

Ambulatory 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.

Hospitalia Ambulatory

This document is purely indicative and provides an overview of the main covers and exclusions. Therefore, no rights may be derived from it.
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.

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.



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 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.