USEFUL INFORMATION

HOSPITALIZATION INSURANCE RELATED TO THE PROFESSIONAL ACTIVITY

Université Libre de Bruxelles (ULB)
Policy n° 8.352.495
Insurance company licensed under number 0196 for practising all non-life insurance branches, life insurances, dowry and birth insurances (Royal Decree of 4 and 13 July 1979, Belgian Statue Book of 14 July 1979) as well as capitalisation activities (Decision CBFA of 9 January 2007, Belgian Statue Book of 16 January 2007).

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OBJECT OF THE INSURANCE

This insurance guarantees, in the event of hospitalization or serious illness, the additional reimbursement of expenses payable by the insured after deducting the statutory coverage (health insurance, etc.). This insurance is therefore designed to protect persons or households who face significant costs as a result of hospitalization or serious illness.

WHO IS ELIGIBLE FOR THIS INSURANCE?

1. STAFF MEMBERS
   a) Main insured persons whose affiliation is automatic
      • All members of the administrative, technical, management and specialized staff (« PATGS ») engaged by the policyholder within the consolidated framework (budget sections 1, 2 and 3) who have a permanent contract of at least half-time.
      • All members of the teaching and scientific staff (« PES »), permanent or temporary within the consolidated framework, holding a term of at least half-time.
      • Early retired employees.
      • The F.N.R.S. agents engaged for an indefinite period and whose occupation is for at least half-time.
      • All agents with a research contract through external funding (sections 4 and 5) who have a permanent contract of at least half-time or who have a fixed-term contract of at least half-time and an uninterrupted service seniority of at least two years.
      • Individuals with a bursary subject to social security and who have an uninterrupted service seniority of at least two years.
   b) Main insured persons whose affiliation is optional
      • The members of the PATGS and of the PES with a contract of less than half-time.
      • The members of the PATGS and the PES who are not on the payroll of the consolidated framework and who have a fixed-term contract with an uninterrupted service seniority of less than two years.
      • The holders of a fixed-term or permanent scientific mandate held on less than a half-time basis in the F.N.R.S. as well as persons with a bursary subject to social security and not having two years’ service seniority.
      • Future pensioners in pursuit of a previous affiliation.
      It should be noted that internship supervisors, scientific collaborators, holders of a hospital mandate and beneficiaries of a bursary not subject to social security cannot benefit from the insurance.

2. FAMILY MEMBERS
   The main affiliates have the possibility to affiliate the following members of their family on an optional basis.
      • Their spouse or cohabiting partner
         A cohabiting partner means 'a named person who is cohabiting with the main affiliate and has no family relationship with the main affiliate.
      • Their dependent children under the age of 21 and those still dependent and studying between 21 and 25 years of age. These include:
         - the children living under the same roof provided that they receive family allowances or disability benefits: they may be the children of the employee and/or of his/her spouse or cohabiting partner;
         - the children continuing their studies and residing in a student room;
         - the children of the employee who, as a result of a divorce or separation, no longer reside within his/her family, provided that he/she has an obligation to pay a maintenance allowance.
      It is imperative that the affiliation extends to all family members. However, this obligation does not apply to the spouse who has him-/herself a hospital insurance related to the professional activity through his/her employer.
In the event of the death of the staff member or in the event of separation, the spouse and/or children automatically lose their status as optional affiliates. This also applies to the children having reached the age of 25 years. They may contact Ethias as part of the continued coverage on an individual basis, as described on page 13 of this brochure.

Finally, just as it is important to point out a change of address or bank account, it is up to the employee to immediately inform the ULB of a possible evolution in the family situation in order to prevent the family from paying premiums for persons who no longer meet the criteria of this regulation. Hence, any change in the composition of the household, the marital status as well as the termination of studies for children between the ages of 18 and 25 must be notified in writing to the «Service Traitement» of the University at CP104.

It is stated that:

• the affiliation of the main insured persons whose affiliation is automatic and for whom a two-year service seniority is not required takes effect on the 1st day of the month of their engagement or their appointment;

• the affiliation requested on a voluntary basis must be made by means of the affiliation form available from the ULB’s «Service Traitement». The form must be returned, duly completed and signed, to the «Service Traitement» at CP104. Voluntary affiliation is effective on the 1st day of the month in which the application is received;

• the affiliation of the main insured persons whose affiliation is voluntary must be requested not later than two months after the beginning of the first contract, the first mandate or the first bursary. After this period of two months, the application for affiliation can no longer be made (even if another mandate, another bursary or another contract succeeds the previous one);

• the main insured persons who wish to affiliate their family members on a voluntary basis must also apply within the two months following the commencement of their employment.

Thereafter, the affiliation of family members can only be made exclusively within the two months following the change in the family situation (on the basis of the date of birth, the date of marriage or the beginning of the cohabitation) and after delivery of an official certificate issued by the town hall (extract of marriage certificate or birth certificate, household composition in case of cohabitation). Since persons who live in cohabitation are assimilated to married persons, this means that there is no change in the family situation when cohabitants marry or make a declaration of legal cohabitation. A change in family status is defined as a change of cohabiting partner, legal cohabitant or spouse. It is only within the two months following this change, and on the basis of a household composition issued by the local authorities, that it is possible to affiliate a new spouse or cohabitant. In any case, the affiliation of family members is no longer possible after this period of two months.

Pensioners who were affiliated to this policy at the time of their retirement, as well as their spouse or cohabitant, may continue to benefit from the guarantees provided that they shall apply no later than two months after their retirement;

• voluntary affiliates may waive this insurance upon written request. However, they can no longer apply for re-affiliation thereafter (with the exception of special situations such as, for example, for the spouse, loss of coverage due to a termination of the employment contract with an employer who had also taken out a contract of the same nature. However, such re-affiliation is only possible if an affiliation certificate is issued by the previous insurer and provided that there is no interruption between the coverages.

**Insurance Scope**

1. **Field of application**

   A. **In the event of a hospitalization**

   In the event of hospitalization, due to an illness, an accident, a pregnancy or childbirth, Ethias reimburses, within the limits set out in the chapter «Extent of the guarantee» (see below), the health care costs, provided that they were incurred during the stay in an approved hospital or an approved palliative care institution.

   Hence, Ethias reimburses:

   1. for the costs that give rise to a statutory compensation of services listed in the nomenclature of the RIZIV/INAMI:
      a) hospital expenses including the additional charges for a single or double room;
      b) costs of benefits and fees of the physician, surgeon, anaesthesiologist, physiotherapist;
      c) costs of surgery and anaesthesia;
d) nurses’ fees;
e) medicines and miscellaneous preparations;
f) expenses for para-pharmaceuticals, bandages, medical equipment and other medical adjuvants;
g) medical analyses and medical imaging;
h) medical prostheses in connection with and placed at the hospital;
i) orthopaedic appliances (e.g. orthopaedic corset, ...);
j) medical costs of the newborn during the hospitalization of the mother related to a delivery that is covered, including the medical expenses for the collection of stem cells;
k) the test for sudden death with infants;
l) costs of dental care, dental prostheses and therapeutic prostheses as well as orthopaedic devices, spectacles, hearing devices, medical prostheses and artificial limbs provided that they are placed during the hospitalization and are directly related to the hospitalization. Prostheses with a pure aesthetical character are not reimbursed;

2. irrespective of whether or not they give rise to a statutory compensation, are also covered:
   a) non-refundable expenses for viscerosynthesis material, stents and implants;
   b) non-reusable material used during a surgical procedure;
   c) non-refundable medicines or medicines listed under category « D » in the RIZIV/INAMI nomenclature;
   d) costs of pharmaceuticals, medical equipment and other medical devices;
   e) The expenses of:
      ~ urgent and medically necessary and adapted transport to the hospital;
      ~ adapted transport during hospitalization, justified by medical reasons;
      ~ the medical emergency team;
   f) hospital expenses of the donor in the event of organ or tissue transplantation in favour of the insured;
   g) the hospital costs of a parent in the room of a child under 18 (rooming-in);
   h) mortuary costs charged on the hospital bill.

B. Pre- and post-hospitalization

These are the medical expenses incurred within 90 days before and 180 days after the hospitalization, which are directly related to the hospitalization.

Are guaranteed in this period

1. For the costs that give rise to a statutory compensation of services listed in the nomenclature of the RIZIV/INAMI:
   a) costs of medical services including fees and fee supplements;
   b) costs of paramedical services prescribed by a physician;
   c) costs of medical devices prescribed by a physician;
   d) costs of medical prostheses directly related to the hospitalization;
   e) costs of artificial limbs;

2. Irrespective of whether or not they give rise to a statutory compensation, are also covered during this period:
   a) non-refundable medicines or medicines listed under category « D » in the nomenclature of the RIZIV/INAMI;
   b) costs of medical supplies, with the exclusion of any type of product which is also commonly available on the non-medical market.
C. In the event of a « serious illness »

In the event of the following diseases: cancer, leukaemia, tuberculosis, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson’s disease, diphtheria, poliomyelitis, cerebro-spinal meningitis, smallpox, typhus, encephalitis, splenic fever, tetanus, cholera, Hodgkin’s disease, AIDS, viral hepatitis, scarlet fever, diabetes, renal disease requiring dialysis, Crohn’s disease, cystic fibrosis, Alzheimer’s disease, malaria, Pompe disease, Creutzfeld-Jacob disease, progressive muscular dystrophy, epilepsy, typhoid fever and paratyphoid fever and myopathy, the insurance is extended to the costs of health care provided outside the hospital environment directly related to the disease.

Are also covered:

1. for costs that give rise to a statutory compensation of the services listed in the nomenclature of the RIZIV/INAMI:
   a) costs of medical services including fees and fee supplements;
   b) costs of paramedical services;
   c) costs related to special treatments, analyses and tests necessitated by the illness;
   d) renting costs of all kind of supplies;
   e) medicines;

2. irrespective of whether or not they give rise to a statutory compensation, are also covered:
   a) non-refundable medicines or medicines listed under category « D » in the nomenclature of the RIZIV/INAMI;
   b) costs of pharmaceutical products, medical equipment and other medical devices, excluding any type of product also available in the non-medical market;
   c) transportation costs;
   d) all other costs previously accepted by Ethias.

D. Home birth, polyclinic birth and post-delivery costs:

This insurance also applies to the medical costs of home birth and polyclinic birth. In that case the guarantees of the chapter « pre- and post-hospitalization » as mentioned in the above-mentioned point 1 B are also applicable.

In addition, the guarantee shall extend, within the limits laid down in the chapter « Extent of the guarantee », to the post-delivery costs charged by a recognized post-natal care institution for home-based care to the mother, the newborn and the family through qualified help.

Definitions

a) Hospital: public institution or private establishment legally recognized as a hospital. It does not include closed psychiatric institutions, medico-educational services or institutions, nursing homes, geriatric institutions or services for the basic accommodation of elderly people, institutions or services for the basic accommodation of recovering people or children as well as institutions with a special authorization as nursing or caring home.

b) Hospitalization: any medically required stay in a hospital facility for which a subsistence compensation is charged. This concept includes both a stay of at least one night and the concept « One day clinic », provided that the following conditions are met:
   • the operation theatre or the plaster room was effectively used or a hospital bed was effectively used excluding the stay in waiting rooms, examination rooms and consultation spaces outside the hospital;
   • these must be services within the framework of the mini and maxi lump sums as well as within the framework of the lump sums A, B, C, D as referred to in the national agreement between hospital institutions and the health service of the national institute for health and disability insurance.

The guarantee is also obtained for the treatment of tuberculosis in sanatoria and in nursing homes for tuberculosis patients.

2. Extent of the guarantee

A. For each service granted in the above-mentioned point 1, the guarantee of Ethias is granted to three times the amount of the legal intervention.
B. For the expenses that do not give rise to any legal intervention are applicable:
   a) an intervention amounting to 50% of the costs incurred up to a ceiling of €2,500.00 per insured per calendar year for the costs of implants, viscerosynthesis equipment and stents, mentioned in the above-mentioned point 1.A.2.;
   b) an intervention amounting to 50% of the expenses incurred for the costs set out in b), c) and d) of the above-mentioned point 1.A.2, in the above-mentioned point 1.B.2. and in a) and b) of the above-mentioned point 1.C.2.

C. The reimbursement of the costs of a parent’s stay in the room of a hospitalized child under the age of 18 years is limited to €25.00 per night provided that the presence of the parent at the bedside of the child is considered necessary by the attending physician.

D. The intervention in the hospital stay costs of a donor is granted up to €2,500.00.

E. For hospitalizations following a psychical, psychiatric or mental illness, Ethias’ intervention is granted only for cumulative periods of residence not exceeding two years, starting from the first day which gives entitlement to a reimbursement.

F. The intervention for the costs referred to in the last paragraph of the above-mentioned point 1.D. is granted for a maximum period of twelve days after the end of the hospitalization or the delivery at home and up to a maximum of €500.00.

G. The transportation costs related to serious illness (above-mentioned point 1.C.2.c.) are reimbursed up to a total ceiling of €250.00 per person per calendar year

H. Deductible:
   a) For hospitalizations taking place at the Erasme Hospital, the deductible is set at:
      - €400.00 per insured per calendar year if the insured chooses a single room for personal convenience;
      - €100.00 per insured per calendar year if the insured chooses a common room or double room.
   b) For hospitalizations taking place in a hospital other than the Erasme Hospital, the deductible is set at:
      - €500.00 per insured per calendar year if the insured chooses a single room for personal convenience;
      - €225.00 per insured per calendar year if the insured chooses a common room or double room.

When the insured person, during the same hospitalization, chooses to stay consecutively in a common or double room and in a single room, and inversely, the deductible applicable in the case of hospitalization in a single room is taken into account.

No deductible in the event of a serious illness listed above in point 1.C.

In case that the deductible is applicable for an uninterrupted hospitalization spread over two consecutive calendar years, Ethias applies the deductible only once.

When several members of the same family insured by this contract are hospitalized at the same time as a result of an accident, Ethias applies the deductible only once for all the family members and not for each member separately.

I. For expenses incurred in a country not belonging to the European Union, Ethias’ intervention is limited to 50% of the amounts obtained after the application of all the provisions in the above-mentioned points A to G.

J. For expenses incurred abroad, the Ethias guarantee is granted up to a maximum of €25,000.00 per insured person and per calendar year for all the services granted under the above-mentioned point 1.

3. Exclusions

No intervention is due for the services arising from:
   a) aesthetic treatment or rejuvenation; however, the costs of reconstructive plastic surgery caused by an illness or accident falling under the guarantee will be covered;
   b) an illness or accident to the insured (provided that the causal link is established):
      1. when intoxicated or under the influence of drugs or narcotics used without a medical prescription, unless the insured provides proof that he/she has used by ignorance beverages or narcotics or that he/she was obliged to do so by a third party;
      2. by alcoholism, drug addiction or abuse of medicines;
c) sterilization and contraceptive treatment, except for compelling medical reasons;
d) thermal cures;
e) an event of war, whether the insured is subject to it as a civilian or a military person; civil disturbances or riots, except when the insured person has not taken an active part in it or has been in a case of self-defence;
f) the paid exercise of a sporting activity;
g) claims resulting from the use of nuclear energy falling under the application of the Paris Convention (Law of 22 July 1985) or any other legal provision which would replace, amend or supplement this Law;
h) a voluntary act of an insured person, except when the insured can prove that it is a case of rescue of a person or property;
i) voluntary mutilation or attempted suicide, crime or misdemeanor committed by the insured, deliberate act, betting or challenge;
j) an accident in which the insured is part of the crew of an air transport, or performs professional or other activities during the flight in connection with the aircraft or flight.

4. Clarifications regarding the guaranteed risk
a) This insurance is applied throughout the world.
b) Terrorism: this policy covers the damages resulting from an act of terrorism, in accordance with the law of April 1st, 2007 (Belgian Statute Book of May 15th, 2007). Within this framework, Ethias adheres to the ASBL TRIP (Terrorism Reinsurance and Insurance Pool). The principle as well as the terms of compensation for a claim resulting from an act of terrorism are determined by a separate committee of the insurance enterprises set up by Article 5 of the law of April 1st, 2007.

5. Claims settlement
Declaration
In this case, the insured shall submit as quickly as possible a declaration to Ethias:
• by internet at www.ethiashospi.be;
• via the AssurCard terminal (electronic third-party payment system) provided that the hospital is equipped with this system;
• or, when the hospital where he/she is admitted is not equipped with an AssurCard terminal or when the electronic third party payer system cannot be allowed, as quickly as possible in writing by means of the document in question.
The insured person shall include with this declaration any document, certificate and report that could prove the existence and the degree of severity of the event. Ethias may require from the insured any piece it might consider as useful.

Submission of expense statements
The insured person sends to Ethias the original of any supporting document (hospital invoice, certificates of refund by the insured’s health insurance fund, pharmacy receipts, etc.). A copy is not enough.
On submission of the documentation referred to in points a) and b) above, Ethias reimburses the amount of the expenses referred to in point 1 net of:
• the amount of the statutory compensation or an identical fictive amount in the event that, for some reason, the insured is not entitled to the said compensation;
• the amount of other already perceived reimbursements and compensations guaranteed by any other complementary or free hospitalization insurance by the health insurance fund to which the insured is affiliated;
• the amount of the contractual deductible.
If AssurCard, the electronic third party payer system is granted, the hospital invoice is directly submitted by electronic means to Ethias.
This electronic third party payer system is a system of advance payments. This does not mean that the invoice paid by Ethias to the hospital is definitely at the charge of Ethias.
It is possible that some costs are not covered by the insurance (e.g., in a non-exhaustive manner, telephone costs, costs of television hire, franchise). Ethias can claim directly from the insured the amount of the non-covered expenses. The insured commits to reimburse the expense account communicated by Ethias within thirty days after receipt. Without reimbursement within this delay, Ethias may initiate a procedure against the insured. It is specified that the non-reimbursement of the amounts due to Ethias may result in the suppression of the third party payer system.

Ethias can also recover by compensation the amount of the expenses paid to the hospital which are not covered by the insurance, by deducting them from any future reimbursement whatsoever due to the insured.

**Cease of the compensation payments**

At the time of the individual disaffiliation of an insured person or in the event of termination of the insurance policy, Ethias will assume:

- the post-hospital costs as defined in the above-mentioned point 1.B. relating to hospitalizations completed before the date of individual disaffiliation or before the end date of the insurance policy even if these are incurred after the date of individual disaffiliation or after the date of termination of the insurance policy;
- hospital and post-hospital costs as defined in the above-mentioned points 1.A. and 1.B. relating to hospitalizations in progress at the time of the date of individual disaffiliation or the date of termination of the insurance policy for a period of maximum 180 days from the date of individual disaffiliation or the date of termination of the insurance policy.

6. **Premium**

The guarantees of this policy are granted provided the payment of a monthly premium defined on the basis of the following individual premiums:

**Main insured persons whose affiliation is automatic**

Premium paid in full by the ULB

- Per child regardless of age € 4.81
- Per adult up to 64 years old (included) € 13.21
- Per adult from 65 years old € 42.10

These premiums are inclusive of all taxes as of April 1st, 2017.

Premiums are indexed at each annual maturity (01/04) on the basis of the evolution in the health index. The premiums mentioned above are fixed on the basis of the health index of February 2017, i.e. 105.06 (base 2013 = 100).

**Additional information**

For any request for modification (new affiliation, disaffiliation, change of address, …)

If you are a member of the PATGS:
Quentin De Troch – quentin.de.troch@ulb.ac.be – 02/650.20.78

If you are a member of the Teaching and Scientific staff:
Murielle Van De Sande – murielle.van.de.sande@ulb.ac.be – 02/650.35.13

For all information about the coverage
Tel. 04 220 81 00
contrat.medicolectivites@ethias.be

In the event of hospitalization
Tel. 04 220 33 01
sinistre.soindesante@ethias.be

This text is purely informative and aims at providing an overview of the provisions as stipulated in the collective insurance contract that is concluded between the policyholder and Ethias. In the event of a dispute, Ethias will exclusively refer to the specific, special and general terms of the policy.
Explanatory note

INDIVIDUAL CONTINUATION OF THE GROUP INSURANCE RELATIVE TO THE PROFESSIONAL ACTIVITY

RIGHT OF INDIVIDUAL CONTINUATION OF THE GROUP INSURANCE

Definition

Except in cases of non-payment of the premium and, in general, in cases of fraud, any person affiliated to a collective insurance has the right to continue this insurance individually when he/she loses the benefit of the group insurance (e.g. in the event of change of employer, dismissal, retirement, etc.) without, at this time, needing to undergo an additional medical examination or to complete a medical questionnaire. No new waiting period can be imposed. This right exists both in favour of the policyholder and his/her family members.

Term

The right of individual continuation is subject to the condition that the insured has been uninterruptedly affiliated to an hospitalization insurance during the two years preceding the loss of the benefit of the group insurance.

Procedure and time limits

The policyholder of the group insurance or, in the event of insolvency or liquidation, the trustee or the liquidator of the policyholder informs the main insured, in writing or by electronic means, not later than 30 days after the loss of the benefit of the group insurance, of the exact moment of the loss and the possibility to continue the contract individually.

From the receipt of this letter the insured has a period of 30 days to inform the insurer of his/her intention to continue the contract individually. This period may be extended with 30 days and be brought to 60 days, provided for the insured that he/she informs the insurer in writing or by electronic means.

The insurer must, within 15 days after the insured informed about his/her intention to continue the insurance individually, make him/her a contract offer with similar guarantees. The insured has a period of 30 days to accept this offer.

Specific case of continuation of the insurance by the family members

The family members of the insured may also exercise this right of individual continuation when they lose the benefit of the group insurance for another reason than the loss of the benefit by the main insured (e.g. in the event of divorce or separation or when a child leaves home). In that case the family member must, within a period of 105 days from the moment that he/she loses the above-mentioned benefit, inform the insurer, in writing or by electronic means, about his/her intention to continue the contract individually. The insurer must make him/her an offer within the following 15 days. The family member has a period of 30 days to accept this offer.

Payment of an additional premium

The premium related to the individual insurance, concluded within the framework of the continuation of the group insurance, will take into account the age of the insured at the moment that he/she continues the contract individually.

However, the insured may pay an additional premium during the group insurance. In that case the age taken into account to determine the premium of the insurance that is concluded individually will be the age of the insured at the time that he/she started paying the additional premium. If he/she interrupts the payments, an adjustment will be made in relation the length of this interruption.

Ethias proposes the insured to pay this additional premium by concluding the contract « Plan Medi-Next ». All information about this contract may be obtained by calling the number 04.220.37.90.
For more information

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www.ethias.be
info@ethias.be