



Plan ISB2000 – complementary hospitalization insurance

9th consecutive award

In case of illness, accident and childbirth:

- Inpatient treatment
- Pre/ post hospitalization
- 27 Critical illnesses
- **Services**

Inpatient treatment

Unlimited reimbursement supplementary to the legal health insurance of the costs related to an inpatient treatment (incl. one-day clinic)

Free choice of doctor, room and hospital;

Worldwide coverage

Globalization of the hospitalization bill: even if the legal health insurance does not cover one of the items of the bill, DKV will entirely reimburse the amount which remains at the expense of the insured person;

Rooming-in: reimbursement up to 100% of the accommodation costs of one of the insured parents of a hospitalized child:

Transport by ambulance: unlimited in Belgium in case of admission to and discharge from the hospital;

Transport by helicopter: in Belgium, from the place of the accident to the hospitalization center;

Lifetime guarantee - DKV cannot cancel the policy³ unilaterally;

Affiliation up to and including 69 years;

No qualifying periods except for the costs of dental treatment, including dental prostheses, dental material, crowns and implants: qualifying period of 12 months⁴;

No medical questionnaire or qualifying periods for new-born children if one of the parents is already insured and if the child is insured within the first 60 days following the month of birth, according to the same insurance plan as one of its insured parents.

Pre/ post hospitalization

Reimbursement of the medical costs 30 days before and 90 days after the hospitalization:

- up to 100%, after the intervention of the legal health insurance⁵: medical and paramedical performances;
- up to 80%, after the intervention of the legal health insurance⁵: allopathic and homeopathic products. bandages, medical equipment (no dental equipment).

Critical illnesses

Reimbursement of the medical costs related to the outpatient treatment of 27 critical illnesses:

- up to 100% per performance and after the intervention of the legal health insurance medical and paramedical performances;
- up to 80% per performance and after the intervention of the legal health insurance⁵ allopathic and homeopathic products, bandages and medical equipment (no dental equipment).

27 critical illnesses: cancer, leukemia, Parkinson's disease, Hodgkin's disease, Pompe's disease, Crohn's disease, Alzheimer's disease, AIDS, diabetes, tuberculosis, multiple sclerosis, amyotrophic lateral sclerosis, cerebrospinal meningitis, poliomyelitis, progressive muscular dystrophia, encephalitis, tetanus, viral hepatitis, malaria, exanthematic typhus, typhoid and paratyphoid ailments, diphteria, cholera, mucoviscidosis, renal dialysis, anthrax.

Services

Medi-Card®: direct payment of the hospitalization bill to the hospital.

DKV Assistance: assistance abroad and repatriation if medically necessary. One telephone number: + 32 (0) 2 230 31 32.

Particularities of the plan ISB2000

- home and permanent and usual residence in Belgium
- affiliation to Belgian social security and the right to its benefits
- the yearly deductible per person does not apply to the outpatient coverage related to the 27 Critical Illnesses
- If the legal health insurance does not cover any item of the hospitalization bill, the reimbursement is reduced to 50%.
- Permanent and usual residence in Belgium.
- Except where provided for by the law
- Dental treatment resulting from an illness or an accident is limited to € 743,68/ person/ insurance year (orthodontic treatment is not
- If the legal health insurance does not intervene, the reimbursement is reduced to 50%.

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Plans A2 / A2+

Outpatient treatment

☑ Illness | ☑ Accident | ☑ Childbirth (Affiliation to Belgian social security and the right to its benefits)

Plan A2 and A2+: reimbursement up to 80%:

- visits and consultations (no dental care)
- medical and paramedical care: nursing, physiotherapy, kinesitherapy
- medical aids: splints, crutches, spectacle glasses, contact lenses, lumbar corsets, orthopaedic insoles, hearing aids, hernia bandages, stockings for varicose veins, plaster casts
- artificial limbs and medical prostheses (no dental prostheses)
- allopathic medication
- bandages

Plan A2+: also provides coverage for alternative medicine up to 80%:

- homeopathy
- acupuncture
- osteopathy
- chiropractic

Combination plan IS(B)2000 and plan A2/A2+

If plan A2/A2+ is subscribed conjointly with the hospitalisation plan IS(B)2000: reimbursement within the framework of only one tariff plan, namely the tariff plan which offers the highest percentage of reimbursement.

Freedom to choose Insurability

Hospital or doctor for the outpatient treatment

Qualifying age: all insurable persons up to 69 years old

Permanent and usual residence in Belgium

Affiliation to Belgian social security and the right to its benefits

Qualifying period Territory

3 months Worldwide

Client: Annually

DKV: Never, except where provided for by the law

Particularities

Cancellation

Family subscription (mandatory)

In case of deductible: must be the same for all family members.

The qualifying period is waived if subscribed conjointly with or after the plan IS(B)2000, CliniComfort or CliniBudget or a collective hospitalization policy with DKV.



Option Plan Z

Outpatient Dental treatment For individual continuation (exit group) and for expats

80% reimbursed after the intervention of the legal health insurance²:

- visits and consultations
- dental treatment
- orthodontic treatment

Are also reimbursed up to 80% after the intervention of the legal health insurance²:

- dental prostheses and dental material
- bridges, crowns and implants

with an annual maximum of:

- ⇒ € 743,68 for the 2nd insurance year ⇒ € 1.487,36 for the 3rd insurance year ⇒ € 2.231,04 for the 4th insurance year

- ⇒€ 2.974,72 from the 5th insurance year onwards

Exit group / Expat

Insurability Entry age: all insurable persons up to 69 years old The conditions are determined in the main guarantee With permanent home and address in Belgium (except Plan A9(+)) Benefit from small and major risk coverage with the national health insurance fund (except Plan A9(+)) Qualifying period 3 months Dental prostheses and dental material, including bridges, crowns and implants 12 months: Territory Worldwide Cancellation Client Never, except where provided for by the law Exceptions Family subscription The plan Z stops automatically at the end of the main coverage. Plan Z is only available as an option to a hospitalization plan (including Horizon) and / or an outpatient care plan Plan Z automatically ends on the end date of the main guarantee. 'Continuation' is defined as ending the group guarantee dental care after at least 2 years seniority and requested in writing within 105 days from the end of the group affiliation. In case of non-intervention of the legal health insurance, reimbursement is maintained at 80%. No qualifying period in case of simultaneous subscription of the hospitalization guarantees (IS(B)2000, CliniComfort, CliniBudget, H(+) and the outpatient guarantees (A2(+), A9(+)).

