

Dental care insurance

Insurance product information document



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approved under code OCM 750/01 for branches 2 and 18,
company number: 422.189.629.

Dentalia Plus

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 Plus 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, after a 6-month waiting period:
 - preventive dental care at 100%
 - curative dental care at 80%
 - periodontology at 80%
- ✓ Reimbursement of the amount charged, after a 12-month waiting period:
 - prostheses and implants 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 (whitening, multiple veneers).



Are there any restrictions on cover?

- ! Annual maximum compensation per insured:
 - during the first year of affiliation: up to €350
 - during the second year of affiliation: up to €650
 - as from the third year of affiliation: up to €1.250, with a sublimit of €1.050 for all prostheses, implants, periodontal and orthodontic dispensations.
- ! 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.



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.
- 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», 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 or in case of fraud.



How do I cancel the contract?

The policy holder may cancel the contract by 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 MeeÛsquare 35, 1000 Brussels - info@ombudsman.as - www.ombudsman.as.