People may not 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 just over $11,700 per hospital stay in the U.S., 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 undergoes an emergency appendectomy

Some of the expenses you may not expect include:

- Medical plan deductibles and co-pays
- 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 payments, car payments, childcare expenses, or household upkeep expenses due to lost or reduced income while you recover.

Hospital Indemnity Insurance can help you be better prepared by providing you with a benefit 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 benefit payment can help you focus more on your recovery and can help you focus less on the extra expenses associated with a hospitalization resulting from an accident or illness.

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.
3. There is a pre-existing exclusion for covered sicknesses. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
4. Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
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. 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.

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