



INSURED MEMBER'S

While it is highly important that you read and understand this Insured Member's guide, we understand that it is often easier to call us to obtain information.

Please feel free to call our dedicated support team on +965 22910910 when you need information or treatment so we can help you understand the extent of your cover before you incur any treatment cost.

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What does GLOBEMED do?

GlobeMed services as the Middle East, Gulf and Africa's leading Third Party Administrator (TPA), we have been blending the art of health benefit administration with technology, innovation and best practices in our constant endeavor to deliver the very best to over 3 million lives. Our strong relationship with insurers, health providers and host of other partners and international alliances make it possible for us to attain excellence in every activity that we undertake.

Knowing that health insurance management can be a complicated business, we've prepared this Member Guide to help you understand the important things about your health insurance. It summarizes our fundamental rules and policies for all members, and you'll find individual chapters that deal with each aspect of your coverage. So make sure that you keep this guide somewhere safe.

Your insurance **CARD**

By receiving this insured member guide, you are now part of the large GlobeMed network. For that, you will receive your insurance card that will assist you when you need medical services. With our contact information on the backside, we literally have your back covered!





What documents should my INSURANCE COMPANY/BROKER provide me at policy issuance?

Please remember that insurance policies are not intended to cover all eventualities; in return for payment of the premium, we agree to provide cover as set out in the terms of your insurance policy; accordingly, please make sure you receive the following documents upon payment of the premium, and read them carefully to be fully knowledgeable of your coverage terms & conditions.

DOCUMENTS



- **1.** Your Insurance Access Card: A personalized card issued in your name, facilitating your access to the healthcare services covered under your health benefits scheme.
- **2.** Your Policy Wording Document: A booklet that describes your insurance policy conditions in addition to the General benefits/limitations and exclusions applicable to your plan.
- **3.** Your Policy Schedule (Only for Individual business)

A document prepared at policy issuance which contains the total premium to be paid along with any specific limitation or exclusion per member.

What documents do I need when

VISITING A DOCTOR WITHIN THE GLOBEMED NETWORK and what's the process?

To benefit from your Doctor's Visit coverage, please make sure you have the following documents when you visit the clinic.

DOCUMENTS



- 1. Your Insurance Card:
- **2.** Your ID or another similar legal personal document (Passport, Driver's License...).

Upon your arrival to any clinic within the GlobeMed network, you will need to go through the following steps to make sure your admission runs smoothly.



- 1. Present your Insurance Card with your ID card at the doctor's office; please make sure the doctor you visit is within the GlobeMed network.
- **2.** Your transaction will then be processed online.
- **3.** Make sure you get a copy of the claim form with the prescription; depending on your deductible coverage, you will be asked to pay x% of the consultation.

What documents do I need to be admitted at the **EMERGENCY ROOM AT HOSPITAL** and what's the process?

In case of emergency admissions, please note that you will need the following documents, so please make sure you have them with you at all times.

DOCUMENTS



- 1. Your Insurance Card.
- **2.** Your ID or another similar legal personal document (Passport, Driver's License...).

Upon your arrival to the ER, present your card; the staff will then check the eligibility of the case on the system.



- **1.** If your case is considered by the system as an eligible emergency, the Emergency services will be approved and you will get the necessary treatment which will be covered by your insurance.
- **2.** If your case is not considered by the system as an eligible emergency, the staff will explain the reasons and the ER services will not be covered by your insurance.

What documents do I need to be admitted at **HOSPITAL (NOT EMERGENCY ROOM)** and what's the process?

For Cold Admissions, i.e. not emergency room admissions, please make sure you have the following documents with you when you visit the hospital.

DOCUMENTS



- 1. Your Insurance Card.
- **2.** Your ID or another similar legal personal document (Passport, Driver's License...)
- **3.** The claim form, available at all the Admission offices, duly filled, signed and stamped by your admitting physician.

You will need to go through the following steps to make sure your admission runs smoothly.



- **1.** Ask your physician to fill the claim form and keep it with you at all times.
- 2. Refer to the hospital Admission Desk.
- **3.** You will get admitted and receive the required treatment services.
- **4.** Upon discharge, you will pay for any uncovered items / Co-insurance (if applicable).

What documents do I need when acquiring **PRESCRIPTION MEDICINE** and what's the process?

To benefit from your Prescription Medicine coverage, please make sure you have the following documents when you visit the pharmacy.

DOCUMENTS



- 1. Your Insurance Card.
- **2.** Your ID or another similar legal personal document (Passport, Driver's License...).
- **3.** The claim form duly filled, signed and stamped by your physician, with clear reference to the date, the diagnosis and the number of packs for the duration of the treatment.

To make sure your process runs smoothly and with no delays, please note the following terms before you go to the pharmacy.

TERMS



- **1.** The Prescription Medicine benefit is covered in your policy conditions.
- **2.** For chronic cases, ask your physician to fill the **chronic form** once for six months. The form should be forwarded to GlobeMed for processing.

The patient will be able to receive his monthly medications at the beginning of every month from the stand alone pharmacies by submitting the insurance card only and without any prescription.



You will need to go through the following steps to make sure your admission runs smoothly.



- **1.** Ask your physician to fill, sign and stamp the claim form with clear definition of the diagnosis.
- 2. Visit any Pharmacy within the GlobeMed network (to learn more about the GlobeMed network, you can visit the GlobeMed website or call our GlobeMed Customer Support center at
- +965 22 910 910).
- **3.** The pharmacist will then process your transaction and provide you with the covered medication.
- **4.** You will pay for any uncovered items and/or excess.

What documents do I need to be admitted for **AMBULATORY, DIAGNOSTIC TESTS AND/OR PHYSIOTHERAPY** and what's the process?

To be admitted for ambulatory, diagnostic tests and/or physiotherapy treatment, please note that you will need the following documents with you when you visit the healthcare provider.

DOCUMENTS



- 1. Your Insurance Card.
- **2.** Your ID or another similar legal personal document (Passport, Driver's License...).
- **3.** The claim form duly filled, signed and stamped by your physician with clear reference to the date and diagnosis.

To make sure you receive the required treatment, please note the following terms before you go to the provider.

TERMS



- **1.** The prescribed tests should be covered in your policy conditions.
- **2.** The tests should be done within 7 days maximum from the prescription date, otherwise the prescription is considered invalid.

For support or further information, kindly call the GlobeMed Customer Support center at +965 22 910 910.



TEST	FASTING PERIOD
Blood Sugar Fasting test (Plasma Glucose)	8 hours
Lipid profile (Cholesterol-total, HDL, LDL and Triglycerides test)	12 hours
Metabolic test Panel- SMA 12+2, Pacer 20, Auto-14 etc.	12 hours
Renal (kidney) Function test	8 hours
Hypertension Profile, Diabetes Profile, Obesity Profile, etc	12 hours
All Health Check-ups, Complete Body Profile	12 hours
Uric Acid	8 hours (recommended)

For further details or info, please contact GlobeMed Helpdesk at +965 22 910 910.

Questions & tips for your **DOCTOR'S VISIT**

ASK YOUR DOCTOR



Tests, such as blood tests or scans

- What are the tests for?
- How and when will I get the results?
- Who do I contact if I don't get the results?

Treatment

- Are there other ways to treat my condition?
- What do you recommend?
- Are there any side effects or risks?
- How long will I need treatment for?
- How will I know if the treatment is working?
- How effective is this treatment?
- What will happen if I don't have any treatment?
- Is there anything I should stop or avoid doing?
- Is there anything I can do to help myself?

What next

- What happens next?
- Do I need to come back and see you?
- Who do I contact if things get worse?
- Do you have any written information?
- Where can I go for more information?



TIPS FOR AN EFFICIENT DOCTOR'S VISIT



Before your appointment

- List or bring all your medicines and pills including vitamins and supplements.
- Write down details of your symptoms, including when they started and what makes them better or worse.
- Ask a friend or family member to come with you, if you like.

During your appointment

- Don't be afraid to ask if you don't understand. For example, 'Can you say that again? I still don't understand.'?
- If you don't understand any words, ask for them to be written down and explained.
- Ask who to contact if you have any more problems or questions.

After your appointment, don't forget the following

- Write down what you discussed and what happens next. Keep your notes.
- Book any tests that you can and put the dates in your diary.

DOS & DON'TS

	DOs	DON'Ts
Hospital	When discharged, make sure you get a written list of things you are to do after you leave, make sure you understand it clearly.	Don't drive back home, as you might have secondary effects along the way.
ER	Do take a companion to the ER. After all, you are not superman.	Remember; do not come to the ER for simple cases. More serious patients will always be treated first and you might have to wait longer.
Prescription	Ask your doctor to only prescribe the medicine you really need and to avoid over prescribing medicine or tests that you don't need.	If you know you are not going to take a particular medicine, then don't take it from the pharmacy. Wasted or unused medicine costs money.



What should I do in case I lose my insurance card?

If you ever lose your Insurance Card, you should notify your insurance company immediately so that a replacement card is prepared for you. A replacement card will be issued within 48 hours by your insurance company.

In case of emergency, can I be reimbursed for claims incurred at a hospital not within the GlobeMed network?

The GlobeMed Network of Hospitals is wide and covers directly large parts of the State of Kuwait territory. The chances are very minimal that during an emergency, a patient would need to be admitted to a non-GlobeMed participating hospital. However, if this does occur, the reimbursement of the fees and expenses incurred will be effected based on the preferential tariffs applicable to the insurance company at an equivalent network hospital.

To learn more about the GlobeMed network, you can visit the GlobeMed website, www.globemedkuwait.com, or call our GlobeMed Customer Support center at +965 22 910 910.



Can I benefit from prescription medicine from pharmacies that are not within the GlobeMed network?

Eligibility for Prescription Medicine Benefit is limited to the GlobeMed Network of Pharmacies. Out-of-Network Medicines will be reimbursed per your policy terms.

To learn more about the GlobeMed network, you can visit the GlobeMed website, **www.globemedkuwait.com**, or call our GlobeMed Customer Support center at +965 22910910.

What should I do in case I am billed for services that are covered by my insurance scheme?

Before paying any extra fees, please refer to our call center Help desk 24/7," at +965 22 910 910.

Who should I contact in case of issues or concerns?

Please refer to your insurer or HR Manager and in case of emergencies, feel free to contact us at our Help desk 24/7, at +965 22 910 910.

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