sickness for which You or Your Insured Dependents are entitled to benefits under any workers' compensation or similar law.
- 3. services or supplies received by You or Your Insured Dependents before insurance starts for that person.
- 4. completion of claim forms when charged by a provider.
- 5. by You or Your Insured Dependents that are reimbursed, entitled to reimbursement, or are in any way indemnified by any personal injury protection benefits payable under any group or individual automobile "no-fault" insurance policy.
- 6. care or treatment of any Sickness or Injury that results from war, declared or undeclared, or any act of war.
- 7. care or treatment of any Sickness or Injury that results from active participation in riot or civil disobedience.
- 8. care or treatment of any Sickness or Injury that results from committing or attempting to commit an assault or felony.
- 9. care or treatment of any Sickness or Injury that results from any intentionally self-inflicted Injury.
- 10. care or treatment to the extent that payment under the Group Policy is prohibited by any law of the jurisdiction in which You or Your Insured Dependents reside at the time the charges are incurred.
- 11. which You or Your Insured Dependents are not legally required to pay.
- 12. which would not have been made if no insurance coverage had existed.
- 13. services and supplies which are in excess of the lesser of: (a) the Reasonable and Customary Charge; or (b) the Maximum Allowed Charge.
- 14. services and supplies that are not Medically Necessary.
- 15. services and supplies that are not Dentally Necessary.
- 16. vitamins, food supplements or for experimental drugs or drugs limited by law to investigational use and any charges for the administration of such substances (This exclusion does not apply to prenatal vitamins, vitamins with fluoride and B-12 injections which are covered.).
- 17. drugs that are not approved by the Food and Drug Administration (FDA).
- 18. experimental procedures or treatment methods not approved by the American Medical Association, the American Dental Association or the appropriate medical or dental specialty society in the corresponding jurisdiction.

## General Limitations (continued)

19. treatment, services or supplies received in a Hospital owned and operated by any government.
20. private duty nursing services in a Hospital or any other facility.
21. reversal of gender reassignment surgery.
22. Custodial Care, education or training.
23. services that are reimbursed, entitled to reimbursement, or are in any way indemnified by or through any public program, other than Medicaid by You or Your Insured Dependents. For the purpose of this limitation, any individual who, at any time, was entitled to enroll in any portion of the medical care program under Title XVIII of the Social Security Act of 1965, but did not enroll, for any reason, will only receive reimbursement in an amount equal to that of which he or she would have been entitled, if any, if he or she had enrolled.
24. services rendered by a member of Your or Your Insured Dependents Immediate Family.
25. reversal of a voluntary surgical sterilization.

## Life Insurance Exclusions

### **We will not pay benefits for any loss caused or contributed to by:**

1. suicide or any attempt thereat within two years of the Effective Date of such coverage under the Group Policy;
2. the commission of or attempt to commit a felony;
3. the participation in a riot or insurrection;
4. declared or undeclared war, or any act of declared or undeclared war;
5. any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter; or
6. the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent.

## Accidental Death And Dismemberment Insurance Exclusions

### **We will not pay benefits under this section for any loss caused or contributed to by:**

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority.
  - a) However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training.
  - b) For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
6. any incident related to:
  - a) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - b) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - c) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self-preservation;
  - d) travel in an aircraft or device used:
    - i. for testing or experimental purposes;

## Accidental Death And Dismemberment Insurance Exclusions (continued)

- ii. by or for any military authority; or
  - iii. for travel or designed for travel beyond the earth's atmosphere;
- 7. committing or attempting to commit a felony;
- 8. the voluntary intake or use by any means of:
  - a) any drug, medication or sedative, unless it is:
    - i. taken or used as prescribed by a Physician, or
    - ii. an "over the counter" drug, medication or sedative taken as directed;
  - b) alcohol in combination with any drug, medication, or sedative; or
  - c) poison, gas, or fumes; or
- 9. war, whether declared or undeclared; or an act of war, insurrection, rebellion, riot; or
- 10. any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter;
- 11. the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent.

### **DISCLAIMER**

*This schedule of benefits is intended as a guideline and does not modify in any manner the terms and conditions specified in the policy document. In case of discrepancy between this document and the actual policy contract, the terms and conditions of the policy contract shall prevail. It should always be used in conjunction with the actual policy contract.*

# METLIFE U.S. CONSUMER PRIVACY NOTICE — GROUP BUSINESS & SPECIALIZED BENEFIT RESOURCES

<b>Facts:</b>	<b>What Do the MetLife Companies Do With Your Personal Information?</b>
<b>Plan Sponsors and Group Insurance Contract Holders</b>	This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, “you” refers to these individuals.
<b>Why?</b>	Financial companies choose how they share your personal information. The law gives consumers the right to limit some but not all sharing. The law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and employment information</li> <li>• income and assets</li> <li>• driving record</li> <li>• credit information and other consumer report information</li> <li>• medical information and insurance history</li> <li>• information about any business you have with us, our affiliates, or other companies</li> </ul>
<b>How Does MetLife Get Your Information?</b>	<p>We collect personal information from you as well as through third parties. We also use outside sources to help ensure our records are correct and complete. Third parties include consumer reporting agencies, employers, other financial institutions and adult relatives. Information collected may be kept by the consumer reporting agency and later given to others as permitted by law. We don’t control the accuracy of information outside sources give us. If you want to make changes to information we receive about you, you must contact those sources. If we have asked for a consumer report about you, and you write or call us, we will give you the name, address, and phone number of the consumer reporting agency. The agency will give you a copy of the report, if you ask the agency and provide proper identification. Consumer reports may tell us about a lot of things, including:</p> <ul style="list-style-type: none"> <li>• reputation</li> <li>• work history</li> <li>• driving record</li> <li>• finances</li> <li>• hobbies and dangerous activities</li> </ul> <p>In some limited circumstances, we may ask an agency for an investigative report about you. They will ask others about you. We will ask them to contact you as well.</p>
<b>How Does MetLife Use Your Information?</b>	<p>We collect personal information to help decide if you’re eligible for our products or services. We may also use it to help deter fraud or money laundering. How we use this information depends on what products and services you have or want from us. We may also use it to:</p> <ul style="list-style-type: none"> <li>• administer your products and services</li> <li>• market new products to you</li> <li>• confirm or correct your information</li> <li>• help us run our business</li> <li>• process claims and other transactions</li> <li>• comply with applicable laws</li> <li>• perform business research</li> </ul>
<b>How Does MetLife Protect Your Information?</b>	We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our service providers must also protect it, and use it only to meet our business needs. We take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.
<b>Reasons MetLife Shares Your Information</b>	All financial companies need to share personal information to run their everyday business. We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with our sales agents and businesses hired to carry out services for us. We may share your information with our regulators or with law enforcement. If you have MetLife products because of your relationship with an employer, association or other sponsoring organization, we may share information with it and its agents as permitted by law. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons MetLife chooses to share; and whether you can limit this sharing.



Reasons We Can Share Your Personal Information		Does MetLife share?*	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, learn if you qualify for coverage, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – with service providers we use to offer our products and services to you		Yes	No
For joint marketing with other financial companies		No	Not Applicable
For our affiliates’ everyday business purposes – Information about your transactions and experiences		No	Not Applicable
For our affiliates’ everyday business purposes – Information about your creditworthiness		No	Not Applicable
For our affiliates to market to you		No	Not Applicable
For non-affiliates to market to you		No	Not Applicable
How Does MetLife Handle Your Health Information?	The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. We will provide information about your rights under HIPAA with any dental, vision, long-term care or medical coverage issued to you. You can obtain a copy of our HIPAA Privacy Notice by visiting our web site at <a href="http://www.MetLife.com">www.MetLife.com</a> . Select “Privacy Policy” at the bottom of the home page. For additional information about your rights under HIPAA or to have a HIPAA Privacy Notice mailed to you, contact us at <a href="mailto:HIPAAprivacyAmericasUS@metlife.com">HIPAAprivacyAmericasUS@metlife.com</a> , or call us at (212) 578-0299.		
Definitions:			
Affiliates	Companies related by common ownership or control. Affiliates can be financial or nonfinancial companies. Our affiliates include life, car, and home insurers. They also include a legal plans company and a securities broker-dealer. In the future, we may have affiliates in other businesses.		
Non-affiliates	Companies not related by common ownership or control. Non-affiliates can be financial or nonfinancial companies. MetLife does not share personal information with non-affiliates for their marketing purposes.		
Joint Marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you.		
How Can I Access and Correct Information?			
You may ask us for a copy of the personal information we have on you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing and provide the account or policy number associated with the information you wish to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law. If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing. We will include your statement whenever we give your disputed information to anyone outside MetLife.			
Who is Providing This Notice?	Metropolitan Life Insurance Company First MetLife Investors Insurance Company Delaware American Life Insurance Company General American Life Insurance Company SafeHealth Life Insurance Company Metropolitan Life Insurance Company as administrator for the Prudential Insurance Company of America; Business Men’s Assurance Company of America; Employer’s Reinsurance Corporation; and Teachers Insurance and Annuity Association of America MetLife Insurance Company USA New England Life Insurance Company Safeguard Health Plans, Inc. MetLife Health Plans, Inc.		
How Will I Know if This Notice is Changed?	We may revise this privacy notice at any time. If we make material changes, we will notify you as required by law.		
Questions?	Send privacy questions or requests for more information to: MetLife Privacy Office, P.O. Box 489, Warwick, RI 02887-9954; Call (877) 638-7684 or go to <a href="http://www.metlife.com">www.metlife.com</a>		

\*Information we collect in connection with HIPAA-covered products will only be shared as allowed by HIPAA.





**MetLife Worldwide Benefits**  
**600 King Street**  
**Wilmington, DE 19801**  
**1-800-451-1847**  
**Fax: 302-427-0817**

**September 24, 2021**

**Concord Crossroads LLC**  
**2525 Pointe Center, Ste. 350**  
**Dumfries, VA 22026**

### **About Your Privacy**

Dear Valued Customer:

Protecting the privacy and security of the personal information you provide to us is of the utmost importance to us. We have long been sensitive to privacy issues concerning our customers and believe it is important that you understand our privacy policies and what they mean to you. With this in mind, we have provided our Privacy Notice on the back of this letter. It indicates the types of information we collect, how we collect it, and when we may share it with others.

We urge you to read the Privacy Notice carefully and completely so that you may be informed of our practices and policies to protect your personal information. It is our hope that you find peace of mind in knowing that your privacy is important to us.

We look forward to continuing to serve you with the same top quality customer care and service you have come to expect from us. Thank you for your continued business.

Sincerely,

**MetLife Worldwide Benefits Administration**



# Pre-trip planning

**Presenter:** MetLife Worldwide Benefits

**For:** Globally-mobile employees



# Summary

What we'll be discussing

- [Introduction to MetLife](#)
- [Prior to departure](#)
- [When you arrive](#)
- [Appendix](#)

# Introduction to MetLife



# MetLife is a leading global life insurer and employee benefits powerhouse

Operating  
for nearly



**150 years**

 **58K**  
employees



Serves **90** of the top  
**Fortune 100®**  
companies



Leading market  
positions in more than  
**20 countries**



Local employee benefits  
operations in more than  
**40 countries**

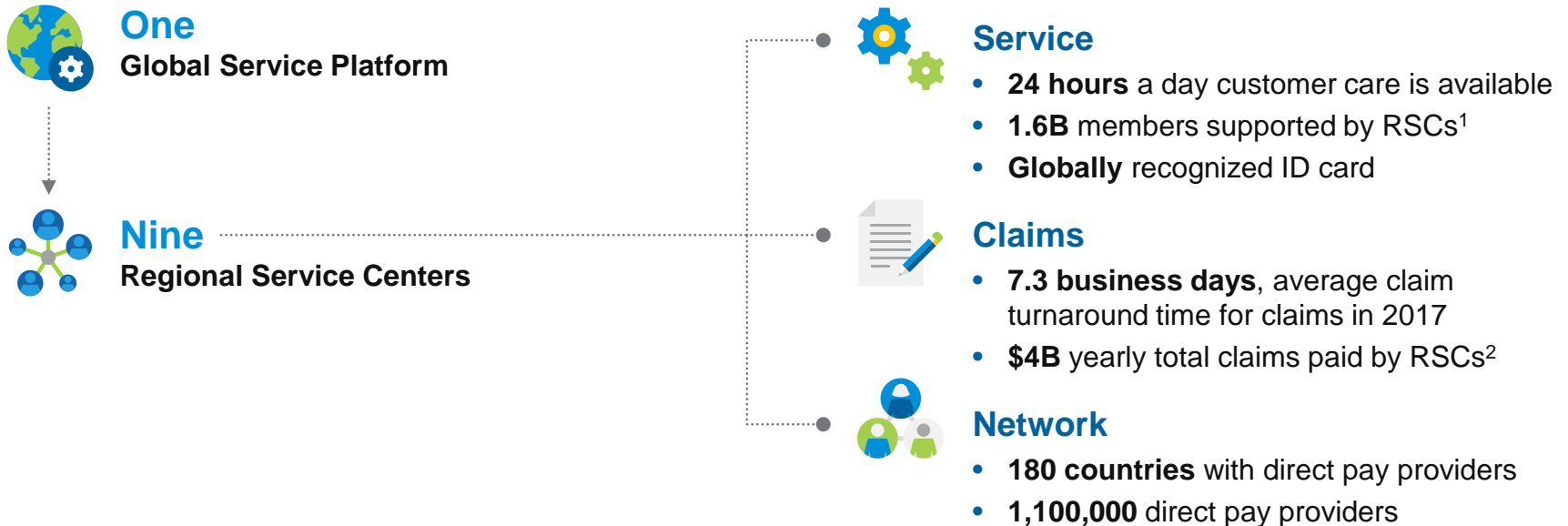


One of the **most admired**  
Companies, Fortune®, 2004–2017

**#62** Forbes 2000<sup>SM</sup> **#39** Fortune 500®

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# MetLife Worldwide Benefits at a glance



1. This includes members from MetLife group clients and from other organizations.

2. This includes claims paid for MetLife group clients and for other organizations.

# Mission statement

MetLife Worldwide Benefits surrounds our members with the people and tools they need to stay safe and healthy around the globe. Our Regional Service Centers provide expert local support, giving members the confidence to use their benefits with ease.

# Prior to departure





# Research requirements before you leave

## Passport, visa, and country requirements may include:

- Non-expired passport
- A passport that is valid for three to six months after date of entry to your assignment country
- Check your passport expiration date carefully
- Your assignment country may require a tourist or work visa, depending on length and nature of your stay

**Research all  
requirements  
PRIOR to  
departure**

# Visa or passport requirements

## Documents required for a new visa or passport include:

- Application
- Approved photo ID
- Applicable Fees
- Proof of Citizenship
- Certificate of Coverage

Documents may be required for all members of your family. Allow enough time to receive your passport and visa before your assignment begins.

*Note: You can download a Certificate of Coverage on our website, eBenefits, once you are registered. If your country requires specific items be included, you can request a Certificate of Coverage from our Administration team at [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com). Please allow 48 hours for the Certificate of Coverage to be completed.*

# Register with your embassy

**Your embassy may be able to assist you in an emergency:**

- Register with your embassy your new host country
- To find your embassy, visit: <http://embassy.goabroad.com/>
- U.S. citizens can register at <http://step.state.gov/step>

# Gather back-up documents

## Back-up documents to gather include:

- Descriptive data page of each family member's passport
- Birth certificates for each family member
- Marriage certificate
- National driver's license
- Passport-size photographs for each family member
- Certificates of citizenships for naturalized individuals
- Adoption papers
- Divorce and child custody papers
- Property and motor vehicle insurance records
- Income tax records for several previous years
- Wills, Power of Attorney
- Lease or rental agreement for housing in your new country

# Gather medical documents

**Back-up documents to gather related to your health care include:**

- Medical insurance coverage
- Medical and dental records, where appropriate
- Medical history
- Immunization records, where appropriate

# Understand your medical coverage

- **Review your health insurance coverage**
  - Every medical plan is different.
  - Your international plan may differ from your domestic plan.
- **Review Schedule of Benefits**
  - Your Schedule of Benefits outlines your applicable deductibles, out-of-pocket limits and coinsurance limits.
  - Keep it with you when you travel.
- **ID Card**
  - Each family member enrolled in our plan will receive an ID card.
  - Carry it with you and show it when you visit your doctor.
- **Know who to contact in case of emergency**
  - Know your company's emergency plan.
  - Call the number on your MetLife ID card if you have an emergency.

# Other health tips before you depart

- **Obtain a pre-travel health consultation** from your health care provider.
- See your health care provider **about one month before your assignment for recommendations:**
  - Discuss applicable vaccinations
  - Decide if baseline tests should be run for any existing conditions
  - Medications or other preventive measures
- **Extended supplies of your prescriptions may be needed** in advance if your medication isn't available in your new work location.
- Determine whether or not a **new eyeglass or contact lens prescription** is needed.

# When you arrive





# Country tips and cultural considerations

Familiarize yourself with the country you will be traveling to.

Things to consider include:

- Weather
- Driving regulations
- Current events in your destination country
- Environmental hazards
- Diet or food differences

# Country tips and cultural considerations

- Use our Travel Tools, available on eBenefits, for help with:
  - Country and city guides
  - Travel and transportation information
  - Communication tools
  - Medical information
- **Cultural training is important** when traveling to a new country.
- Some countries have **different customs and business etiquette**.
- Keep an eye on **health hazards**.
- **Stay prepared** by visiting websites such as Centers for Disease Control and applicable state departments.

# Selecting a medical provider

- **Choose providers in advance of needing medical care.** Search the Provider Directory on our website, eBenefits, to find a direct pay provider near you.
- You are free to seek care from any licensed provider of your choice, although going to a **direct pay provider** means you won't have to pay out-of-pocket and file a claim.
- Choose a facility that can **meet you and your family's specific needs.**
- **Some hospitals have International Patient Departments** that offer higher levels of service and direct bill MetLife.
- **Register with your provider** – give your address, health history, and MetLife Worldwide Benefits insurance information

**Be sure to  
always carry  
your global  
ID with you**

# Travel tips



- Contact your Regional Service Center to request **documentation** concerning your insurance coverage.
- **Know your benefits** by reviewing your Schedule of Benefits, available on eBenefits. Call your Regional Service Center if you have questions.
- Bring your **ID card** and a **form of identification** when you seek care.
- When checking in, it may help to point out the local network logo that appears on your ID card. 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, please 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.

# Appendix



# Common insurance terminology



## Coinsurance

The amount of eligible expenses the insured is responsible for paying after any applicable deductibles are met.



## Deductible

A flat amount that an insure must pay before the insurance company will make any benefit payments under a health insurance policy.



## Individual deductible

A flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy.



## Family deductible

The aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

# Common insurance terminology



## Direct Pay

When a 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



## Explanation of Benefits (EOB)

A statement sent by the insurer to covered members that explains what services and/ or treatments were paid for by the 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 a one-time payment for covered services.



## Regional Service Center (RSC)

The office that provides customer service and claim processing based on location. Information pertaining to you specific Regional Service Center is located on the back of your ID Card.

# Deductible and out-of-pocket examples for international and out-of-network US coverage

Medical Bills	Medical Bill Amount	Deductible (\$500 individual / \$1000 family)	Coinsurance (80%)	Out of Pocket Expense (20%)
1 <sup>st</sup> Medical Bill	\$300	\$300	\$0	\$0
2 <sup>nd</sup> Medical Bill	\$700	\$200	\$400 (80% x \$500)	\$100
Total	\$1000	\$500	\$400	\$100
3 <sup>rd</sup> Medical Bill	\$3,000	\$0	\$2,400 (80%)	\$600
Total	\$3,400	\$500	\$2,320	\$700
<b>Preventive Care Covered at 100%:</b> Well Baby/ Child Care (annual Wellness visits), Adult Preventive Care (Annual Physical), Immunizations, Mammograms, Women's preventive Care, Prostate Cancer / Gynecological Cancer/ Colorectal Cancer & Lead Screenings		No Deductible	Covered at 100%	\$0
		\$1,000 for individual / \$2,000 for Family for US In-Network coverage.	Insurance pays 100% for remainder of the year, once the OOP Max is reached.	\$1,500 for individual / \$3,000 for Family International and Out-of- Network US coverage.



# Frequently asked questions

**Q.** Where can I find a summary of covered benefits?

**A.** You can find all of your policy documents and Schedule of Benefits on eBenefits at MetLifeWorldwide.com. Once you login, click the “Documents & Forms” tab and then select “Policy Documents” from the Category dropdown.

**Q.** Who should I contact in case of an emergency?

**A.** Either call an ambulance or proceed directly to the hospital. Then, contact your Regional Service Center (RSC) located on your ID card.

**Q.** How do I change personal information? Add a dependent?

**A.** All changes in personal information and additions or deletions of coverage should be discussed with your Human Resources representative.

**Q.** Where can I find additional claim forms?

**A.** You can submit your claims online on eBenefits via website or mobile app. If you require a paper form, Claim forms can be found online on eBenefits at the “Documents & Forms” tab.

**Q.** How do I obtain additional ID cards?

**A.** Contact your Regional Service Center using the contact information located on your ID card. A PDF copy can also be found on our eBenefits site as well as be requested online.

# **We are here for you!**

**For additional questions  
please contact your Regional  
Service Center or Human  
Resources Department.**

# Welcome presentation

**Presenter:** MetLife Worldwide Benefits

**For:** Globally-mobile employees



# Table of contents

What we'll be discussing

- [Introduction to MetLife](#)
- [Member tools](#)
- Accessing care:
  - [Outside the US](#)
  - [Within the US](#)
- [Other tools and resources](#)
- [Appendix](#)

# Introduction to MetLife



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**150 years**

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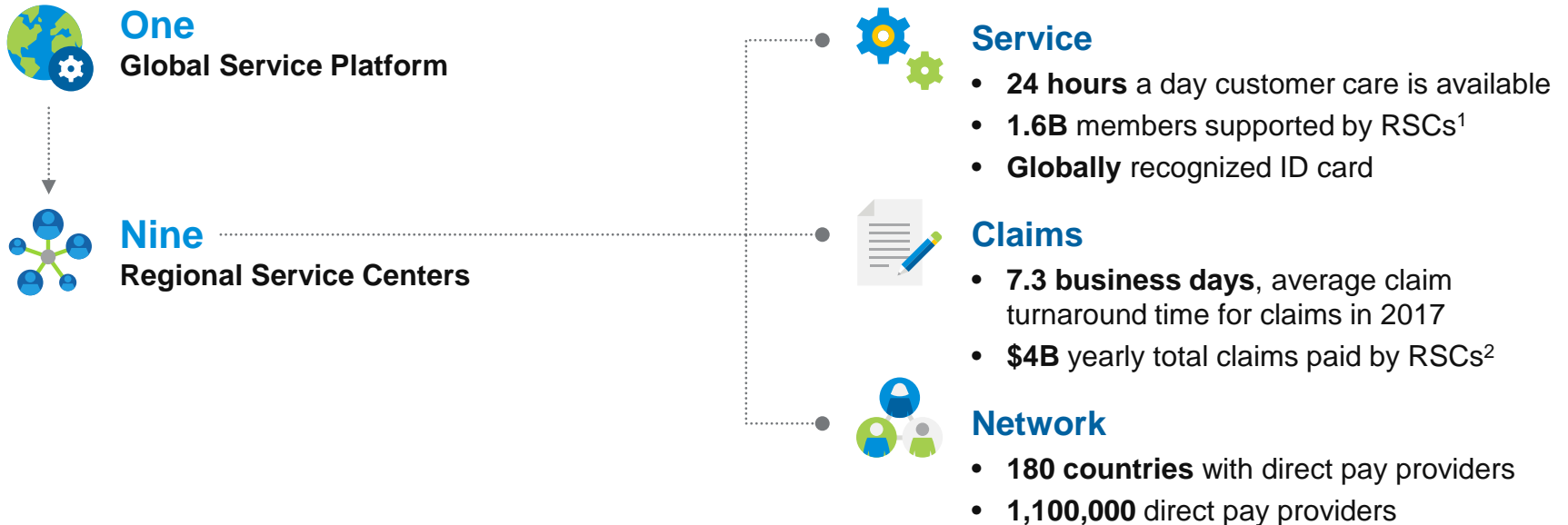


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**#62** Forbes 2000<sup>SM</sup> **#39** Fortune 500®

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# MetLife Worldwide Benefits at a glance



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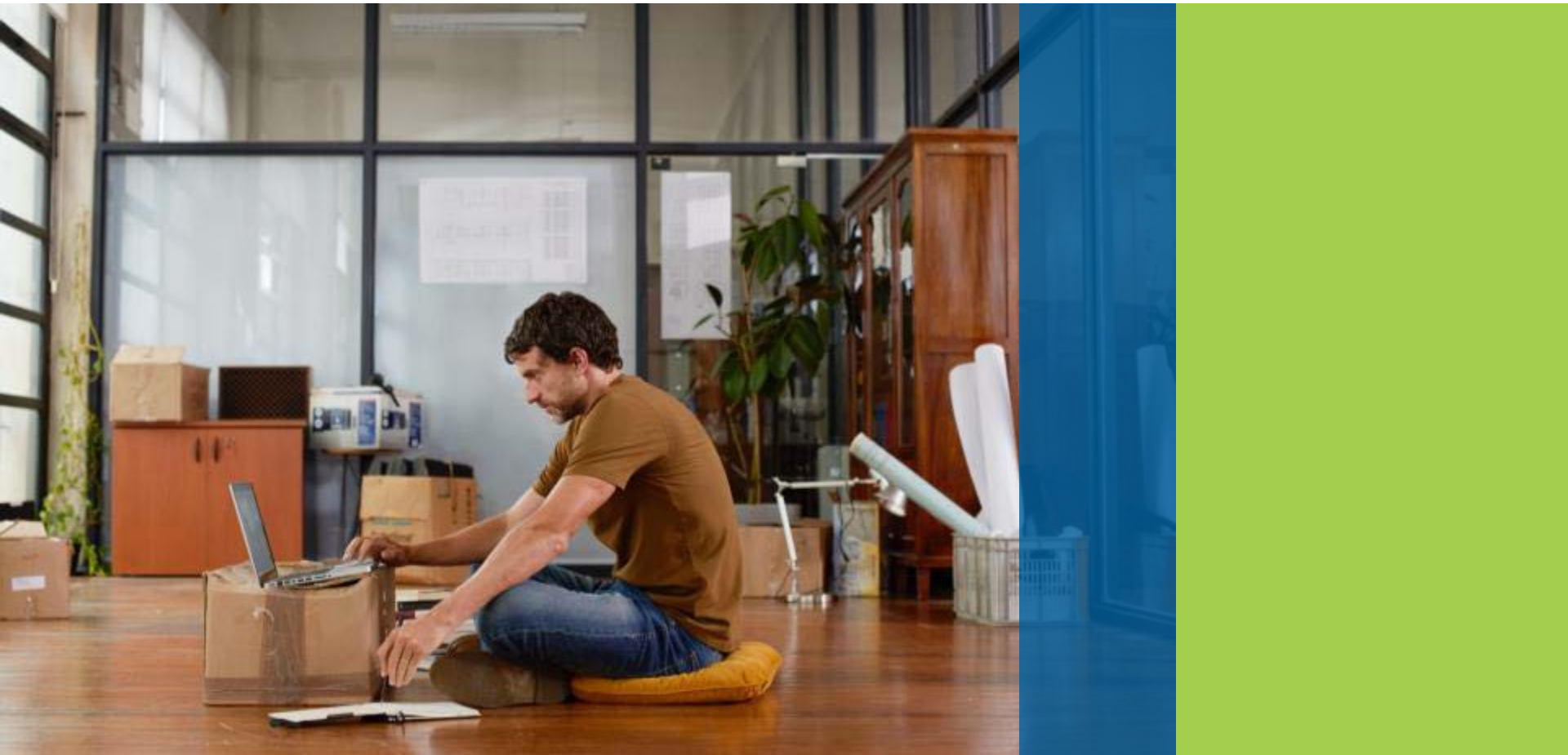
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# Mission statement

MetLife Worldwide Benefits surrounds our members with the people and tools they need to stay safe and healthy around the globe. Our Regional Service Centers provide expert local support, giving members the confidence to use their benefits with ease.



# Member tools



# Giving you the tools and people you need to stay healthy while on assignment

## Welcome email

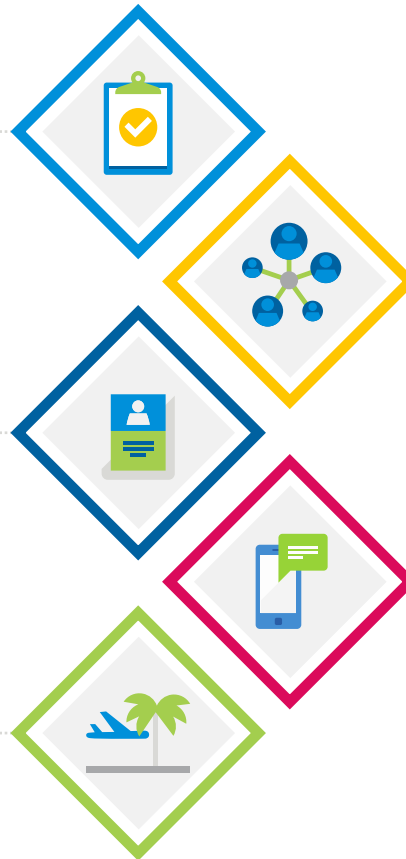
- Sent once your eligibility is loaded
- Contains information needed to register for eBenefits

## ID card

- Cobranded for recognition
- Double-sided for U.S. and global

## eBenefits

- Digital welcome kit
- Travel tools
- Wellness<sup>1</sup>



## Regional Service Centers

- Outreach calls
- 24/7 live help
- Answer questions
- Travel assistance

## Mobile App

- Your ID card when you need it
- Find a provider and use phone's navigation system to navigate to them
- Take a picture of your receipts for online claim submission

1. Service provided through vendor not affiliated with MetLife.

# A single globally-recognized ID card



## Brand recognition

- MetLife uses well-known networks in key countries of international assignment
- Network logos should be easily recognized by administrative personnel at hospitals, clinics, and doctors' offices worldwide



## Hassle-free

- Front desk personnel should recognize the network logos and know to:
  - Call MetLife to verify eligibility
  - Bill MetLife directly for services
  - Charge MetLife the appropriate amount as negotiated by local fee schedules



## Additional help

- You may receive a local ID card in:
  - Abu Dhabi
  - Saudi Arabia
  - Egypt
- You may also receive a Gulf VIP ID card in the Gulf for enhanced brand recognition and hassle-free doctor's appointments

# Your ID 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**

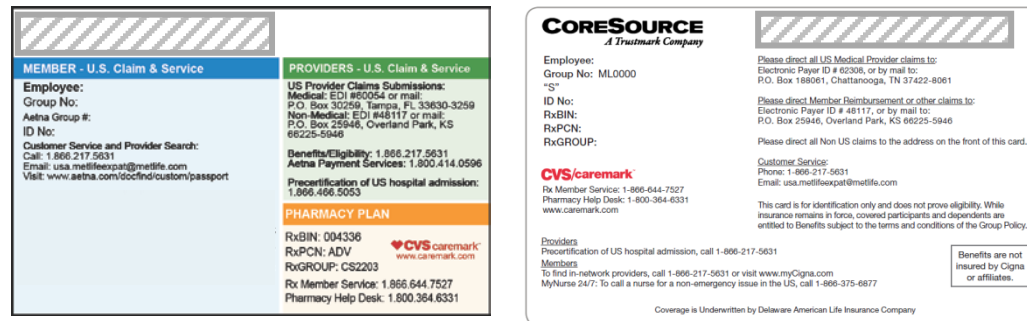
Please carry your ID card at all times and **present it when accessing care to help minimize out-of-pocket expenses.**

# One ID card for use virtually anywhere

Global network logo and contact information on front



U.S. network and Rx logos and contact information on back



If the back of your ID card does not look like this and you are planning to visit the U.S. to receive care, please contact [MetLifeWorldwideAdmin@metlife.com](mailto:MetLifeWorldwideAdmin@metlife.com).

# Local ID cards

If you're assigned to certain areas of the world, you may also receive a second, local ID card – either to enhance your experience in your work country or for compliance reasons.

The local ID card should be shown at your doctor's office when seeking care at a direct pay provider when in that region. Use your Global ID card for any services outside of that region, like your home country or if you're traveling.



## The following areas will receive a second ID card:

- Abu Dhabi
- Australia
- Gulf (UAE, Oman, Bahrain, Kuwait, Qatar)
- Saudi Arabia

Ask your Regional Service Center or Human Resources contact for more information if you are in one of these areas and haven't received a local ID card yet.

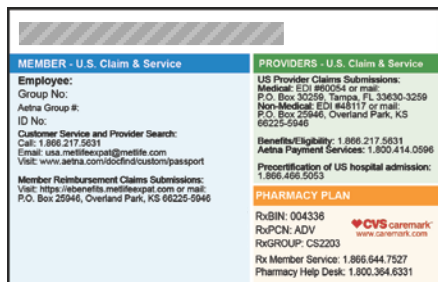
# Where to use your ID cards

If you have a local ID card for any areas, you should use it in conjunction with your global ID card as follows:

**Abu Dhabi, Australia, Gulf (UAE, Oman, Bahrain, Kuwait, Qatar), Saudi Arabia**



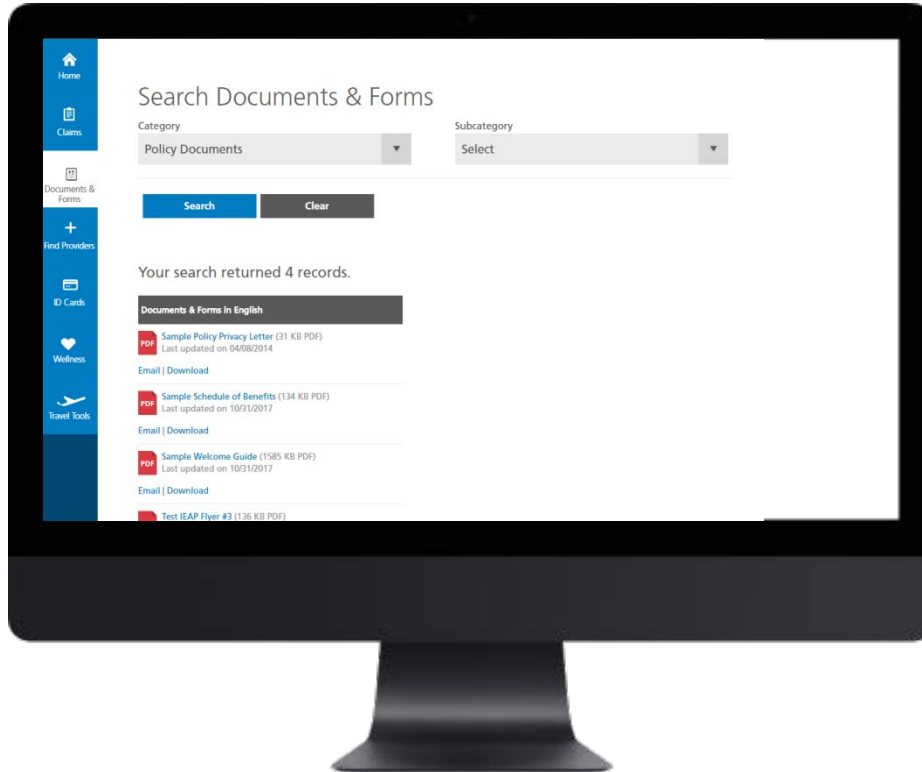
**USA**



**Everywhere Else**



# Schedule of Benefits



- The Schedule of Benefits is a summary of eligible benefits available to you which may include coinsurance, deductibles, and out-of-pocket maximums.
- You can find your Schedule of Benefits on eBenefits in the “Documents and Forms” tab.



# Customer Service

The Regional Service Center (RSC) contact information is listed on the Global ID Card. The Regional Service Center is your primary point of contact and is available by email and phone to assist with:



Finding hospitals and clinics



Benefit questions

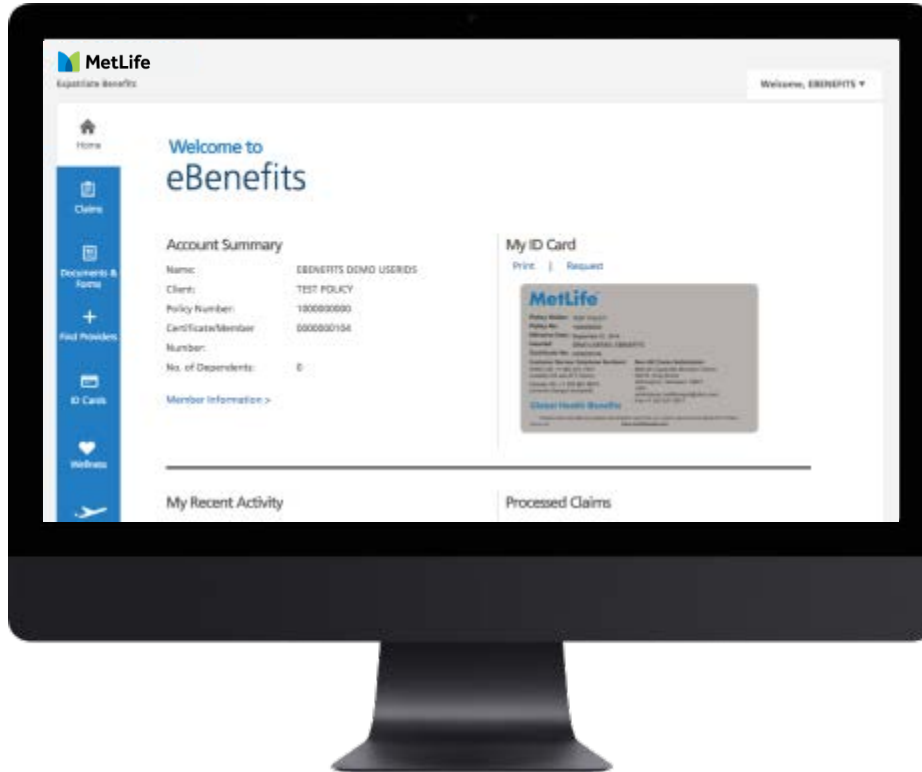


Guarantees of Payment (GOP)  
requests



Claims inquiries

# eBenefits — Your go-to resource for managing your benefits online

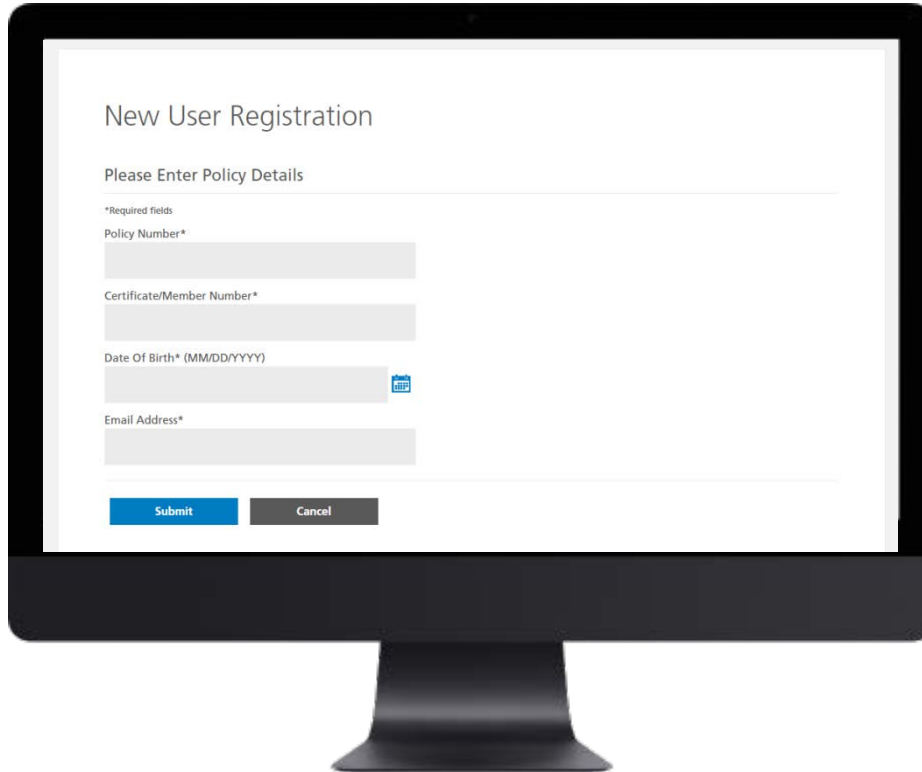


[Login@MetLifeWorldwide.com](https://www.MetLifeWorldwide.com)

- Search for full-service hospitals, medical centers, clinics and doctors virtually anywhere in the world<sup>1</sup>
- Print ID cards or dependents' ID cards and request hard copies to be mailed to them
- Download a Certificate of Coverage
- Submit a claim online and view claim history
- 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, French or Hindi
- Update mailing address or employment status
- View coverage details
- Download forms and policy information

1. Subject to applicable legal, contractual and regulatory restrictions.

# eBenefits — Your go-to resource for managing your benefits online



New User Registration

Please Enter Policy Details

\*Required fields

Policy Number\*

Certificate/Member Number\*

Date Of Birth\* (MM/DD/YYYY)

Email Address\*

Submit Cancel

## Registration instructions

- Go to MetLifeWorldwide.com, select “A Member” from the dropdown box, and click Continue.
- Click the *New user registration* link
- Enter your policy number, certification or member number, date of birth, and email address. (Your policy number and certificate/ member number are printed on your ID card.)
- Check your inbox for a validation email and click the link in the email. The link is time-sensitive so please access with 24 hours.
- Re-enter your policy number, certificate or member number, and date of birth and click Submit.

# eBenefits — Your go-to resource for managing your benefits online

## Registration Page:

New User Registration

Please Enter Policy Details

\*Required fields

Policy Number\*

Certificate/Member Number\*

Date Of Birth\* (MM/DD/YYYY)

Email Address\*

Submit Cancel

**MetLife**

Policy Holder: SAMPLE GROUP  
Policy #: XXXXXXXXXX1  
Effective Date: January 1, 2015  
Insured: JOHN SAMPLE  
Certificate #: SMPL0001

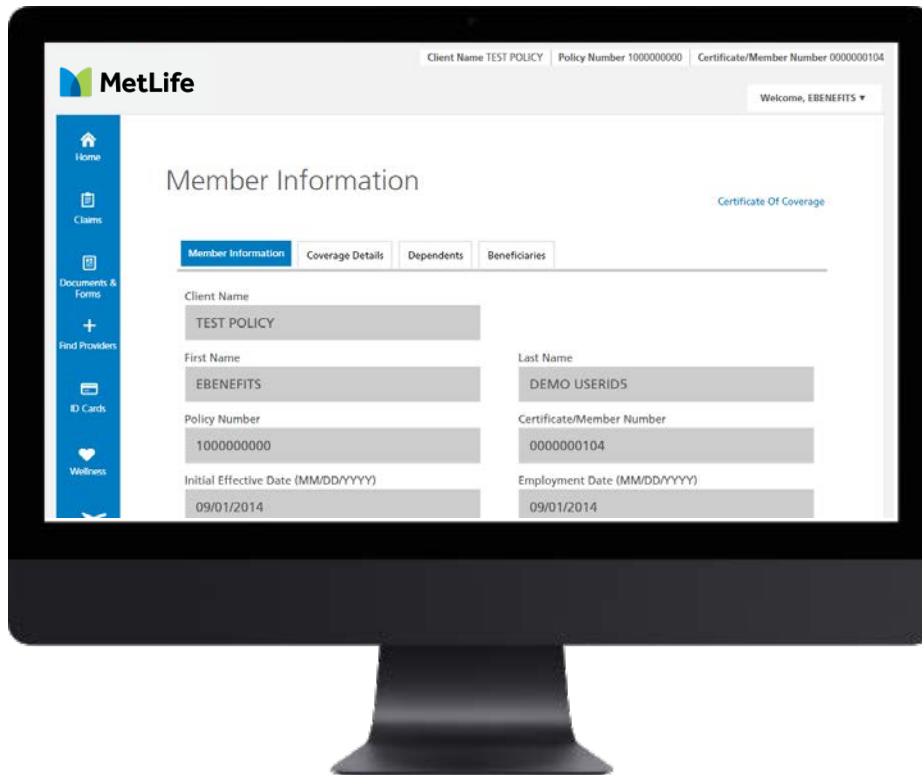
Customer Service Telephone Numbers: Within US 1 800 451 1847 (outside US use ATT Direct)  
Outside US +1 302 661 8674 (reverse charges accepted)

Non US Claims Submission: MetLife  
Attn: Expatriate Benefits  
600 N. King Street  
Wilmington, DE, 19801 USA  
Fax: +1 302 427 0817  
wilmclaims.metlifeexpat@allian.com

**Global Health Benefits**  
Present card and settle any patient responsibility each time you receive services from Network Providers.

- Policy number
- Certificate/member number
- Date of Birth
- Email address

# eBenefits — Your go-to resource for managing your benefits online

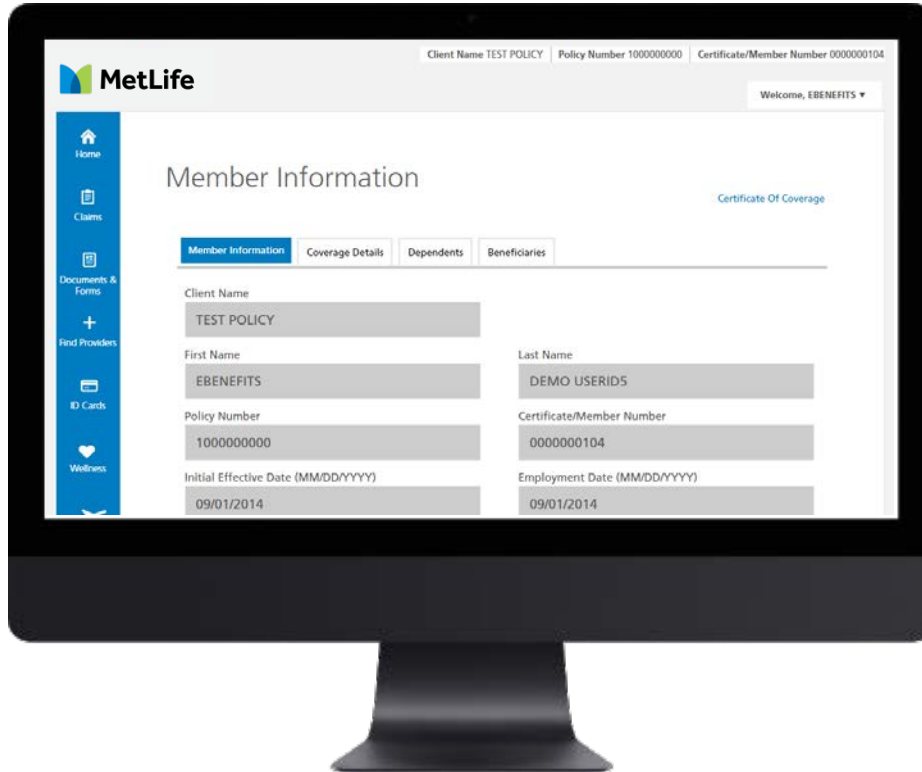


## Welcome tab:

Hover over this to view:

- [Member information](#)
- [Profile](#)
- [Logout](#)

# eBenefits — Your go-to resource for managing your benefits online

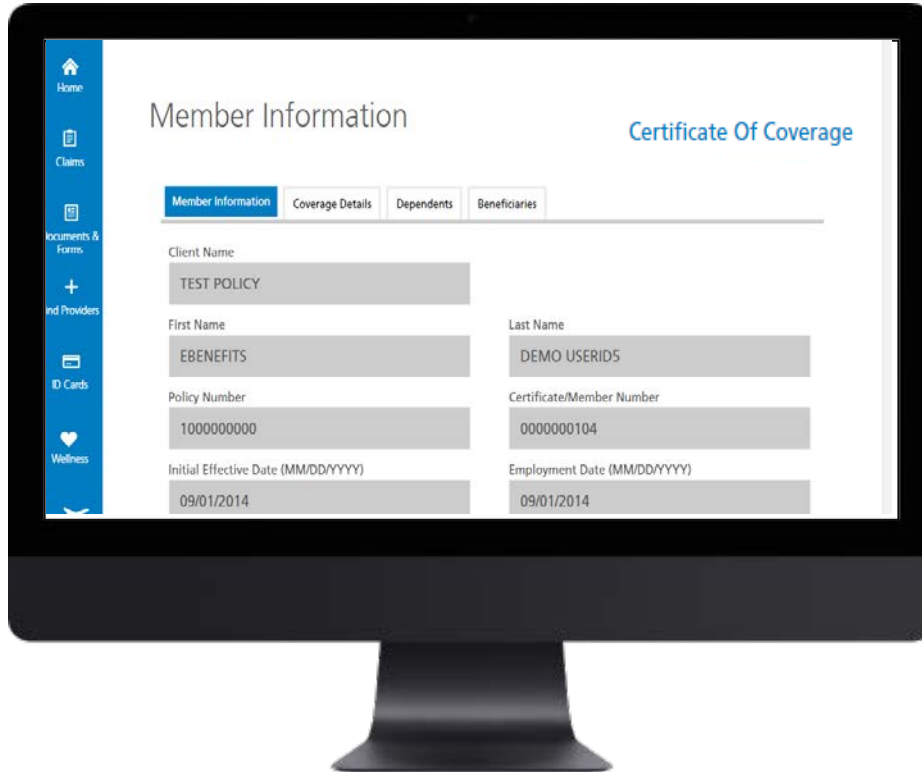


## Member Information tab:

Click “Member Information” from the hover menu. Use this page to:

- **Download** a Certificate of Coverage
- **Update** your personal information, including date of birth, email, phone number, and address
- **Select** your language preferences, including English, Spanish, French, Arabic, Chinese, Korean, or Hindi
- **Select** your date, number, and time formats preferences
- **Change** your password
- **Change** or update your security questions

# eBenefits — Your go-to resource for managing your benefits online



## Certificate of Coverage

You can download a Certificate of Coverage on eBenefits, which shows proof of your insurance with MetLife.

To download a Certificate of Coverage, login to eBenefits and:

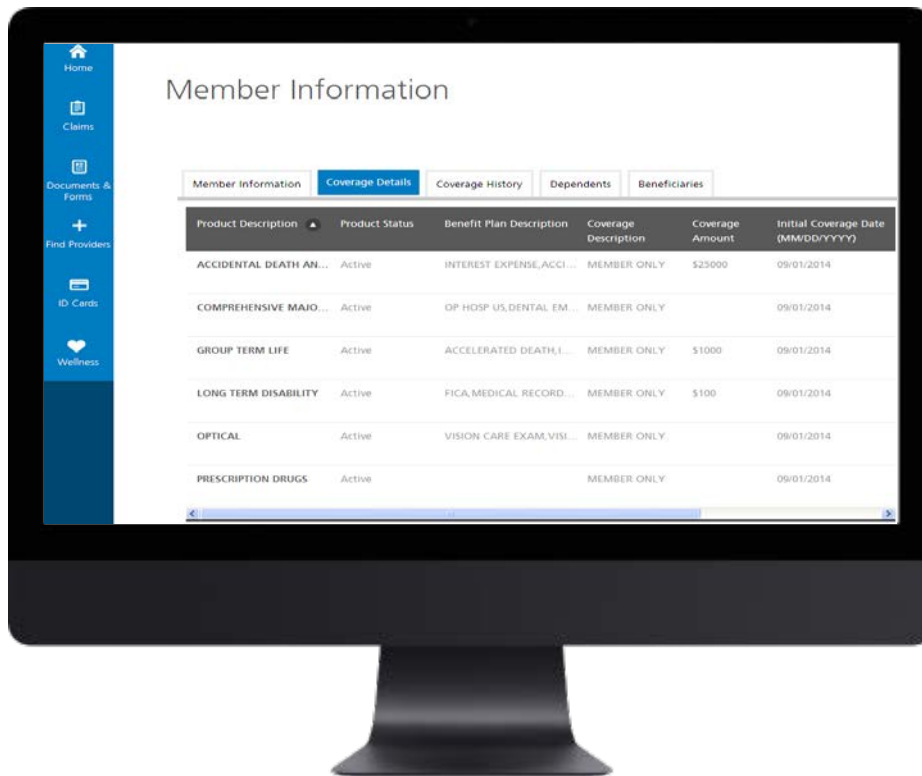
- **Hover** the Welcome tab in the top right corner
- **Click** “Member Information”
- **Click** the link for “Certificate of Coverage” in the top right

# eBenefits — Your go-to resource for managing your benefits online

## View coverage details

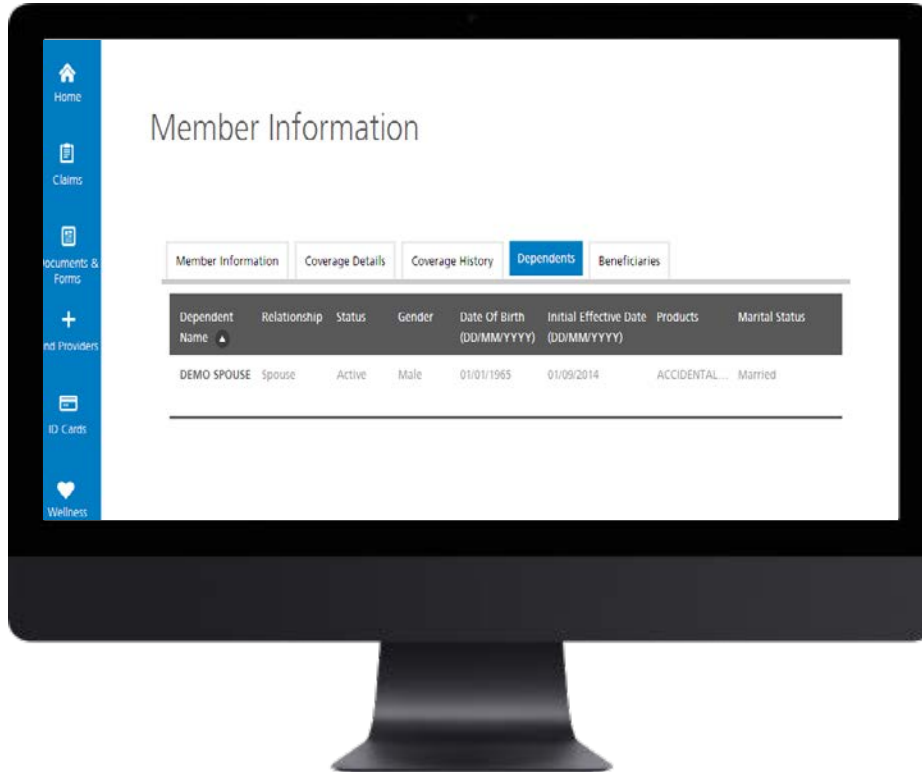
You can view your coverage details on eBenefits to see what coverages you're enrolled in.

**Click the “Coverage Details” tab to view.**





# eBenefits — Your go-to resource for managing your benefits online

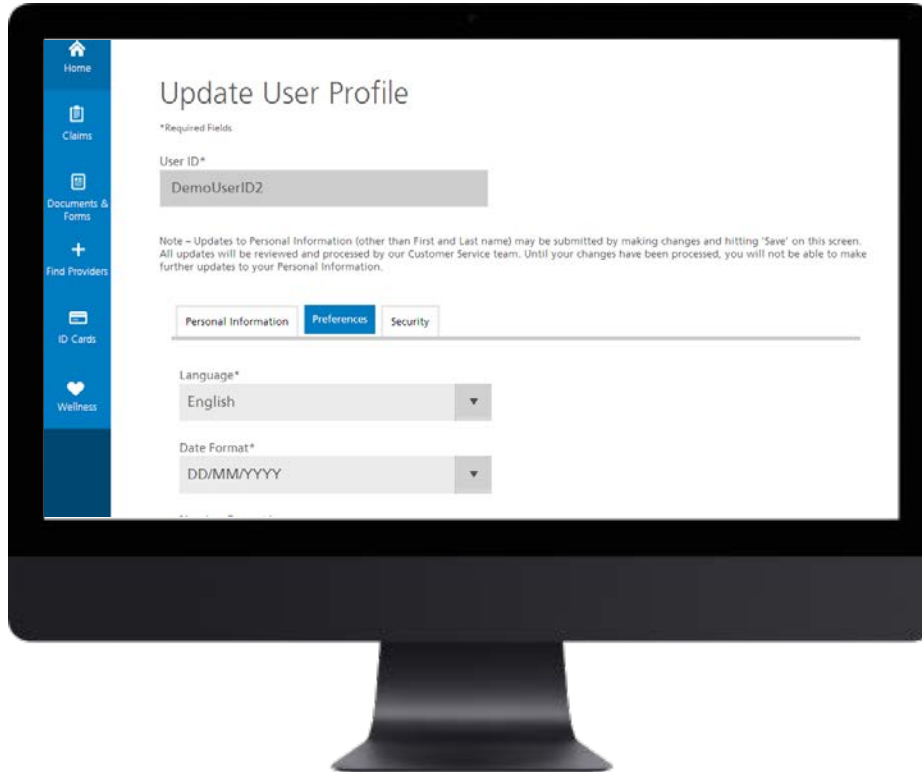


## View covered dependents

You can view your covered dependents on eBenefits to see which dependents are registered as part of your plan.

**Click the “Dependents” tab to view.**

# eBenefits — Your go-to resource for managing your benefits online

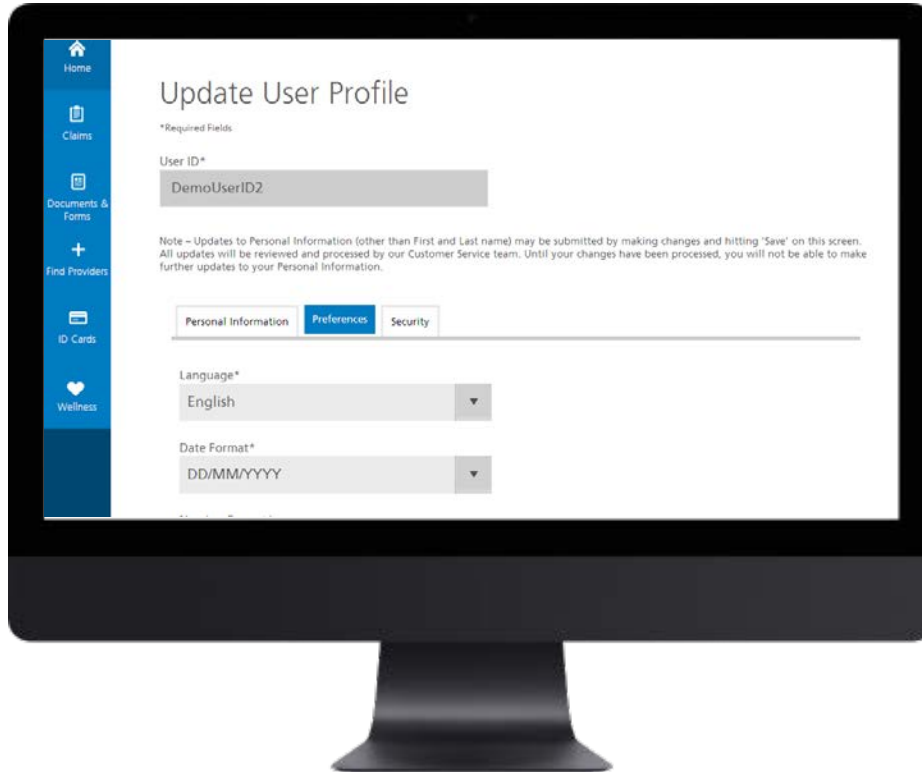


## Profile tab

Click “Profile” from the hover menu. Use this page to:

- **Update** personal information
- **Update** your personal preferences
- **Change** your password
- **Change** or update your security questions

# eBenefits — Your go-to resource for managing your benefits online

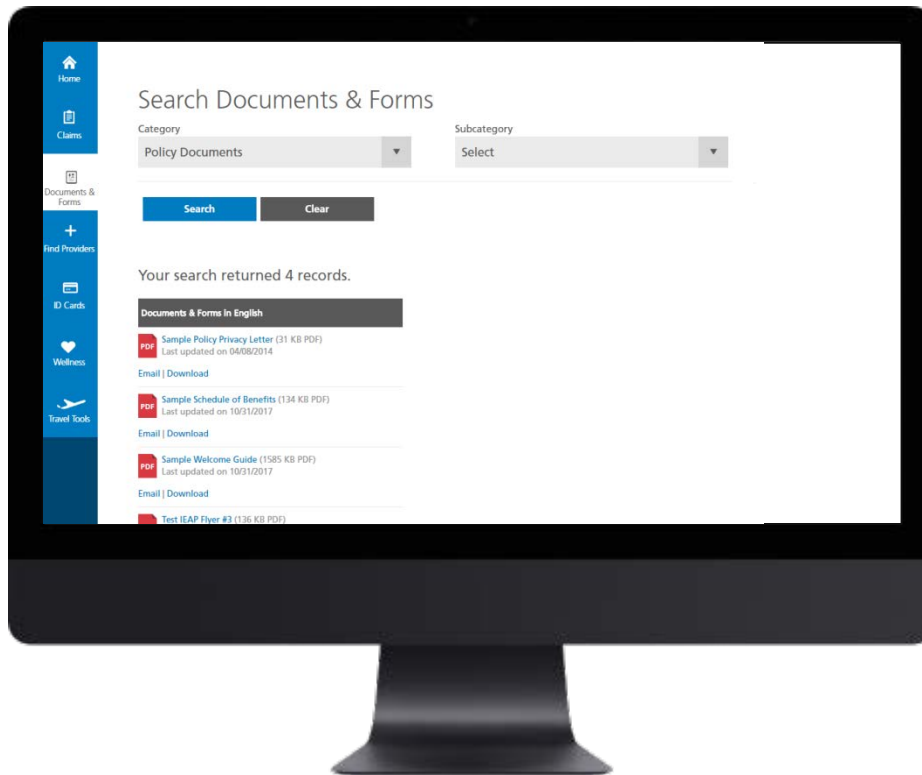


## Change language preferences

You can change your language preferences to read eBenefits in the language of your choosing.

- **Click** the “Preferences” tab.
- **Choose** your desired language from the dropdown box. English is set by default.
- **Click** “Save.”

# eBenefits — Your go-to resource for managing your benefits online



## Documents and forms

You can search for documents and forms in this tab. Select either Documents or Forms from the Category dropdown and click Search to see:

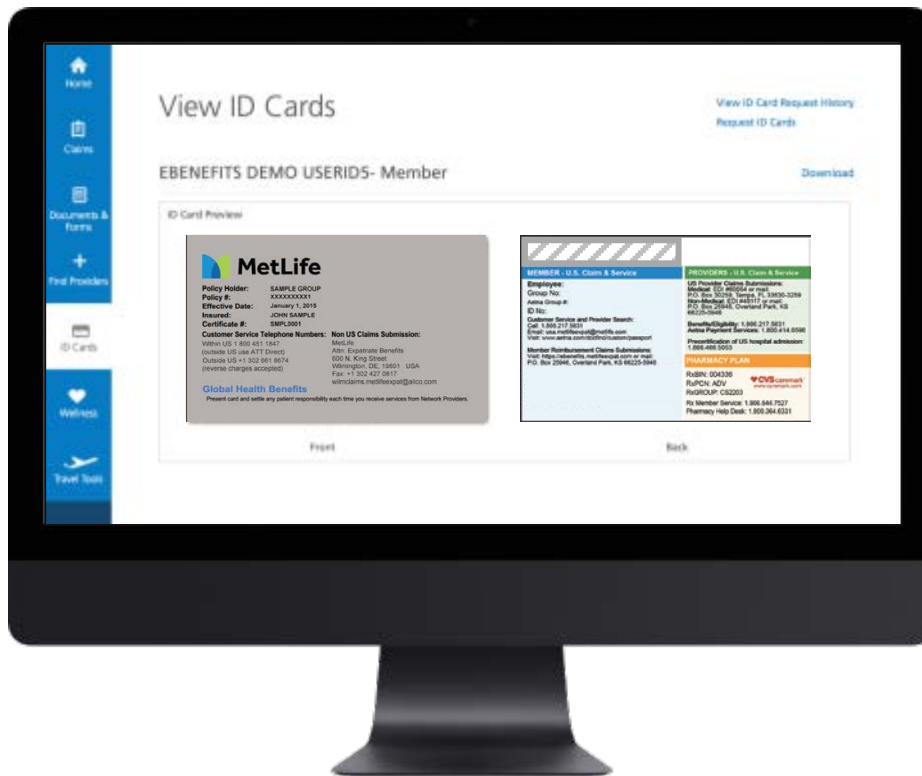
Policy documents:

- [Welcome Guide](#)
- [Schedule of Benefits](#)
- [IEAP flyer](#)
- [HIPAA/privacy letter](#)

Forms:

- [Medical claim form](#)
- [Wire transfer form](#)
- [Provider nomination form](#)
- [Notice of change form](#)
- [HIPAA authorization form](#)
- [Excess group Life insurance form](#)
- [Enrollment form](#)

# eBenefits — Your go-to resource for managing your benefits online



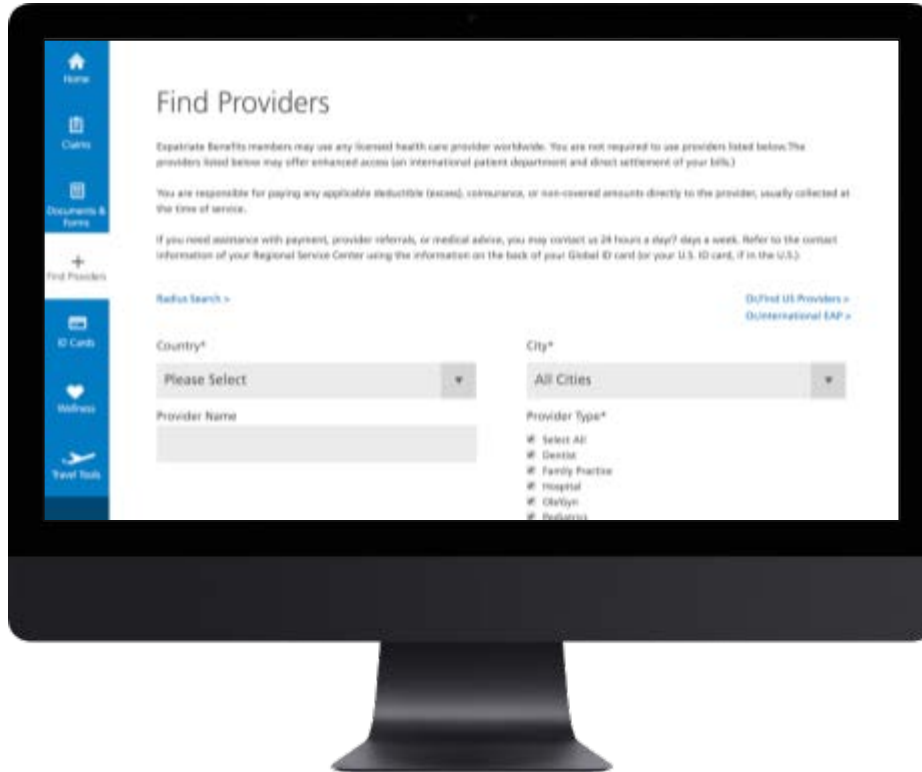
## ID cards — overview

The global ID card is your key to accessing health care around the world. Don't worry if an ID card gets misplaced, you can request a replacement or print a temporary card online.

Use this page to:

- **Request** a new ID card
- **Print** a temporary ID card
- **View** the ID cards of all covered dependents
- **Review** ID Card history

# eBenefits — Your go-to resource for managing your benefits online



## Find a direct pay provider

Looking for a healthcare provider is simple and easy. Access a list of providers by location, provider name, and provider type.

Use this page to:

- **Access** a list of providers by location or name
- **Identify** providers by specialty
- **Get** contact information for a specific provider
- **Identify** direct pay providers
- **Search** for providers within a specified radius

*By clicking on a provider in the Search results, eBenefits will give you directions from your location.*

# eBenefits — Your go-to resource for managing your benefits online

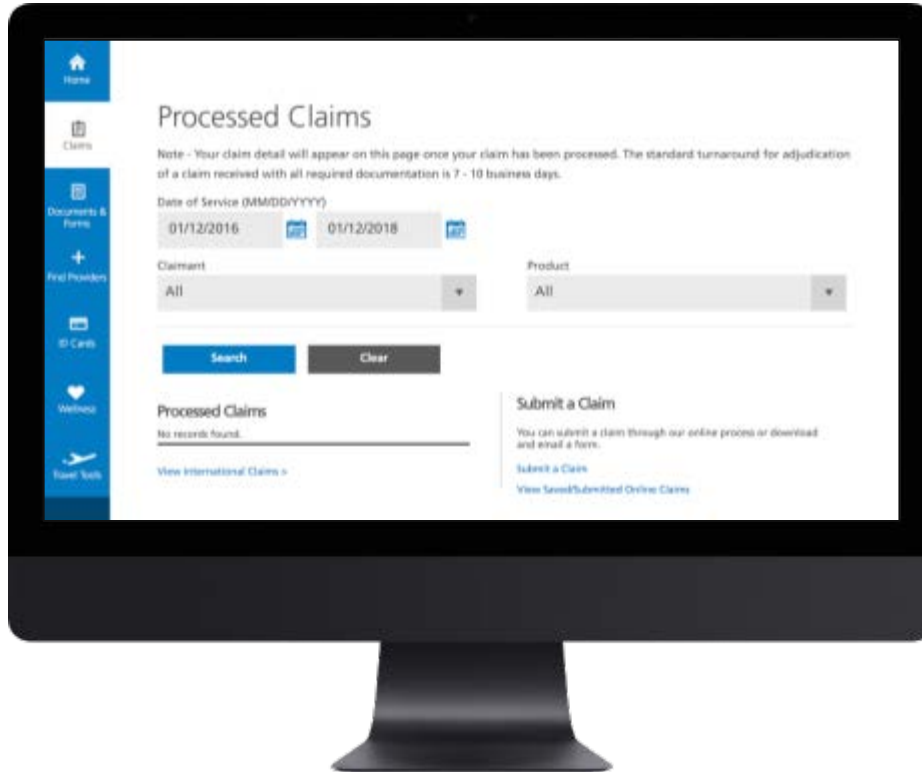


## Online travel tools include:

- Country and city guides:
  - Climate, geographic, and regional overviews
  - Local and public holiday listings
  - Business and cultural tips
  - National and foreign embassy information
  - Security, travel, and health warnings and alerts including information related to crime, terrorism, disease, and geopolitical developments
- Travel and transportation information:
  - Passport and visa requirements
  - Immunizations and vaccinations requirements
  - Global currency and exchange rate information
  - Airport, public transit, and car rental locations and services
- Communication tools:
  - Country codes
  - Mobile coverage
  - Postal services
  - Emergency numbers
- Medical Information
  - Health care system – search for information related to standards of care, hospital and ER care, and medication
  - Health care alerts – search for information on first aid, common communicable diseases, and food and water supply
  - Provider search – search for providers by provider type, specialty, and city

Service provided through vendor not affiliated with MetLife.

# eBenefits — Your go-to resource for managing your benefits online



## Claims — overview:

Use this page to:

- **Submit** a claim – if you pay out-of-pocket, you should submit a claim for reimbursement. For the quickest response, use the online claim submission.
- **View** your claims history



# eBenefits — Your go-to resource for managing your benefits online

Submit a Claim

\*Required Fields

Personal Information

NOTE: English is the preferred language for entering information into the form.

Save as PDF Print

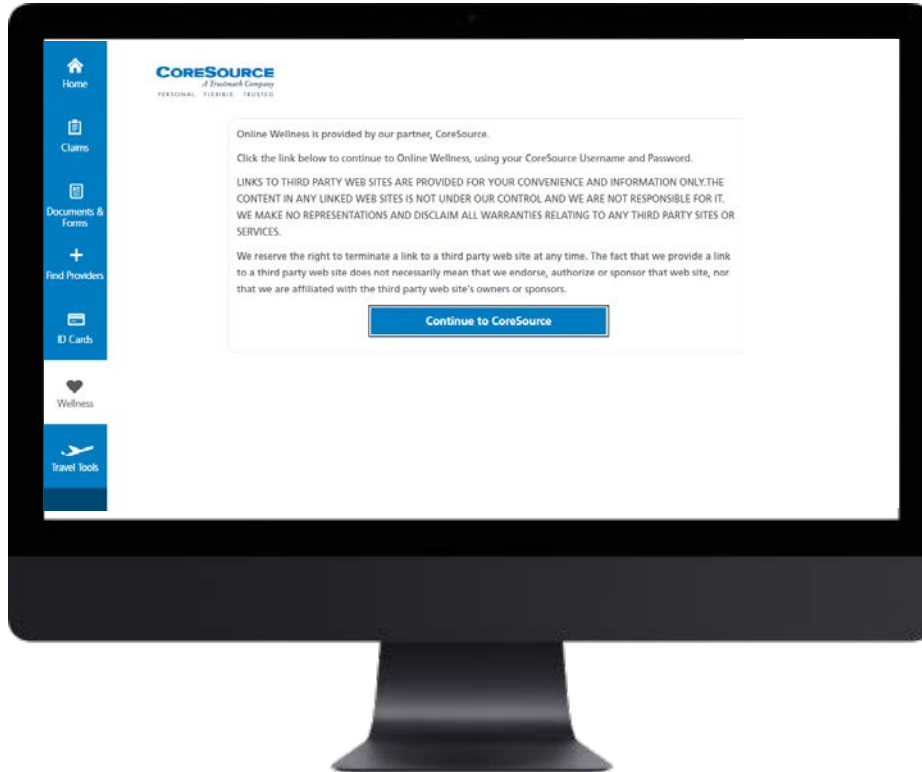
Part A - Personal Information

First Name	Last Name
EBENEFITS	DEMO USERID5
Employer/Client Name	Policy Number
TEST POLICY	1000000000
Email Address*	
jpuleo11@metlife.com	
Date Of Birth*	Street 1*
01/01/1960	600 N. KING STREET

## Submit a claim online in 6 steps

1. Complete Parts A, B, and C. Your information has been pre-populated, if available.
2. Click Next to continue or click Save for Later to complete at a later date.
3. Complete Part D and click Next to continue.
4. Complete Part E.
  - a) If you have copies of your receipts or invoices, select Yes and upload them. (You can upload itemized bills and receipts in any language!)
  - b) 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.
  - c) Once you upload your receipts, click Signature Page.
5. Review and, if you agree, check the consent to do business electronically.
6. Type your name, claimant's name, and the date then click Preview and Submit Claim. If you do not have any edits, click Submit.

# eBenefits tools



## Online wellness

If you have access to care in the US, you can access online wellness tools through CoreSource, including:

- **Health-risk assessment**
- **Personal health profile**
- **Personal health record**
- **My health assistance**
- **Health trackers for 22 biometric measures**

# Mobile application



## Tools

- Find a provider and, using GPS functionality, get turn-by-turn directions
- View, email, or request new ID card
- Submit claims and view claims history
- Contact customer care



## Available languages

- English
- Spanish
- French
- Korean
- Chinese
- Hindi
- Arabic



## Platforms

- Available on
  - iPhone
  - Android
- Syncs with eBenefits when used on computer

# Mobile application



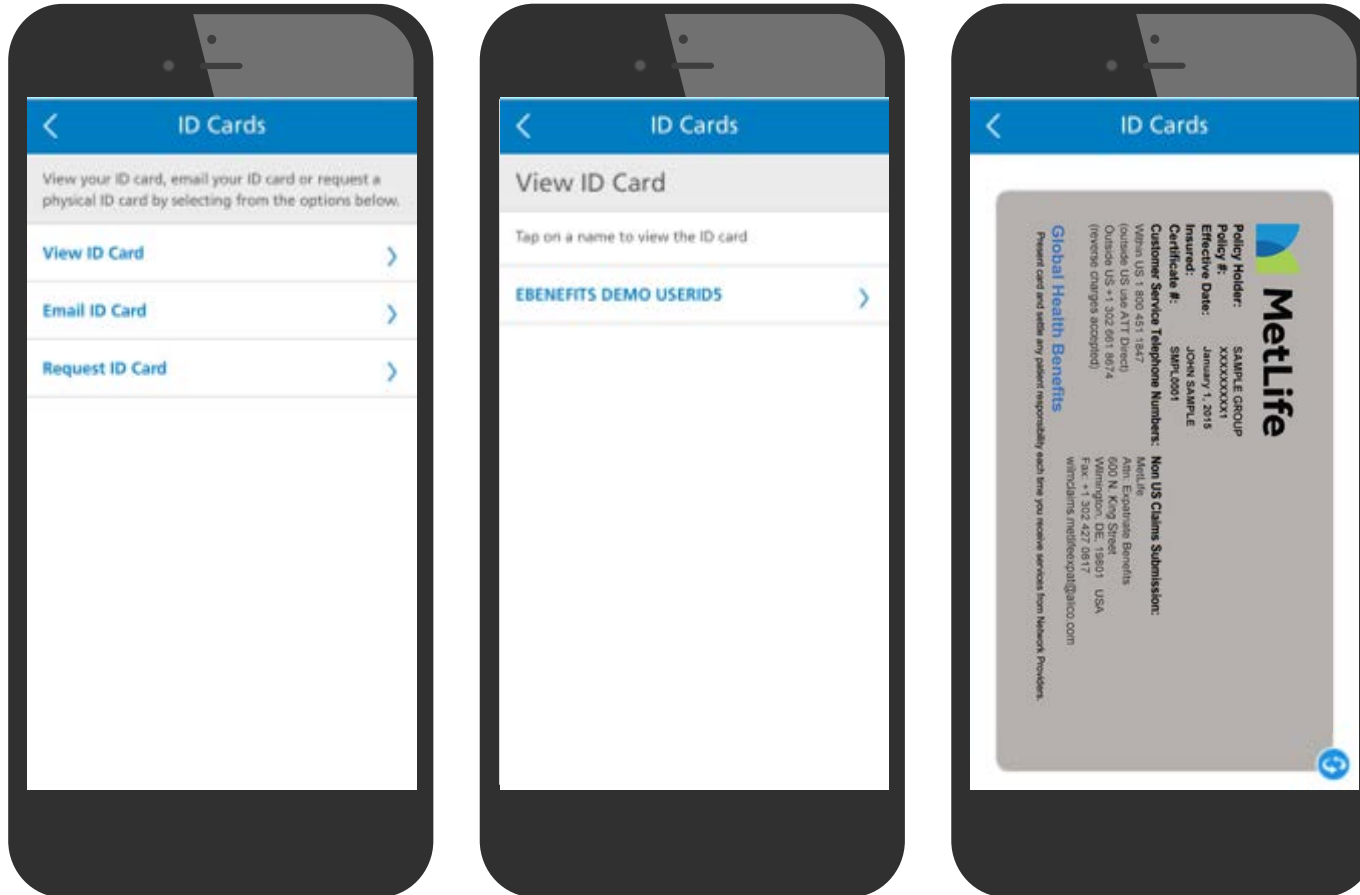
## Download from Google Play or Apple Store

- **Find a provider** and, using GPS functionality, get turn-by-turn directions
- View, email, or request new **ID card**
- **Submit claims** and view claims history
- Contact Customer Care
- Syncs with eBenefits when used on computer
- **Language capabilities:**
  - English
  - Spanish
  - French
  - Korean
  - Chinese
  - Hindi
  - Arabic

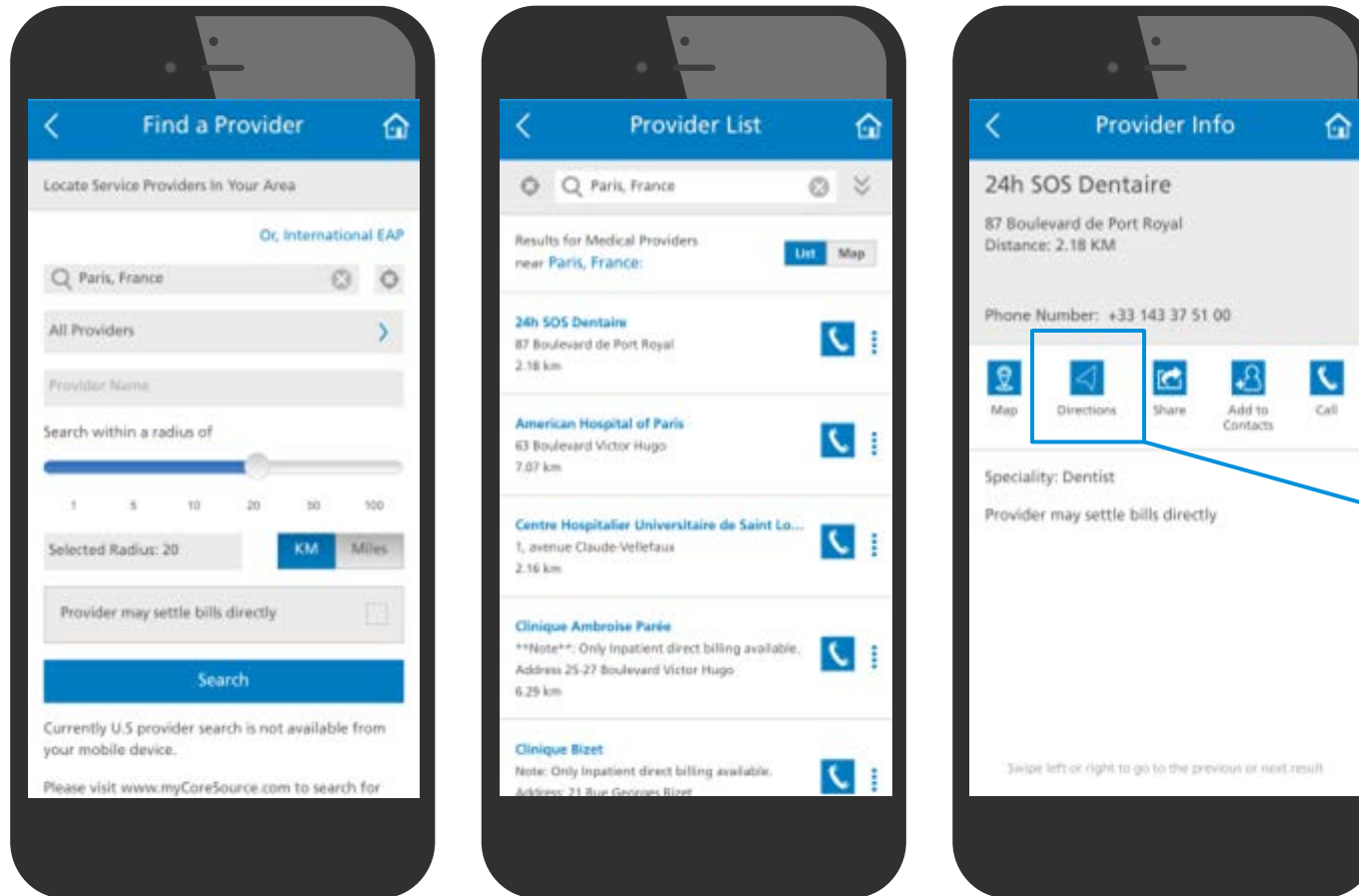
# Mobile application: main screen & sign-in



# Mobile application: view ID cards



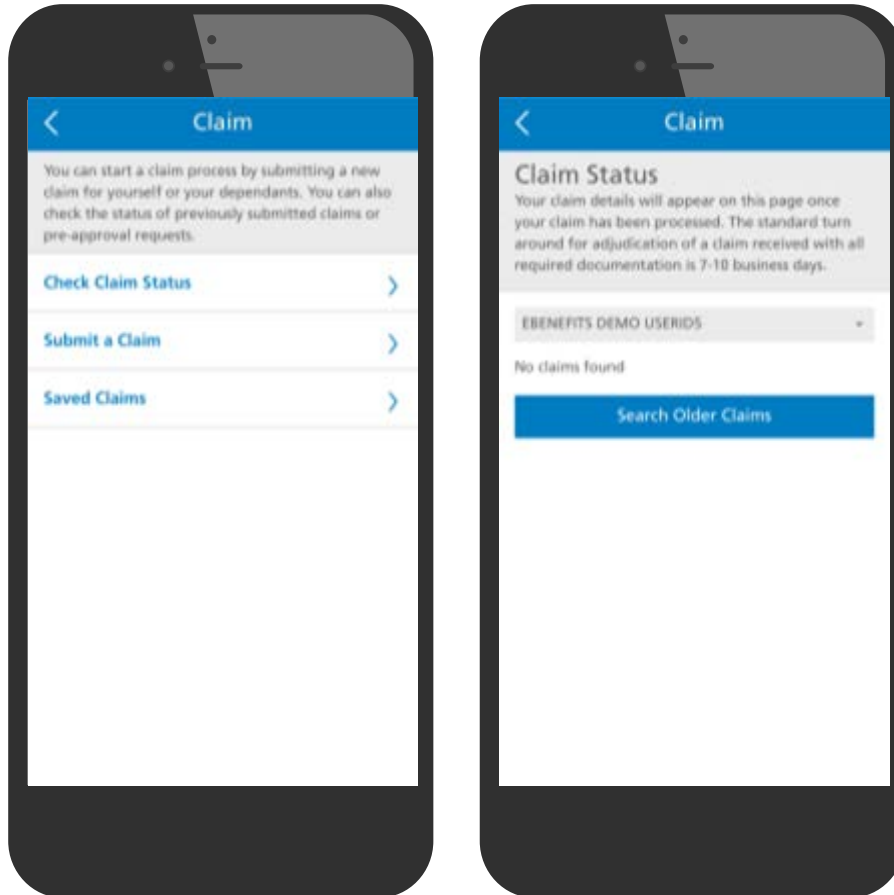
# Mobile application: find a provider



By clicking on a provider in the Search results, you can navigate using your phone's navigation app!

Example provided for illustrative purposes only.

# Mobile application: check claim status





# Accessing care outside the US



# Three options for accessing care so you can visit any provider you want

## One

### Direct pay

Billing arrangement where provider has agreed to bill MetLife directly

- Visit a provider in our direct pay network — more than 1.1 million to choose from
- ID card recognition at point of service means no-hassle appointments
- Your provider bills MetLife directly; you pay only your applicable coinsurance or deductible
- **No need to file a claim**

## Two

### Guarantee of Payment (GOP)

One-time payment to any willing, licensed provider worldwide

- Call Customer Service to request GOP before your doctor's appointment
- GOP issued to you and your provider
- Provider bills MetLife directly; you pay only your applicable coinsurance or deductible
- **No need to file a claim**

## Three

### Pay & claim

You can visit any licensed healthcare provider worldwide

- Visit to any licensed provider of your choosing
- Pay for cost of your visit in full at time of service
- Submit a claim for reimbursement:
  - Online, email, fax, mail
  - 140+ currencies
  - Average 7.3 business day turnaround time on claims in 2017

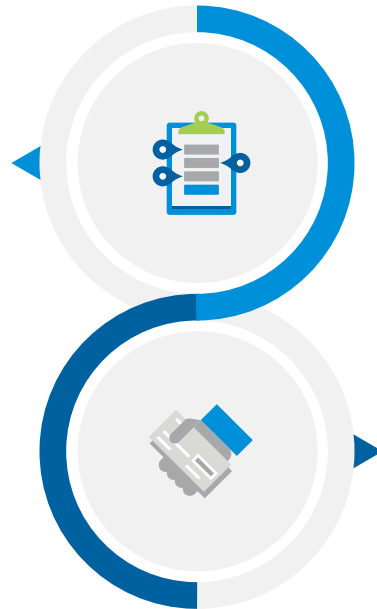
# What does network mean internationally?



# MetLife's approach to designing a medical network for international assignees

## Offer access to leading providers

- MetLife contracts with top facilities, including those oriented specifically for international assignees
- International assignees have unique needs compared to the local population:
  - May not speak the local language
  - May not understand the local health care infrastructure



## Offer a large number of direct pay providers

- MetLife offers direct pay access to more than 1.1 million providers around the world, including 185,000 outside the U.S
- Access to a direct pay provider provides a positive experience

# Find a direct pay provider

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

**Search** the **Online Directory** on eBenefits by clicking the “Find Providers” tab.



**Contact** your **Regional Service Center** for help finding a doctor or hospital as well as for during emergencies.

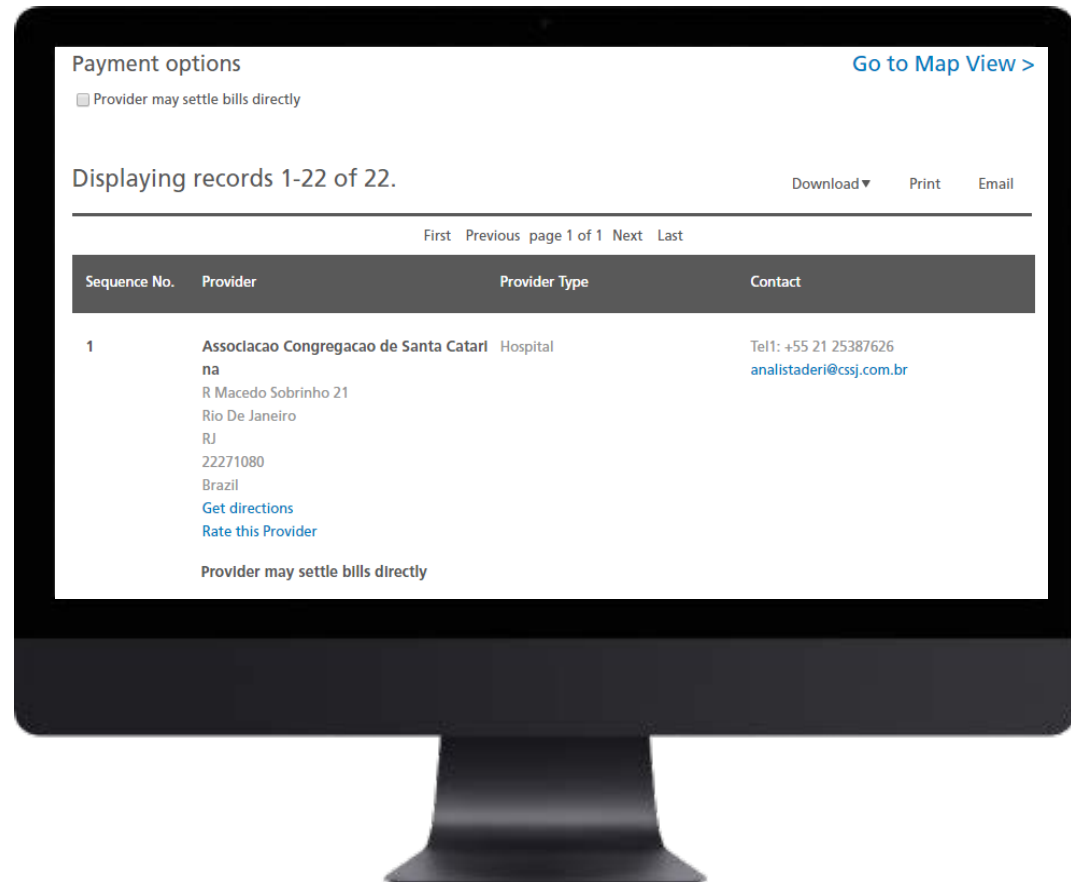
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- **Log on** to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- **Select** your country from the Country dropdown box and then **select** your city from the city dropdown box.
- **Click** Search and your results will appear.



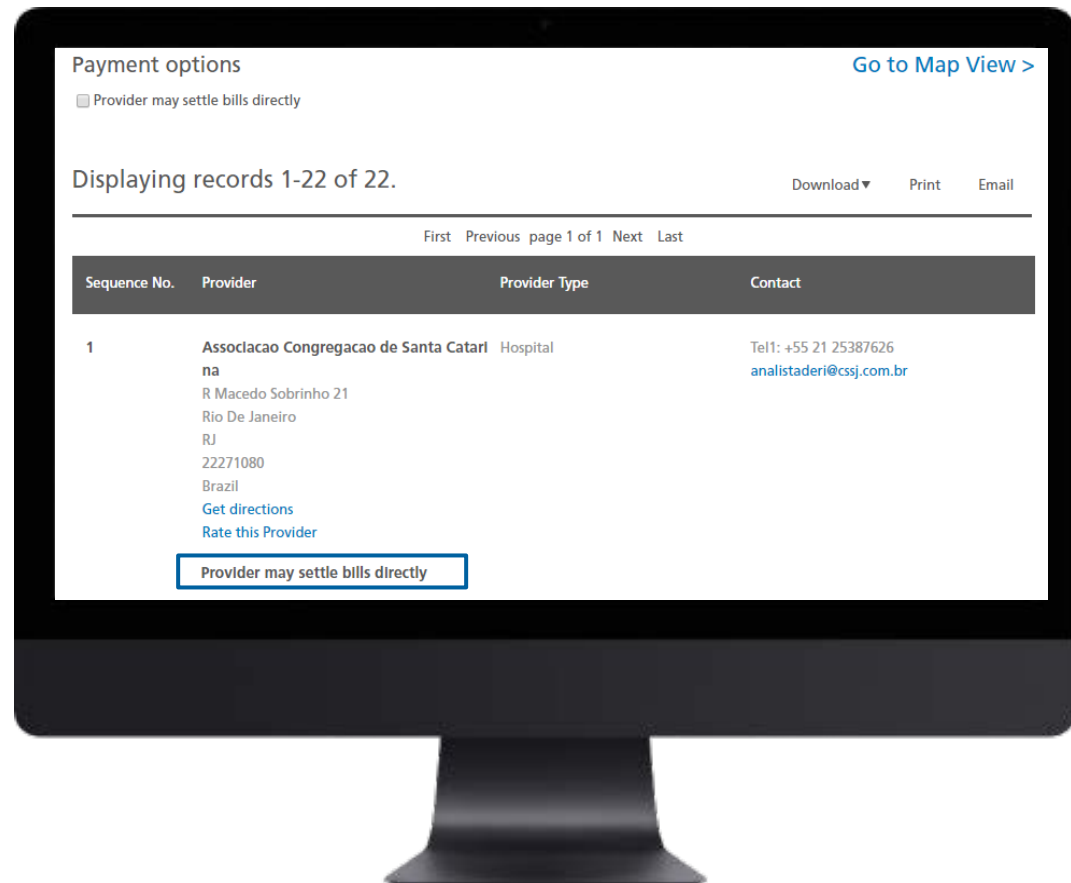
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- Log on to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- Direct pay providers are noted with the wording “Provider may settle bills directly.”



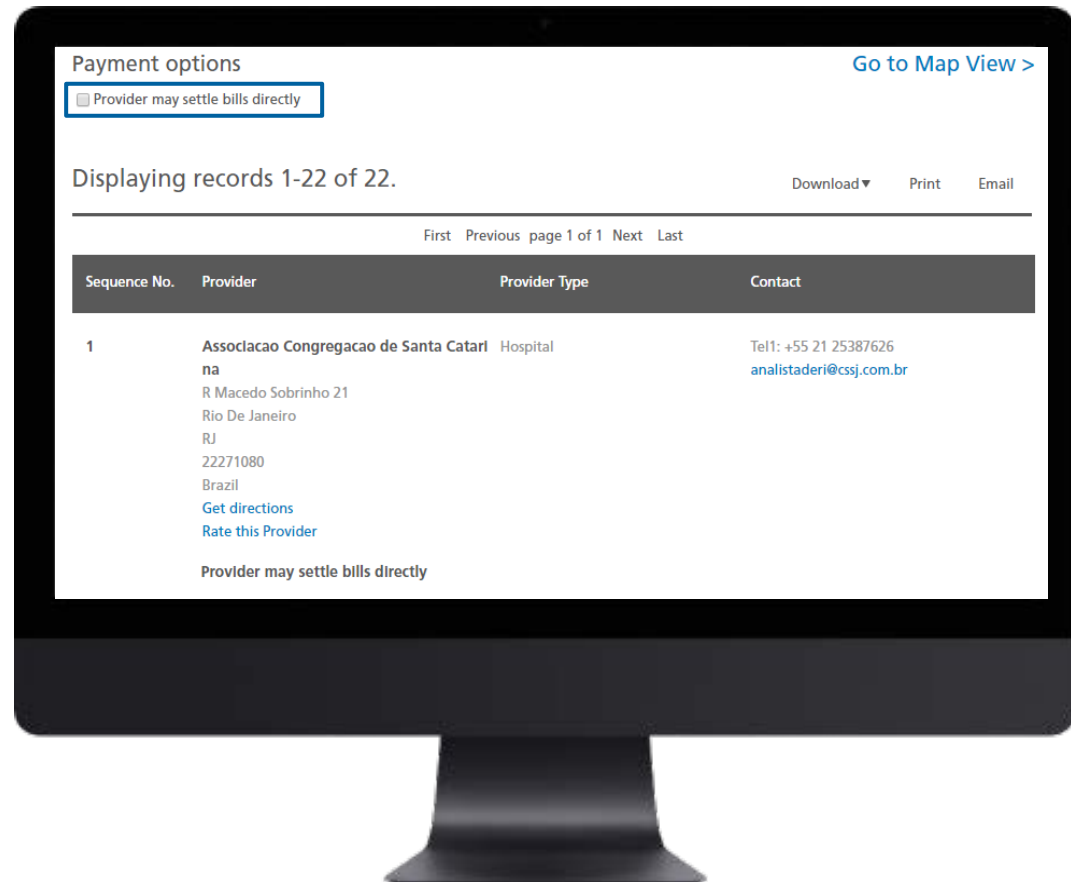
# Find a direct pay provider

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- Log on to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the “Find Providers” tab.

To find providers **outside of the US**:

- To see only direct pay providers, **check** the Provider may settle bills directly checkbox under Payment options.





# Tips for using direct pay

## Tips to help you with direct pay:

- Search for direct pay providers on our website, eBenefits, in advance of needing care.
- Register with your chosen provider in advance of needing care.
- Make an appointment in advance – there may be wait time before your provider can see you.
- Notify the facility that you are a MetLife Worldwide Benefits member and give them your insurance information as noted on your ID card.



## What to bring on your healthcare visit?

- Your ID Card
- A form of ID, like driver's license or passport
- A Guarantee of Payment, if required

# Guarantee of Payment

A Guarantee of Payment (GOP) is a letter from MetLife to your health care professional that confirms your eligibility as a covered MetLife member.



You can call or email your Regional Service Center to obtain a GOP in advance of your appointment. Your Regional Service Center will need:

- 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.
  - Please allow 3-5 business days for a standard GOP request, although emergency requests can be accommodated on a case-by-case basis.

# If you have to pay out-of-pocket for the cost of your visit, submit a claim to be reimbursed



Claim received in  
good order & reviewed



Claim decision &  
claim processed



EOB<sup>1</sup> & payment sent

In 2017, average claims turnaround time was **7.3 days**

1. EOB — Explanation of Benefits.

# Reimbursement Options



- Most Regional Service Centers can reimburse you via wire transfer in multiple currencies, checks in USD or in local currency. Check with your Regional Service Center to find out what reimbursement options you have.
- Wire transfer fees incurred by the MetLife bank will be covered. However, if wire fees are incurred by intermediary banks or on the receiving bank end, MetLife will not cover these.
- Submit claims via online claim submission, mail, email, or fax using the contact information on your ID card.

# Accessing care in the US



# Accessing care in the US



## Medical networks

- In the US, you have access to some of the largest national healthcare networks, including Aetna Open Choice PPO
- More than 1 million in-network healthcare providers
- Cost containment measures including wellness programs, case management, pharmacy benefit management



## Pharmacy benefits

- MetLife uses CVS Health for pharmacy benefits. CVS Health is one of the largest pharmacy benefit programs in the US
- More than 68,000 retail outlets
- Cost management programs that encourage proper usage and manage specialty drugs
- Convenient mail order services – 50 million prescriptions filled annually



## Managing health care

- Individual case management for chronic, terminal or catastrophic illnesses or injuries
- Comprehensive wellness & disease management programs
- Convenient online health assessments, biometric screenings, health coaching and advising

# Accessing medical care in the US

## IN-NETWORK

- Search for a provider
- Seek care from your doctor
- Billing:
  - Providers are responsible for submitting claims to the proper US network for reimbursement
  - You will be responsible for any applicable out-of-pocket cost share (deductible, coinsurance and /or copayment)



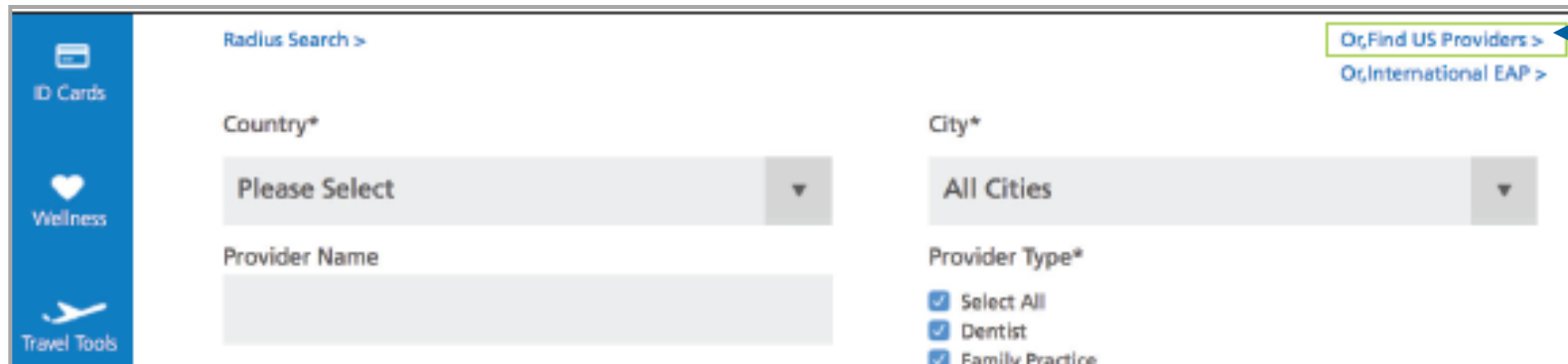
## OUT-OF-NETWORK

- Seek care from your doctor of choice
- Providers can call Customer Service to obtain benefit & billing information (this information is located on the back of your ID card)
- Billing:
  - You may be responsible for paying for your medical care and then submitting claims for reimbursement.
    - Obtain procedure or diagnosis codes needed for claim submission
    - Submit via eBenefits or mobile app – or send a Claim Form via email, mail, or fax

# Find an in-network provider in the US

Finding a direct pay provider near you is quick and easy with eBenefits. Here's how:

- **Log on** to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) and click the Find Providers tab.
- **Click** the “Or, Find US Providers” link.
- **Click** the Continue to US Providers button. This will take you to the appropriate website where you can search your US network for in-network providers.



The screenshot shows the eBenefits provider search interface. On the left is a blue sidebar with icons and labels for 'ID Cards', 'Wellness', and 'Travel Tools'. The main content area has a header 'Radius Search >' and two links: 'Or, Find US Providers >' (highlighted with a green box and a blue arrow) and 'Or, International EAP >'. Below the header are search filters: 'Country\*' with a dropdown menu showing 'Please Select', 'City\*' with a dropdown menu showing 'All Cities', 'Provider Name' with a text input field, and 'Provider Type\*' with a list of checkboxes: 'Select All' (checked), 'Dentist' (checked), and 'Family Practice' (checked).



# Accessing dental and vision care in the US



## Network:

- For Dental and Vision Benefits there are NO Networks.
- You can seek care from **any** licensed dental and vision care provider you choose.



## Billing:

- If your provider is willing to submit the claims on your behalf, you will only be responsible for any applicable deductible, coinsurance and/or copayment at the time of service.
- If your provider does not submit the claim on your behalf, you will be responsible for payment and then you can submit claim for reimbursement via eBenefits or mobile app.
- Claims submitted via Claim Form can also be submitted by:
  - Email
  - Courier mail
  - Fax



## Providers:

- Instruct your provider to call 1-866-217-5631 to obtain information on covered benefits and billing. This number is listed on your ID card in the “PROVIDER” section.

# Prescription benefits in the US

The US side of your ID card also provides information for CVS Health, which is used when accessing prescription services in the US. Simply present your ID card at the pharmacy.



## CVS Health provides:

- Access to over 68,000 retail pharmacies nationwide – all major chains, all major retailers, 99% of independents (such as, CVS/pharmacy, Rite-Aid, Walgreens, Target, Wal-Mart)
  - Retail and mail order prescriptions
  - Access to Caremark website and mobile app
  - 24/7 customer service
- 
- For information on these services, call the US Regional Service Center at 1-866-217-5631 and select Option 3 for “Member” and then 2 for “Pharmacy.”
  - Or call CVS Health directly at 866-644-7527.

# Prescription benefits in the US



To find a pharmacy or access tools from CVS Health,

- Go to [MetLifeWorldwide.com](https://www.metlife.com)
- Click on the “Network” tab
- In the “Find a Provider” box on the lower right hand side, click the “U.S. Network Pharmacies CVS Caremark” link. This will take you directly to the CVS Caremark home page. Or go there directly at: <https://www.caremark.com/wps/portal>
- Register or login (if you have previously registered) and then sign up for refills, prescription alerts, mail order and much more.

# How to file an extension for a prescription

If you are leaving for assignment outside of the US and your medication is not available in your work location, you can request an extended prescription **up to 1 year** upon a physician's request and prior authorization from MetLife.



## Follow the steps below for extending your US prescription:

- Contact the U.S. Regional Service Center via email or phone using the contact information on the US side of your ID card, preferably **at least 5 business days prior to needing the medication**
  - Include name of the prescription(s), dosage of medication, requested length of script, and reason for the extension.
  - Please note, all medications must be prescribed by a US physician on a US script.
- The US Regional Service Center will notify you when the extension has been approved.
- Take the hard copy of the physician's script to the pharmacy to fill it. The medication must be filled by a pharmacy in the US. Please note: You have 7 days to fill and pick up the medication before the extension is voided with CVS.
- Medication will be dispensed according to the approved amount by MetLife. Benefits will be paid according to the policy. You may be responsible for any applicable copays, deductibles, and/or coinsurance.

# Other tools and resources



# Check your Schedule of Benefits to see if you have access to any of these additional services:



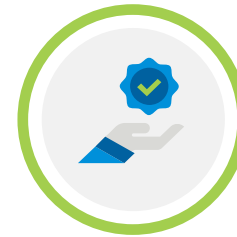
## Additional services:

- Evacuation
- International Employee Assistance Program
- Remote Second Medical Opinion



## Tools available in the US:

- 24/7 Nurse Line
- Wellness tools
- Disease management
- Maternity management



## Standard tools

### Everyone benefits from:

- Regional Service Centers
- Case management
- eBenefits tools
- Direct pay
- ID card recognition

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife.

# Evacuation and emergency assistance

**Emergency assistance** services and arrangements can be made to **evacuate** or **repatriate** you or your dependents from your location to the nearest medical facility equipped to handle the emergency.



## Expert evacuations

Our vendor, AXA Assistance, will perform the evacuation



## Monitored

Coordinated between your Regional Service Center and AXA Assistance – and we keep your employer in the loop as well, if you consent

## Services include:

- Medical repatriation and evacuation services
- Medical and dental referrals
- Medical care monitoring
- Repatriation of mortal remains
- Family or travel companion transportation arrangements
- Escort of dependent children
- Prescription transfer assistance
- Hotel convalescence arrangements
- Guarantee of hospital admission
- Advance of medical expenses
- Health hazard advisory
- Inoculation requirements

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife.

# About AXA Assistance



## Support members need

- Workforce of over 7,000 people in 33 countries
- 13,000 medical transportations processed annually
- More than 20 languages in-house



## Agent qualifications

- Skills: minimum two languages
- Prior experience abroad
- Ability to troubleshoot and multitask



## Customer care agents

- Trained to offer international quality assistance, so they can navigate seamlessly in various cultures and health systems
- Subject matter experts by country and regions
- 100% call recording



## Global response center

- Operating for more than 20 years
- International Organization for Standardization (ISO) 9001:2008 Certified
- Dedicated quality, process and improvement team
- State-of-the-art and advanced technology with shared systems and telephony between various offices

Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife. Above numbers are a representation of all resources for MetLife's evacuation vendor.



# How we help handle medical evacuations<sup>1,2</sup>



**Our Regional Service Center is contacted for help** — usually by a family member or the treating physician.



1. Customer care answers, enters the details into the Global Service Platform, then triages the call to the Evacuation Medical Director.



2. The Medical Director makes evacuation recommendation and contacts attending physicians for their assessment and to monitor treatment.



3. The decision is reviewed to make sure the evacuation is necessary.



4. Once the evacuation is approved, we find the appropriate facility and determine whether the patient is fit to fly.



5. Arrangements are made in both the departing and arriving locations.



6. An itinerary is shared with the member and their family. Updates are entered in the Global Service Platform.



7. An account manager tracks the progress and communicates with the employer, once the member consents.



**Evacuation is completed.** Medical monitoring continues in the receiving facility.

1. Emergency medical and travel assistance services are provided through vendor not affiliated with MetLife. 2. Example provided for illustrative purposes only. The benefits provided under your policy may differ and contain certain exclusions, exceptions, waiting periods, reductions, limitations or other terms and conditions.

# Living far from home can be difficult — IEAP can help you cope with the stresses of your international assignment

**International Employee Assistance Program (IEAP)** provides confidential consulting to you and your dependents on cultural transition issues and other related challenges

## To find an IEAP provider,

- Login to eBenefits at [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com).
- Click the “Find Providers” tab.
- Click the “Or, International EAP” link.
- Click the “Continue to Optum” box.
- You will be directed to our vendor’s website. From here you can:
  - Contact Optum for help via phone or email
  - View tools and programs available
  - Listen to webinars
  - Read more about a variety of topics, including Life, Family & Relationships, Health & Well-Being, and Education, Work & Career

## Services include:

- 24/7 on-demand telephone counseling by highly qualified, licensed professionals
- In-person sessions
- Crisis management, legal, financial and specialist advice
- Interactive online tools

IEAP provided through vendor not affiliated with MetLife.

# Remote second medical opinion: a “peace of mind” solution for medical care decisions abroad

For complex medical diagnoses, you and your dependents can have your diagnosis confirmed and treatment plans reviewed remotely by teams of specialized physicians at world-class hospitals in the US so that you can make more informed treatment decisions without needing to fly home.



## Global access

Personal consultations which can have a real impact on your decision



## Simple

Efficient process, opinion delivered directly to you, no need to travel



## Contact your Regional Service Center

For more information or to use this service, contact your Regional Service Center using the contact information on your ID card.

## Services include:

- Personal consultations from physicians at leading U.S. hospitals, research institutions and recognized centers of excellence
- Access to the most up-to-date medical opinions and advances
- Personal assistance through the remote second opinion process

Remote Second Medical Opinion provided through vendor not affiliated with MetLife.

# Medical advice 24/7 to help you avoid unnecessary trips to the doctor or emergency room – with our Nurse Line

Get the health information you need, when you need it. One call helps you avoid making unnecessary and costly trips to the doctor or ER. Plus, nurses may be able to help identify an emerging condition before it becomes more severe.



## 24/7 access

Call anytime from anywhere! You're eligible as long as you have access to care in the US.



## Informative

Call about a variety of topics – or chat online through the CoreSource portal in eBenefits



## Contact a nurse today

For more information on this service or to speak to a nurse about a concern, call 1-899-375-6877.

## Nurses are standing by to help:

- Call 1-899-375-6877 for medical advice in English, Spanish or one of nearly 150 other languages
- Use Nurse line for help with:
  - Infant care
  - Senior care
  - Injuries
  - Disease symptoms
  - Any concerns about everyday health issues

Remote Second Medical Opinion provided through vendor not affiliated with MetLife.

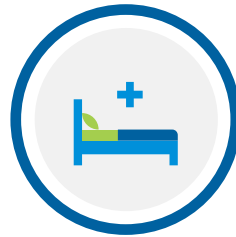
# Support for healthy living

Providing guidance and support when your health changes or when you just want to maintain your active lifestyle



## Wellness

- Health risk assessments
- Personalized activity plans
- Hundreds of articles, videos, and newsletters on various health topics and conditions
- Nurse Line – Access to registered nurses for non-emergencies when your GP isn't available



## Disease management

- Personal health coaches
- Online tools specifically for chronic conditions, including:
  - Asthma
  - Diabetes
  - Coronary artery disease
- Manages medical costs
- Encourages appropriate use of healthcare system



## Maternity management

- High-risk pregnancies flagged for case management
- Case management provides comprehensive approach to maternity management
- Helps result in healthier moms and babies

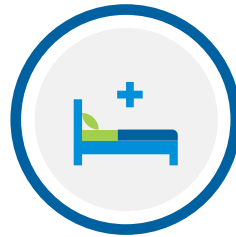
# Managing health care for high-cost, ongoing medical conditions

Case Management improves continuity and quality of care in addition to lowering costs by helping coordinate care



## Resources

- More than 450 medically trained resources provide case management services,<sup>1</sup> medical directors, doctors, registered nurses, Case Managers, and others



## Disease management

- Capabilities specifically tailored by region
- Prepared for regional outbreaks and new disease occurrences



## Help

- Triggered through claims review or an inbound phone call
- Local team reaches out to you or your dependent
- Support provided until you opt out

1. This number represents total combined number from MetLife, Regional Service Centers, and third party vendors not affiliated with MetLife.

# Life claims process

**!** If a member or their covered dependent passes away, MetLife will process their life insurance benefit within 10 business days of receipt of all necessary information.



1. A member or covered dependent passes away.



2. The client notifies their MetLife Account Manager of the loss.



3. The account manager provides the client with the death claim form to pass on to the member or beneficiary.



4. **The employee or beneficiary completes the death claim form and provides:**

- The original, stamped death certificate
- A signed enrollment card
- The completed death claim form, signed by the client and beneficiary

Additional documentation may be required in the case of an accident or investigation. Written proof of loss must be provided within 90 days after the date of the loss for which claim is made.<sup>1</sup>



5. **MetLife validates the documentation.**

We have help from our Regional Service Centers<sup>2</sup> when it comes to validating death certificates and documentation from other countries around the world.

Not only does this expertise cut down on fraud, it means members or beneficiaries are paid quicker and don't face the same restrictions that may be required on a domestic plan, like securing an embassy statement, which can take weeks to obtain.



6. The claim is adjudicated within 10 business days.



7. If the member or beneficiary has questions throughout the claims process, they contact the Global Service Center at **302-661-8674** or **1-800-451-1847**.



**Payment is made to the member or beneficiary.**

Reimbursement currency options include direct deposit to U.S. bank, foreign banks that will accept USD, and checks in USD.

1. Failure to furnish written proof of loss within the time provided will neither invalidate nor reduce any claim if it can be shown that it was not reasonably possible to furnish written proof of loss within that time and that written proof of loss was furnished as soon as was reasonably possible. 2. Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.

# Long-term disability claims process

 **When members become disabled due to sickness or injury and require the regular attendance of a physician, MetLife will pay a monthly benefit after the end of the elimination period.**



1. Susan fills out the claim form and provides proof of continued disability and regular attendance of her physician.



2. **Susan submits claim form to the Global Service Center, listed on the form.** (If Susan contacts or submits her claim to the wrong Regional Service Center,<sup>1</sup> her claim will be transferred properly.)



3. **The Global Service Center processes Susan's claim within 72 hours once all the necessary and required information is received.**

We can provide accurate and timely reimbursements with the help of our Regional Service Centers,<sup>1</sup> which validate documentation from different countries and in different languages. Not only does this expertise cut down on fraud, it means members or beneficiaries are paid more quickly and don't face the same restrictions that may be required on a domestic plan.



4. MetLife's disability unit offers guidance on prognosis, medical necessity review, and other areas of expertise, if needed.



5. **Once the claim is approved, it is paid seven days before the end of the monthly pay period.** Reimbursement currency options include direct deposit to U.S. bank, wire to international banks, and checks in USD.



6. If Susan has questions, she contacts the Global Service Center.



**Susan's subsequent claims are paid monthly via same reimbursement method and the same time of month as the initial payment.**

Susan's disability benefits will terminate once she is no longer disabled.

This situation and individuals referred to in this slide are fictional and for illustrative purposes only. The benefits provided under your policy may differ and contain certain exclusions, exceptions, waiting periods, reductions, limitations or other terms and conditions. 1. Some Regional Service Centers are operated by MetLife affiliates and some by third parties contracted by MetLife.



# Appendix



# Travel Tips



- Contact your Regional Service Center to request **documentation** concerning your insurance coverage.
- **Know your benefits** by reviewing your Schedule of Benefits, available on eBenefits. Call your Regional Service Center if you have questions.
- Bring your **ID card** and a **form of identification** when you seek care.
- When checking in, it may help to point out the local network logo that appears on your ID card. 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, please 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.

# Common insurance terminology



## Coinsurance

The amount of eligible expenses the insured is responsible for paying after any applicable deductibles are met.



## Deductible

A flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy.



## Individual deductible

A flat amount that an insured must pay before the insurance company will make any benefit payments under a health insurance policy.



## Family deductible

The aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

# Common insurance terminology



## Direct Pay

When a 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



## Explanation of Benefits (EOB)

A statement sent by the insurer to covered members that explains what services and/ or treatments were paid for by the 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 a one-time payment for covered services.



## Regional Service Center (RSC)

The office that provides customer service and claim processing based on location. Information pertaining to you specific Regional Service Center is located on the back of your ID Card.

# Deductible and out-of-pocket examples for international and out-of-network US coverage

Medical Bills	Medical Bill Amount	Deductible (\$500 individual /\$1000 family)	Coinsurance (80%)	Out of Pocket Expense (20%)
1 <sup>st</sup> Medical Bill	\$300	\$300	\$0	\$0
2 <sup>nd</sup> Medical Bill	\$700	\$200	\$400 (80% x \$500)	\$100
Total	\$1000	\$500	\$400	\$100
3 <sup>rd</sup> Medical Bill	\$3,000	\$0	\$2,400 (80%)	\$600
Total	\$3,400	\$500	\$2,320	\$700
<b>Preventive Care Covered at 100%:</b> Well Baby/ Child Care (annual Wellness visits), Adult Preventive Care (Annual Physical), Immunizations, Mammograms, Women's preventive Care, Prostate Cancer / Gynecological Cancer/ Colorectal Cancer & Lead Screenings		No Deductible	Covered at 100%	\$0
		\$1,000 for individual / \$2,000 for Family for US In-Network coverage.	Insurance pays 100% for remainder of the year, once the OOP Max is reached.	\$1,500 for individual / \$3,000 for Family International and Out-of- Network US coverage.

# Frequently asked questions

**Q.** Where can I find a summary of covered benefits?

**A.** You can find all of your policy documents and Schedule of Benefits on eBenefits at MetLifeWorldwide.com. Once you login, click the “Documents & Forms” tab and then select “Policy Documents” from the Category dropdown.

**Q.** Who should I contact in case of an emergency?

**A.** Either call an ambulance or proceed directly to the hospital. Then, contact your Regional Service Center (RSC) located on your ID card.

**Q.** How do I change personal information? Add a dependent?

**A.** All changes in personal information and additions or deletions of coverage should be discussed with your Human Resources representative.

**Q.** Where can I find additional claim forms?

**A.** You can submit your claims online on eBenefits via website or mobile app. If you require a paper form, Claim forms can be found online on eBenefits at the “Documents & Forms” tab.

**Q.** How do I obtain additional ID cards?

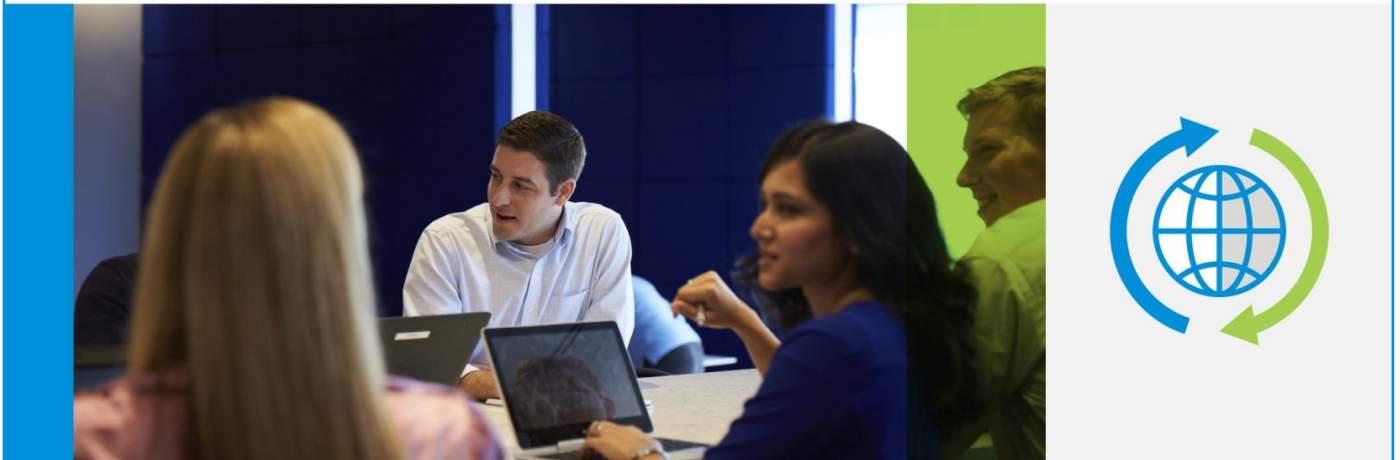
**A.** Contact your Regional Service Center using the contact information located on your ID card. A PDF copy can also be found on our eBenefits site as well as be requested online.

# **We are here for you!**

**For additional questions  
please contact your Regional  
Service Center or Human  
Resources Department.**



# MetLife Worldwide Benefits



MetLife's 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. MetLife offers 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 and has been helping globally mobile individuals for nearly 60 years. MetLife provides convenient, reliable service and help make your life easier while on assignment.

**MetLife has a long history of providing outstanding customer service and looks forward to offering Concord Crossroads employees a quality International Worldwide Benefits Program.**

MetLife has you covered:

- Any Time, Any Language, Anywhere
- Ensuring access to quality care through our global and local affiliate networks
- Care within the U.S.
- Quick, Accurate and Flexible Reimbursement
- Online Global Network Directory and services

You will receive a MetLife Welcome Guide and ID card in the mail or from Concord Crossroads

Once you receive your ID card, you can register for our customized website, eBenefits, where you can find a doctor, print ID cards, check your claims status, and much more.



During the transition, please keep in mind:

- Claims incurred prior to the effective date of the new MetLife Plan must be submitted to the prior carrier.
- Claims incurred on or after the effective date should be submitted to MetLife.

### **How Do I Obtain Additional Information?**

If you have any questions prior to receiving your MetLife Welcome Guide, please feel free to contact your Benefits Representative at Concord Crossroads.

### **Deductible Carryover**

## What you should know about Deductible Credits

### What is a deductible credit?

A deductible credit is a credit that is applied to your yearly deductible based on the amount that has already been met through your previous insurance carrier.

### What does this mean to me?

If you have had any charges that were applied to your deductible this calendar year with your previous carrier those will now carryover with MetLife.

### How does this work?

Simply provide proof from your previous carrier of what has been paid toward your deductible for the year and it will be applied to your current deductible.

### How can I provide proof of my deductible?

You may already have proof of your deductible if you have an up-to-date Explanation of Benefits (EOB) from your previous carrier. If not, contact that carrier and request an up-to-date EOB showing what has been applied toward your deductible. Once you have this, send it in with your claim submission and we will handle the rest.

### Will I know if the deductible credit has been applied?

The credit will be processed just like a claim submission, so you will see a deductible credit charge on eBenefits and/or on your EOB. When you see this charge it means that the amount listed has gone toward your deductible.