Hospitalisation 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 Care

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 Care is an optional indemnity insurance as a complement to the compensation of the compulsory insurance for health care and sickness benefits.
The product offers an extended guarantee in case of hospitalisation or day hospitalisation due to illness : accident or delivery.
The medical care costs are also reimbursed before and after the hospitalisation or day hospitalisation. Hospitalia Care also includes 'Hospitalia Assist' assistance in Belgium and offers an additional option the warranty "serious illnesses".

What is insured?

✔ In Belgium, reimbursement after a 3-month waiting period:
- hospitalisations of at least one night and day hospitalisation in single, twin or ward room
- medical care and medicine 60 days before and 180 days after the admission
- Warranty "serious illnesses": medical costs and medicine outside a (day) hospitalisation for 31 serious illnesses
- other compensations such as emergency transportation, neonatal care, delivery at home, temporary admission in a convalescence or hospital hotel after the hospitalisation, assistance services during or after the hospitalisation, Hospitalia Assist
- no annual maximum

✔ The cover includes:
- accommodation costs
- pharmaceutical and parapharmaceutical products
- fees
- prostheses, implants and other supplies
- rooming-in
- miscellaneous costs
- legal deposits

✔ There is no limitation due to a pre-existing disease, disorder or state in case of hospitalisation of at least one night and day hospitalisation in a twin or ward room.

✔ Hospitalisation abroad: reimbursement after a 3-month waiting period in case of hospitalisation of at least one night.

✔ Free choice of hospital, room and practitioner.

✔ As an additional option: warranty "Serious illnesses": medical expenses and medication outside of a hospitalisation or day hospitalisation for 33 serious illnesses.

What is not insured?

✘ Personal care products, cosmetic products, food, wine, mineral water and non-essential expenditures.

✘ Dispensations for aesthetic purposes.

✘ Dental implants and prostheses and all dispensations related to those.

✘ Dispensations of «rejuvenation» type.

✘ Costs related to experimental treatments and medicine.

✘ Costs related to medical treatments which are intentionally realised abroad and for which the medical advisor of the compulsory insurance did not agree.

✘ Expenses subject to VAT.

Are there any restrictions on cover?

! Hospitalisation of at least one night: reimbursement of room supplements up to a maximum of 125 euros per day and fee supplements up to 200% of the convention rate.

! One-day clinic: reimbursement of room supplements up to a maximum of 100 euros per day and fee supplements up to 100% of the convention rate.

! Cover limitation in case of pre-existing disease, disorder or state for a hospital stay in a private room (no fee or room supplements).

! Compensation of the warranty "serious illnesses": up to € 10.000 per year (after the consent of the medical counsellor).

Where am I covered?

✔ The cover applies worldwide. Assistance is only available in Belgium.

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 «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@ombusman-insurance.be - www.ombudsman-insurance.be.

Version: 01/01/2026