



A guide to your
**ECB MEDICAL
BENEFITS
AND DENTAL
PLAN**



CONTACT US 24/7

Reach us 24 hours a day,
7 days a week,
365 days a year!

We are here for you

Whether it's a question on the benefits of your ECB Medical Benefits and Dental Plan, a particular claim or in case of emergency, don't hesitate to contact us.

Wherever you are, help is not far away. Call, fax or send us a mail, either online or through the post. Our staff members speak your language and are always available to answer any of your questions. And there's no need to remember our contact details, it's all on your *membership card*.



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WELCOME

We've got you covered

Welcome to your ECB Medical Benefits and Dental Plan! Through the ECB you have access to a group medical insurance plan.

Why is this so important?

Membership has its benefits. The ECB Medical Benefits and Dental Plan gives you peace of mind. If you ever find yourself in a situation where you need medical treatment, rest assured, your expenses will be covered.

And that's not all. As a plan member, you enjoy a wide range of services, such as 24/7 customer support, online information and services, access to health care providers worldwide and more.

Who are we?

Think of us as support you can rely on when you need it most. As the administrator of this plan, we facilitate the plan set out by the ECB through claims handling, reimbursements and fraud detection.

Why read this brochure?

Everything you need to know about the plan can be found in this brochure. Read it thoroughly as it takes you step-by-step through the details of your plan, and explains what to do when you need medical care, how to claim your expenses and how to reach us. All this is crucial when the unimaginable occurs.

Terms marked in *italic* are explained on p. 26.

PURPOSE OF THIS BROCHURE

This brochure wants to provide you - and your dependants - with all relevant information on the ECB Medical Benefits and Dental Plan. It contains:

- a summary of your medical benefits;
- all practical information needed for your optimal comfort as our valued plan member.

Please note, however, that this brochure is meant to serve as your guide. Only the text of the ECB medical plan rules for members of staff with its annexes and endorsements is legally binding.

Purpose and concept of the insurance

The ECB Medical Benefits and Dental Plan is designed to **cover your reasonable and customary medical and dental expenses that were prescribed by medically qualified persons and that incurred as a result of illness, accident, pregnancy and confinement.**

Your costs for preventive care will be reimbursed in some cases as well, incl. cancer tests, vaccinations, half-yearly dental check-ups, etc.

You will benefit from the insurance cover without any waiting period and your admission to it is not subject to any medical examination. Possible pre-existing conditions are covered without any restriction other than the general exclusions foreseen in the contract.

The group insurance that you benefit from is based on the principle of solidarity between yourself and the other plan members. To ensure its long-term viability, all plan members are kindly requested to pay attention to cost control, which is in the interest of all parties involved.

Vanbreda International and the ECB: who does what for you?

1. Vanbreda International

- reimburses your medical claims;
- is the source of information on the status of your medical claims;
- can confirm upon request whether your medical treatment, item or product is reimbursable or not;
- is responsible to give prior approval for medical care that is subject to it;
- will perform case management for major outpatient surgery and hospitalisation, incl. **direct payment**;
- offers a wealth of information on health care providers worldwide and has its own 10,000+ **health care provider network**;
- will assist you in obtaining missing information from health care providers to complete your claims and their reimbursement;
- continues to take care of your insurance cover after you left the ECB;
- provides you with all information on your benefits, including the additional reimbursement in case of high and unexpected medical expenses;
- issues and replaces your membership cards made available to each individual plan member;
- helps you with all administrative and logistic questions on online services, forms, procedures, etc.

2. The ECB

- registers new staff members and any additional dependants and confirms this registration to Vanbreda International;
- arranges all parental/unpaid leave issues;
- takes care of the distribution of Vanbreda International brochures;
- support staff to obtain medical insurance coverage with Allianz France after leaving the ECB.

3. Allianz France

- is consulted in case of disputes with regard to claims handling;
- verifies the consistent application of the reimbursement schedules;
- arranges medical insurance cover after leaving the ECB (more information to be requested via the ECB);
- offers underwriting services of the medical plan of the ECB.

EASY ACCESS TO HEALTH CARE

Membership has its privileges



Your membership card

the key to quick, seamless and stress-free support



Your personal webpages

online information at your fingertips

Your worldwide access

to health care providers

Your membership card the key to quick, seamless and stress-free support



Keep your card close-to-hand as it's the key to accessing quality health care. If you're hospitalised or when you contact us, we can easily identify you by your personal reference number mentioned on the card. What's more, this number gives you access to our online information and services.

But what really counts is that with your *membership card*, a hospital can contact us to set up a *direct payment* arrangement so we can pay your medical bill for you. It will be a relief not having to worry about money during this time.

Find out more about our *direct payment* service in the section 'How to obtain *direct payment* of your expenses?' on p. 20.

As mentioned earlier, it's important to keep your card with you at all times so you can contact us immediately in case of emergency. If you lose your *membership card* or if the data on the card are incorrect, please let us know. We want to keep your file up-to-date.

While your *membership card* allows for easy access to health care, it is not a proof of cover. If you need proof of cover, you can contact your HR Operations Team.

Your personal webpages online information at your fingertips

Access all information regarding your plan anytime, anywhere. Just go to your *personal webpages*. It's all there, right at your fingertips. You also have access to our online services where you'll find our *worldwide network of health care providers*.

How to access your personal webpages? It's as easy as 1, 2, 3

Step 1:

Go to **www.vanbreda-international.com** and click on Plan members.

Step 2:

Fill in your personal reference number which can be found on your *membership card*.

Step 3:

On the next screen, fill in the principal plan member's date of birth or your password (the latter applies if you have access to the secure *Online settlements* service).

Your personal webpages: a wealth of information

Aside from finding all key information related to your ECB Medical Benefits and Dental Plan, you can:

- learn more about what you are covered for and what not;
- discover what you can do to make sure we settle your medical bills directly (our *direct payment* service);
- find out how to claim your expenses;
- read more about a number of chronic diseases such as asthma, diabetes, and other conditions;
- find all our contact information.

Online services at your fingertips

If you're looking for a doctor, need a particular form or want to track your settlements, go to your *personal webpages* where you can:

- consult our *worldwide network of health care providers*;
- download forms which you can fill in electronically;
- submit your claims online;
- check your *Online settlements* (you must first subscribe to this service).

Your worldwide access to health care providers

We are committed to your medical care. That's why we're providing you with access to a worldwide quality network of **several thousands of health care providers**, including hospitals, clinics, medical doctors, etc. To ensure that you have continuous access to the highest level of medical care, we continually monitor and update our network.

Looking for a health care provider?

Go to our Provider List on **www.vanbreda-international.com**. Depending on your need, you can search providers by name, location, type of facility and/or specialty. You can also check with whom we have a *direct payment* agreement.

If you want to visit an out-of-network provider or do not find your preferred provider in our list, contact us and we will try to make the necessary arrangements.

Because we understand that medical intervention can be very costly, we have negotiated beneficial tariff agreements and/or discounts with several health care providers and facilities.

Looking for an outpatient health care provider in the Rhein-Main area?

We want to help you find the appropriate outpatient health care provider. Hence, we established a network of health care providers in the Rhein-Main area.

You can find the database of outpatient health care providers on the secured and dedicated ECB pages of **www.vanbreda-international.com**.

The providers in the database have an agreement with Vanbreda International. Visiting such a provider ensures you that a number of minimum requirements are met, e.g. language knowledge, ease of access, telephone support, correct billing, etc.

These health care providers in the Rhein-Main network have agreed to bill their services following the guidelines and procedures as stated in the GOÄ (Gebührenordnung für Ärzte – for doctors) or the GOZ (Gebührenordnung für Zahnärzte – for dentists). This is in your interest to keep your medical expenses and patient portion limited.

Of course, your freedom of choice in no way is restricted by the availability of this recommended network.

A plan that saves you money

Enjoy lower *out-of-pocket expenses* and prolong the time it takes to reach your plan's ceilings.

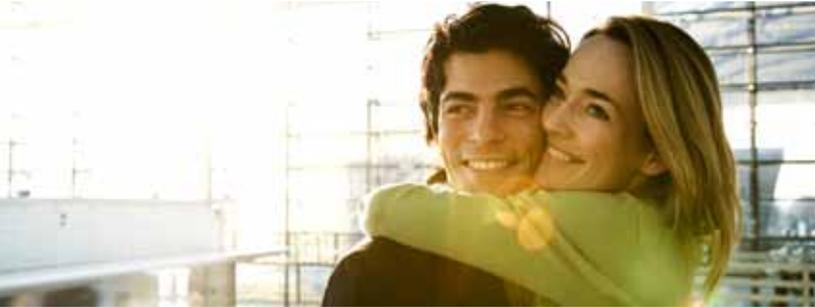
Direct payment: no need to pay upfront

With you in mind, we have made *direct payment* agreements with all hospitals in our network. When you receive medical treatment, the hospital sends the invoice directly to us. In other words, you don't have to advance the medical bills covered by your plan first and claim for reimbursement afterwards. You will only be charged for expenses that are not covered by your plan and for any personal expenses.

Find out more about our *direct payment* procedure in the section 'How to obtain *direct payment* of your expenses?' on p. 20.



YOUR BENEFITS



MEDICAL & DENTAL

Who is covered?

You will find an overview of the possible beneficiaries of the ECB Medical Benefits and Dental Plan:

- the ECB members of staff;
- the former members of staff being in receipt of a pension paid by the ECB;
- the members of the Executive Board of the ECB;
- the members of the families who are recognised as dependant in accordance with the ECB's Conditions of Employment and Staff Rules;
- the ECB Short-term contract employees.

What is covered?

The ECB is genuinely concerned about you and your family's well-being. The benefits of your ECB Medical Benefits and Dental Plan are a testament to this.

Find an overview of the benefits, exclusions and affiliation procedures on your *personal webpages* (see the section 'Your *personal webpages*' on p. 12 for more information).

Keep your personal information up-to-date

Should anything change in your personal situation (marriage, birth, change of address, etc); please report these changes to your HR Operations Team straight away so they can inform us.

Basic reimbursement

- **Outpatient treatment:** 85% within certain limits per medical act
- admissions in hospital:
 - admissions requiring at least an overnight stay (inpatient care): 100%;
 - scheduled surgery requiring the use of a conventional operating room performed on an in-and-out same day basis: 100%;
 - for bed and board the 100% are limited to the price charged by the hospital for a two-bed room (semiprivate accommodation);
 - for surgeon fees there are limits as well;
- dental care: 80% within a limit of 7,670 EUR per person per consecutive period of 24 months;
- serious illnesses: 100%;
- treatment due to accident at work/occupational disease: 100%.

Additional reimbursement

If the expenses, not reimbursed by way of the basic cover, exceed 1,000 EUR during a calendar year, all your additional expenses will be reimbursed at 100% provided that these expenses are within the limits for reimbursement.

Vanbreda International will automatically apply the additional reimbursement once the threshold is reached. This will clearly be mentioned on your settlement.

What do we reimburse in case you or one of your family members are/is also covered by another insurance or social security scheme?

- In first instance, please claim the reimbursement of your medical expenses with the other insurance scheme.
- Vanbreda International reimburses the difference left at your charge at 100%.
- The reimbursement amount is restricted to a maximum of the amount which would be reimbursed to plan members that do not have another health insurance.
- In most cases, you benefit from a 100% cover. In addition, your ceilings under the ECB plan are reached at a later stage.

Example

	No other insurance	Intervention other insurance at 40%	Intervention other insurance at 15%
Invoice dental care	100 EUR	100 EUR	100 EUR
Reimbursement other insurance	0 EUR	40 EUR	15 EUR
Reimbursement ECB Plan	80 EUR	60 EUR	80 EUR
Total reimbursement	80 EUR	100 EUR	95 EUR
Patient portion	20 EUR	0 EUR	5 EUR

For which treatments do you need prior approval?

Please find below a non-exhaustive list of the treatments for which you are required to request our prior approval:

- laser therapy;
- ultraviolet radiation;
- chiropractic;
- orthodontics;
- osteopathy;
- medical chiropody-podology;
- mesodermal micro-injection therapy;
- acupuncture (carried out by a person who is not a qualified physician);
- psychotherapy;
- psychoanalysis;
- speech therapy;
- graphomotor therapy;
- psychomotor therapy.

For further details on prior approval, please contact the Vanbreda International Contact Centre directly.

What is the time limit for the submission of your claims?

Your claim must be submitted within the period of twelve months after the date of the treatment.

CHRONIC CONDITION MANAGEMENT PROGRAMME

ECB and Vanbreda International are now offering a new chronic condition management programme to help you manage your health better. We offer this programme to staff members and their family members who have been diagnosed with diabetes, coronary artery disease or HIV.

What is chronic condition management?

Chronic condition management is a systematic, coordinated approach by a personal assistant to help patients with a chronic condition understand their condition and live successfully with it. We want to improve the quality of life and health of those who have been diagnosed with one or more chronic conditions, ultimately reducing the progression and complications of their condition.

More information?

You can find more information on our chronic condition management programme on your personal webpages. There you can fill in the confidential survey and take the next steps on the path to improving your condition.

WHAT IF YOU NEED MEDICAL CARE?



Choosing a health care provider: **freedom of choice**

You have a free choice of health care providers (hospitals, clinics, medical doctors, laboratories, etc) anywhere in the world.

However, if you don't know which health care provider to visit, we offer you **access to our worldwide network of health care providers**. Consult our database of providers on your *personal webpages*. There you can search for providers by name, location, type of facility and/or specialty.

Read more about our *provider network* in the section 'Easy access to health care - Your worldwide access to medical providers' on p. 13.

Overview: **what to do in case of ...?**



HOSPITALISATION

Direct payment based on Guarantee of Payment (GOP)



EMERGENCY OR ACCIDENT

Direct payment based on Guarantee of Payment (GOP)



OUTPATIENT TREATMENT

Pay & claim

WHAT TO DO IN CASE OF ...

... hospitalisation?

Planning your hospital admission usually causes stress and we understand that perfectly well. If you or the provider **contact us well in advance** before the scheduled date of admission, we will help you with the necessary administration and arrange **direct payment of your medical bills**. To arrange direct payment, we always need to be informed of the planned treatment and cost. It doesn't matter whether the health care provider you visit is part of our direct payment network or not.

... an emergency?

Sometimes hospital admissions are unexpected and unplanned. Even if you cannot contact us before being admitted, we can still help you deal with the paperwork and assist you in settling your medical bill.

In case of emergency, show your membership card to your health care provider upon admission and have someone (e.g. a family member or colleague) call us as soon as possible. The name and telephone number of the health care provider is enough for our Customer Service Team to initiate the *direct payment* procedure and send a *Guarantee of payment* to the provider within a few hours.

... outpatient treatment?

When visiting a doctor or another health care provider, simply pay the bill and claim your expenses with us afterwards. You don't have to contact us beforehand.

For more information about claiming, see the section 'How to claim your expenses?' on p. 24.

HOW TO OBTAIN DIRECT PAYMENT OF YOUR EXPENSES?



Direct payment based on Guarantee of Payment (GOP)

Preparation provides real benefits

If you know you will be admitted to a hospital for *day surgery* or *inpatient care*, contact us beforehand. You'll be glad you did!

Here's why:

- **You don't have to advance the cost of your treatment yourself**

The hospital may agree to send the medical bill directly to us. You'll only be charged for *out-of-pocket expenses*, which is the portion of the bill that is not covered by your ECB Medical Benefits and Dental Plan.

- **You'll benefit from better rates**

We have negotiated preferential rates and discounts with most of the providers in our network. If you consult a provider which is not part of our *direct payment* network, we will try to make the necessary arrangements so that you can benefit from our *direct payment* service and beneficial rates.

- **Your out-of-pocket expenses will be lower**

Thanks to lower rates, your *out-of-pocket expenses* will be lower as well.

Obtaining direct payment is easy.

In case of a planned admission, just follow the steps below.

No problem if you're unable to provide us with the information we requested. As soon as we're informed about your admission, we will contact your health care provider on your behalf.

Step 1: [Search for your preferred provider in our network](#)

Log in to your *personal webpages* and search for your preferred provider. If the provider is not included in the list, contact us so we can make the necessary arrangements.

Step 2: [Contact us or have the provider contact us](#)

Step 3: [Download our Cost estimate form](#)

You can download the form from your *personal web pages*. Ask the health care provider to fill it in and to return it to us.

Step 4: [Vanbreda International will send a Guarantee of payment \(GOP\)](#)

After we receive the Cost estimate form, we'll send a *Guarantee of payment (GOP)* to both you and the provider. This document mentions whether or not the treatment is covered and what portion of the expenses will be invoiced to us directly.

Step 5: [Upon admission, show your membership card and Guarantee of payment to the provider](#)

Step 6: [We settle the bill directly with the provider](#)

You only have to pay the remaining patient portion, that is your co-pay, as well as non-covered items, if any, either directly to the provider or to us at a later stage. After we settle with the provider, you will receive a settlement note.

HOW TO CLAIM YOUR EXPENSES?

Pay & claim

When you visit a doctor or another health care provider, simply pay the bill and claim your expenses with us afterwards.

To claim your expenses, fill in a Claim form found on your *personal webpages*. These forms are customised for your personal use: your name and your personal reference number (transcribed into a corresponding barcode), are automatically filled in on the online form.

Send the completed Claim form as well as the original invoices and prescriptions to us; we will process your reimbursement as soon as we receive it.

Step 1: **Pay for the medical expenses**

The provider will give you an invoice to pay.

Step 2: **Claim your expenses with us**

Complete the Claim form found on your *personal webpages* and send it to us together with the original invoices or submit your claim online.

Step 3: **We will reimburse you**

We'll send you a settlement note specifying reimbursement details.

If you prefer to submit your claims online, use our **Online claiming service** on your personal webpages. By claiming online you save a great deal of time and effort. And an added bonus - it speeds up the reimbursement of your claims as you no longer depend on potential delays in the postal service or pouch shipment.

Subscribe to this online service on your personal webpages. Once you accept the Terms and Conditions, a Claim form will immediately open. In order to benefit from this service, you must register for our Online settlements service.

Make copies of all documents for your personal records and use a separate Claim form for every person you submit claims for.

WHAT TO DO IN CASE OF AN ACCIDENT?

In the unfortunate case you are confronted with a work related or non-work related accident, please complete the Accident Notification form that is available on your *personal webpages* or on the Health & Safety pages on the ECB's intranet.

If a third party was involved and possibly responsible, please mention the third party's identity on the Accident Notification form and the number of the person's insurance policy.

Please do not forget to:

- in case of a work related accident, submit the completed Accident Notification form to DG-H within 10 working days;
- in case of a non-work related accident, submit the completed Accident Notification form directly to Vanbreda International within 9 months.
- enclose the accompanying medical file (copy of prescriptions, medical report, etc) in a sealed envelope addressed to the ECB's Medical Adviser (OSH);
- complete a separate Claim form containing only all medical expenses that are related to the accident.

HOW WILL YOU BE REIMBURSED?

How and when will your claims be processed?

The sooner you send us your Claim form, the sooner we can reimburse you!

We understand that you expect a smooth and swift reimbursement. Therefore, we aim for a rapid and hassle-free settlement of all claims.

Here's how your claims are processed:

- After we receive your claim, it will be processed in the currency and within the time limits stipulated by your ECB Medical Benefits and Dental Plan and according to the benefits set out by the ECB.
- If more documentation or information is needed to process your claim, we'll contact you.
- Once we have processed your claim, we'll reimburse the expenses into the bank account you have indicated on your Claim form.

How do you know your claims have been settled?

You'll always be informed by e-mail when your claim has been processed so you won't be kept guessing. If you haven't received our notification e-mails yet, **please subscribe to our Online settlements service**. If your claim was not or only partially accepted, our settlement note will explain why certain costs were not reimbursed.

Speedy and safe online settlements

Subscribe to our **Online settlements service**. It guarantees a safe and efficient way of working as there is no delay or risk of losing paper settlement notes in the post.

Access an **overview of all settlement information** (including reimbursement and payment details), with our secured online service. Every time your claim has been processed, we'll send you an e-mail announcing that new settlement information is available online.



You can change your e-mail address and password online at any time.

Take a look at the many advantages of our Settlement details online service:

- 24/7 accessibility from anywhere in the world;
- fast availability thanks to an e-mail notification;
- less administration through the online archive and print functionality;
- easy management due to the search functionality;
- and you contribute to a better environment as this service replaces paper-based settlement details (except when we have to return or send documents to you).

Subscribe to this online service now. Here's how:

Step 1: Register for *Online settlements* on your *personal webpages*.

Step 2: After registration, you'll receive a password by e-mail.

Step 3: Once you have opted for the *Settlement details online* service, you'll need this password instead of your date of birth to access your *personal webpages*.

TERMS USED IN THIS BROCHURE

WHAT?	SHORT DESCRIPTION	READ MORE ON PAGE
Day surgery	Surgery performed on an in-and-out, same-day basis without an overnight stay.	20
Direct payment	By using this service you only need to pay your own share of the cost. The part covered by the plan is directly billed to us by your health care provider.	20 - 21
Guarantee of payment (GOP)	A letter of guarantee issued by us indicating the plan member's eligibility, cover and reimbursement rate per type of cost.	21
Health care provider network	We have established a worldwide quality network of several thousands of health care providers (doctors, physicians, pharmacies, hospitals, etc). This network is continuously being monitored, kept up-to-date and adapted to your needs. We have made direct payment and preferential tariff agreements with all providers in our network.	13
Inpatient care	Treatment given on an inpatient basis, where the date of admission differs from the date of discharge.	20



WHAT?	SHORT DESCRIPTION	READ MORE ON PAGE
Membership card	This is the personal card you receive upon affiliation. It contains all our contact details and your personal information. You'll need this card when receiving medical care or when contacting us.	11
Online settlements	This secured online service gives access to an overview of all settlement information, including reimbursement and payment details.	24
Out-of-pocket expenses	Out-of-pocket expenses are the portion of the bill that is not covered by your medical plan.	20
Outpatient treatment	Treatment given on an outpatient basis, where the date of admission is the same as the date of discharge.	19
Personal webpages	We have created personal webpages which you can access anywhere in the world and at any time. On these webpages you can find all information regarding your cover and also access our online services.	12



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