

# Corporate-sponsored dental care insurance

## Insurance Product Information Document

**AG**

Belgian insurance company licenced under code 0079



The purpose of this product information document is to summarise the main covers and exclusions featured in this insurance policy. It has not been individually tailored to meet your specific needs, and the information contained herein is not intended to be exhaustive. The exact scope of coverage and maximum caps will be specified in the General and Special Terms and Conditions of the policy. For additional details about the selected insurance product as well as your obligations, please review the pre-contractual and contractual information provided in the policy documentation.

### What kind of insurance is this?

Corporate-sponsored dental care insurance is a supplementary policy on top of statutory compensation payable by the Sickness Fund, that refunds the cost of medically necessary dental treatment and services unrelated to an inpatient stay. This policy may be taken out by any employer established in Belgium (headquarters or branch office) for the benefit of staff members/directors that work for this establishment. Under certain conditions, members of the employee's/director's family are also eligible for coverage.



### What exactly is covered?

Outpatient care insurance provides (partial) coverage for medical treatment and services unrelated to an inpatient stay. Refunds may be claimed for:

- ✓ The cost of dental treatments (checkups at the dentist, dental x-rays, preventive treatments, tooth extractions and maintenance).
- ✓ The cost of orthodontic treatment and devices.
- ✓ The cost of dental prosthetics, including crowns, bridges and implants.

#### ✓ Options:

- ✓ **My Mind Premium:** Via the MyAG Employee Benefits app a number of options are made available for the affiliate with regard to well-being.
- ✓ **My Care Premium:** Via the MyAG Employee Benefits app a number of options are made available for the affiliate with regard to health.



### What isn't covered?

- ✗ Cosmetic procedures and treatment, or treatment for aesthetic purposes, with or without the presence of functional impairment, unless prior approval has been obtained from the AG medical advisor.
- ✗ Medical expenses that are the result of "gross negligence" (e.g. culpable and reckless conduct or the consumption and abuse of alcohol or narcotics) as well as treatments caused by acts or war or that are the consequence of active participation in a riot.



### Are there any restrictions?

- ! There is a limit on refunds for eyeglass frames per policy year.
- ! The maximum reimbursement rate for paramedical treatment is 50%.
- ! The policy may include an annual deductible.
- ! A maximum cap may apply, depending on the terms of the policy.

\* insofar as the treatment is prescribed by a licenced physician or dentist



## Where am I covered?

Coverage will be provided worldwide and can be claimed as long as the following three conditions are met:

- ✓ In the 12 months preceding the claim, the insured cannot have been residing abroad for more than three consecutive months.
- ✓ The treatment and services must be eligible for statutory compensation. This requirement does not apply to medication.
- ✓ For expenses incurred in a non-member country of the European Union, coverage will be provided if it can be demonstrated that the purpose of the stay in the country was not solely to obtain treatment or medication.



## What are my obligations?

- The employer must provide AG with all the necessary applicant-related information as soon as they meet the eligibility requirements stipulated in the insurance policy.
- Any time an enrolment is terminated, the employer must provide AG with the necessary information about the insured in question. The employer is also required to inform the insured about the option to take out continuation healthcare coverage on an individual basis.
- In the event of a claim, the insured must notify AG as soon as possible. This may be in paper or in digital format.



## How and when to pay?

- On each due date, the employer will pay AG the premiums for all plan participants, plus charges and taxes. Payment will be made based on a statement issued by AG.
- The premiums payable for each plan participant will be due from the first day of the month of their enrolment until the last day of the month when the enrolment is terminated.
- If the premium is paid by the staff member, the notice of premium due will be sent to him/her directly.



## When does my coverage start and end?

Unless otherwise stipulated in the policy, coverage will be provided for a period of one year, effective as of the inception date. At the end of the policy year, the coverage will be tacitly renewed on a year-to-year basis.

For the staff member, enrolment will be terminated on the day s/he ceases to work for the employer following the termination or suspension of his/her employment contract (for example, due to dismissal, a career break, a sabbatical), participation in an unemployment scheme with company supplement, retirement, or on the contract maturity date at the latest.



## How can I cancel the policy?

Both the employer as well as AG may cancel the policy by giving at least three months' notice prior to the end of the policy year. Any such cancellation must be made by bailiff's writ, by registered letter or by delivery of a cancellation letter against acknowledgement of receipt.