Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife, you'll have a choice of two comprehensive plans (called the "Low Plan" and the "High Plan") which provide lump sum cash payments for covered events regardless of any other payments you may receive from your medical plan. Here are just some of the covered benefits/services^B, when an accident or illness puts you in the hospital.^A

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

Hospital Benefits					
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan	
Admission Benefit	4 time(s) per calendar year¹	Admission ²	\$500	\$1,500	
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000	
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement⁴	\$100	\$200	
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200	
Ancillary Confinement Benefit for Childbirth	2 day(s) per routine delivery 4 day(s) per caesarean delivery	Ancillary Confinement Benefit for Childbirth (Paid if other Confinement Benefits are exhausted)	\$100	\$200	
Confinement Benefit for Newborn Nursery Care	2 day(s) per routine delivery 4 day(s) per caesarean delivery	Confinement Benefit for Newborn Nursery Care ⁵	\$25	\$50	
	Surg	jery Benefits			
Inpatient Surgery Benefit*	1 time(s) per calendar year Requires administration of general anesthesia.	Inpatient Surgery	\$500	\$1,000	
	Addition	al Care Benefits			
Ambulance Benefit	1 time(s) per calendar year	Ground Ambulance Transport	\$500	\$1,000	
Emergency Care	1 time(s) per calendar year	Emergency Room	\$50	\$100	
		Urgent Care Facility	\$50	\$100	
	Oth	er Benefits		l	
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$100	\$100	
Maternity Follow-Up	3 times per childbirth	Maternity Follow-Up	\$25	\$50	

*Any benefit(s) marked with an asterisk requires a prior Hospital Admission or Confinement.

¹ If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

² The admission Benefit for residents of CT and ID will be increase to \$625/\$1,750 for plan design(s) Low/High and \$700/\$1,975 for plan design(s)

Low/High , respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate. ⁴ If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

⁵ Payable for the period of newborn confinement for a newborn child who is not sick or injured.



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Hospital Indemnity Insurance

Benefit Payment Example for High Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	High Benefit Amount
Regular Hospital Admission (1x)	\$1,500
ICU Supplemental Admission (1x)	\$1,000
Regular Hospital Confinement (3 total days)	\$600
ICU Supplemental Confinement (1 day)	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$3,300

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

- A. You are eligible to enroll yourself and your eligible family members. ^c You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.
- Q. How do I pay for my Hospital Indemnity coverage?
- A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.
- Q. What happens if my employment status changes? Can I take my coverage with me?
- A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier.^D
- Q. What is the coverage effective date?
- A. The coverage effective date is 11/1/2021

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: www.mybenefits.metlife.com

^A 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.

^B 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.

^c Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas."

^D Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

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. 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, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

