Ambulatory 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.

Hospitalia Ambulatory

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?

Hospitalia Ambulatory 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 costs of the ambulatory care provided outside of a (day) hospitalisation.

What is insured?

✔ Reimbursement after a 6-month waiting period:
- **medical fees, consultations, visits and technical dispensations** by practitioners, dentists and paramedics (physical therapists, nurses, logopedics sessions, ...): 50% of the patient share
- **pharmaceutical costs:** classical medicine and magistral preparations: 50% of the price paid
- **dental prostheses:** complete or partial dental prostheses and others dental prostheses (bridges, pivot teeth, crowns, ...)
- **ophthalmological prostheses:** corrective glasses, lenses, intraocular lenses and surgical corrections (laser therapies and keratotomy)
- **other prostheses:** hearing aids, orthopedic soles, wigs, breast prostheses, splints and dental implants

✔ Without overall annual maximum.

✔ Without deductible.

✔ Free choice of provider.

What is not insured?

✘ Homeopathic medicine, phytotherapy, dietary, personal care and food products.

✘ Medical and pharmaceutical dispensations for aesthetic purposes.

✘ Dispensations of «rejuvenation» type.

Are there any restrictions on cover?

! Dental prostheses: per calendar year, up to € 500 for a complete prosthesis and up to € 250 for partial prostheses and other dental prostheses.
! Ophthalmological prostheses: up to € 250 per calendar year.
! Other prostheses: up to € 500 per calendar year.
! Refusal of the compensation for the dispensations due to a pre-existing disease or disorder.

Where am I covered?

✔ The cover applies to dispensations and products prescribed and given in Belgium.
✔ The Ophthalmological prostheses and the other prostheses (hearing aid, orthopaedic soles, wigs, breast prostheses, splints) should be purchased in countries of the European Union.

What are my obligations?

- At the beginning of the contract: the policy holder must complete a new affiliation request and a medical questionnaire. He must also inform the insurer of any factor that may influence the assumption of the risk. He must also pay the premiums.
- 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, complete the payment request and provide him with all the supporting documents of his expenses.

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» and a “medical questionnaire”, 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.

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