

■ ARE THERE ANY EXCLUSIONS?

There are services for which DENTALIS does not provide reimbursements:

- Accidents or diseases that cannot be verified by a medical examination.
- Aesthetic or cosmetic treatments (whitening, veneers, etc.).
- Accidents or diseases that occurred while you were in a state of intoxication or under the influence of drugs, narcotics or medication used without a medical prescription (unless there is proof that there is no causal relationship between the disease or accident and these circumstances or if the insured provides evidence that he or she consumed these beverages or narcotics without being aware, or if he or she was forced to do so by a third party).
- Problems with alcoholism, drug addiction or drug abuse.
- War events (whether the insured is a civilian or serving in the military); civil unrest or riots (unless the insured person did not take an active part in these events or in the case of self-defense).
- Incidents during the practice of aerial sports or sports involving a motor vehicle, as well as any kind of professional sports.
- The consequences of an intentional act on the part of the insured (unless the insured proves that he or she was rescuing people or property); crimes and offenses committed by the insured, as well as reckless acts, bets or challenges.

- The direct or indirect effect of radioactive substances or artificial acceleration processes of atomic particles (with the exception of the use of radioactive material for medical purposes).
- Intentional mutilation or attempted suicide.
- Accidents during which the insured is part of the crew of an air transport, or performs a professional or other activity related to the flying aircraft during the flight.
- The services listed in Article 14I of the Annex to the Royal Decree of 14/09/1984 establishing the classification of healthcare services for the compulsory healthcare insurance and services whose the codes are not followed by a '+' sign.
- Medication.

■ HOW CAN I REQUEST A REIMBURSEMENT?

The insured must report the incident to SMA Neutra as soon as possible by completing and submitting the relevant document.

If necessary, attach any other document, certificate or report that may prove the existence and degree of seriousness of the accident.

In any case, send the original supporting documents (invoice or receipt) to your insurance provider.

■ MONTHLY CONTRIBUTION IN 2020 (PER PERSON)

"Annual premium is always based on the age on the 31 st of December during the current year"	DENTALIS	DENTALIS (Insured person at Neutra+, Confort or Top)
From 0 to 31 December of the 6th year	FREE	FREE
From the 1st of January of the 7th year to the 31st of December of the 17th year	5,13 €	4,61 €
From the 1st of January of the 18th year to the 31st of December of the 25th year	7,19 €	6,48 €
From the 1st of January of the 26th year to the 31st of December of the 45th year	9,26 €	8,34 €
From the 1st of January of the 46th year to the 31st of December of the 55th year	12,01 €	10,81 €
From the 1st of January of the 56th year to the 31st of December of the 65th year	14,76 €	13,30 €
From the 1st of January of the 66th year	17,52 €	15,77 €

This brochure is intended for information purposes only. Only the articles of association of the Mutual Insurance Society shall govern the rights and obligations of the parties. Hospitalization or dental insurance products are subject to Belgian law. It is necessary to read the information document on the insurance product and the contractual conditions before deciding to subscribe to the insurance products of Neutra Mutual Insurance Society. These documents are available on the website www.neutrahospi.be or on request. The personal data of insurance policy holders and insured individuals are processed in accordance with the requirements of Regulation (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. For more information, please visit our website www.neutrahospi.be/vie-privée. Without prejudice to the possibility of legal action, you may send your complaint in writing to Neutra Mutual Insurance Society, Complaints Management Department, Rue de Joie 5, 4000 LIÈGE, either by email to gestion-des-plaintes@neutrahospi.be or by fax to 04/254.54.37. If you are unhappy with the way your complaint was handled, you can contact the Insurance Ombudsman, Square de Meeûs 35, 1000 BRUSSELS (Phone 02/547.58.71 – Fax 02/547.59.75 – Email info@ombudsman.as – Website www.ombudsman.as).



Dentalis 2020

Your dental insurance



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 4000 Liège

www.neutrahospi.be



**DENTALIS,
Partner of
your smile!**

■ WHO CAN BENEFIT FROM DENTALIS DENTAL INSURANCE?

Any policyholder and their dependents contributing to the complementary insurance of:

Symbio, Neutral Health Insurance
Bd. Brand Whitlock, 87
1200 Woluwe-Saint-Lambert
02/733 97 40

Neutral Health Insurance
Namur office:
Rue des Dames Blanches 24, 5000 Namur
081/25 07 60
Hainaut office:
Avenue de Waterloo 23, 6000 Charleroi
071/20 52 11
Liège office:
Rue de Chestret 4-6, 4000 Liège
04/254 58 11

Mutualia, Neutral Health Insurance
Place Verte 41, 4800 Verviers
087/30 80 70

You can register at any age. The insurance will be effective upon receipt of the insurance policy duly signed by the insurance underwriter.

■ IS THERE A QUALIFYING PERIOD?

This period is usually 6 months, and 12 months if you want to become a member after your 65th birthday and for the reimbursement of orthodontic services, prostheses and implants.

However, there is no qualifying period in the following cases:

- In case of an accident;
- For a newborn registering as dependent of a parent who was already registered with DENTALIS before the date of birth and the qualifying period completed;
- For people who were covered by a similar service offered by a different insurer on the day before their membership with Dentalis starts and who paid all related premiums (the qualifying period is deducted from the membership period with the other insurer).



■ WHAT IS INCLUDED IN THE DENTALIS INSURANCE?

Preventive treatments (health and disability insurance codes 301254 to 301265 and 301593 to 302245).	<ul style="list-style-type: none"> • Reimbursement of 100% of the patient contribution. If there is no reimbursement by the compulsory insurance, no reimbursement is possible.
Curative treatments (visits, dental extractions, conservative care, oral radiology and minor oral surgery)	<ul style="list-style-type: none"> • Reimbursement of 75% of the patient contribution. If there is no reimbursement by the compulsory insurance, no reimbursement is possible.
Periodontology	<ul style="list-style-type: none"> • Reimbursement of 75% of the patient contribution. If there is no reimbursement by the compulsory insurance, 75% of the amount will be borne by the insured.
Orthodontics	<ul style="list-style-type: none"> • 100% of the legal patient contribution. If there is no reimbursement by the compulsory insurance, 75% of the amount will be borne by the insured. ▶ 250 € for the device installed at the start of the treatment.
Prostheses and implants	<ul style="list-style-type: none"> • Reimbursement of 75% of the patient contribution. If there is no reimbursement by the compulsory insurance, 75% of the amount will be borne by the insured.

■ WHAT IS THE AMOUNT OF THE REIMBURSEMENT BY DENTALIS?

All the reimbursement amounts for Dentalis increase each year during the first three insurance years.

The reimbursement for all preventive and curative care amounts to a maximum of 30 € for the first insurance year, 60 € for the second year and 90 € from the third year.

The reimbursement for all services related to orthodontics, periodontology, prostheses and implants amounts to a maximum of 300 € for the first insurance year, 600 € for the second year and 1010 € from the third year.

For **cares in periodontology and orthodontics** reimbursements are limited to 300 € per year for the 1st insurance year and 350 € from the second year.

For **prostheses and implants** :

- reimbursements are limited to 300 € for the first insurance year, 600 € from the second year and 850 € from the third year.
- The reimbursement for the same benefit is renewable only every 7 years (calendar years)

■ WHAT IS THE SCOPE OF COVERAGE?

This coverage is valid in Belgium, but also in the European territories of the following countries: France, the Grand Duchy of Luxemburg, the Netherlands and Germany.

However, for these four countries, the reimbursement for preventive and curative care amounts to 12 € per service.

