

# Why hospital indemnity insurance makes sense

Few people budget for hospital bills. But you can be prepared.

## Because even the best medical plans may leave you with extra expenses.

No one ever expects to be in the hospital. And your stay can require a variety of treatments, testing, therapies and other services — each of which can mean extra out-of-pocket costs, beyond what your medical plan may cover.

With an average cost of \$9,700 per hospital stay in the U.S.,<sup>1</sup> it's easy to see why having hospital indemnity coverage may make good financial sense. Just think about the possibility of having a hospital stay due to an accident or illness:

- Your child gets hurt on the school playground
- You experience chest pains while exercising and are admitted to the hospital to be checked and monitored
- Your spouse<sup>2</sup> undergoes an emergency appendectomy

## Some of the expenses you may not expect include:

- Medical plan deductibles and copays
- Extra expenses associated with out-of-network care and treatment.

If you are out of work unexpectedly, you may also have trouble meeting household expenses like your mortgage, car payment, childcare or household upkeep due to lost or reduced income while you recover.

Hospital indemnity insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event and meet the policy and certificate requirements.

Typically a flat amount is paid for the day that you are admitted to a hospital and a per-day amount is paid for each day of a covered hospital stay, from the very first day of your stay. This payment can help you focus more on your recovery and less on the extra expenses an accident or illness may bring.

**See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.**

## Why enroll now?

- Acceptance is guaranteed for you and your eligible family members.<sup>3</sup>
- Competitive group rates
- Convenient payroll deductions



1. Statistical Brief #146, Healthcare Cost and Utilization Project, Agency for Healthcare Research Quality, 2013.
2. Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
3. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

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.

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