

# MetLife

# Worldwide Benefits

# Provider Guide





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## Welcome

### Benefits we offer for globally-mobile employees:



Medical



Dental



Vision



Prescription



Life and AD&D



Disability



Evacuation

MetLife Worldwide Benefits is pleased to welcome your organization to our international network of hospitals and clinics. MetLife is a leading global provider of insurance, annuities and employee benefit programs, serving 90 million customers in over 60 different countries.

We have an international benefit product portfolio designed specifically for globally-mobile employees and their families, offering medical, dental, vision, prescription, life, disability and ancillary insurance as well as services like emergency evacuation and international employee assistance.

This Provider Guide serves as a convenient handbook and includes important information that will ensure a mutually-beneficial relationship.

If you have any questions at any time, please contact the dedicated Customer Service team using the information located on a member's ID card. You may also contact MetLife's Network Development team at [WorldwideBenefitsNetwork@metlife.com](mailto:WorldwideBenefitsNetwork@metlife.com).

## Member Services

While members are on assignment, MetLife provides the tools and resources that they need to stay healthy and get help when needed. We provide:

- **access to local direct pay health care providers** – members can find qualified healthcare providers like your organization who can help make their experience accessing care easier
- **claims processing** – claims from members and invoices from your organization are processed by our team of examiners who have more than 20 years of experience and provide efficient processing, accurate payments, and quick turnaround times
- **customer service excellence** – we are available 24/7 through toll-free access so that someone from your organization can speak to a knowledgeable, live person and access multilingual support if needed

You can find contact information about our office by looking at a member's ID card or referencing the information below. MetLife will be your organization's contact for verifying eligibility, submitting bills, and any questions.

### Contact information for the MetLife Worldwide Benefits Global Headquarters



**Phone:**

- Within the US: 1 800 451 1847
- Outside the US: +1 302-661-8674



**Fax:**

- +1 302 427 0817



**Email:**

- [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com)



**Address:**

MetLife  
Attn: Worldwide Benefits  
600 N. King Street  
Wilmington, DE 19801 USA

## ID Cards

MetLife's ID cards are double-sided for members' convenience. The gray side of the ID card is used while a globally mobile employee is in their country of assignment. This is the side your organization should refer to for member and contact information. The back/white side is for use in the US, if the member has coverage there.

The ID cards feature contact information for the Global Headquarters, as seen below:



Other key information on the ID card includes:

- **Policy Holder** – the name of the member's employer
- **Policy #** - the number assigned to the member's group by MetLife
- **Effective Date** – the date coverage is active for this member
- **Insured** – the member's name
- **Certificate #** – the identification number assigned specifically to this member

**Please ask members for their ID card and a form of identification when they arrive for their appointment.**

Your organization's front desk personnel should use the contact information for "Customer Service" if there are any questions confirming eligibility.

## Direct Pay

When they need to find a doctor, hospital, clinic, or other type of provider, MetLife Worldwide Benefits members will utilize our international provider directory to search for direct pay providers – that’s how they’ll find your organization and other direct pay providers in our network.

### Find Providers

Expatriate Benefits members may use any licensed health care provider worldwide. You are not required to use providers listed below. The providers listed below may offer enhanced access (an international patient department and direct settlement of your bills.)

You are responsible for paying any applicable deductible (excess), coinsurance, or non-covered amounts directly to the provider, usually collected at the time of service.

If you need assistance with payment, provider referrals, or medical advice, you may contact us 24 hours a day/7 days a week. Refer to the contact information of your Regional Service Center using the information on the back of your Global ID card (or your U.S. ID card, if in the U.S.).

Radius Search > [Or, Find US Providers >](#)  
[Or, International EAP >](#)

Country\* City\*

Please Select All Cities

Provider Name Provider Type\*

Select All  
 Dentist  
 Family Practice  
 Hospital  
 Ob/Gyn  
 Pediatrics  
 Pharmacy  
 Vision

We tell members that if they seek care at one of our direct pay doctors or hospitals, they should have a **hassle-free experience**. What does that mean? When they show their ID card:

- Front desk personnel at your organization should call MetLife using the contact information on the card to verify their eligibility.
- Your organization will bill MetLife for the visit instead of the member.
- Your organization will bill MetLife for the services at the negotiated rates established.

Note: Members will still be required to pay their applicable co-insurance, deductible, co-pay or any other incidentals amounts (TV, phone, etc.). **Please bill MetLife for the remaining covered amounts.**

## Guarantee of Payment

A Guarantee of Payment (GOP) is a letter from MetLife that confirms a member's eligibility as a covered MetLife member. GOPs contain the following information:

- Date
- Your organization's name
- Member's name
- Patient's name
- Member's email address
- Diagnosis or complaint
- Procedure
- Case number
- Policy number
- Certificate number

The GOP will also state, based on the patient's benefits, how much the patient should be charged based on any deductibles and coinsurance. The GOP also states how much to charge MetLife. **Please bill us for these amounts rather than billing the patient or member.**

For your convenience, the GOP also states the contact information for submitting an invoice to MetLife.

If your organization requires a GOP for services, you can request one from MetLife.

If a member has requested a GOP prior to their visit, MetLife will send the GOP to your organization and will also give a copy of the GOP to the member to bring with them for their visit.

A sample GOP is pictured on the next page.





**MetLife Worldwide Benefits**

**Guarantee of Payment**

Please include the insured's policy number on all invoices

<b>Date:</b>	August 10, 2017	<b>Diagnosis or Complaint:</b>	DIAGNOSIS SAMPLE
<b>To:</b>	SAMPLE CLINIC	<b>Procedure:</b>	PROCEDURE SAMPLE
<b>Member Name</b>	JOHN SAMPLE	<b>Case Number:</b>	000000
<b>Patient Name</b>	JOHN SAMPLE	<b>Policy Number:</b>	0000000000
<b>Member Email ID</b>	john.sample@abc.com	<b>Certificate Number:</b>	0000000001

**To SAMPLE CLINIC:**

This is to confirm that the patient named above is insured by and/or through the Delaware American Life Insurance Company under MetLife Worldwide Benefits. We guarantee the payment of medically necessary medical expense related to treatment for the above diagnosis from August 16, 2017 to August 16, 2017 to be duly paid based on the insurance coverage given below.

The patient's insurance coverage is as follows:

- The patient should pay the first \$0.00USD of their medical expenses (to meet their annual deductible or "excess").
- The patient should pay 0% of the remaining medical expenses (this is the patient's "coinsurance").
- Then the remaining 100% of medical expenses will be paid by MetLife Worldwide Benefits.
- If patient's coinsurance amount exceeds the equivalent of \$---USD, we will pay the remaining expenses at 100%.

**Description:**

In the event that more medical information is required, you will be contacted by the MetLife Worldwide Benefit Claim Department. If there is a change in the diagnosis or in the planned treatment(s), or if treatment is expected to last beyond the dates above, you are required to inform the MetLife Worldwide Benefits Claim Department as soon as possible so that this guarantee can be re-evaluated and extended if appropriate.

**To expedite claim processing, please fax or email itemized invoice and a copy of this letter to the following address:**

**MetLife Worldwide Benefits**  
**Attn: Worldwide Benefits**  
**Address:** 600 North King Street, Wilmington, DE 19809  
**Email:** wilmclaims.metlifeexpat@alico.com  
**Fax:** 1-302-427-0817  
**Phone:** Inside the US: 1-800-451-1847

Thank you for your cooperation. Please feel free to contact us with any questions. Approved by **(CUSTOMER SERVICE NAME)**

*These benefits are subject to patient's eligibility at time of service, all plan provisions, and coordination with other plans.*



## Invoices

### Submitting an Invoice

Once services have been rendered to the member, your organization should submit an invoice to MetLife using the contact information on their ID card for payment to be paid for those services. Please submit all itemized bills and invoices as well as the following information:

- Member Name (located on ID card)
- Member Date of Birth (on the member's form of identification)
- Policy and Certificate numbers (located on ID card)
- Diagnosis
- Date(s) of service, service details, and charges
- Any amounts paid by the member
- The full name and address of where services were rendered
- Your organization's currency preference for reimbursement
- Banking details

To expedite invoice processing, we recommend completing the International Claim Form for any medical, dental, or vision services and submitting to MetLife along with your organization's standard hospital invoice. Please be sure to include your organization's currency preference when completing the International Claim Form.

You can find the International Claim Form attached to this PDF by clicking the paper clip icon on the left.

## Submission Methods

Your organization can submit your invoice in the following ways:

1. **Email:** Submit to the email address listed on the ID card.
2. **Fax:** Fax to the fax number listed on the ID card.
3. **Overnight Mail:** Submit to the address listed on the ID card. You may use overnight delivery to expedite processing.
4. **Mail or Courier:** Submit to the address listed on the ID card.

## Reimbursements

We make payments to providers by wire transfer or check in over 140 currencies. Providers are typically paid within 10 business days when all necessary information is provided up-front.

Please note, the preferred method of submitting claims is fax or email. This will result in the fastest turnaround time. Completing the Medical claim form and standard hospital invoice also helps invoices be processed quicker.

### Invoice submission tips:



Submit invoices to the address listed on the ID card.



Submit using email or fax.



Complete a Medical Claim Form and Standard Hospital Invoice.



Include all items necessary for processing, like invoices.



Include all necessary details needed for processing, like diagnosis and charges.

## Network Experience

Below is an overview of the network experience members will have when visiting your organization:

1. **The member will present his or her ID card** upon arrival, along with a form of identification. The member might identify themselves as a MetLife Worldwide Benefits member.
2. Your organization's front desk staff should **verify coverage and benefits** by using the contact information on the ID card to contact MetLife.
  - a. You may also request a Guarantee of Payment (GOP).
  - b. You may collect credit card details or cash from the member to cover co-insurance or deductible amounts. This information will be listed in the GOP, if provided.
3. **Service is rendered** to the member.
4. Your organization should **submit an invoice** for the bill to MetLife using the information on the ID card.
5. The **claim is processed** by MetLife.
6. **Payment is sent** to your organization.
7. An **Explanation of Benefits (EOB) is sent** to your organization by secure email or fax.

### Direct pay process:

Member presents ID card.



Coverage and benefits are verified by front desk staff.



Service is rendered.



Invoice is submitted for reimbursement.



Claim is processed.



Payment and EOB are sent.



## Window Cling

We are happy to offer your organization a complimentary MetLife Worldwide Benefits window cling, a thin re-usable vinyl film that can be attached to the interior or exterior of glass surfaces.

Your organization can use this marketing tool to promote awareness and welcome MetLife Worldwide Benefits members.

**The window cling is pictured below:**



If your organization would like a complimentary window cling, please contact the MetLife Worldwide Benefits Network team at [WorldwideBenefitsNetwork@metlife.com](mailto:WorldwideBenefitsNetwork@metlife.com) and include your mailing address.

## Frequently Asked Questions

1

### Who services members?

MetLife's Customer Service team in Wilmington, Delaware, USA services members while they are on assignment abroad. We provide access to direct pay networks, process claims, and provide 24/7 customer service.

2

### Where can I find contact information for MetLife Worldwide Benefits?

MetLife's contact information, including phone number, email, address, and fax number, is listed on the gray side of a member's ID card. It is also listed below for your organization's convenience:

- Phone:
  - Within the US: 1 800 451 1847
  - Outside the US: +1 302-661-8674
- Fax:
  - +1 302 427 0817
- Email:
  - [MetLifeWorldwide@metlife.com](mailto:MetLifeWorldwide@metlife.com)
- Address:
  - MetLife
  - Attn: Worldwide Benefits
  - 600 N. King Street
  - Wilmington, DE 19801 USA

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### What level of coverage do your members have?

Members' plan designs vary from member to member. To find out a member's level of coverage, please contact MetLife using the contact information listed on a member's ID card. Customer Service is available 24 hours a day to verify benefits and coverage levels.

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### How do we verify a member's policy and coverage? How we would know the amount of co-payment and deductible or the covered items for outpatient visits?

To find a member's eligibility and covered benefits, please contact MetLife using the contact information listed on a member's ID card. Customer Service is available 24 hours a day to confirm eligibility and coverage details.

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## Is Customer Service available 24 hours/day?

Yes, MetLife's office is staffed by representatives 24 hours a day and seven days a week. Use the information on a member's ID card for contact details, including phone number and email address.

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## How do we get prior authorization for an emergency?

Prior authorization is not required; however, for urgent or emergency authorizations, MetLife can be reached 24 hours a day, 7 days a week. Use the information on a member's ID card for contact details, including phone number and email address.

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## Is a Guarantee of Payment (GOP) required for all services?

No, a GOP is not required by MetLife for services. However, your organization may request one for each service. Ideally, a GOP would not be required for inexpensive services rendered due to our quick turnaround time, but we encourage providers to request a GOP for more costly procedures. A sample GOP is included in this Provider Guide on page 8.

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## How does my organization submit invoices to MetLife Worldwide Benefits?

Invoices can be emailed, faxed, or mailed to MetLife for reimbursement. Please use the contact information on the member's ID card to find the details for your organization's preferred submission method. The method for fastest reimbursement is fax or email. MetLife typically reimburses providers in about 10 business days when all necessary information is provided up-front.

To ensure the quickest processing, please include the following items with each invoice:

- Member's name, date of birth, policy number, and certificate number
- Diagnosis
- Date(s) of service, service details, and charges
- Amounts paid by the member
- The full name and address of where services were rendered

## How is my organization paid?

MetLife can make payments to providers by wire transfer or check in over 140 currencies. We typically reimburse providers in about 10 business days when all necessary information is provided up-front. (The preferred method of submitting claims is fax or email. This will result in the fastest turnaround time.)

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To expedite invoice processing, we recommend completing the International Claim Form and submitting to MetLife along with your organization's standard hospital invoice. Please be sure to include your organization's currency preference when completing the International Claim Form. You can find the International Claim Form on our website, [MetLifeWorldwide.com](http://MetLifeWorldwide.com).

After processing the invoice, MetLife will generate an Explanation of Benefits (EOB) that will be sent by either fax or secure email to your organization's primary contact and to the member.



## Glossary

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

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

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

- **Individual Deductible** – the amount of eligible expenses each insured member must pay for before the plan pays any benefit.
- **Family Deductible** – the aggregate amount of eligible expenses a family must pay before the plan begins paying benefits for all covered family members.

**Direct Pay** – when a provider agrees to receive payment of the member's eligible benefits directly from the insurer and eliminates the need for members to pay out-of-pocket or file a claim for reimbursement. Members are still responsible for paying any applicable deductible and/or coinsurance at the time of service.

**Explanation of Benefits (EOB)** – a statement sent by the insurer to providers and 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 the insurer and any member responsibility.

**Guarantee of Payment (GOP)** – a letter sent by the insurer to a doctor or hospital confirming a member's eligibility and guaranteeing that MetLife will pay for eligible services received.

**Medically Necessary** – all medical supplies, treatments and services considered essential for the health of the covered member by a qualified health care provider. Services must be considered medically necessary in order to be covered under the plan.



MetLife is a subsidiary of MetLife, Inc. (NYSE: MET), a leading global provider of insurance, annuities and employee benefits programs, serving 90 million customers in over 60 countries. Through its subsidiaries and affiliates, MetLife holds leading market positions in the United States, Japan, Latin America, Asia Pacific, Europe and the Middle East.

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



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