

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.

Medicalia

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?

Medicalia is an optional indemnity insurance as a complement to the compensation of the compulsory insurance for health care and sickness benefits or to the complementary services organized by the health insurance funds.
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:
 - **alternative therapies** (occupational therapy, dietetics, psychology, osteopathy, chiropractic, homeopathy, acupuncture, remedial education and speech therapy): 75% of the bill amount
 - **medical fees, consultations, visits and technical dispensations** by practitioners and paramedics: 75% of the legal patient shares
 - **eye care** (corrective lenses, contact lenses, laser treatment and keratotomy): 75% of the bill amount
 - **hearing aids**: 75 % of the bill amount
- ✓ Compensation after a 12-month waiting period: €250 birth package per child.
- ✓ Without deductible.
- ✓ Free choice of provider.



What is not insured?

- ✗ Medicine.
- ✗ All dental care.
- ✗ Medical dispensations for aesthetic purposes.
- ✗ Dispensations of «rejuvenation» type.



Are there any restrictions on cover?

- ! Overall maximum of €1.500 per year of affiliation.
- ! Alternative therapies: up to €600 per year of affiliation.
- ! Eye care and hearing aids: up to €600 per year of affiliation for both types of material together.



Where am I covered?

- ✓ The cover applies to dispensations and material prescribed and given in Belgium.



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.