

Welcome to AXA

From 1 April 2017, the group hospitalisation insurance plan is to be taken over by AXA. AXA Assistance will see to the administrative processing and service delivery. Belgibo is the broker for the hospitalisation insurance plan, and will be assuming a supporting role in the administrative processing and handling of claims.

The covers and the pay-outs remain identical to those of the general and specific terms and conditions of the current plan. However, the pre- and post-hospitalisation period is to be extended. It is set at 2 months before the hospital admission and at 6 months after release from hospital. (previously 1 month before and 3 months after).

Moreover, the non-working members will be able to opt for a private room from 1/4/2017 forward (i.e. when the new contract takes effect). This choice needs to be notified in writing before 30/06/2017. Moreover, this choice is final and also applies to your family members enrolled in the plan. The difference with the premium involving double room cover is to be paid by the non-working member himself.

The premiums (€/per month) (collected on an annual basis)

Category	premium
Child < 25 years of age (white-collar workers and blue-collar workers)	€6.63
Adult < 65 years of age (white-collar workers and blue-collar workers)	€13.80
Child < 25 years of age (not working)	€2.24
Adult < 60 years of age (not working)	€4.56
Adult < 65 years of age (not working)	€8.41
Adult < 70 years of age (not working)	€12.26
Adult < 80 years of age (not working)	€16.10
Adult >= 80 years of age	€18.80

Optional upgrade for those not working	Supplementary premium
Child < 25 years of age (not working)	€ 5.09
Adult < 60 years of age (not working)	€ 9.95
Adult < 65 years of age (not working)	€ 19.19
Adult < 70 years of age (not working)	€ 28.44
Adult < 80 years of age (not working)	€ 37.70
Adult >= 80 years of age	€ 48.11

The coverage

- **Hospitalisation:**

In case of a hospital admission, the insurance will refund the expenses of the hospital stay, the medical fees, the examinations, treatments, medicines, prostheses and orthopaedic devices, insofar as these benefits qualify for a reimbursement under the state-organised social security system, they were incurred at a hospital and they are directly related to the hospital admission.

- **Out-patient care pre- and post-hospitalisation**

During the time period from **2 months before to 6 months** after release from hospital, the out-patient expenses that are directly related to the admission are refunded. These expenses are: the doctors' fees, the prescribed medicines, prostheses and orthopaedic devices insofar as they qualify for a reimbursement under the state-organised social security system. Travel expenses, the purchase and hire of medical equipment are not refunded.

- **Severe illnesses**

The curative care that is directly related to the severe illnesses set out in the contract are reimbursed. These expenses are: the doctors' fees, the prescribed medicines, prostheses and orthopaedic devices insofar as they qualify for a reimbursement under the state-organised social security system. Travel expenses, the purchase and hire of medical equipment are not refunded.

- **Assistance**

In case of an emergency hospital admission, the insured – whether at home or abroad – can call on the assistance services. By calling the Medi-Assistance department, in amongst other things, the insured can call on a variety of assistance services. If admitted into hospital abroad, the department is available to notify next of kin, arrange for a next of kin or children to travel out to be with him, or arrange for a babysitter for the first 24 hours. Abroad,

the department arranges for medical assistance, dispatches the medicines required and arranges for assistance in case of death or a repatriation, as applicable.

What to do if you are admitted into hospital?

Contact our **MEDI-ASSISTANCE** department one or two weeks ahead of the planned admission (or the day itself in the event of an emergency admission). You can do so by phone (078/15 57 50) or using our online Dail Healthcare tool.

In practical terms, the insured is issued with a MEDI-ASSISTANCE card which gives you access to the various services (stating the policy number and the phone number specified on the card).

- The aim of MEDI-ASSISTANCE is to take away the stress for the insured as widely as possible ahead of his upcoming hospitalisation. The department may be contacted 24/7 for information, assistance and to activate the third party payer system.
- The third party payer system means the hospital directly bills the insurer (for all expenses surrounding the hospitalisation).
- A Hospi-Pass and a medical certificate to be completed is then sent to you and to the hospital. AXA Assistance will settle the bill directly with the hospital.

Please note: **a)** The pre- and post-care can be paid only upon receipt of the hospitalisation bill. **b)** Where expenses are not covered and/or an exemption applies, these will be recovered from you, after the hospital has been paid, or netted via pre-post care.

Transitional arrangements in case of a hospital admission around 1 April: Who do I speak to?

A hospital admission that started before 1/04/2017 and ended before 1/04/2017:

- Hospitalisation costs: to be paid by the previous insurer.
- Pre-hospitalisation expenses to be paid by the previous insurer, post-hospitalisation expenses from 1/04/2017 forward are to be paid by the new insurer AXA Assistance NV, upon presentation of the hospitalisation bill (copy) as proof.

Pre-hospitalisation

- Hospitalisation expenses: the hospital bill is proportionately divided between the previous insurer and AXA Assistance NV as the new insurer.
- Pre-hospitalisation expenses to be paid by the previous insurer, post-hospitalisation expenses to be paid by the new insurer, AXA Assistance NV

A hospital admission after 1/04/2017 for which pre-hospitalisation expenses were incurred before 1/04/2017:

- Hospitalisation, pre- and post-hospitalisation expenses are to be paid by the new insurer AXA Assistance.

Transitional arrangements in case of a severe illness claim:

From 1/04/2017 forward, AXA Assistance will pay the expenses in connection with the severe illness. Under the wet Personal Data Protection Act, the insurers are not allowed to exchange details between them: as such, a new medical certificate or medical report clearly specifying the nature of the severe illness or condition is to be sent in to AXA Assistance.

Practical details: sending in expense claims (please specify the policy number in all communications):

By post: Louizalaan 166/1, 1050 Brussels, **By e-mail:** medischekosten@axa-assistance.com or via the

online tool: <https://fe.axa-assistance.be/DailHealthCare/insured>

You can also contact the broker, Belgibo – Gerlachekaai 20 in 2000 Antwerp.

For general queries, please contact Ann Theunis: ann.theunis@belgibo.be tel 03.247.58.47

For claims: claims.industry@belgibo.be tel 03.247.58.49

For details, please feel free to log onto the website of the Internal Compensation Fund for the Diamond Sector (Intern compensatiefonds voor de diamantsector) -> www.compensatiefondsdiamant.be.