

# Outpatient care insurance Ambuflex Plus

## Information document about this insurance product

Justitia NV - NBB nr. 878

Justitia

This information document aims solely to provide you with a summary of the most important cover and exclusions relating to this product. This document is not tailored to your specific needs and the information it contains is not exhaustive. For more information about this product, your rights and obligations, please consult the policy conditions attached to this occupational "Outpatient Care" health insurance agreement before you sign the policy. These documents can be obtained from your employer or your Vanbreda Risk & Benefits NV insurance intermediary. This product falls under branche/tak 2 "health" and is subject to Belgian law.

### What type of insurance is this?

Occupational "Outpatient Care" health insurance agreement, which provides compensation, to supplement reimbursements from the Belgian statutory health insurance. This insurance policy is available to all members of staff who are offered a flexible remuneration package by their Belgian employer. These staff are submitted to and enjoy the benefits of Belgian social security.



### What is insured?

- ✓ Basic "Outpatient care" cover.
  - Reimbursement of 100% for services recognised by NIHDI and for which the insured receives statutory compensation:
    - Doctors' fees, except for dental care
    - Medical and paramedical services included in the following exhaustive list:
      - Medical imaging
      - Medical lab tests
      - Nursing care
      - Movement therapy
      - Physiotherapy
      - Occupational therapy
      - Speech therapy
  - Reimbursement of 100% of registered medication
- ✓ 'Optical & Dental' extension
  - Reimbursement of 80% for services recognised by NIHDI:
    - Consultations, dental care and dental treatments from an odontologist
    - Orthodontics for insured persons up to age 25
  - Reimbursement of 60% for dental prostheses:
    - Removable dental prostheses recognised by NIHDI
    - Fixed dental prostheses such as implants, pivot crowns, crowns and bridges
  - Reimbursement of 60% for:
    - **Corrective eye** glass lenses and contact lenses
    - Spectacle frames



### What is not insured?

- ✗ Aesthetic (dental) care and (dental) treatments
- ✗ Services not recognised by NIHDI, other than fixed dental prostheses
- ✗ Costs of repair of removable and fixed dental prostheses
- ✗ Costs incurred before the date of affiliation



## Is the cover restricted?

- ! For the basic “Outpatient Care” cover, annual ceilings apply, depending on the size of your family. For the ‘Optical & Dental’ extension, annual ceilings apply per insured person. These ceilings can be consulted in the premium sheet or in the flexible remuneration system that your employer provides to you.
- ! The annual ceilings for the ‘Optical & Dental’ extension only apply if the years of affiliation are continuous, with no interruptions. Any re-affiliation after an interruption will be regarded as a new affiliation, with the annual ceiling restarting at the level for the first year of affiliation.
- ! For dental prostheses there is a maximum of 1 reimbursement every 3 years for the same tooth.
- ! For spectacle frames a maximum of 100,00 EUR per insurance year applies per insured person.



## Where am I covered?

- ✓ The cover described above only applies for costs incurred in Belgium.



## What are my obligations?

- Staff members can opt to subscribe to just the basic “Outpatient Care” cover, or to both the basic “Outpatient Care” cover and the “Optical & Dental” extension, either for themselves or for all family members. Taking out only the “Optical & Dental” extension is not an option.
- The selection of affiliation must be made each year.
- No medical formalities or waiting periods **apply**.
- One of the various digital applications provided by Vanbreda Risk & Benefits must be used to submit medical expenses.
- The insured person shall take all necessary steps to claim reimbursements from his/her health insurance fund.



## When and how do I pay?

- The premiums can be consulted in the premium sheet and in the flexible remuneration system that your employer provides to you.
- The premiums are only valid for a complete insurance year which starts on the annual renewal date. Staff members pay the premiums for themselves and their family members. These premiums are retained by the employer from that staff member’s gross salary.
- The net premiums and all ceilings are index-linked, based on the health index, and adjusted upwards each year on the renewal date.



## When does cover begin and end?

- Affiliation by staff members is only possible on each annual renewal date and then for a full 12 month insurance year.
- To determine the annual ceiling per family for the basic “Outpatient care” cover, the family situation is reviewed on each renewal date. At that time, the ceiling is set for the new insurance year that begins. Adjustments to the cover as a result of a change in the family situation are only possible as from the next renewal date.



## How do I terminate my contract?

- Affiliation by staff members and their family members will end automatically at the next annual renewal date if that member of staff does not select this insurance option in his/her flexible remuneration package for that year.