

## DENTAL INSURANCE

### Information document on the insurance product

Company: Société Mutualiste d'Assurances NEUTRA

Company no.: BE 0472.020.311

Authorised by the OCM (Belgian health insurance supervisory body) under no.

250/2

Product: DENTALIS



Complete pre-contractual and contractual information on the dental insurance product is supplied separately.

#### What type of insurance is it?

Dentalis dental insurance is an insurance of plan 2 covering the costs of health care that remain borne by the beneficiary minus the legal intervention or that of another insurance or any reimbursement of any kind whatsoever.



#### What is insured?

- ✓ Preventive care provided in Belgium (the sickness and disability insurance nomenclature codes concerned are the following: from 301254 to 301265 and from 301593 to 302245) until the maximum 100% of the deterrent fee. (1) If compulsory insurance does not cover it, no intervention possible.
- ✓ Curative care provided in Belgium (visits, tooth extraction, conservative care, mouth x-rays and small oral surgery) a maximum 75% of the deterrent fee. (1) If compulsory insurance does not cover it, no intervention possible.
- ✓ Tooth extraction not reimbursed by the sickness and disability insurance up to €20 maximum.
- ✓ Periodontics care, up to a maximum of 75% of the deterrent fee. (2)
- ✓ Orthodontic services, up to a maximum of 100% of the deterrent fee. (2)
- ✓ Periodontics and orthodontic care not reimbursed by the sickness and disability insurance, up to a maximum of 75% of the amount that remains payable by the insured party. (2)
- ✓ Costs for orthodontic appliances placed at the start of treatment, up to €250 maximum. (2)
- ✓ The second appliance flat rate (sickness and disability insurance codifications : 305675, 305686 as well as these same services for insured parties not being covered by the sickness and disability insurance) up to €250 maximum. (2)
- ✓ The cost of dentures, up to a maximum of 75% of the deterrent fee. (3)
- ✓ The costs of dentures and dental implants not reimbursed by the sickness and disability insurance, up to a maximum of 75% of the amount that remains payable by the insured party. (3)
- ✓ (1) For preventive and curative care provided in Germany, France, Grand-Duchy of Luxembourg and the Netherlands, the intervention is €12 per service.
- ✓ (2) For orthodontic and periodontics care, the reimbursement is capped at €600, per calendar year.
- ✓ (3) For dentures and dental implants, the reimbursement is capped at €850, per calendar year. The reimbursement for the same service, on the same tooth, is only renewable every 7 years.








#### What is not insured?

- x Services that are not dispensed by an authorised care service provider by the competent authority and bearer of one of the following professional diplomas:
  - general dentist;
  - dentist specialising in orthodontics, endodontics and periodontics;
  - doctor holding a diploma in dentistry or licensed in dental sciences;
  - doctor specialising in stomatology, facial, mouth and jaw surgery.
- x All costs, per calendar year, greater than:
  - For the 1<sup>st</sup> year of subscription, interventions per insured party are limited to €30 for preventive and curative care and €300 for periodontics, orthodontics, denture and dental implant services.
  - For the 2<sup>nd</sup> year of subscription, interventions per insured party are limited to €60 for preventive and curative care and €600 for periodontics, orthodontics, denture and dental services.
  - For the 3<sup>rd</sup> year of subscription and subsequent years, interventions per insured party are limited to €100 for preventive and curative care and €1,250 for all periodontics, orthodontics, denture and dental implant services.



#### Are there exclusions to the cover?

- ! Accidents or illnesses non-controllable by a medical examination.
- ! Aesthetic or cosmetic treatments (whitening, multiple facets...)
- ! Accidents involving the insured party:
  - in a state of drunkenness, alcohol intoxication or under the influence of drugs or narcotics used without a medical prescription, unless:
    - it can be proven that there is no causal link between the illness or the accident and its circumstances;
    - the insured party supplies proof that he/she used drink or drugs out of ignorance and that he/she was forced to by a third party.
  - through alcoholism, drug addiction or the abusive use of medication.
- ! The consequences of an intentional act by the insured party, unless he/she provides proof that it involves a case involving rescuing persons or property or a suicide attempt; crimes and offences that the insured party would have committed; reckless acts, bets or challenges.
- ! The direct or indirect effect of radioactive substances or artificial acceleration procedures of atomic particles, with the exception of the use of radioactive substances for medical purposes.
- ! Voluntary self-mutilation.
- ! Accidents when the insured party is part of aircraft crew or during the flight exercises a professional activity or other in relation to the aircraft or the flight.

	<ul style="list-style-type: none"> <li>! War events, that the insured party is subjected to as a civilian or soldier; civil unrest or riots, except when the insured party has not taken an active part in this or has found him/herself in a case of self-defence.</li> <li>! The practise of an aviation sport or leading to the use of a motor vehicle, likewise the practice, as a professional of any sport.</li> <li>! Medication.</li> <li>! The services of article 14 i of the annex to the Royal Decree of 14 September 1984 establishing the nomenclature of health services regarding compulsory health care insurance and indemnities whose codes are not followed by the '+' sign.</li> </ul>
	<p><b>Where am I covered?</b></p> <ul style="list-style-type: none"> <li>✓ In Belgium and in the European territories of Germany, France, Grand-Duchy of Luxembourg and the Netherlands.</li> </ul>
	<p><b>What are my obligations?</b></p> <ul style="list-style-type: none"> <li>- To pay the premium.</li> <li>- In case of a claim, to send the intervention request form duly filled in and signed.</li> <li>- To inform the insurer of any modification that has occurred and likely to have an influence on the risk cover.</li> <li>- To communicate any modification to personal data.</li> </ul>
	<p><b>When and how do I make payments?</b></p> <p>The premiums are payable in advance:</p> <ul style="list-style-type: none"> <li>- monthly, quarterly, six-monthly or annual domiciliation.</li> <li>- annually by bank transfer.</li> </ul>
	<p><b>When does cover start and when does it end?</b></p> <p>The policy is entered into for life and takes effect on the date specified in the contractual conditions. It ends vis-à-vis the insured at the time of his/her death; when he/she is no longer a member of one of the member insurance companies; when the possibility of benefiting from the advantages of the health insurance Insurance Company's supplementary insurance is removed*.</p> <p>In these cases, if he/she is also the policyholder, other insured parties will be offered the chance of continuing the dental insurance.</p> <p>It ends <i>ipso jure</i>:</p> <ul style="list-style-type: none"> <li>- at the end of the month following the termination request by the policyholder;</li> <li>- in case of a payment default, the fifteenth day following the day after posting the registered letter concerning a payment demand;</li> <li>- in the case of fraud or attempted fraud.</li> </ul> <p>* Members of a health insurance company affiliated to SMA Neutra whom the possibility of benefiting from the advantages of the complementary insurance services being eliminated, cannot become insured by SMA Neutra and lose their previously acquired status.</p>
	<p><b>How can I terminate the policy?</b></p> <p>The policyholder can end the policy by sending a written, signed request. The termination is effective at the end of the month following this request.</p>