International Health Insurance

member guide 2014

METROPOLITAN
INTERNATIONAL

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Welcome

Thank you and congratulations for choosing Metropolitan International Health Insurance. This benefit guide explains in detail all the information you need to know regarding your health insurance. Kindly refer to the content page for any specific topics you may wish to familiarise yourself with.

We recommend you keep this guide handy at all times as it may assist you when faced with an unfamiliar situation. Should you require an additional copy, kindly contact our administration centre via e-mail at **info@metropolitanmu.com.**

Alternatively, you can download an electronic copy via our website at **www.metropolitaninternational.com**

We trust you will find this benefit guide very useful and welcome any feedback or comment in this regard.

Contact **us**

You can contact us by means of any of the following:

- Customer service: +230 403 5220 (Tel) +230 403 5201 (Fax)
- E-mail: info@metropolitanmu.com
- Web-site: www.metropolitaninternational.com

General enquiries:

- Benefit related queries
- Add or remove dependants
- Claims related queries.

Medical enquiries:

- To obtain pre-authorisation for a planned procedure
- To obtain medical assistance in an emergency, such as an ambulance or evacuation
- Speak to a medical professional.

Insurance **Option Selection**

The Metropolitan International Health Insurance product allows the member to choose the desired level of cover, based on medical and financial requirements.

STEP 1

Choose the level of 'Major Medical' and 'Day-to-day' cover required

Option 1	Option 2	Option 3	Option 4
Major Medical	***Major Medical***	***Major Medical***	***Major Medical***
$1'000'000	$1'500'000	$2'000'000	$2'500'000
Day to Day	***Day to Day***	***Day to Day***	***Day to Day***
$1'000	$3'000	$10'000	$15'000

STEP 2

Choose the level of excess

0 Excess	$50 excess	$100 excess	$250 excess

The above two steps, along with your age, will result in your premium.

options

Excess **options**

Metropolitan International Health Insurance offers, different levels of excess.

The following levels of excess are available:

0 Excess	$50 Excess	$100 Excess	$250 Excess

The level of excess will impact on the premium – the higher the level of excess the greater level of discount applicable to the premium. The excess option selected will be applicable to each claim event incurred by the member.

Health **bonus**

In the event that a member does not claim from the insurance for a specified period of time, the member will be recognised by the insurer through a health bonus. The following health bonus will apply:

- A 10% refund of annual premium after one continuous year of no claims.

The following claims will not affect the health bonus criteria:

- Wellness benefit related claims
- The first two GP consultations and related acute medicines (maximum $60 per visit for drugs and dressings).

Qualifying Criteria:

- Premiums fully paid up
- Valid membership for 12 continuous months.

DISCLAIMER: Please note, it is the responsibility of the member to ensure all claims have been submitted to the insurer. No stale claims will be honoured 6 months after the benefit year and once the health bonus has been paid out.

Treatment that is **covered**

In order for any treatment required to be covered, it must satisfy the following requirements:

- It is consistent with generally accepted standards of medical practice
- It is clinically appropriate in terms of type, duration, location, and frequency, and
- It is covered under the terms and conditions of the chosen membership plan.

Active treatment

The plan covers a member for active treatment, ie treatment of a disease, illness, or injury that leads to the recovery, conservation of the member's condition or to restore the member to their previous state of health as quickly as possible.

Reasonable customary charges

The insurance will pay reasonable and customary costs. The treatment by the provider should therefore not be more than usual and representative of charges by other providers in the same area.

Benefit limits

There are two types of benefit limits, one being the overall annual limit and the other being the limit applicable to each benefit (where applicable).

The overall annual limit is the maximum the insurance will pay for all benefits in total for each person belonging to the product, within a membership year

Once a particular benefit has reached its limit, this cover will no longer be available from the insurance until the new membership year commences.

Pre-**authorisation**

Pre-authorisation is required for all inpatient and day-case treatment, major disease treatment, scans such as MRI and CT scans, and major dental treatment.

Pre-authorisation may be granted if the following requirements are met:

- The treatment is eligible and is covered by your membership benefit option
- Membership with the insurance is current and valid
- Contributions are paid up to date
- The treatment required matches the treatment authorised
- A full disclosure of the treatment required has been provided
- Sufficient benefit must be available on your product option to cover the costs associated with the required treatment
- The condition has not been excluded from your benefit option due to a pre-existing condition or general exclusion
- The treatment is medically necessary and relevant
- The treatment must take place within 7 days of obtaining the required authorisation. Should this period lapse, new authorisation needs to be obtained.

A pre-authorisation will specify a treatment plan as well as length of stay. Should the treatment plan and / or length of stay change, an additional pre-authorisation needs to be obtained.

Planned procedures need to be pre-authorised in advance. Failing to obtain pre-authorisation for any planned procedure will result in the claim not being honoured.

Emergency procedures need to be authorised as soon as possible, but no later than 48 hours after the event. This will allow our consultants to ensure the most appropriate treatment, within the most appropriate facility is obtained.

Any pre-authorisation is based on the information provided at the time of authorisation. Should any information become available subsequent to the authorisation being granted that will negatively influence the decision to provide authorisation, the insurer reserves the right to withdraw such authorisation.

Pre-authorisation numbers:
+230 403 5220
+27 21 940 5443
info@metropolitanmu.com

Submitting a **claim**

In the event that you visit a service provider that is not contracted to Metropolitan International, a claim needs to be submitted to the insurer for each individual incident and must contain the following information in order for the claim to be processed:

- Membership number
- Patient details
- Service date(s)
- Service provider name and registration number
- Detail of service(s) rendered and / or treatment / medication provided
- Possible diagnosis (ICD 10code)
- Referring doctor when service referred to specialist hospital
- Receipts - proof of payment.

Claims can be submitted in any of the following manners:

- Submit to Metropolitan Mauritius
- Ground Floor, Tower A, 1Cybercity, Ebene, Mauritius
- By facsimile (+230 403 5201)
- By e-mail (info@metropolitanmu.com)

All claims need to be submitted within 90 days of the service date. Claims submitted after the 90 day period may be rejected. Please ensure you retain copies of your claim(s) as proof of submission.

Membership

Membership cover will start on the 'effective date' as detailed on the membership card / membership certificate. Any claims / costs incurred prior to the effective date will not be honoured by the insurer.

Membership benefits, as detailed in the selected benefit option and respective limits, will be available for the duration of the year. Once the new insurance year cycle commences, the new benefit cycle will commence as well.

New dependants can be added to the membership of the principle member. New members must be directly related to the principle member, ie spouse and or children. Adopted children will be considered, provided legal documentation of the adoption can be provided. Any 'special dependants', ie father, mother, etc may be considered, but will be subject to individual underwriting and/or premium penalties. The maximum joining age is 70 years.

New born / adopted children may be added to the membership of the principle member within 30 days from date of birth / adoption without any underwriting. Failing to do so will result in the child being subjected to individual underwriting.

Membership cancellation needs to be done in writing, one calendar month in advance and will cease to be effective on the last day of the month in question. Premiums will be payable until the last day of effective membership, and until such time that the insurer acknowledges receipt of cancellation. Membership cannot be cancelled within the first 6 months.

Once a principle member has resigned from the insurance, the dependants have the option to continue membership, but within their own right.

Once a benefit option selection has been performed and membership with the insurance commences, it will remain fixed for the entire insurance year cycle. Only at the end of every year cycle, a member has the option to change the benefit selection, to be effective the following year. Any changes to benefit options during a year cycle may be considered by the insurer.

Any changes to a membership, such as adding dependants, removing dependants, change in address, needs to be done in writing to the insurer.

A membership with the insurance may be cancelled by the board of the insurance should reasonable evidence exist that any person concerned has misled, or attempted to mislead the insurer, such as providing false information or withholding necessary information from the insurer, or working with a third party to provide false information, either intentionally or carelessly.

Membership and related information will remain confidential and will not be shared with any party, as detailed in the medical confidentiality guidelines.

Disease **Management**

The Chronic Illness Benefit covers those life threatening illnesses that need ongoing intervention to maintain good health and prolong longevity. These chronic benefits are subject to registration and approval with the Insurer. The focus of the chronic program is to identify members and empower them to manage their chronic benefits, together with their doctor, thereby ensuring compliance. Although a condition may be defined as chronic, we may not be able to cover it from the Chronic Illness benefit.

In order to ensure an optimal health status for patients suffering from chronic illnesses, the following is necessary:

- A well-informed, motivated patient
- Provision of appropriate treatment
- Regular monitoring of disease specific markers
- Regular follow-up
- Support systems where necessary.

Chronic Disease **List**

The following chronic conditions are covered under the chronic medication limit.

Addison's Disease	Asthma
Bipolar Mood Disorder	Cardiac Failure
Cardiomyopathy	Chronic Renal Disease
Chronic Obstructive Pulmonary Disease	Coronary Artery Disease
Diabetes Insipidus	Diabetes Mellitus Type I
Diabetes Mellitus Type II	Dysrhythmias
Epilepsy	Glaucoma
Haemophilia	HIV/Aids
Hyperlipidaemia	Hypertension
Hypothyroidism	Multiple Sclerosis
Parkinson's Disease	Rheumatoid Arthritis
Schizophrenia	Bronchiectasis

A list of explanation of terms

Chronic Medication

This is medication prescribed by a doctor that is generally required long term – usually more than six months, and approved by the Insurer from a compiled approved Chronic Medicines Formulary.

Chronic Medication Application

When your doctor prescribes chronic medication for you or a dependant, a Chronic Medication application form, specifically designed for the condition, needs to be filled out by your doctor in order to enjoy these benefits.

Disease Management Programmes

These are programs developed by Managed Health Care to help members manage their chronic disease(s) so that they reach and maintain optimal health.

Formulary

This is a list of medicines compiled by Metropolitan International based on the appropriate medicines. Medicines on this list are safe, clinically appropriate and cost effective for the treatment of the specific condition.

Metropolitan International applies their expertise and knowledge to create evidence based formularies and to supply up-to-date protocols for the management of these conditions. The formularies are an essential tool in the automation of the authorisation process and consist of medicines which have been researched and are known to be cost-effective.

Register

Contact us on +230 403 5220/ +27 21 940 5443 or email info@metropolitanmu.com to enroll on the Disease Management Program.

General **Exclusions** and **Conditions**

The following conditions and treatments are excluded from the insurance

1. All costs incurred during waiting periods and for conditions not disclosed. All costs that exceed the annual maximum allowed for the particular category as set out in the detailed benefit specification, for the benefit to which the member is entitled in terms of the rules.

2. Injuries or conditions sustained during willful participation in a riot, civil commotion, war, invasion, terrorist activity or rebellion.

3. Accounts for a healthcare professional not registered with the recognised professional body constituted in terms of an Act of parliament.

4. Holidays for recuperative purposes.

5. All costs for cosmetic purposes or for personal reasons and not directly caused by or related to illness, accident, or disease.

6. Conditions which are recoverable from a third party.

7. Injuries arising from professional sports (professional defined as where the member's main form of income is derived from partaking in these events).

8. Injuries arising from actions on account of a criminal transgression on which the member or his dependants were found guilty.

9. Frail care (in a facility for the aged)

10. Infertility or artificial insemination.

11. Services / treatment not supported in terms of evidence based medicine.

12. Beauty and personal care products.

13. Products that artificially enhance bodily function.

Dental Treatment

1. Benefits for dental treatment will be paid in accordance with sub limits as per the relevant option.

2. Pre-authorisation is required for any 'Major restorative dental treatment'.

exclusions

Definitions

MAJOR MEDICAL

1. **Hospital accommodation, theatre fees, etc** – The costs associated with hospital accommodation, including meals and refreshments, but excludes personal items such as telephone calls, newspapers, guest meals, cosmetics, etc. The insured will be covered for a standard room with a bathroom, but does not cover executive / deluxe / VIP rooms. The insurance will cover the length of stay that is medically appropriate for the procedure that the insured has been admitted for. The insurance will also cover other associated costs relating to the hospital stay for an approved condition, such as the use of a theatre.

2. **Major disease benefit** – The insurance will cover major disease treatment for diseases such as cancer, HIV (registration on HIV Wellness program is a pre-requisite), etc, provided the selected option caters for such benefit.

3. **Dr's fees, specialists, anesthetists, etc** – The fees charged by doctors, specialist, etc whilst undergoing treatment within hospital.

4. **High care / ICU** – Costs associated with the insured being within high care / intensive care unit following surgery or unless it is medically motivated and approved.

5. **X-rays, pathology, diagnostic tests, etc** – Costs associated with X-rays, pathology (such as checking blood and urine samples), diagnostic tests (such as electrocardiograms), provided it is medically motivated and forms part of an approved treatment plan.

6. **MRI, PET, CT scans** – Costs of scans will be covered, provided the required scan is approved by the insurer.

7. **Maternity cover** – The insurance will cover costs associated with maternity, such as:

   a. Ante-natal care such as ultrasound

   b. Hospital charges, obstetricians and midwives fees

   c. Post natal care required by the mother immediately following child birth

   d. Secondary conditions brought about by the pregnancy, such as high blood pressure, vaginal bleeding, etc.

   Maternity cover is only applicable to:

   a. Option 2, 3 and 4 of the Major Medical component, and

   b. Once the insured has been a continuous member of any of the above options for a period greater than 12 months.

8. **Newborn care** – The insurance will cover treatment costs for the baby whilst in hospital, immediately following birth, for a period of up to 14 days following the birth, providing the mother is a paid-up member with Metropolitan International Health Insurance. The newborn care is only applicable to :

   a. Option 2, 3 and 4 of the Major Medical component, and

   b. Once the insured (mother) has been a continuous member of any of the above options for a period greater than 12 months.

   The insurance will not cover costs for the baby on an outpatient basis, or additional hospitalisations costs once the baby has been discharged from hospital, following birth. In order to obtain such cover, the baby needs to be registered as a dependant on the insured's policy.

   Should the mother of the baby not be insured with Metropolitan International Health Insurance, the baby will only be covered from date of registration.

9. **Mental health treatment** – The insurance will cover costs associated with psychiatric treatment in hospital, should the chosen option provide for it. Psychiatric treatment in hospital will be applicable to:

   a. Option 2, 3, and 4 of the Major Medical component, and

   b. Once the insured has been a continuous member of any of the above options for a period of greater than 12 months.

10. **Chronic conditions** – Medical conditions that require treatment over extended periods of time in order to preserve the wellbeing of the individual. Chronic conditions usually last for more than 3 months at a time and can potentially be life threatening if not managed by a medical professional.

11. **Renal dialysis** – A process by which the function of the kidney is artificially performed by a machine due to the kidney being unable to perform its normal function.

12. **Organ transplant** – Moving of a whole or partial organ from one body to another (or from a donor site on the patient's own body), for the purpose of replacing the recipient's damaged or failing organ with a working one from the donor site, such as a kidney or a heart transplant.

13. **Maxillofacial surgery** – Surgery to correct a wide spectrum of diseases, injuries and defects in the head, neck, face, jaw and the hard and soft tissues of the oral and maxillofacial region.

14. **Medical and surgical devices** – A physical item designed, made, or adapted to assist a person to perform a particular task.

15. **Internal prosthesis** – A device implanted during an operation into the body as an internal supporting mechanism and / or which for functional medical reasons are implanted to replace parts of the body.

16. **External prosthesis** – An artificial substitute or replacement of part of the body, designed for functional or cosmetic reasons, or both.

17. **Reconstructive surgery** – Surgery concerned with therapeutic or cosmetic reformation of tissue.

18. **Take-home medicines** – Medicines provided by the hospital to the patient upon discharge from a hospital admission.

19. **Home nursing, Hospice, and palliative care** Any form of medical care or treatment that concentrates on reducing the severity of disease symptoms, rather than halting or delaying progression of the disease itself or providing a cure.

20. **Rehabilitation** – Treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

21. **Addictive conditions and disorders** – A persistent, compulsive dependence on a behavior or a substance.

22. **Physiotherapy** – Treatment of physical dysfunction or injury by the use of therapeutic exercise and the application of modalities that are intended to restore or facilitate normal function or development.

    Treatment must be authorised by the insurer, be part of an approved treatment plan and applicable limits will apply.

23. **Emergency ambulance transport** – The insurance will cover cost for a local road ambulance when it is medically necessary, from the location of an accident or incident, or for a transfer from one hospital to another.

24. **Emergency evacuation** – The member will be covered for evacuation via an air ambulance, when it is medically necessary, from the location of an accident or incident, or for a transfer from one hospital to another. An air ambulance may not be dispatched in situations where it is unreasonably dangerous or impractical to enter an area.

25. **Mortal remains** – The insurance will cover costs for the transportation of a body or cremated mortal remains to the member's country of origin or permanent residence.

26. **Inpatient cash benefit** – The insurance will pay the member at the rates as indicated, in the event that a member is hospitalised for conditions covered under the chosen plan, it is medically justified, and no costs are incurred for such treatment.

DAY-TO-DAY

1. **Consultation fees** – Fees charged by a registered doctor and / or specialist will be covered by the insurance up to the respective limits of the chosen plan.

2. **Prescribed drugs and dressings** – Drugs and dressings prescribed by a registered doctor and or specialist will be covered by the insurance up to the limits of the chosen plan.

3. **Pathology, X-ray, and diagnostic treatment** Pathology, X-rays, and diagnostic tests (such as an ECG), as prescribed by a registered doctor or specialist, and as approved by the insurance will be covered.

4. **Complementary medicine** – Cost of treatment and medicines by a complimentary therapist that is suitably qualified and registered in the country in which he / she operates.

5. **Chinese herbal medicine** – Part of Complementary medicines.

6. **Mental health treatment** – Cost of treatment provided by a registered psychologist or psychiatrist.

7. **Chronic illness** – Medical conditions that require treatment for extended periods (from 3 to 6 months, or more) will be covered by certain options, provided the member has belonged to the insurance for a continuous period of 12 months or more.

8. **Routine dental treatment** – Basic dental treatment, such as fillings, extractions, etc will be covered by the insurance up to the specified limits.

9. **Major restorative treatment** – Advanced dental treatment, such as orthodontic treatment, will be covered by certain options.

10. **Physiotherapy** – The insurance will cover physiotherapy, when referred by a registered doctor and or specialist, with the aim to restore normal physical function.

11. **Optical** – Optical cover is provided by certain plans, for items such as an eye test, frames, and lenses. This cover is available every 24 months, provided the member has enjoyed continuous membership with the insurance.

12. **HIV / AIDS** – Treatment related to HIV / AIDS will be covered by certain options for items such as consultations and medicines.

13. **Outpatient surgery** – Surgery recommended by a registered doctor and / or specialist, and approved by the insurance will be covered on the same principles as for the Major Medical component of the chosen plan.

14. **Post-hospital treatment** – Any treatment related to a hospital admission, will be covered under the Consultation, drugs, and dressings component of the day-to-day section.

15. **Wellness benefit** – Routine medical screening will be covered by certain options, based on the member's age and sex.

ADDITIONAL BENEFITS

1. **Next of Kin (NoK) accommodation** – In the event of evacuation, the next of kin will qualify for an accommodation allowance, as per the chosen plan, provided the next of kin is also insured with the Metropolitan International Health Insurance plan.

2. **Additional travel expenses** – Should follow-up treatment be required following a medical evacuation, the insurance will cover such treatment up to the amounts as specified, provided such treatment is medically justified.

3. **Legal expense cover** – The insurance will provide financial assistance in pursuit of a claim against a third party who caused bodily injury / death of the insured.

4. **Cancellation or curtailment**
   Cancellation
   The Insurer will reimburse the non-refundable unused portion of travel or accommodation costs paid by the Insured Person following necessary cancellation of the Insured Journey prior to departure due to:

   - The Insured Person's unexpected death, illness or injury or the unexpected death, illness of injury of his Spouse, Business Associate, Children, the person with whom he had intended to stay abroad, a Relative or Travel Companion as deemed necessary by a Medical Practitioner.
   - Non availability of the person that is in charge of the Insured Person's minor or disabled Children due to such

person's unexpected death, illness or injury within 30 days prior to the date of the Insured Journey.

- Cancellation or diversion of scheduled Public Conveyance services, including by reason of strikes or other industrial action, unless there was media warning before the date the particular Insured Journey was booked that such events were likely to occur; or
- Serious or considerable accidental material damage to immovable property owned by the Insured Person caused within 30 days of the intended date of departure. The cause of such damage must be unintentional, not as a direct result of any action of the Insured Person and require him to cancel the Insured Journey for the safeguarding of his interests.
- A traumatic event occurring within 30 days of the date of departure of the Insured Person, his Spouse, Children or the person abroad with whom he had intended to stay, a Relative or Business Associate where medical advice has been sought and he has been advised not to travel.
- Loss or Theft of travel documents (travel tickets, passports and visas).

4. **Cancellation or curtailment (cont.)**

Curtailment

The Insurer will reimburse the Insured Person the non-refundable unused portion of travel or accommodation costs or additional accommodation and/or travel expenses (three star accommodation and economy class travel costs excluding telephone costs, meals and beverages) paid by him following necessary Curtailment (shortening) of the Insured Journey due to:

- his unexpected death, Illness or Injury or the unexpected death, Illness or Injury of his Spouse, Business Associate, Children, the person with whom he had intended to stay abroad, a Relative or Travel Companion as deemed necessary by a Medical Practitioner.
- cancellation or diversion of scheduled Public Conveyance services, including by reason of strikes or other industrial action, unless there was media warning before the date the particular Insured Journey was booked that such events were likely to occur.
- Loss or Theft of travel documents (travel tickets, passports and visas).

5. **Baggage, money, credit cards and travellers cheques and baggage delay**
Baggage, money and credit cards & travellers cheques

- **Baggage** The Insurer may choose to replace, repair or pay for the loss, in cash, as a result of the Accidental Loss, Theft or Damage to the Insured Person's accompanying Baggage, including suitcases, trunks, hand baggage as well as their contents, portable business equipment (including computers, cellular phones), business property (including trade samples, business papers, specifications, manuscripts and stationery for the cost of reproducing such documents but not for the research and development costs) that occurred during the Insured Journey. The Baggage, Personal Effects and business property must be owned by and accompany the Insured Person.
- **Money** The Insurer will pay for the Insured Person's loss of cash, bank or currency notes, cheques, postal or money orders or other negotiable instruments as a result of Theft during an Insured Journey. In respect of money secured for the purpose of the Insured Journey, cover shall commence at the time of collection from the bank or 72 hours prior to the start of the Insured Journey, whichever occurs first, and shall continue for 72 hours after termination of the Insured Journey or until deposited at the bank, whichever occurs first.
- **Credit Card and Travellers Cheques Replacement** The Insurer will pay the non-recoverable cost of replacing the Insured Person's credit cards or travellers cheques as a result of Theft.

Baggage delay

- The Insurer will reimburse the Insured Person for reasonable essential expenses incurred, for the emergency replacement of essential items if his baggage is delayed, misdirected or temporarily misplaced by a carrier. The baggage delay must exceed the Excess.

6. **Personal liability** – The Insurer will pay all damages, compensation and legal expenses for which the Insured Person becomes legally liable as a result of his actions causing:
   - Injury, including resultant death, of another person;
   - loss of or damage to property.

7. **International travel Insurance (Emergency medical and related expenses)** – If the insured person, whilst travelling on an international journey, incurs medical expenses as a result of injury or illness, the Insurer will pay for said medical expenses as per the related benefit limits.

Our Offices

Country	Physical address	Telephone number
Botswana	Fairground Office Park Plot No. 50676 Block A 3rd Floor Moedi Street Gaborone	+267 362 4700
Ghana	1st & 2nd Floors Omanye Aba Building Opposite Accra Sports Stadium 28th February Road Osu	+233 302 742 894 / 742 895
Lesotho	Shop 111 Race Course Mall Thetsane Maseru 100	+266 22 222 100/99
Malawi	Kang'ombe House 1st Floor East Wing City Centre Lilongwe	+265 1 771 977 / 978 / 979
Mauritius	Ground Floor Tower A 1Cybercity Ebene	+230 403 5220
Mozambique	267 Zedequias Manganhela Ave Maputo	+258 21 357800
Namibia	Metropolitan Place 1st Floor cnr Dr Frans Indongo & Werner List Streets Windhoek	+264 61 297 3039 / 3052
South Africa Metropolitan International	Parc Du Cap Mispel Road Bellville	+27 21 940 4690 / 5275
Swaziland	Metropolitan Office Park Lot 219 Somhlolo Road Mbabane	+268 2404 1369
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