

Disclaimer: The aim of this document is to provide you with an overview of the most important types of cover and exclusions for this insurance. It is not adapted to your specific needs and the information and obligations stipulated in this document aren't exhaustive. Please consult the occupational healthcare insurance contract of the insurance product if you want additional information about the rights and obligations of the insurance company and of insured.

What is this type of insurance?

An occupational insurance policy Hospiflex in which the insurance company covers the medical expenses linked to an hospitalisation or a serious illness, complementary to the Belgian legally obliged health insurance. The insurance is taken out for the staffmembers of Circet and their family members.

This document is a summary of the insurance contract. In case of dispute, only the contract is legally binding.



What is insured?

Hospitalisation Guarantee

- ✓ accommodation costs,
- ✓ medical and paramedical fees,
- ✓ parapharmaceutical products and registered medicines,
- ✓ dental care and prostheses, other prostheses, orthopaedic devices and material,
- ✓ bandages, medical material and medical devices,
- ✓ SIDS
- ✓ rooming-in for an insured child under 18 years of age,
- ✓ emergency medical transport (helicopter incl.),
- ✓ hospital stay of organ or tissue donor,
- ✓ palliative care on hospital invoice,
- ✓ mortuary costs.

Pre-and post hospitalisation Guarantee

- ✓ the medical costs for outpatient care linked to the covered hospitalisation and made during the period of 30 days before until 180 days after the hospitalisation (365 days in case of an accident)
- ✓ medical and paramedical fees,
- ✓ medical prostheses and artificial limbs,
- ✓ medication, bandages, medical material and medical devices,
- ✓ homeopathy, chiropraxie, osteopathy and acupuncture.

Guarantee outpatient care in case of "Serious illnesses"

- ✓ the medical expenses for outpatient care which are directly related to one of the following illnesses:
Alzheimer's disease, amyotrophic lateral sclerosis, anthrax, AIDS, brucellosis, cancer, Creutzfeldt-Jakob disease, Crohn's disease, cystic fibrosis, diabetes, diphtheria, encephalitis, epilepsy, Guillain-Barré syndrome, hepatitis, hereditary progressive myopathies, Hodgkin's disease, Huntington's disease, infectious diseases resulting from coronavirus, kidney disease requiring dialysis treatment, leukemia, malaria, meningitis, multiple sclerosis, myelofibrosis, Parkinson's disease, Pompe disease, progressive muscular dystrophy, rubella, scarlet fever, scleroderma with organ damage, smallpox, tetanus, Treacher-Collins syndrome, tuberculosis, typhoid and paratyphoid fever, ulcerative colitis medical and paramedical fees,
- ✓ rent of material, medication, bandages, medical material and medical devices,
- ✓ transportation costs,
- ✓ homeopathy, chiropraxie, osteopathy and acupuncture.

Services

- ✓ third party payment system Medi-Link, AssurPharma
- ✓ digital services via the app and website:
www.vanbreda-health.be



What is not insured?

Risks not covered

- ✗ aesthetic or rejuvenation treatments, except for plastic reconstructive surgery resulting from illness or accident
- ✗ being in a state of drunkenness, alcohol intoxication, or under the influence of drugs, narcotics, or intoxicating substances
- ✗ alcoholism, addiction, or excessive use of medication, including withdrawal
- ✗ sterilisation and contraception
- ✗ war or civil unrest
- ✗ professional sports activities
- ✗ intentional act by the insured

For other specific exclusions, check the policy



Are there any restrictions on cover?

- ! expenses incurred abroad: maximum EUR 100,000 per insured person per year.
- ! outpatient cataractsurgery: maximum EUR 600 per insured person per procedure.
- ! Rooming-in costs: maximum EUR 25 per day.
- ! transportation costs in case of severe illness: maximum EUR 250 per insured person per year.
- ! homeopathy, chiropraxie, osteopathy and acupuncture: 50% reimbursement.
- ! insured expenses without statutory intervention: maximum EUR 2,500 per insured person per year.
- ! fertility treatments are reimbursed on the condition that there is a statutory intervention.
- ! hospitalisation due to psychological, psychiatric, or mental disorders: maximum of 3 years, consecutive or non-consecutive.
- ! maternity assistance: maximum EUR 500 and up to 12 days following hospital discharge or home birth



Where am I covered?

- ✓ The guarantees are accrued in the whole world, on the condition that it concerns planned medical care for which the insured has obtained prior approval from the health insurance fund, it concerns urgent and unforeseen medical care, or it concerns medical care in the country of residence. Costs incurred in a country without a convention with Belgium are reimbursed at 50%.



What are my obligations?

- Any hospitalisation or event resulting in an insurance claim must be reported to the administrator Vanbreda Risk & Benefits as soon as possible.
- The expense reports and bills from the health insurance fund, occupational accident insurance and – where applicable – private insurances must be sent to the administrator within the legally stipulated period of time.
- As the insured person, you must take the necessary measures to meet the administrator's request to provide additional evidence or information.



When and how do I pay?

The premiums for the main insured party are borne by the employer.
The premiums for the family members are borne by the main insured party and collected by the employer.



When does the cover start and end?

The start date and the duration of the insurance are mentioned in the insurance contract.

The affiliation of the main insured party starts as of the day of his entry into service. There are no medical formalities nor any waiting periods. Costs related to any pre-existing condition are covered.

A child (secondary insured party) of the main insured party, his spouse or the cohabiting partner, eligible for child allowances or residing with the main insured, can be affiliated as of the day of birth (child of the main insured party) or as of the day of the marriage or the day of the cohabitation with the main insured party (child of the spouse or the cohabiting partner).

The affiliation of the spouse or partner (secondary insured party) starts as of the day of the marriage or the cohabitation.

The affiliation of the family members can be on time (within 2 months following the day of entitlement to be affiliated) or belated (more than 2 months following the day of entitlement to be affiliated). In case of an affiliation on time, there are no medical formalities nor any waiting periods. Costs related to any pre-existing condition are covered. In case of a belated affiliation, there are medical formalities and costs related to pre-existing conditions are not covered. The belated affiliation starts on the 1st day of the 10th month following the affiliation demand.

The affiliation ends when the concerned insured party no longer fulfils the terms of a main or secondary insured party.



How do I cancel the contract?

This insurance is provided by your employer. You may not terminate your affiliation because it is mandatory. Your family members' affiliation is optional. They may terminate their affiliation at every annual expiry date by a written demand 1 month in advance.

Premium sheet valid from 1/12/2025

Family members of the active employee

Premiums Hospitalisationplan

Age category	Monthly premium
child younger than 18 years	5,41 EUR
adult family members	14,68 EUR

As of 1/1/2028, the premiums mentioned above can be indexed on each annual renewal date.

Premiums Assi-Link+

Age category	Monthly premium
all co-insured	0,87 EUR

On each annual renewal date, the premiums mentioned above can be indexed.

These premiums are collected monthly in arrears by the employer.

This document is a summary of the main information regarding the rates of this contract. For more information we refer to the contract which is the sole legally valid document.

What is individual continuation?

If you are no longer entitled to this occupational health insurance policy, you will be given the opportunity to continue the insurance as an individual together with the family members already included in this insurance. This continuation can be continued without any waiting periods or medical formalities, provided that a number of conditions are met.

Entry conditions

In order to continue the insurance individually without any waiting periods or medical formalities, the principal insured must have been part of one or more consecutive insurance policies for hospitalisation and medical expenses with an insurance company for at least two years continuously before the affiliation end date. You can only continue your insurance individually if you were affiliated for at least two years continuously before the affiliation end date.

Any pre-existing conditions already covered at the time of taking out the occupational health insurance policy will remain insured in the individual contract.

Terms

- **Principal insured party**

Your employer will inform you of the possibility of individual continuation by e-mail or by letter within thirty days of the end of this insurance benefit.

You will have a thirty-day term to inform the administrator of your intention to continue the insurance either in full or in part. This period will be extended by thirty days if you inform the administrator of this by e-mail or by letter.

These terms start from the date the employer informs you of the end of the occupational health insurance benefit policy and the possibility of individual continuation by letter or by e-mail. In all cases, this term will expire one hundred and five days after the end of the occupational health insurance policy benefit.

- **Additionally insured party**

The terms applicable to the principal insured as described above will also apply to the additionally insured parties. A different term will only apply if the additionally insured party loses the occupational health insurance policy benefit for a reason other than the principle insured's loss of the occupational health insurance policy benefit. In that case, the additionally insured party will have a term of one hundred and five days to inform the administrator of the intention to exercise the right to individual continuation by e-mail or by letter. This term will start on the day the additionally insured party loses the occupational health insurance policy benefit (for example the divorce date).

Rate conditions

The conditions of the individual contract will be the same as those of the individual contracts in force with the insurance company at the time of the individual continuation. The offered cover will be at least similar to the cover of the occupational health insurance policy.

The rate conditions will be the same as those in force at the time of the end of the occupational health insurance policy benefit.

The individual contract will start as soon as the occupational health insurance policy benefit ends. In principle, the insurer cannot cancel the individual contract.

What is pre-financing?

The premiums of individual insurance policies are usually slightly more expensive than the premiums of an occupational health insurance agreement. The Belgian health insurance Act therefore provides for a pre-financing system.

You can pay an additional premium individually to ensure that the premium for any individual continuation will be the same as the premium you paid at the age when you started the pre-financing. This is done in a separate contract, also referred to as a waiting policy.

More information is available on our website: www.wachtpolis.be.

Vanbreda Risk & Benefits complies with European privacy legislation (GDPR)

The new European legislation on privacy (GDPR) became effective on 25 May 2018. However, Vanbreda Risk & Benefits has been applying strict procedures for managing and processing personal data, long before there was any consideration of new legislation. As you are insured through Vanbreda, we are happy to inform you about our privacy policy.

Which personal data do we process?

Depending on the situation, we may process the following personal data: your identity data, contact data, medical data, financial data, social security number, etc.

Why do we process your personal data?

Vanbreda uses your data, among other things, to comply with all of our legal obligations (such as AssurMifid, identification of beneficiaries, accounting and so on), and to be able to perform our role as data controller to the best of our ability. We process your data mainly for the following purposes:

- Provision of our services as a broker, including:
 - Identification of your employer;
 - Analysis of their needs;
 - Requesting quotes;
 - Managing policies;
 - Providing assistance with claims;
 - Reporting to your employer: for example to initiate preventive campaigns.
- Supplying the following services: for example internal checks, claims handling, back-up, internal reporting, etc.;
- Informing your employer: for example about new products;
- Concluding a contract between your employer and Vanbreda. It may be necessary to provide specific personal data in order to process your file correctly. Without this data, you may not be able to be insured.

To whom do we provide your personal data?

We may provide your data to third parties within Europe, but only to ensure that your file is processed correctly. The following parties may be involved:

- **Your employer:** for example when reporting claim statistics;
- **Insurer(s):** for example to provide a quote, pay a claim, etc.;
- **Experts:** for example, to investigate a claim;
- **Suppliers:** for example for data storage
- **Authorities:** for example to register a vehicle with the Vehicle Licensing Authority (DIV);
- **Banks:** for example for payments.

Only when a specific insurance policy requires us to do so are we permitted to provide your data to any parties outside Europe (for example as part of a travel assistance plan).

What are your rights in relation to your personal data?

As an insured person, you have the right at all times to:

- Access, rectify, erase or restrict processing of your data; submit an objection; and transfer data. Please note that some rights depend on the specific situation.
- Withdraw your consent, if the processing of your data is based on this.
- Submit a complaint to the Data Protection Authority, after contacting your usual contact person at Vanbreda or our Data Protection Officer.

How long do we retain your personal data?

We retain your data for as long as the contract between your employer and Vanbreda continues and for as long as we remain liable, or if it is subject to your consent, until you withdraw it.

Do you want more information?

More information about our privacy policy can be found on our website at <https://www.vanbreda.be/en/privacy/>.

If you have further questions

you can ask your usual contact person at Vanbreda or our Data Protection Officer at dpo@vanbreda.be.