

## A financial benefit to help you focus on recovery



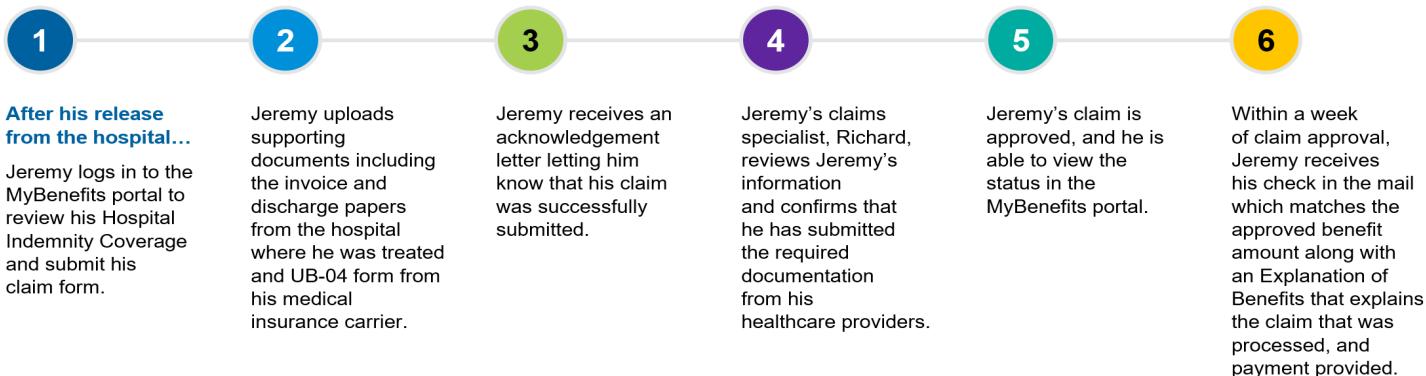
Hospital<sup>1</sup> stays can be pricey and are often unexpected. If you or a loved one is admitted to the hospital, **this insurance provides you with a lump-sum payment** — one payment all at once — when you or your loved ones need it most.

This plan provides benefits for hospitalization due to covered accidents and sicknesses,<sup>2</sup> like:

- Admission<sup>3</sup> to a hospital
- Hospital stays
- Intensive care unit stays
- Inpatient rehab unit stays<sup>4</sup>
- Admission to an intensive care unit

Actual plan design and plan benefits may vary. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details on the coverage types, amounts and premium options under your plan.

### Example: Jeremy was admitted to the hospital and diagnosed with severe pneumonia. He remained at the hospital for treatment until his condition improved.\*



**With his benefit payment, Jeremy was able to pay some of the expenses that occurred while he was unable to work.**

\*This is a hypothetical example and does not represent a specific individual's experience. Your actual experience and results may differ.



**Expenses that may not be covered by medical plans, such as co-pays, deductibles, childcare costs, mortgage payments, groceries and experimental treatments, could cut into your savings.**

## Hospital Indemnity claim

Below, you'll find the information you need to make the process go smoothly, so that you can receive payments quickly and focus on your recovery.

### Submit using MyBenefits: Quick and easy claim submission!



#### Step 1

Visit [mybenefits.metlife.com](http://mybenefits.metlife.com) or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim.



#### Step 2

Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!



#### Step 3

Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

### Submit using a Hospital Indemnity Insurance claim form

1. Call MetLife at 1-866-626-3705 (Monday – Friday, 8 am – 8 pm EST) to request a claim form to be sent via mail.
2. Please provide supporting documentation from the healthcare provider related to the injuries and services received for which a claim is being made. The supporting documents **MUST** include: 1) patient's name, 2) admission and discharge dates, 3) verified diagnosis, and 4) room assignment (Intensive Care Unit and/or Non-ICU).
3. Documentation that will be helpful to MetLife in making a claim decision include itemized invoices for services received as a result of the hospitalization as well as admission documents. If treated in an emergency room, please provide a copy of the discharge papers. If you have an Explanation of Benefits (EOB), please also include this documentation. For additional information on what is needed to process a claim, please review the list of documents on the Claim Form and the details within your Certificate.<sup>5</sup>
4. If this is an additional claim for a hospitalization previously reported (i.e., claim previously submitted), no claim form is required. Please include your claim number and/or certificate number on all pages of the additional documentation you submit.
5. Once claim forms have been completed and accompanying documentation has been obtained, you may submit as follows:
  - Submit electronically through MyBenefits ([mybenefits.metlife.com](http://mybenefits.metlife.com)) or the MetLife Mobile App
  - Email to [ahmetlifeclaims@metlife.com](mailto:ahmetlifeclaims@metlife.com)
  - Fax or mail directly (information can be found on the claim form)

#### Depending upon your condition, supporting documents may include:



- **UB-04**
- **Admission and Discharge Papers**
- **Ambulance Reports**
- **ER statements**
- **X-rays, Tests, Imaging for Fractures and other injuries**

Note: This list is not all inclusive, for additional information on what is needed to process a claim, please review the list of documents on the Claim Form and/or the details within your Certificate.<sup>5</sup>

### What happens after my claim is submitted?



- A MetLife Claims Specialist will review your information and request any additional medical information (if necessary).
- An acknowledgement letter is sent from MetLife when the claim is successfully submitted.

Visit MyBenefits or the MetLife Mobile App frequently to check claim status, letters and benefit payments.

### Approval process and payment process



- There are two available payment methods, which are a physical check or direct deposit.
- Upon claim approval, an Explanation of Benefits (EOB) explains the claim that was processed, and payment provided. The EOB is attached to the check or available to be viewed on MyBenefits if payment is made via direct deposit.
- Payments to the claimant will be received within 7 – 10 business days after the claim is approved.<sup>6</sup>

1. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
2. There is a pre-existing exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
3. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Please consult your Certificate for details.
4. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.
5. Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.
6. Applies only to "clean" claims. A clean claim is a claim submitted with all the required information necessary to process the claim; no missing information requiring additional follow up with the subscriber. It generally takes 10 business days to process "clean" claims.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.