

Help supplement your healthcare coverage with MetLife Hospital Indemnity Insurance.

Receive benefit payments directly to help prevent financial stress.



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 benefit payments quickly and focus on your recovery.

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 (Mon–Fri, 8:00 am – 8:00 pm EST) to request claim forms via mail.
2. Please provide supporting documentation from the hospital¹ related to the services received for which a claim is being made. The supporting documents MUST include the patient's name, admission and discharge dates, verified diagnosis and room assignment (Intensive Care Unit and/or Non-ICU).
3. Documentation that will be helpful to MetLife in making a claim decision includes 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 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.²
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.

For questions, please call a MetLife Customer Service Representative at 866-626-3705
**Monday –Friday,
8 am – 8 pm EST.**

Hospital indemnity insurance
Coverage to help pay for hospitalization expenses that may not be covered under your medical plan.



Submitting a hospital indemnity insurance claim:

Once claim forms are complete and accompanying documentation is obtained, they may be submitted as follows:

- Submit electronically through MyBenefits (mybenefits.metlife.com) or the MetLife mobile app
- 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.
- Set up direct deposit of benefits.
- See claim status, history and payments.
- Read messages from MetLife.
- Download accident and health forms.
- Sign up for electronic communications. by providing your email address.

You can register at www.mybenefits.metlife.com.

What happens after my claim is submitted?

A MetLife claims specialist will review your information and request any additional medical information (if necessary). An acknowledgment 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 and benefit payment processes

There are two available benefit payment methods: 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 seven to 10 business days after the claim is approved.³

Important information—Before submitting your claim, be sure to read your MetLife certificate carefully to see what you are eligible for. The certificate issued by MetLife contains detailed information on the covered services and benefits for which you are eligible to submit a claim. Therefore, it is important that you read your certificate carefully before submitting a claim.

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

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