MGEN Health Insurance User Manual

1. Welcome to MGEN!

We would like to welcome you as an Insured Person at MGEN. Being part of MGEN health insurance is to join a family that protects you and those who are important to you. We make your health, everyone's health. MGEN. It's for the family.

This user guide is intended to help you use your health insurance.
To access your Health Plan, please click here.

Your insurance is valid in mainland Portugal and the Islands under the conditions set out in Article 26 of the General Conditions, available here.

Abroad, your health insurance is valid only in case of accident or sudden illness (any illness requiring emergency treatment in hospital, either in-patient or out-patient), and when the insured person is abroad for a period not exceeding 90 (ninety) days.

This user guide does not exempt you from reading the General, Special and Particular Conditions applicable to your insurance contract.

2. MGEN Digital

MGEN's website is available through the following address - www.mgen.pt - here you can find all the information about MGEN and access your personal area.

2.1. My MGEN

In your reserved My MGEN area you can quickly and conveniently consult your coverages, access the medical network, check your reimbursements and send tickets/requests for help directly to MGEN.

My MGEN is accessible directly through the website (in the top right corner and in the footer) or through the following link: my.mgen.pt.

2.2.1 Registering and Accessing My MGEN

STEP 1

To register go to www.mgen.pt and click on the top right hand side in the green box labelled "My MGEN".
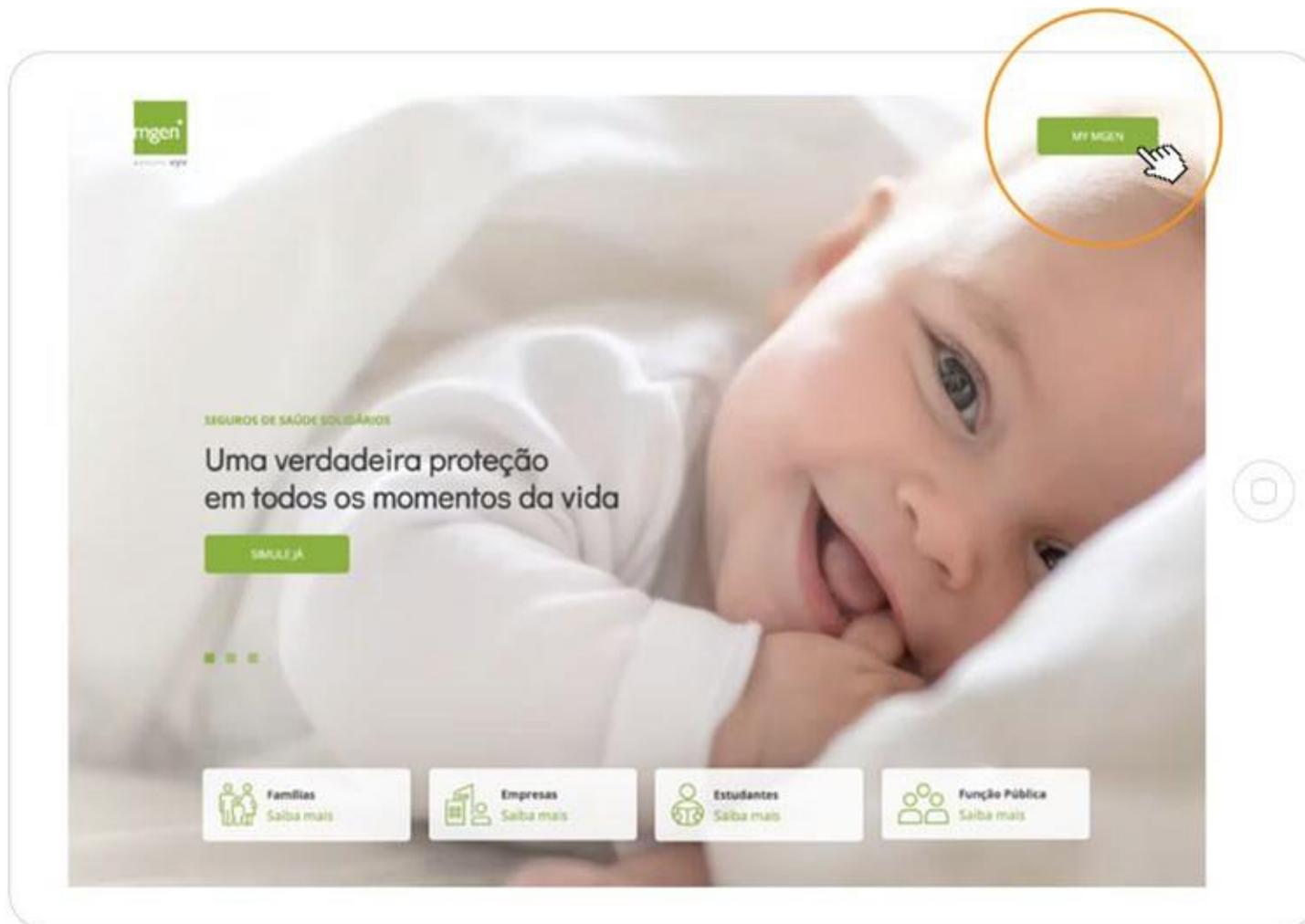
Figure 1.

STEP 2

Then select the **"Register"** ("Registar-se") option:
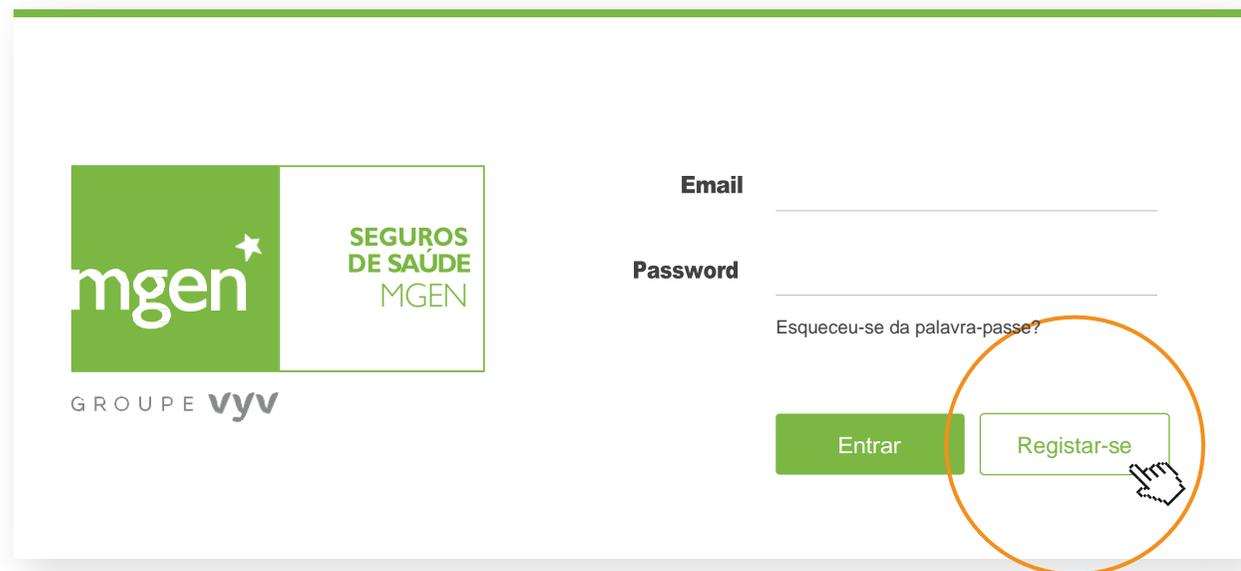
Figure 2.

STEP 3

After selecting the option "Register" you are redirected to the option **"Create account"** ("Criar conta") , where you should fill in your details (Name, Email, TIN., Mobile Phone and Language):

Figure 3.

When you finish filling in your details the following message appears (Figure 4). **To finish the registration, you should check your e-mail:**

☐ Foi enviado um email para: o seu email

Verifique o seu email para continuar.

Figure 4.

STEP 4

When you **check the e-mail** with which you registered, you should have received the following message (Figure 5):

MGEN | Bem-vindo

M   MGEN | Seguros de Saúde <gestao@mgen.pt>

mgen*

Olá [o seu nome],
Bem-vindo à MGEN, a sua mútua de seguros de saúde.

Enviamos abaixo o seu nome de utilizador para que possa aceder à sua área reservada **my.mgen.pt.**

Nome de utilizador: [o seu email]

Antes de começar a utilizar o My MGEN é necessário estabelecer uma palavra-passe para o seu utilizador, clique no botão:

CIAR PALAVRA-PASSE

Figure 5.

The username will be the email address you have registered in the personal data (Figure 3).

STEP 5

Next, you should click on "**Create password**" ("Criar palavra-passe") so that you can set a password for your account:

Olá <u>o seu nome</u>

Precisamos que indique uma palavra-pase de acesso ao My MGEN.

[X Indique por favor uma palavra-passe para a conta de utilizador: <u>o seu email</u>

Nova Palavra-Passe:

Confirmar Palavra-Passe:

A palavra-passe deverá conter pelo menos 10 caracteres, maiúsculas ou miúsculas, números e pelo menos um caractere não alfanumérico, como por exemplo: !, %, #, etc. Depois de alterar a sua palavra-passe guarde-a consigo num local seguro.

Cancelar   Continuar

Figure 6.

STEP 6

After completing these steps, the User enters his/her **reserved area** as Policy Holder or Insured Person, in accordance with the TIN inserted in the registration (Figure 3 above).
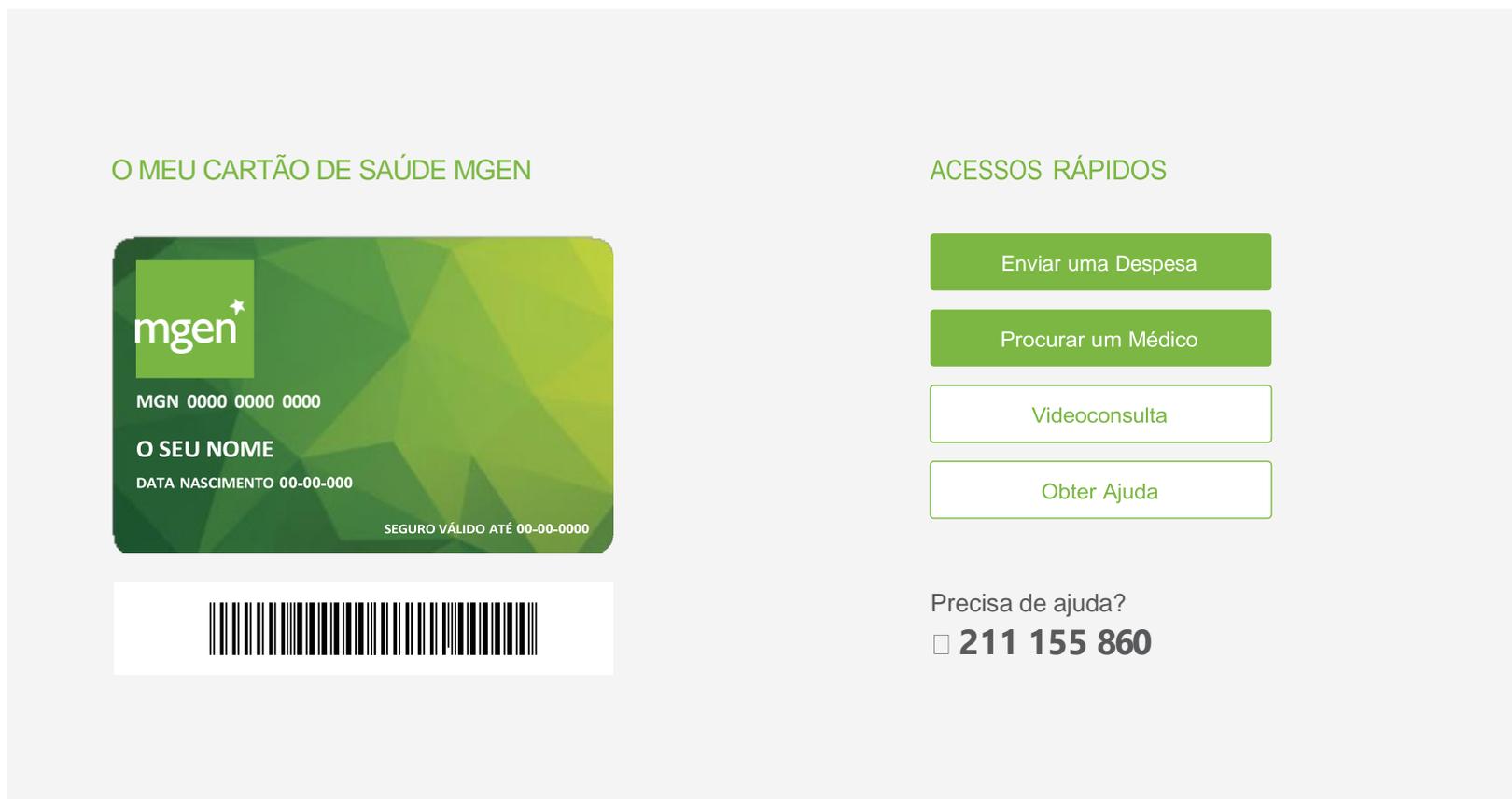

Figure 7.

2.2.2. Submitting a help request/ticket

When accessing my.mgen.pt you can submit a ticket/request for help, whenever you need to contact MGEN or clarify any doubt. To do so, after logging in your My MGEN account simply choose the "Get Help" ("Obter ajuda") option on the right side of the screen (Figure 8):
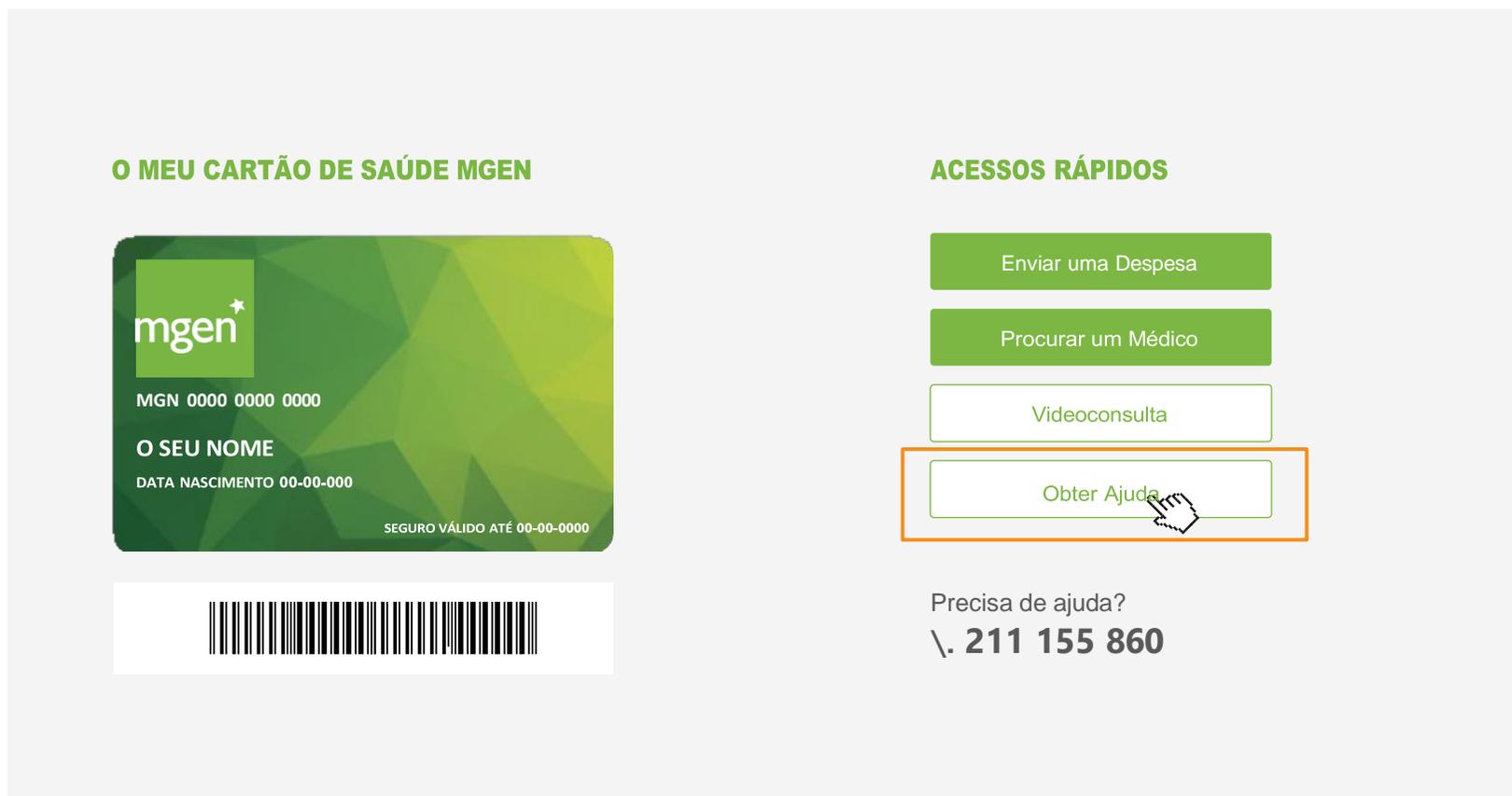
O MEU CARTÃO DE SAÚDE MGEN

MGN 0000 0000 0000

O SEU NOME

DATA NASCIMENTO **00-00-000**

SEGURO VÁLIDO ATÉ **00-00-0000**

ACESSOS RÁPIDOS

Enviar uma Despesa

Procurar um Médico

Videoconsulta

Obter Ajuda

Precisa de ajuda?
\. **211 155 860**
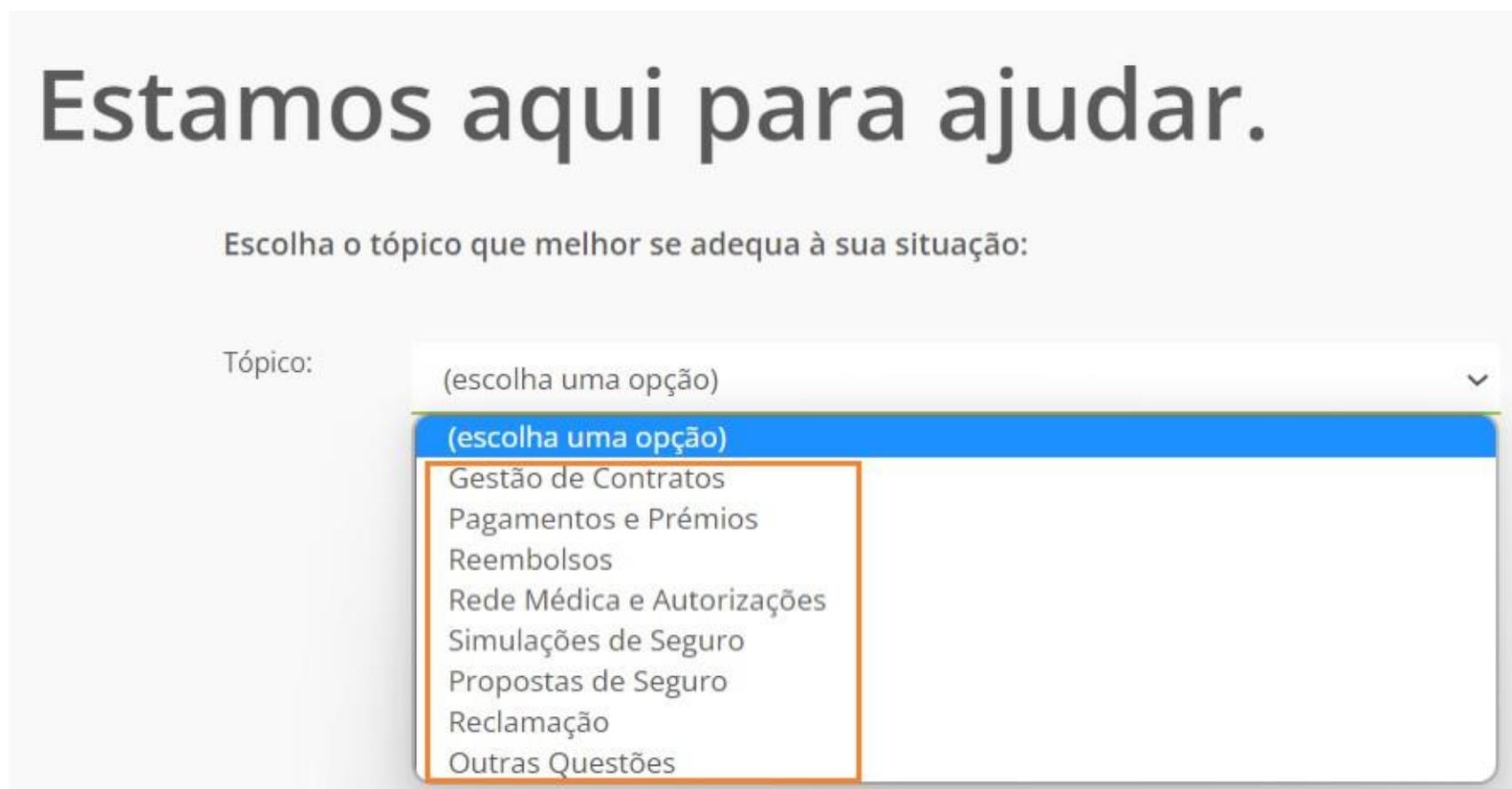
Figure 8.

After clicking on **"Get Help"** ("Obter ajuda") you should select one of the following options available (Figure 9):

Figure 9.

You should select the most relevant topic for your question in order to direct your request to the qualified Department.

Here you can see all the options translated:

1. Contract Management ("Gestão de Contratos")

2. Payments and Prizes ("Pagamentos e Prémios")

3. Reimbursements ("Reembolsos")

4. Medical/health network and authorizations ("Rede Médica e Autorizações")

5. Insurance simulations ("Simulações de Seguros")

6. Insurance Proposals (Propostas de Seguro")

7. Complaint ("Reclamação")

8. Other questions ("Outras questões")

After submitting the request, it will be answered as soon as possible by the MGEN team.

2.2.3. How to recover your password

By accessing your My MGEN reserved area you can recover your password by selecting the **"Forgot your password"** ("Esqueceu-se da palavra-passe?") option. An email will be sent to you through which you must define a new password.
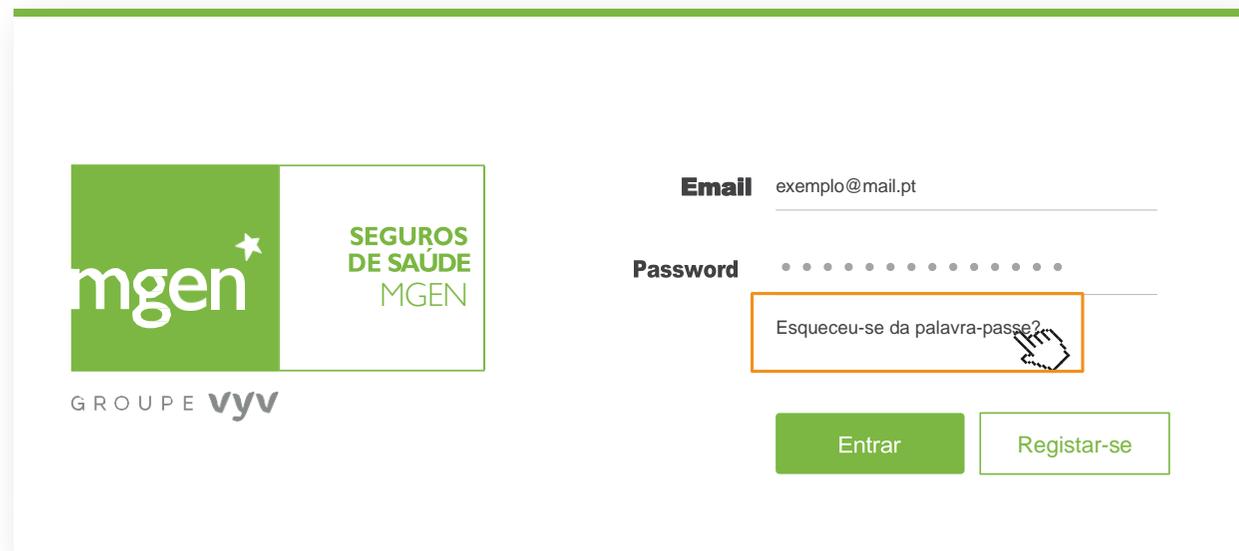
Figure 10.

3. My Health Card

3.1. My health card details

The MGEN health card is valid as long as the policy is in force and the Insured Person is included in the contract. This means that a new (physical) card is not sent every time the policy is renewed. All interactions are done with the card you have received at the time of subscription.

There are two ways to access your card data: either through the physical card that is sent to you by post after subscription or through the My MGEN area by accessing the **"Cards"** ("cartões") tab.

O MEU CARTÃO DE SAÚDE MGEN

ACESSOS RÁPIDOS

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Videoconsulta

Obter Ajuda

Precisa de ajuda?

\. **211 155 860**

Figure 11.

On your physical and digital card you have access to the following data:

1 ID – Most important card information identifying the insured person and his/her policy.

2 Name of the insured person, cardholder

3 Date of birth of the insured person, cardholder

3.2. Using the health card in a health unit (within the network)

Whenever you go to a hospital or clinic in the **AdvanceCare network** you must present your MGEN health card or indicate the insured person's ID on the card (number one of the Figure above), allowing you to benefit from the conditions foreseen in your insurance contract.

When the medical treatment is carried out in a unit outside the network, there is no need to show the card, since you must pay in full for the expense and request the respective reimbursement in accordance with the conditions of your insurance.

At an in-network health facility, and if you do not have the physical card with you, you can log into your personal My MGEN area and access your health card(s) (Figure 11). The most important thing is to be able to provide your ID number (Figure 11, number 1) as this is the information that allows you to be identified as an insured person of a particular policy.

3.3. Requesting a 2nd copy of your health card

In case you have lost or damaged your health card you can request a second copy by submitting a request through the My MGEN platform by selecting the

option **"Other questions"** ("Outras questões") in Figure 9. You can also send an email to gestao@mgen.pt requesting a new health card.

4. My Coverage

4.1. What are waiting periods

The waiting period is the period of time between the date on which the Insured Person joins the insurance and the time when he/she can take advantage of certain coverage according to the table of guarantees in his/her policy.

In other words, the insurance guarantees concerning the Insured Persons only apply after the waiting periods defined in the different circumstances set out in No. 1 of article 4 of the General Conditions have elapsed.

WAITING PERIODS

The guarantees will come into force in relation to the Insured Persons after the expiration of the waiting period for each of the guarantees indicated:

Carências por Garantia	N° de dias
Hospitalização	90
Assistência Ambulatória	90
Estomatologia	90
Próteses e Ortóteses	90
Medicamentos	90

mgen*

MGEN - Mutuelle Générale de l´Éducation Nationale, Mútua de Seguros n.° 775 685 399 em LPS
Sede Social: 3, Square Max-Hymans – 75748 Paris Cedex França

Carências por Garantia	N° de dias
Litotrícia renal	
Intervenção cirúrgica do foro ginecológico por patlogia benigna	
Hemorroidectomia	
Masectomia por patologia benigna	
Tireoidectomia por patologia benigna e colecistectomia	
Rinosseptoplastia e septoplastia	
Amigdalectomia, adenoidectomia e miringotomia	365
Cirurgia artroscopia ou artrotomia	
Tratamento cirúrgico de hérminas	
Varizes	
Roncopatia apneia do sono e terapia do sono	
Tratamentos e cirurgias oculares	

Insured Persons who are in one of the following situations are not subject to the application of waiting periods:

:: **Accident** requiring emergency hospital treatment.

:: Sudden illness requiring urgent hospital treatment.

:: In the **transfer of insurance** for the capital and guarantees underwritten in the previous policy..

:: For family members included due to marriage, birth or adoption less than 30 days.

Except in situations where the Insured Person has had previous insurance that the pathologies mentioned below, the following waiting periods will always apply waiting periods will always apply:

Carências por Garantia	N° de dias
Doenças graves Doença e acidente pré-existente Doença do foro psiquiátrico Transplantes Doença crónica Doença ou patologia provocada por malformação congénita Tratamentos resultantes da infeção do vírus HIV/SIDA Patologias hepáticas Tratamentos de hemodiálise Cuidados continuados e cuidados paliativos Doenças epidémicas oficialmente declaradas Cirurgia e atos médicos no tratamento da obesidade mórbida Lesões resultantes de calamidades naturais, terrorismo e atos de guerra	365

During the waiting period, you have access to the Provider Network and the agreed fees apply.

See: Article 4, paragraph 1 of the General Conditions.

4.2. What waiting periods apply to my contract

To find out the waiting periods to which your insurance contract is subject you can check the **"my data"** ("os meus dados") tab available in your personal My MGEN area (Figure 12).

Figure 12.

4.3. How to understand my coverages/guarantees and insured capital

Health insurances have a number of **coverages/guarantees.** The more coverages you have in your policy, the greater the safety and health care offer. You can check the coverages of your contract through your personal My MGEN area, accessing the **"my insurance"** ("o meu seguro") tab (Figure 12).

The most common coverages are as follows:

Hospitalisation - Coverage that gives access to healthcare in a hospital or clinic environment for a period of more than 24 hours. This coverage includes certain expenses, such as the hospital daily rate, room rental, health professional fees and ancillary diagnostic elements.

Outpatient - Coverage that provides access to consultations, minor surgeries performed in the office and exams. Examples of some expenses normally included in this coverage are fees of health professionals, complementary means of diagnosis and treatment that do not require hospitalisation.

Childbirth - Coverage that provides co-payment of expenses related to childbirth, with caesarean section and spontaneous interruption of pregnancy being covered.

Stomatology - Coverage that provides access to consultations and treatment in Dental Medicine.

∞ **Prostheses and Orthotics -** This coverage provides co-payment of expenses related to the purchase or rental of devices that replace a limb or an organ (prostheses) and assist a function (orthotics) when prescribed by a doctor. Examples of these are: frames when purchased with their respective prescription lenses, prescription lenses, prescription contact lenses (except for maintenance fluids), hearing, eye and orthopaedic prostheses or orthotics, and the purchase or rental of wheelchairs and articulated beds.

e **Medicines -** This coverage provides co-payment of expenses related to medicines.

Insured Capital is defined by coverage/guarantee and refers to amounts defined per year, per insured person and which renew annually without accumulation.

4.4. How to check your annual insured capital limit

The annual insured capital limit corresponds to the maximum amount per year and per insured person that MGEN undertakes to pay for the medical care performed in that year of the contract. In other words, the annual insured capital limit refers to the maximum amount that the insurer co-pays.

These limits can be verified in your personal area My MGEN, under the tab **"my insurance"** ("o meu seguro") (Figure 12).

The table of the guarantee plan, presented in your personal area, must be interpreted per insured person, since the annual insured capital limit is defined singularly, per insured person, per year, renewed annually, but not cumulatively. The annual insured capital limits can be verified in the right-hand column.

4.5. What are co-payments and refunds

Co-payments are applied for in-network expenses. In this case, the amount of the medical consultation or procedure is divided between the insurer and the Insured Person. That is, at the time of payment, you will only be charged a part of the amount, which corresponds to a fixed percentage or amount, which is the co-payment. The co-payment refers to the cost to be borne by the Insured Person.

The **reimbursement** applies to out-of-network expenses, and it is always necessary that the Insured Person first pays the entire expense. Subsequently, in order to receive the refund of a percentage of the amount, the Insured Person must send the insurance company proof of the expense incurred and respective supporting documentation (e.g. medical prescription, medical report), when so required.

4.6. What are deductibles and where can I consult those in my contract

The **deductible** refers to the fixed amount or percentage of the medical expenses to be borne by the Insured Person and which is due up to the limit defined for this excess before the guarantees of the coverage in question come into effect. The deductible is charged per year or per medical act according to the guarantees of the insurance contract.

A higher deductible may also apply to the first annuity under the hospitalization cover. You should check your guarantee plan at my.mgen.pt to see if this additional condition applies. Thus, if the hospitalization guarantee is activated, during the first annuity and per claim, the Insured Person will be responsible for 30% of the value of the hospitalization expense, with a minimum of €500.

The deductible per coverage and the increased deductible for the first annuity can be consulted in the table of guarantees, available in your personal My MGEN area, under the **"my insurance"** ("o meu seguro") tab.

5. How to access the AdvanceCare provider network

5.1. ooking for a doctor in the network

To search for a doctor within the AdvanceCare provider network you must access your personal My MGEN area, available here, and select the option **"Search for a doctor"** ("Procurar um Médico") (Figure 15).

O MEU CARTÃO DE SAÚDE MGEN

ACESSOS RÁPIDOS

mgen*

MGN 0000 0000 0000

O SEU NOME
DATA NASCIMENTO 00-00-000

SEGURO VÁLIDO ATÉ 00-00-0000

Enviar uma Despesa

Procurar um Médico

Videoconsulta

Obter Ajuda

Precisa de ajuda?
\. **211 155 860**
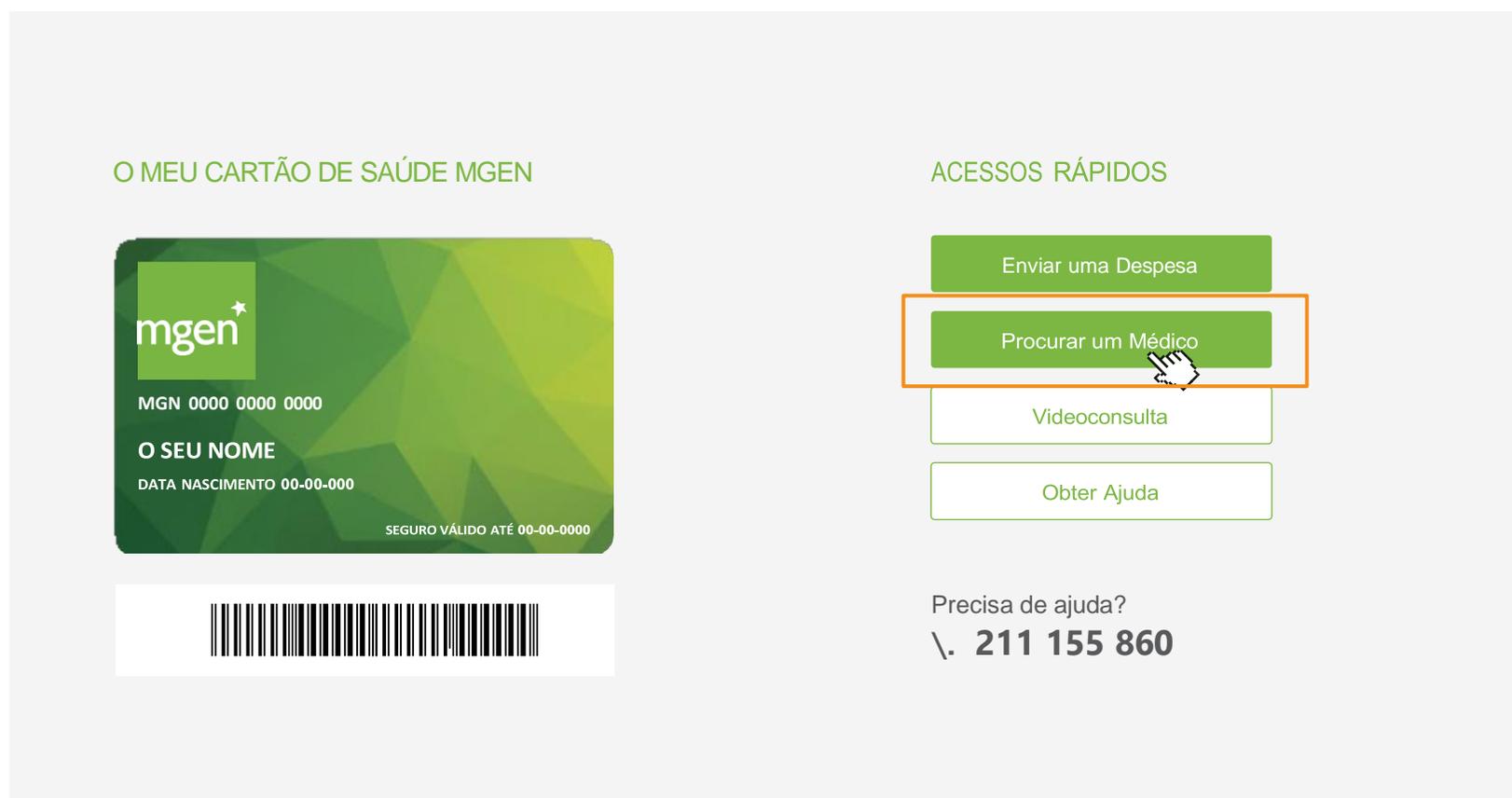
Figure 15.

After selecting **"Search for a Doctor"** ("Procurar um Médico") the following option appears (Figure 16) through which you should write the medical specialty you are looking for and the intended location. You can also use the filters for a more personalised search.

Figure 16.

5.2. Make an appointment

After searching the doctor, and in order to make an appointment, you can use the contact information of the respective doctor or health unit (Figure 17).

Whenever you make an appointment, it is important to mention that you have a MGEN health insurance, providing the ID of your card (number 1 in Figure 11), so that the agreed fees are applied. You should also check if all the medical care and providers selected are contracted.
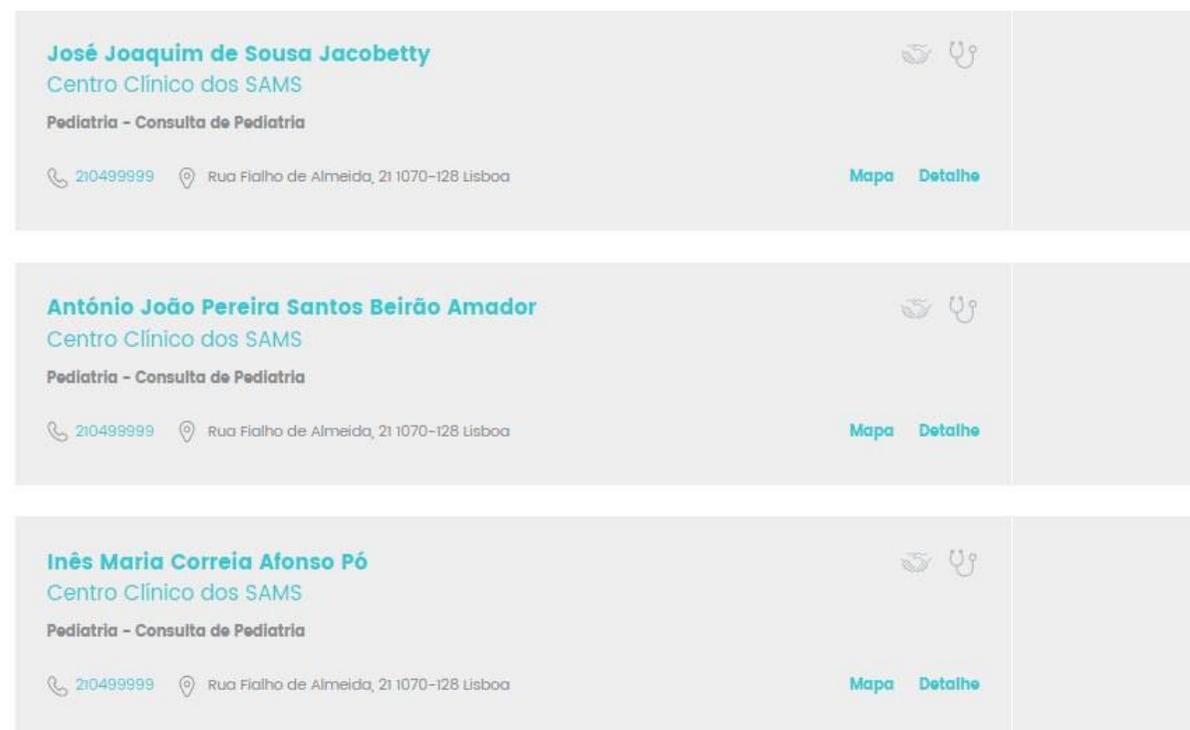
Figure 17.

5.3. Accessing the Wellness Network

Note: Please confirm whether this coverage is included in your policy by accessing the <u>following link</u>.

As long as indicated in the Particular Conditions, MGEN guarantees access to the Wellness network under the conditions established and pre-agreed with said network provider. To search for the providers that make up this network simply access <u>www.mgen.pt</u> and, in the footer of the site, select the option **"Wellness Network"** ("Rede Bem-Estar") (Figure 18).
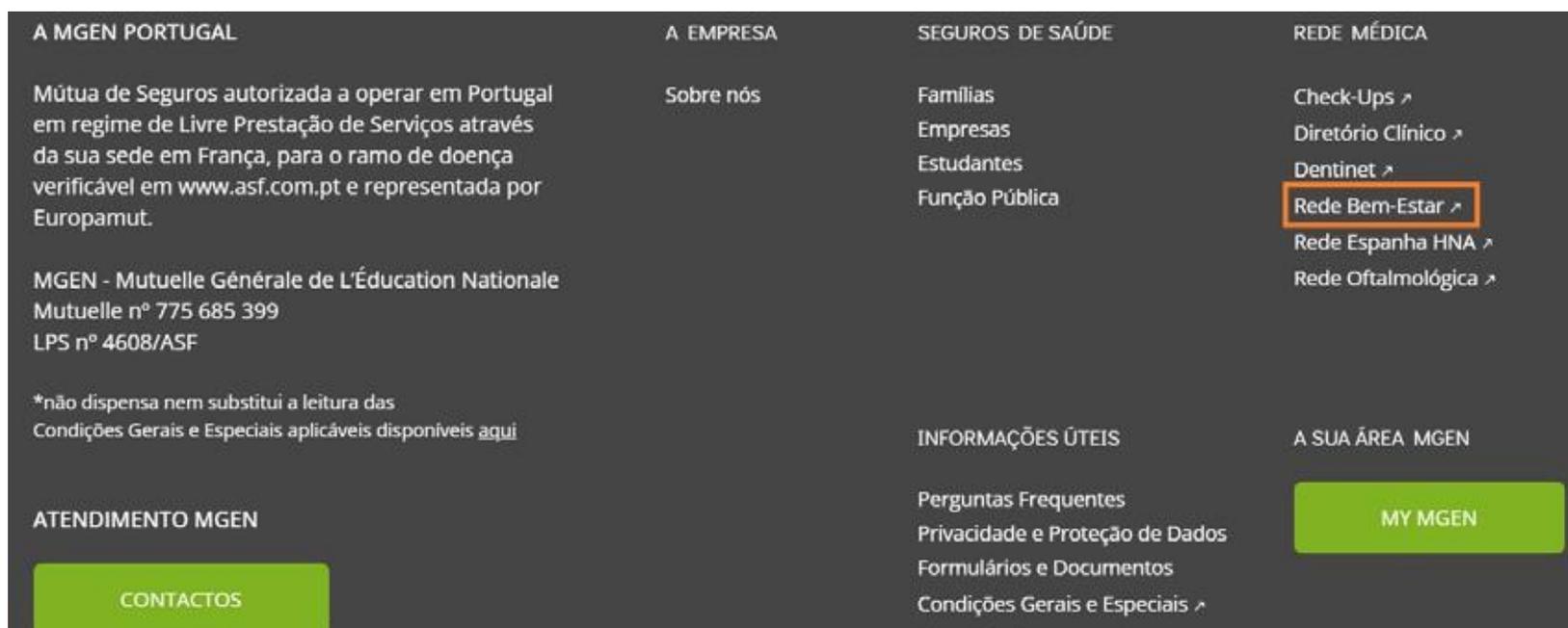
Figure 18.

Then you must start your search (Figure 19) making sure that in the "Networks" ("Redes) filter you have selected the "Wellness Network" ("Bem-Estar") option. In your search you must also take into account that the Wellness Network enables access to a certain type of interventions at agreed fees. It is the Insured Person's responsibility to choose the provider for the Wellness Network as well as to pay the respective agreed fees.

Figure 19.

To know the services included in this network, please consult article 7 of the

Special Conditions, available here.

5.4. Accessing the Dentinet Network

Note: Please confirm whether this coverage is included in your policy by accessing the following link.

Provided that indicated in the Particular Conditions, MGEN guarantees access to a network of service providers in the area of dental medicine, called Dentinet. When using the network the Insured Person benefits from access to dental medical care, paying only a specific co-payment. To access the providers in this network you can access www.mgen.pt and select "Dentinet" at the bottom of the site (Figure 20).
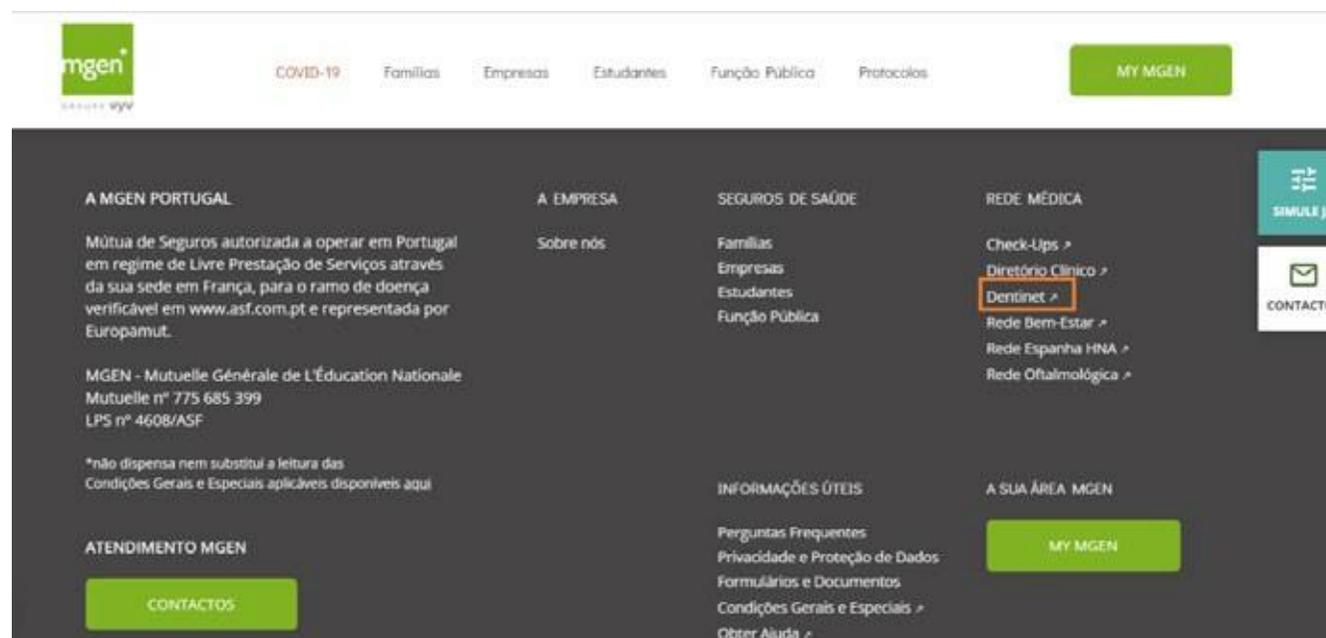
Figure 20.

To find out what type of medical care is guaranteed in the Dentinet Network, please consult article 13 of the Special Conditions, available here.

5.5. Which procedures need pre-authorisation

Pre-authorisation translates into the need to obtain authorisation before a medical procedure or examination is carried out, in order to ensure that it falls under the Plan of Coverages.

The Insured Persons shall request a pre-authorisation from MGEN's clinical services whenever the performance of:

:: Expenses guaranteed under the Special Condition of "Hospitalisation Expenses";
:: Treatment costs resulting from serious illnesses, chronic illnesses, pre-existing illnesses or injuries as well as illnesses caused by congenital malformations.

Whenever hospitalisation situations are involved (admission to hospital, surgery, childbirth and minor surgery) and certain examinations or treatments require pre-authorisation, this must be requested in advance.

5.6. Submitting a pre-authorisation request

Within the network, whenever you need an authorisation request to perform a medical procedure, the hospital or clinic you have used initiates the authorisation request process with the insurer.

Outside the network, whenever the procedure requires pre-authorisation, it is the Insured Person's responsibility to make the prior request in order to guarantee that, at the time of the procedure, payment is ensured.

Outside the network, the Insured Person must submit the request through the My AdvanceCare area. After accessing My AdvanceCare, please select the option "Requests - Pre-authorizations" ("Pedidos - Pré-autorizações") (Figure 21):

Figure 21.

Then click on **"Request pre-authorisation"** ("Pedir Pré-Autorização") (Figure 22), always making sure that the request is being made on behalf of the correct household member.

To do this, simply confirm the name that appears on the card at the top. If you do not see the name of the Insured Person who needs the pre-authorization request you should select the option **"Change card"** (underlined in orange).

Figure 22.

If you already have the necessary documents signed by the doctor you should select the option **"Submit request"** ("Submeter pedido"). Otherwise, you should choose the option **"Obtain documents"** ("Obter documentos") (Figure 23) and select the option you want (Figure 24).

Figure 23.

Figure 24.

After selecting the respective option, you should print the clinical information request form and ask your doctor to complete and sign it.

After your doctor completes the form, you should scan and submit the document by repeating the steps described above, from Figure 21 to Figure 23, now selecting in Figure 23 the option **"Submit Request"** ("Submeter pedido"), then completing all steps.

Confirm insurance policy and patient (Figure 25):

Figure 25.

Attach the documents previously filled in by your doctor (Figure 26) and select the type of document you are submitting (Figure 27):

Pedido de pré-autorização

Deve pedir com uma antecedência de 72 horas

Sair do pedido ✕

1   2   3

Documentos

Incluir pedido de informação clínica

Arraste o documento para esta área,
ou procure no seu dispositivo.

Selecionar ficheiro

Figure 26.

Tipo de documento

✕

Relatórios Médicos

Exame Complementar de Diagnóstico

Pré-Fatura

Nota de Alta

Formulário Descrição de Acidente

Outros

Confirmar
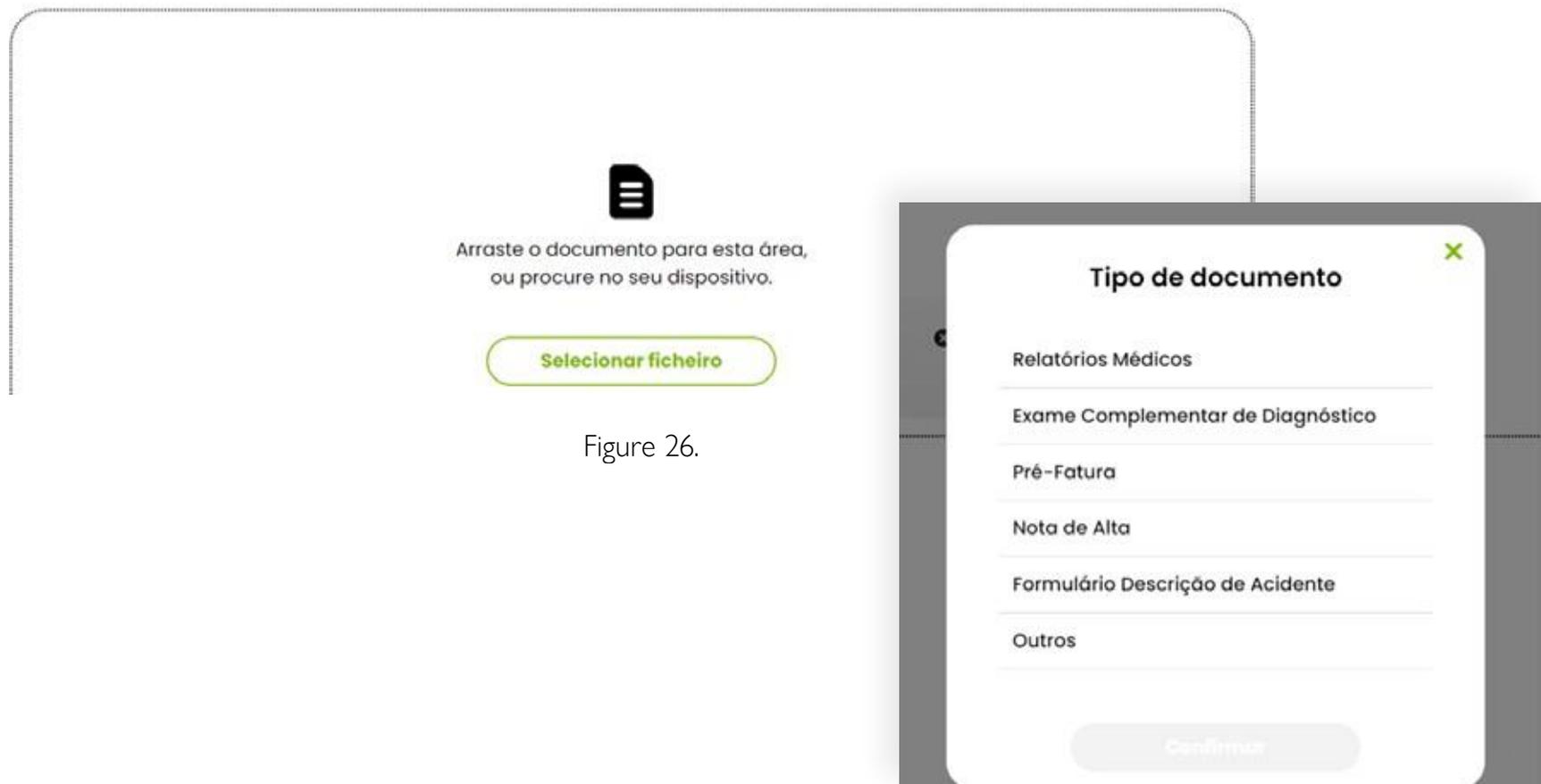
Figure 27.

5.7. Using your insurance in childbirth

Payment of expenses related to childbirth (normal or caesarean section) is guaranteed, up to the limits established in the Particular Conditions. Accompanying persons or any other expenses of a particular nature are not covered. Only pregnancies with the beginning of gestation medically attested, on a date subsequent to the Insured Person's inclusion in the policy, are eligible.

When the delivery takes place within the network, the health unit will deal with the pre-authorization request directly with the insurer. If the birth takes place outside the network, the assumptions are the same as for hospitalization procedures, in which case the pregnant woman must submit the pre-authorization request.

In order to include a new-born baby in the insurance contract, MGEN must communicate this intention up to 30 days after the birth, so that the new-born baby can be included without waiting periods.

For the coverage of childbirth please refer to Article 6 of the Special Conditions (page 19).

6. How to submit expenses

6.1. Registration on My AdvanceCare portal

To register on the portal you must go to https://advancecare.pt/para-si. Then select, in the upper right corner, the option "My AdvanceCare" and in the next menu, select **"Clients"** ("Clientes").
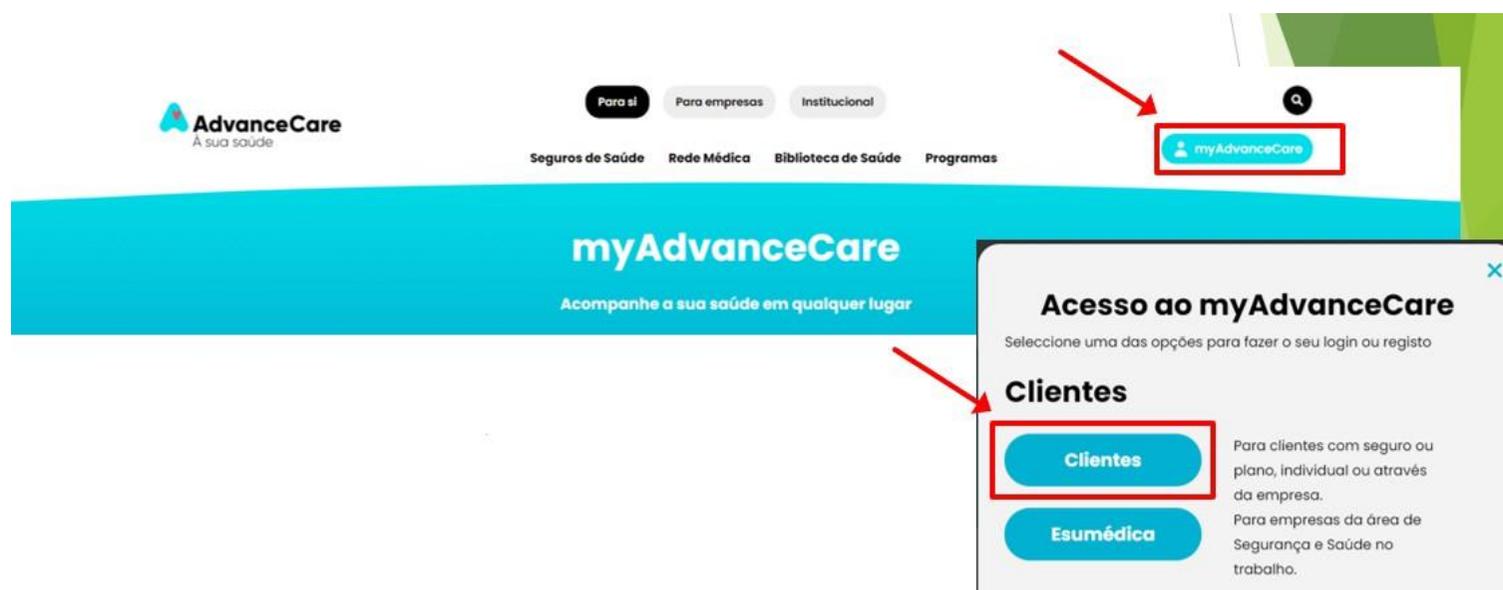
Figure 28.

After logging in to the My AdvanceCare Portal select the **"New Registration"** ("Novo Registo") option.
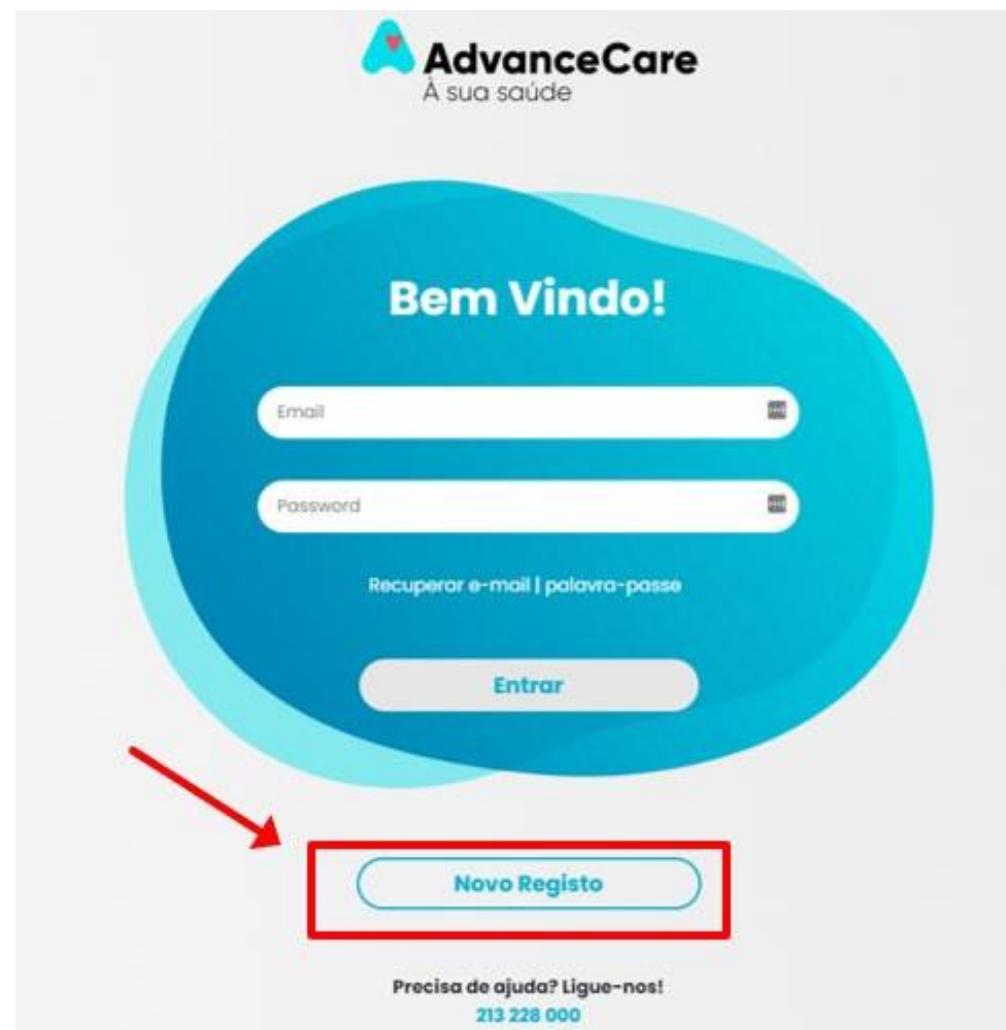
Figure 29.

Next, you must perform the data verification and fill in the fields: **"First and Last Name"** ("Nome e Apelido"), **"VAT"** ("NIF") and **"Date of Birth"** ("Data de Nascimento"). Then confirm that you have read and understood the Terms and Conditions and the Personal Data Treatment Policy.

At the end select **"Continue"** ("Continuar") (Figure 30).

Figure 30.

STEP 1

Before proceeding you must define whether or not you consent to marketing communications and prevention and health content being sent. Then select **"Continue"** ("Continuar") (Figure 31).

Figure 31.

STEP 2

In the second step, you should confirm the data by filling in the field indicated as **"Health insurance card number"** (you should only enter the numbers, without "MGN"). At the end, select **"Confirm"** ("Continuar").
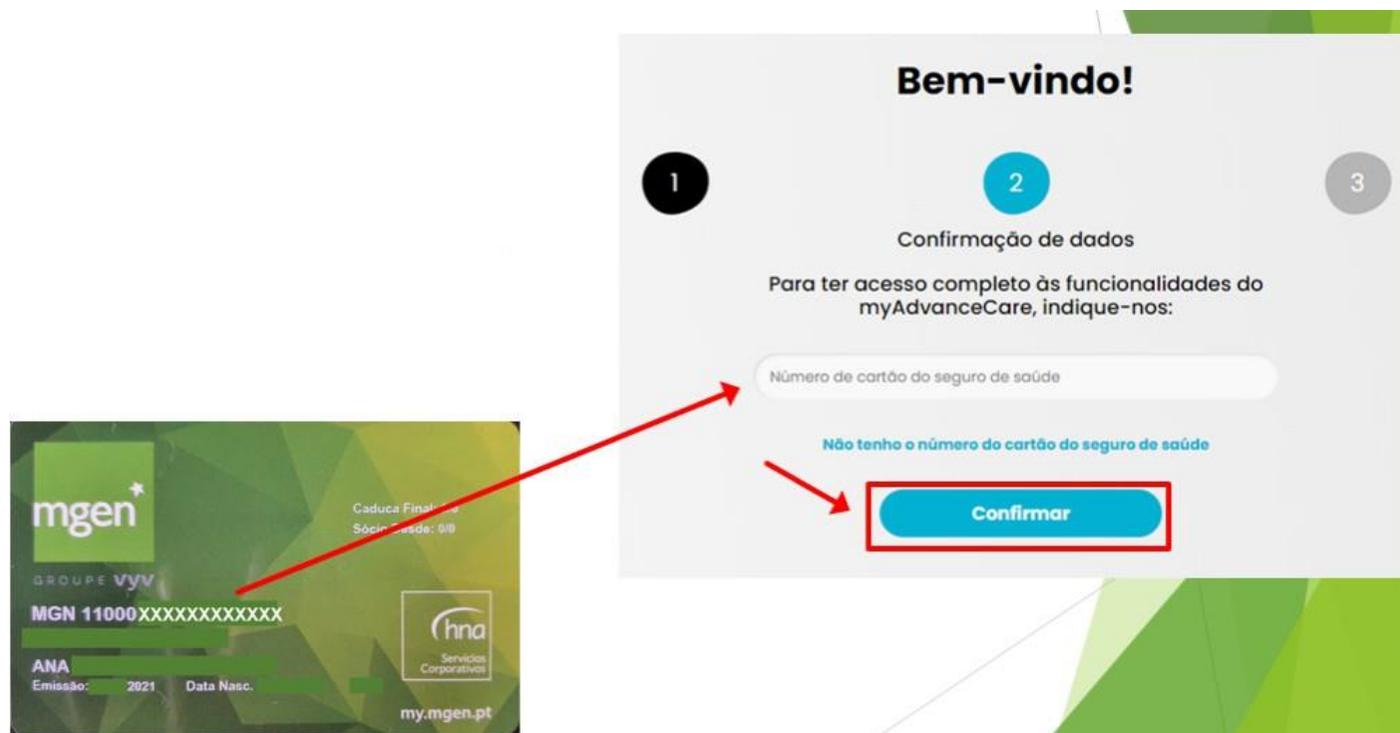
Figure 32.

STEP3

In step 3 you must select the registration data to access the reserved area: indicate an **"e-mail"** address and choose a **"password"** ("palavra-passe"), which you must confirm by entering it twice. At the end select "Confirm" ("Continuar") (Figure 33).

Figure 33

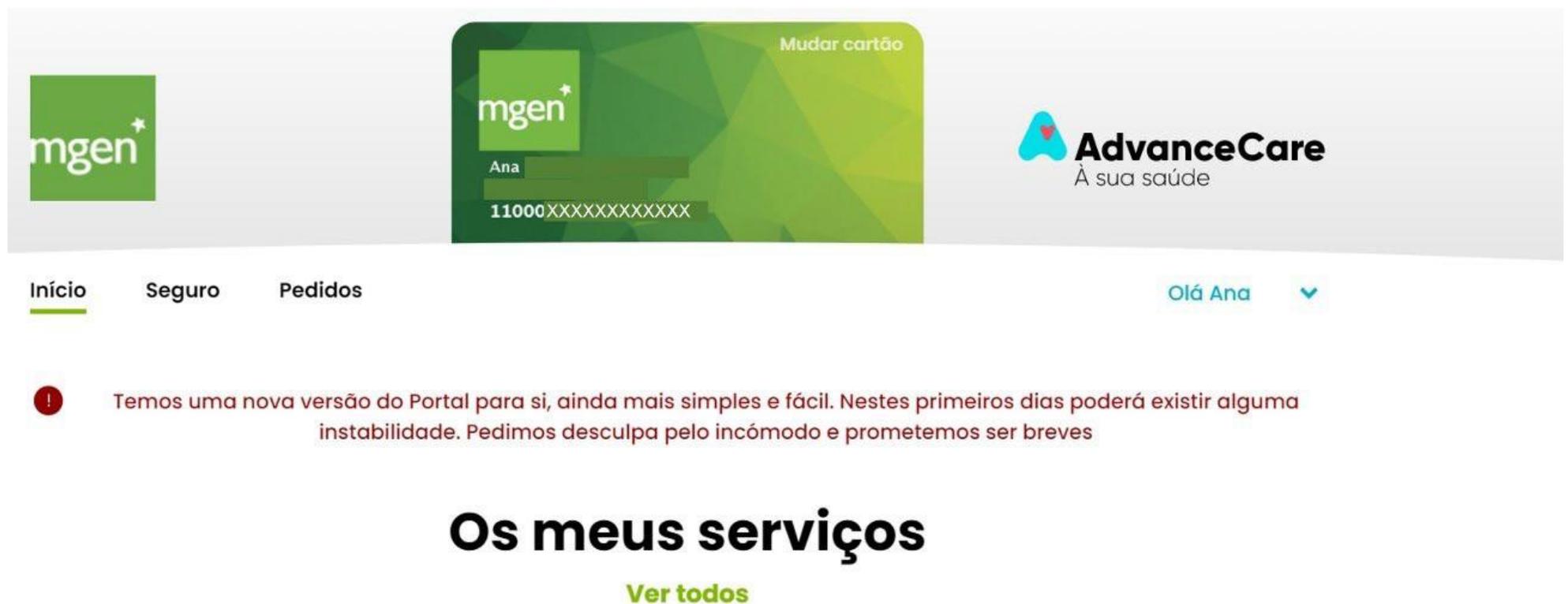After successfully completing the registration, you will have access to My AdvanceCare Portal (Figure 34).

Figure 34.

6.2. Submitting an expense for reimbursement

After logging into the My AdvanceCare portal you must check that the health card indicated is the card of the Insured Person for whom you wish to submit the claim. Next, you must select **"Requests"** ("Pedidos") (Figure 35).

Figure 35.

STEP 1

In step 1 confirm the **"Patient"**("Paciente") to which the refund refers. At the end select **"Confirm"** ("Continuar") (Figure 36):

Figure 36.

STEP 2

In the 2nd step you must upload the invoice choosing through the option **"Select file"** ("Selecionar ficheiro") (Figure 37) choosing the desired document from your computer.
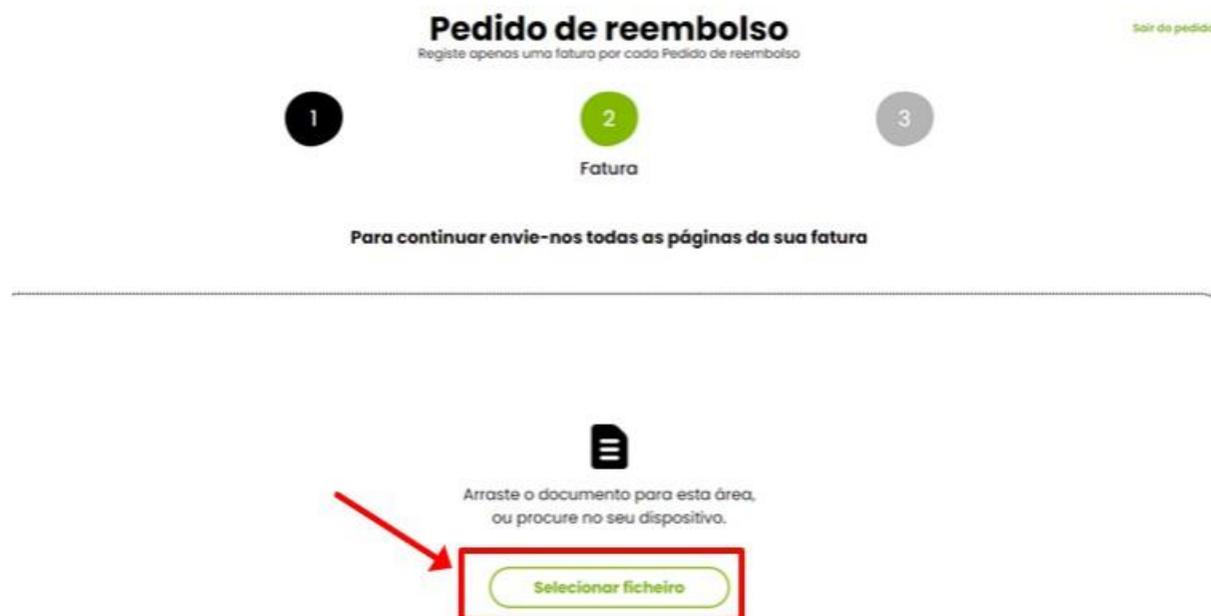

Figure 37.

Once the file upload has been successfully completed your invoice will appear at the top left of the page. At the end of this step, select **"Confirm and send"** ("Confirmar e enviar") (Figure 38).

Figure 38.

STEP 3

In the 3rd step you will have to fill in the details of the expense to be reimbursed:

- Selecting the **"Coverage"** ("Cobertura") to which the expense refers (Figure 39):

Figure 39.

- Then select the type of **"Medical Coverage"** ("Ato Médico") (Figure 40):

Figure 40.

Finally, fill in the "**amount**" ("Valor") of your invoice (Figure 41).

If there are more medical procedures on your invoice you should "+ Add more invoice data" ("Adicionar mais dados da fatura").

Figure 41.

In case you have chosen the option **"+ Add more invoice data"** ("Adicionar mais dados da fatura"), a new line appears and you must repeat the previous steps. Add as many lines as necessary until you have all the invoice data inserted.

Figure 42.

When the selected medical procedure requires additional clinical information, the system will issue a warning. You should upload the clinical information through the **"Select file"** ("Selecionar ficheiro") option and choosing the desired document from your computer (Figure 44):

Figure 44.

After successful upload, your prescription/medical report will appear at the top left of the page. You must confirm that you undertake to keep the original expense documents and that you will not use them for any purpose contrary to the terms and conditions contracted with the insurer. At the end select **"Continue and send"** ("Continuar e enviar") (Figure 45).

Figure 45.

In the **"Requests"** ("Pedidos") menu, you can check the status of the analysis of the requests submitted, per person insured in the policy, and await their processing (Figure 46).

Figure 46.

6.3. Deadlines for submitting expenses

You should submit your expenses for reimbursement up to **90 days** after the date they were incurred.

In the case of Supplementary Plans, for expenses previously subsidised by ADSE (SICKNESS BENEFITS FOR CIVIL SERVANTS) (or equivalent sub-system) this period is extended to 180 days.

Expenses can be submitted online or by post accompanied by a request, which you can obtain here.

7. How to use the Online Medicine Services

The use of the services described below is not intended for urgent or emergent situations.

In case of emergency, the Insured Person must always contact the INEM (National Institute of Emergency Medicine) service through the number 112.

7.1. SMP - Permanent Medical Service

The Insured Person has access in Mainland Portugal and in the Autonomous Regions of the Azores and Madeira to a set of online and at-home medical services, 24 hours a day, every day of the year. You can benefit from these services by calling the MGEN Helpline on **+351 211 155 860 (option 5)**:

Medical consultation by telephone:
This coverage guarantees the Insured Person consultations by telephone with a doctor specialising in general and family medicine.

Medical consultation by videoconference:
This coverage guarantees consultations by videoconference with a general practitioner. Before the consultation begins you will receive an email with a link to establish video contact with the doctor.

Medical consultation at home:

This coverage covers consultations at the Insured Person's home. This coverage covers the organisation of the transport of the Insured Person by ambulance, if during the home visit the doctor considers it to be an urgent situation. The cost of transportation will be borne by the Insured Person.

Shipping and delivery of medicines:

Through this service, the Insured Person enjoys the shipping and delivery of medicines at the Insured Person's home. This service is available in Mainland Portugal, until 11pm of the same day or the following day, except Sundays. The expenses with medicines will be covered by MGEN on a reimbursement basis, as long as the Medicine coverage is contracted and expressly indicated in the Particular Conditions.

7.2. Medical consultation through the KNOK / MGEN app

The Insured Person also has at their disposal medical consultations by videoconference, exclusively requested through the KNOK mobile app. This app must be installed on the mobile phone or tablet through the *Apple Store or Google Play Store*. The services provided under this coverage are available every day of the year, between 8am and midnight.

Through this link you can consult the user manual of the KNOK application.

8. MGEN Contacts

You can contact the MGEN team on +351 211 155 860 (every working day from 9am) or e-mail gestao@mgen.pt.

If you have any questions, you can also use the ticket/help request system (Information about the ticket/help request platform, available on chapter 2.2.2 of this guide) by going to your personal area my.mgen.com.

On the website you will also find an area of **"Frequently Asked Questions"** ("Preguntas Frequentes") that you can consult here to get answers to some questions.

MGEN
It's for the family.