

Hospitalisation insurance Hospi via Payroll

Information document about this insurance product

Justitia NV - NBB nr. 878



This information document aims solely to provide you with a summary of the most important coverage and exceptions which relate to this product. This document is not tailored to your specific needs and the information it contains is not exhaustive. For more information about this product, your rights and obligations, please consult the policy conditions attached to this occupational illness insurance agreement "Health Care" before you conclude the policy. These documents can be obtained from your Vanbreda Risk & Benefits NV insurance intermediary or on www.hospi-via-payroll.be. This product is a class 2 'disease' and class 18 'support' product and is subject to Belgian law. Quote from www.hospi-via-payroll.be or www.vanbreda.be.

What type of insurance is this?

Collective hospitalisation insurance, compensatory in nature, to supplement the reimbursement from Belgian statutory health insurance. This insurance is aimed at all companies with between 10 and 100 staff members, established in Belgium and whose payroll is administered by SD Worx, as well as to all new companies that have at least 1 staff member within 24 months of foundation, established in Belgium and whose payroll is administered by SD Worx.

The staff members may be domiciled and have their permanent normal place of residence in Belgium or in any other country, but must enjoy the benefits of Belgian social security.



What is insured?

- ✓ Free choice of hospital, room and doctor
- ✓ Coverage of:
 - medical costs in case of illness, accident or delivery
 - medical expenses in the 2 months prior to hospitalisation and the 6 months afterwards
 - medical expenses for 32 serious illnesses
- ✓ The following are included:
 - Hospital stay charges incl. day admissions
 - Medical treatments
 - Paramedical treatments (e.g. kinesitherapy, physiotherapy, nursing etc)
 - Alternative medicine (homeopathy, osteopathy, acupuncture, chiropraction)
 - Pharmaceuticals
 - Prosthetics (incl. prosthetic limbs, glasses and hearing equipment) and orthopaedic equipment
 - Cataract operations in affiliated private institutions
 - Medical techniques and (implantable) materials
 - Dental treatment, dental prosthetics and materials (in cases of insured illness or accident)
- Urgent medical transportation
- Rooming-in
- Donor's hospitalisation costs
- Fertility treatment with statutory compensation
- Home birth and infant death test
- Palliative care and mortuary costs
- ✓ Annual excess of 175 euros only if admitted to a single-person room, 0 euros in other types of room.
- ✓ Medi-Link: hospital invoice paid directly to the hospital
- ✓ AssurPharma: pharmacy receipts sent to **Vanbreda Risk & Benefits NV** straight away
- ✓ Assi-Link+:
 - Support if hospitalised within Belgium, including family support, childcare, dog/cat sitting, transportation, delivery of necessary purchases, postnatal care and psychological support.
 - Support when abroad, including repatriation, investigative and emergency operations, extended stays, transporting family members, pet sitting.



What is not insured?

- ✗ Dental treatments, save where medically necessary as a consequence of a covered illness or covered accident
- ✗ Aesthetic treatments, save in cases of reconstructive surgery as a consequence of a covered illness or covered accident
- ✗ Experimental treatments and cures that have not been medically tested
- ✗ Vaccinations, contraception, sterilisation
- ✗ Fertility treatment without statutory compensation
- ✗ Euthanasia
- ✗ Intentional or reckless actions
- ✗ Active participation in riots, acts of war, crimes or acts of terrorism
- ✗ Use of drugs, alcoholism, alcoholic intoxication or abuse of medications
- ✗ Accidents during lucrative sporting activities
- ✗ Ongoing hospitalisation at time of affiliation



Is the coverage restricted?

- ! Reimbursement of 50% of the covered costs on the entire hospital invoice if the statutory health insurance does not apply to any item on the hospital invoice
- ! Reimbursement of 50% if the statutory health insurance does not apply for pre-post and serious illnesses.
- ! Reimbursement of 50% of the costs for alternative medicine and fertility treatments with statutory compensation.
- ! Reimbursement of medical techniques and materials, incl. prosthetics, orthopaedic appliances and prosthetic limbs, with a maximum of 50% and € 5,000 annually if there is no statutory compensation.
- ! Reimbursement for hospitalisation for nervous disorders or mental illnesses is limited to a maximum of 2 years per insured party per insurance year, consecutively or otherwise, counted from the beginning of the first hospitalisation.
- ! Reimbursement for outpatient cataract operations limited to € 600 per insured person per surgery.



Where am I covered?

- ✓ Global coverage, abroad restricted to urgent, unplanned hospitalisation



What are my obligations?

- No medical formalities or waiting times if affiliating in a timely manner.
- Mandatory affiliation of all members of staff. Family members of the staff also have the opportunity to affiliate.

- Inform Vanbreda Risk & Benefits in case of change of residence, change of social security statute or if staying abroad for over 90 consecutive days.
- All communication with Vanbreda Risk & Benefits is done digitally.



When and how do I pay?

- The total gross monthly premiums are €25.16 per adult and € 9.34 per child under the age of 25 (valid as from 01/01/2026 and indexed annually based on the June consumer price index or the medical index).

- Premiums are payable quarterly in advance.
- The premiums for staff members are paid for by the employer. The premiums for family members are paid by the employee by bank transfer or direct debit.



When does coverage begin and end?

The contract is renewable annually in accordance with the provisions in force.

Cover begins once the policy has been issued and signed, and once the agreed premium has been paid. The insurer can terminate the insurance contract for non-payment of the premium.

All staff members must be affiliated from the beginning of the insurance contract or from the time of onboarding if later. Family members may affiliate within 3 months of their right to affiliate coming into effect. Later affiliation (over 3 months from their right to affiliate coming into effect) means their cover will only begin after 12 months.



How do I terminate my contract?

You can terminate the insurance contract 3 months before the annual expiry date at the latest, by registered letter.