

Hospital Indemnity Insurance claim process

Submitting a Hospital Indemnity insurance claim doesn't have to be challenging. 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.



Obtain and complete a Hospital Indemnity insurance claim form:

1. Visit mybenefits.metlife.com to access and submit your claim form electronically. *You may also call MetLife at 866-626-3705 to request claim forms to be sent via mail.*
2. Please provide supporting documentation from the hospital related to the services received for which a claim is being made. The supporting documents **MUST** include 1) patient's name, 2) admission & discharge dates, 3) diagnosis and, 4) room assignment (ICU 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. 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.
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.



Submitting a Hospital Indemnity Insurance claim:

Once claim forms have been completed and accompanying documentation has been obtained, it may be submitted as follows:

- Submit electronically through MyBenefits (mybenefits.metlife.com). ****preferred method****
- E-mail to ahmetlifeclaims@metlife.com
- Fax or mail directly (Information can be found on the claim form)



MyBenefits: quick and easy online claim submission

MyBenefits is the web portal for MetLife group participants. Once registered, you can log in to:

- Submit a claim
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read messages from MetLife
- Download accident and health forms

You can register at www.mybenefits.metlife.com



For questions please call a MetLife Customer Service Representative at
1 866-626-3705.



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 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.

Important information — Before submitting your claim, be sure to read your MetLife certificate carefully to review all the covered services.

The certificate issued by MetLife contains detailed information on the covered services and benefits you are eligible to submit a claim for. Therefore, it is important that you read your certificate carefully before submitting a claim. Below is an example of how the plan works.

Your MetLife certificate can be found on mybenefits.metlife.com under the Certificate Detail tab.

How it works:

On his way to work, Bill's car is hit by a large truck on Highway 101. Due to the severity of the impact, the car is totaled and Bill is injured. When police and medics arrive at the scene of the accident, they call for an ambulance. Bill is immediately taken to the emergency room at a local hospital. Upon evaluation by the attending doctor, Bill is admitted to the Intensive Care Unit for close observation of trauma to his head and a fractured disk in his neck. After spending 2 days in the Intensive Care Unit he is moved to a standard room and stays there for 5 more days. Bill is then transferred for in-patient care at a rehabilitation facility. His stay there is 7 days.

Covered Event	Benefit Amount
ICU Admission	High Plan \$2,000 / Low Plan \$1,000
ICU Confinement for 1 day	High Plan \$400 / Low Plan \$200
Hospital Confinement for 1 day	High Plan \$200 / Low Plan \$100
Inpatient Rehab Unit Confinement for 7 days	High Plan \$1,400 / Low Plan \$700

Luckily Bill has hospital indemnity insurance! He would get a lump-sum payment totaling **High Plan \$4,000**
Low Plan \$2,000

Benefits paid by **MetLife Hospital Indemnity Insurance**



The benefit amounts will depend on the participant's actual plan design contained in the certificate.

metlife.com

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. There is a preexisting condition limitation for hospital sickness benefits. MetLife's Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, 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 or GPNP13-HI 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.

