

Costs abroad

The hospitalisation cover is extended to foreign countries for **urgent and unforeseen** hospitalisations. For planned hospitalisations, prior agreement must be obtained from the health insurance fund and AXA.

The cover is provided after each reimbursement provided for in an agreement on social security concluded with the relevant country for the insured or, failing this, a fictitious amount equal to the reimbursement provided for in Belgian legislation.



Tip: Before traveling abroad, inquire with your health insurance fund whether they will reimburse any unforeseen medical care in the country of your stay.

Additional services

AXA PROVIDES ASSISTANCE FOR REPATRIATION AFTER A HOSPITALISATION

- Repatriation of the insured and accompanying persons
- Repatriation of the insured's vehicle
- Repatriation of luggage

Always in consultation with AXA and the intervention is not capped.

DOCTORS ONLINE BY AXA

As an insured person with AXA, you can use Doctors Online by AXA, the online medical consultation service.

Thanks to this efficient and fast service, you can:

- Schedule a medical consultation within 30 minutes or at a time of your choice
- Consult a doctor in Belgium or abroad, 24/7, for free, via the camera of your PC, tablet, or smartphone and with an internet connection.

How does Doctors Online work?

- Call the contact center at +32 2 550 49 66.
- Request an appointment with one of the doctors.
- Receive confirmation of your appointment via SMS or email (your choice), with a link to the Doctors Online platform and a personal access code.
- Log in to the virtual waiting room at the time of your appointment. The doctor will call you, and the online medical consultation can begin. After the doctor's examination, you will receive your diagnosis.

Deductible

The deductible is **€300** per insured person when choosing a single room. This deductible is due annually, starting from the date of the first hospitalisation and extending until one year after. There is no deductible in the event of a serious illness.

What to do in case of a hospitalisation?

You can inform AXA about your hospitalisation via the **MyAXA Healthcare platform** with just a few clicks. Go to the «Plan my hospitalisation» page in the «My hospitalisation» section.

Tel: 02/550 49 70

The service center sends confirmation of coverage and third-party payer service to the insured person and the hospital. Thanks to the third-party payer service, the company settles the invoice directly with the hospital, and the insured does not have to fulfill any formalities. In the case of urgent hospitalisation, the company will be notified later. Pre- and post-care expenses can be emailed to: medicalcosts@axa.be

Individual continuation

If you have continuously benefited from this hospitalisation insurance for 2 years, you can, within 105 days of the loss of collective coverage, continue this insurance on an individual basis. Compare the two products offered online at www.hospi4ever.com or contact AXA to receive an offer by email at continuation@axa.be. You can find the login details on MyAXA Healthcare.

Would you like additional information?

www.axa.be/hospitalisatie

Also discover your personal online tool. Visit www.myaxahealthcare.be and log in with your policy number. Through this tool, you can:

- Declare a hospitalisation 24/7
- Submit medical expenses
- Download an insurance certificate or Medi-Assistance card
- Consult your coverage and personal information, etc.

AXA Belgium, S.A. insurance company licensed as no. 0039 for the Life and Non-Life insurances classes (RD 04-07-1979, BOG 14-07-1979) • Registered office: Place du Trône 1, 1000 Brussels (Belgium) • www.axa.be • Tel.: 02 678 61 11 • CBE (Cross-reference Database for Businesses) reg. no.: VAT BE 0404.483.367 Brussels Legal Persons Register • 7.06.8064 -1225 • Publisher: S. Martin, AXA Belgium S.A., Place du Trône 1, 1000 Brussels (Belgium).



Collective health insurance

podiumkunsten

Performing Arts Social Fund
of the Flemish Community

**I discover
my health
insurance!**



This brochure is purely informative and has no legal binding value.

Collective health insurance

Who is insured as the main policy holder?

Temporary employees who work for a minimum of 45 days in the PC 304 sector. This only applies to employment periods of less than 4 months and for subsidized employers by the Flemish government, or in cases of multi-employer involvement where a subsidized employer is involved.

Are there any medical formalities/ waiting periods?

The staff members are annually covered from 01/01 to 31/12 without medical formalities and without exclusion of pre-existing conditions. There is no waiting period applied.

What is covered?

THE HOSPITALISATION COVER (incl. one day clinic)

In the event of a hospitalisation due to illness, accident, pregnancy, or childbirth, the insurer will contribute towards the medical expenses provided they were incurred during a stay in a recognized hospital or palliative care institution.

For medically **necessary hospitalisation costs**, the following expenses are reimbursed without limit:

- In case there is a statutory reimbursement from the health insurance fund:**
 - Accommodation costs (including surcharges for a double or single room)
 - Costs for home births (set at a flat rate of €620 per delivery)
 - Maternity care (for a maximum of twelve days following discharge from the hospital or home birth, up to a maximum of €820)
 - Medical treatments, fees, and surcharges for a two-person or single room
 - Paramedical treatments
 - Pharmaceutical products, dressings, and medical supplies
 - Surgery and anesthesia costs
 - Use of the operating and delivery room
 - Dental care, dentures, and therapeutic prostheses, provided they were placed during hospitalisation and are directly related to the admission. Purely aesthetic prostheses are not reimbursed
 - Costs for palliative care, including medications
 - Medical expenses for the newborn during the mother's hospitalisation
 - Cot death test
 - Plastic reconstructive surgery following illness or an insured accident

- Regardless of whether there is a statutory reimbursement, the following expenses are also guaranteed:**

- Non-reimbursable costs of visceral synthesis and endoprosthesis material
- Non-reusable material used during a surgical procedure
- Homeopathic treatments, chiropractic, osteopathy, and acupuncture
- Dressings, medical supplies, and other medical adjuvants, excluding any product also generally available in non-medical trade
- Accommodation costs for the donor in the case of transplantation
- Adapted urgent transportation to the hospital, adapted in the event of hospitalisation justified by medical reasons, and the medical emergency team (MUG)
- Rooming-in for a parent in a minor's room (<18), including extended minority (max. €50/night)
- Mortuary costs charged on the hospital bill
- Extramural eye surgery (max. €600/insured/procedure)
- Costs of medically assisted reproduction (limited to €6,000)

THE OUTPATIENT CARE - PRE AND POST-HOSPITALISATION COVER

During the period of **1 month before and 3 months after** hospitalisation, the following costs are reimbursed without limit:

- To the extent that there is a statutory reimbursement from the health insurance fund:**
 - Medical treatments
 - Paramedical treatments
 - Medical devices
 - Medical prostheses
 - Artificial limbs
 - Medications
- Regardless of whether there is a statutory reimbursement, the following costs are reimbursed:**
 - Homeopathic treatments, chiropractic, osteopathy, and acupuncture
 - Dressings, medical supplies, and other medical adjuvants, excluding any product also generally available in non-medical trade, provided that the above costs are directly related to the hospitalisation.

THE SERIOUS ILLNESSES - OUTPATIENT CARE COVER

Also reimbursed, regardless of whether one is hospitalized, are the costs of outpatient care directly related to the following serious illnesses:

cancer, anthrax, cholera, diabetes, kidney dialysis, diphtheria, progressive muscular dystrophy, encephalitis, epilepsy, paratyphoid, typhoid, viral hepatitis, leukemia, Creutzfeldt-Jakob disease, Alzheimer's disease, Crohn's disease, Hodgkin's disease, Parkinson's disease, Pompe disease, malaria, cerebrospinal meningitis, cystic fibrosis, myopathy, polio, multiple sclerosis, amyotrophic lateral sclerosis, AIDS, tetanus, tuberculosis, typhus, smallpox.

- After deducting statutory reimbursements, the insurer will contribute towards the medical expenses of:**
 - Medical treatments, fees, and surcharges
 - Paramedical treatments
 - Costs related to special treatments, analyses, and tests necessitated by the illness
 - Rental costs of various equipment
 - Medications
- Regardless of whether there is a statutory reimbursement, the following costs are reimbursed:**
 - Homeopathic treatments, chiropractic, osteopathy, and acupuncture
 - Dressings, medical supplies, and other medical adjuvants, excluding any product also generally available in non-medical trade
 - Transportation costs (limited to €125 per person per calendar year)

What is reimbursed?

Unlimited reimbursement for the covers hospitalisation (including one-day clinic), pre- and post-hospitalisation and outpatient care for serious illnesses, regardless of whether there is a statutory reimbursement or not.

Medical costs incurred during the year in which you were insured can be submitted to AXA up to 3 years after the date of intervention.