

Hospitalisation insurance

Insurance product information document



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 Plus

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 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 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 Plus also includes a serious illnesses guarantee.



What is insured?

- ✓ In Belgium, reimbursement after a 6-month waiting period:
 - hospitalisations of at least one night and day hospitalisation in single, twin or ward room
 - medical care and medicine 30 days before and 90 days after the admission
 - Serious illnesses guarantee: 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,...
 - 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 franchise in case of hospitalisation of at least one night in a twin or ward room and in case of a day hospitalisation in any type of room.
- ✓ 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 6-month waiting period in case of hospitalisation of at least one night.
- ✓ Free choice of hospital, room and practitioner.



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.



Are there any restrictions on cover?

- ! Franchise of € 150 per hospitalisation for a stay of at least one night in a private room in a hospital charging more than 200% fee supplements. The list of hospitals is available on www.hopitauxfranchise.be.
- ! Room supplements: up to € 125 per day.
- ! Fee supplements: up to 300 % 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 serious illnesses guarantee: up to € 7.000 per year (after the consent of the medical counsellor).



Where am I covered?

- ✓ The cover applies worldwide.



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 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.