# Dental care insurance

## Insurance product information document

MLOZ Insurance

MLOZ Insurance, Route de Lennik 788A, 1070 Anderlecht - Belgique
insurance company of the Independent health insurance funds
approved under code OCM 750/01 for branches 2 and 18,
company number: 422.189.629.

# Dentalia Up

**All contractual and pre-contractual information on the insurance product is provided in the general terms and conditions, additional clauses, new affiliation request and acceptance letter.**
**This product is subject to Belgian law.**
**For more information about joining this product, please contact your health insurance fund.**

## What is this type of insurance?

Dentalia Up is an optional indemnity insurance as a complement to the compensation of the compulsory insurance for health care and sickness benefits.
The product offers a guarantee for the dental care costs.

## What is insured?

✔ Compensation for dental care, even if the compulsory insurance does not reimburse the dispensations.

✔ Reimbursement of the amount charged, without waiting period:
- preventive dental care at 100%
- Accidents warranty: dental care at 100%
- Cancer warranty: (Illnesses whose pathology or treatment have an impact on oral health): dental care at 100%

✔ Reimbursement of the amount charged, after a 6-month waiting period:
- curative dental care at 80%

✔ Reimbursement of the amount charged, after a 12-month waiting period:
- prostheses and implants at 80%
- periodontology at 80%
- orthodontics at 60%

✔ Without deductible.

✔ Free choice of provider.

## What is not insured?

✘ Stomatology dispensations that cannot be performed by a dentist.

✘ Medicine.

✘ Dental care for aesthetic purposes.

✘ Orthodontics not covered by compulsory health insurance. This means that treatments started after the age of 15 will not be eligible.

✘ Orthodontics, dental prostheses and implants initiated or begun during the waiting period or prior to Dentalia Up affiliation. These treatments will not be covered even after the waiting period.

✘ Dental prostheses such as veneers, inlays, onlays and overlays, regardless of the reason.

## Are there any restrictions on cover?

! Reimbursements determined on the basis of the type of dental care and the number of years of affiliation to the product for:
- preventive and curative dental care: annual maximum compensation
  - 1st year of affiliation: up to €350
  - 2nd year of affiliation: up to €650
  - as from the 3rd year of affiliation: up to €1.250.
- dental prostheses, dental implants and periodontology: two-year maximum compensation (determined on the basis of the number of years of affiliation completed at the start of the first dental care)
  - 1st year of affiliation: up to €350 in case of waiting period exemption
  - 2nd year of affiliation: up to €650
  - 3rd year of affiliation: up to €1.050
  - 4th to 9th year of affiliation: up to €1.400
  - as from the 10th year of affiliation OR affiliated before the age of 5: up to €2.200.
- orthodontic treatment: unique maximum (depends on the number of years of affiliation at the time of the attestation of the lump sum for orthodontic appliances)
  - 1st year of affiliation: up to €350 in case of waiting period exemption
  - 2nd year of affiliation: up to €650
  - 3rd year of affiliation: up to €1.050
  - 4th to 9th year of affiliation: up to €1.800
  - as from the 10th year of affiliation OR affiliated before the age of 5: up to €2.200.

! Reimbursement Accidents warranty: up to €5.000 per accident.

! Reimbursement Cancer warranty (Illnesses whose pathology or treatment have an impact on oral health): up to €4.000 for all illnesses covered by this warranty.

! Reimbursement limited to 50% instead of 80% if no dental care dispensation has been reimbursed to the insured during the calendar year preceding each new payment request.

! Reimbursement of supplements limited to 200% of the convention rate for preventive and curative dental care that is reimbursed under the compulsory insurance for health care.

## Where am I covered?

✔ The cover applies in Belgium and in the neighbouring countries: France, the Netherlands, Germany and the Grand Duchy of Luxembourg.

## What are my obligations?

- At the beginning of the contract: the policy holder must complete a new affiliation request. He must also inform the insurer of any factor that may influence the assumption of the risk. He must also pay the premiums. Family affiliation is mandatory, meaning that the policyholder and all dependants within the meaning of the compulsory insurance regulations are required to be affiliated, unless one of the members is already covered by similar dental insurance.
- During the duration of the contract: the policy holder must inform the insurer of any changes that may affect the premium requested or the maintenance of the contract. He must inform the insurer as soon as possible of any convention covering a similar or identical risk, either totally or partially.
- In case of a claim: the policy holder must inform the insurer as soon as possible and submit a document “Dispensations of dental care - justificatory document for treatment(s)”, duly completed as well as a health care certificate filled in in the context of an intervention of the compulsory insurance for health care and sickness benefits.
- Under the ‘Accident’ warranty, the insured must notify the insurer of the claim as soon as possible, and no later than 30 days after the accident.

## When and how do I pay?

As from the joining date, the policy holder has to pay his premium on due date, by bank transfer or direct debit according to the agreed periodicity.

## When does the cover start and end?

The policy starts the first day of the month following the month during which the insurer received the duly completed «new affiliation request or request to change a product», upon payment of the first premium.
This is a life policy. It ends, however, in the event of termination, non-payment of premiums, transfer to a health insurance fund other than the Independent health insurance funds, in case of fraud or when the policy holder loses the quality of member in order at the level of his/her health insurance fund following the non-payment of the contributions for the complementary insurance of his/her health insurance fund.

## How do I cancel the contract?

The policy holder may cancel the contract by registered letter, electronic registered letter, delivery of a writ or a letter of cancellation against deposit receipt, with a prior notice of at least one month.

This document is intended purely as an indication to give an overview of the most important covers and exclusions. Therefore, no rights may be derived from it.

Complaints about this product or our services can be addressed to the complaints coordinator of MLOZ Insurance (complaints@mloz.be) or to the Insurance Ombudsman, de Meeûssquare 35, 1000 Brussels - info@ombudsman-insurance.be - www.ombudsman-insurance.be.

Version: 01/01/2026