Finding my way around Mutualité chrétienne

Practical guide

Contents

i Mutualité chrétienne (MC) publishes a number of free leaflets covering a range of topics: Incapacity to work, hospitalisation insurance, MAF, etc. To request these leaflets, please call **0800 10 9 8 7** (free call). Or you can order them on **mc.be** or come to see us at one of our local MC branches.

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MICBRO013EN-20. September 2020. Cover image : © iStock.
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Introduction

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WELCOME TO BELGIUM!

Many people believe that Belgium has one of the best social security systems in the world. That may be true and if so, it is the result of a long struggle by our insurance fund to ensure access to quality medical care. We hope the following pages will provide you with all the information you need to enable you to benefit from our social security system and from our mandatory Sickness/Disability Insurance scheme.

You will find a Glossary with some specific terms at the back of the brochure.

Everything you need to know about your mutual insurance fund

WHAT KIND OF SOCIAL SECURITY SYSTEM IS THERE IN BELGIUM?

The social budget in Belgium is broken down into a number of major areas. These include funding the old age pension, as well as unemployment benefits and sickness/disability insurance.

WHAT IS A "MUTUALITÉ"?

A "Mutualité" is a mutual health fund. The principal role of "Mutualité chrétienne" (MC) is to provide the partial reimbursement of healthcare

costs and to provide an alternative source of financial income for members during a period of inability to work. In addition to this primary role, MC provides additional services for its members within the framework of INAMI (National Institute for Sickness/Disability Insurance).
Management of the Sickness Insurance System is entrusted by law to a "Mutualité" such as Mutualité chrétienne – the Christian Health Insurance Fund. We are proud to say that more than 4.4 million Belgians are registered with Mutualité chrétienne (MC).

HOW CAN I BENEFIT FROM THE HEALTHCARE SYSTEM IN BELGIUM?

Benefits are available in three situations:

- When you visit professional healthcare providers.
- When you are admitted to hospital.
- When you receive a drug prescription.

First of all, we invite you to enrol with our "Mutualité". In doing so, you will receive a "Mutualité" membership number. This is an easy and efficient way for all your mutual health insurance documents to be stored and retrieved, together with those of your dependants: yellow detachable labels, ISI+ card.

At MC, we want to be there for you from the cradle to the grave, which is why our benefits and services are varied and evolve along with your needs and those of your family.

MC also provides:

- reimbursements and contributions for vaccinations, eye care, dental care, home help, medical transport, alternative healthcare, etc.;
- benefits and services for the family: birth gift, reimbursements for care, care for sick children, hire of equipment, etc.;
- hospitalisation insurance;
- dental care insurance;
- holidays and leisure for all;
- information about your rights and their protection;
- solidarity movements.

Did you know?

The self-employed are covered by a special system, but they also contribute to the social security system.

MC ADVISERS

There are advisers waiting to help and support you at every MC branch. They will also listen and advise you so that together we can find the most appropriate solution to your individual health situation. They can also steer you towards our various departments: social department, pensions department, etc. Do not hesitate to ask them any questions you may have.

SHARED HEALTH FILE

Your health file keeps a record of all your medical details. These details are generally centralised with your general practitioner. If you give your "**informed consent**", these details may be shared securely with other providers treating you. The benefit for you is that your health will be taken care of better and you will also avoid unnecessary expenses (examinations, etc.).

You can give your informed consent to your health fund adviser, care-provider or hospital.

Enrolling with a mutual healthcare fund

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Dependant or main policyholder?

There are different categories of subscriber:

The policyholder

The main policyholder is a person (whether employed, self-employed, unemployed or retired) who "triggers" the entitlement to healthcare (his or her personal entitlement, as well as that of any dependants).

The dependant

A dependant is a person who benefits from healthcare entitlements via the main policyholder.

Who can be a dependant?

- Children/young adults under the age of 25: children, grandchildren, "au pair" girls, etc.
- Persons living with the policyholder and whose income is lower than a given ceiling: spouse, older relative, cohabitant.
- A spouse living separately who provides for at least one child who can be considered as a dependant, who receives maintenance, who is entitled to receive benefits due to the other spouse or who receives a part of the spouse's pension (and whose income is lower than a given ceiling).

When should you enrol with a mutual insurance fund?

You can register with a mutual insurance fund as a resident, student, worker or as a person covered by another person. For each of these cases, make sure you check our conditions.

To register as a resident

You need to bring along your residency permit (for foreigners from countries that are not part of the European Economic Area).

To register as a student

You need to bring along the certificate of registration given to you by the university or higher-education establishment (copy accepted).

To register as a worker

You need to bring along a document certifying that you are duly covered by the social security system from your employer.

To register as a person covered by another person

Please come and pick up the necessary registration form with the contact details of the person you are living with ("Mutualité" stamps or ISI+ Card) or come along with the person you are living with in order to complete the documents directly with him/her. Do not forget your ID document or your registration certificate from the register of aliens.

To register if you're a citizen of the European Community

If you are a citizen of the European Community, there are various possibilities for registering under international conventions. This means that you may be a worker sent by your foreign employer to Belgium for your job or you should have the benefit of a foreign pension only (while living in Belgium).
Ask our advisers for information about these special conventions.

Your important documents

© TommL

When you enrol with a mutual insurance fund, you will receive a series of helpful documents in the course of your contacts with the fund. These will allow you to benefit from healthcare and the various forms of reimbursement.

Did you know ?

- Always keep your ISI+ Card on you. You will need it whenever you go to a pharmacy, hospital or clinic, consult your mutual insurance adviser, etc.
- The **ISI+ Card** cannot be used abroad. If you are planning to travel abroad, please request the appropriate document.

It is important for us to have accurate and up-to-date information. Always notify your mutual insurance fund in the following cases:

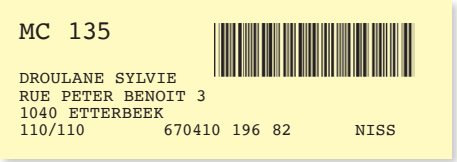
- accident (private life, traffic, occupational, etc.);
- change to your professional status;
- change of address;
- change of bank account;
- loss of the ISI+ Card;
- sickness/hospitalisation;
- marriage/cohabitation;
- separation/divorce;
- birth/adoption;
- retirement;
- death.

Please note that not everyone has an ISI+ card. If you have registered with the local authority where you live, you will be issued with a national registration number. This number is written on your ID card. In this case, you will not receive an ISI+Card and your ID card will act as your health insurance card. The chip also contains data that can only be read by special devices. This data includes the number of your mutual insurance fund, your membership

number, the date on which your healthcare entitlements begin and your access to third-party payments.

IDENTIFICATION LABELS

Every policyholder and dependant receives detachable identification labels made out in their name. These labels contain a range of information that allows you to be identified: the name and number of the mutual insurance fund, your name, address, membership number and reimbursement code. They are also used to identify documents such as treatment certificates after a visit to the doctor, physiotherapist, etc.



At MC, the detachable identification labels are yellow, which is why you will sometimes come across the term "yellow label" in our letters, contacts, etc.

Did you know?

- Always stick a yellow label on every document you send to your mutual insurance fund, such as treatment certificates issued by a doctor, dentist, physiotherapist, etc.
- keep a few labels with you at all times; they will come in useful when you consult a doctor, dentist or when you go along to the mutual insurance fund to request information or submit your treatment certificates.

TREATMENT CERTIFICATES

After each consultation with a healthcare provider (doctor, dentist, etc.), you will receive a treatment certificate containing information about the treatment you have received and the price you paid for it. You must submit this certificate to your mutual insurance fund so that you can be reimbursed for part of what you have paid. Please note that part of the cost will remain payable by you. This part is known as the "co-payment" or "personal share". Any supplements in the charges made for your treatment can also be added to this amount payable by you.

When you visit a pharmacy, you only pay the amount of the co-payment for all drugs eligible for reimbursement.

E-CERTIFICATE

General practitioners and dentists are able to send certificates for care dispensed electronically to the mutual insurance fund. This service is called e-Certificate.

You no longer have to send your certificate to the health fund because it will be sent directly to MC by your doctor or dentist using his/her computer software. The cost of your consultation will be reimbursed within three working days into your bank account.

How to obtain a reimbursement

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Did you know?

- Each time you visit or consult a doctor, dentist, etc. you will receive a treatment certificate (green, white, blue or orange). Do not lose it, because without a certificate you cannot receive a reimbursement.
- You have two years to request and obtain reimbursement for treatment received. Once this deadline has passed, your treatment will no longer be reimbursed.

YOUR PERSONAL ONLINE FILE

By logging into "My MC" – your personal portal on **mc.be** – you can access the following information: check your reimbursements and allowance payments, order and download specific documents (identification labels, forms, etc.), check your personal details and/or the details of persons under the age of 18 in your care, ensure you are up to date with your payments, etc.

Find other services on **mc.be/ma-mc**.

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The rate charged by a healthcare professional is regulated by Conventions agreed between healthcare providers and mutual health funds. Healthcare providers are free to abide by these conventions or not. The amount remaining to be paid by you may thus vary depending on whether your provider is registered or not. Those that do adhere to them are called "registered healthcare providers".

REGISTERED HEALTHCARE PROVIDERS ("Prestataire conventionné")

This healthcare provider undertakes to apply the official treatment rates agreed between the mutual insurance funds and the representatives of the healthcare providers. Only your personal share (or co-payment) will remain payable by you.

NON-REGISTERED HEALTHCARE PROVIDERS ("Prestataire non-conventionné")

This healthcare provider has opted not to adhere to the agreement for doctors and dentists. The provider is therefore free to set fees at any

level for their services. This means that if you consult this type of healthcare provider, only the official treatment rate (see above) will be reimbursed. You will have to pay for any additional fees that the healthcare professional may charge, as well as the co-payment.

PARTIALLY REGISTERED HEALTHCARE PROVIDERS ("Prestataire partiellement conventionné")

There are also healthcare providers who apply the registered healthcare provider rates at certain times or on certain days or depending on the place where they practise (private practice, clinic, etc.).
Unfortunately, it is not always easy to establish when exactly these standardised rates are applied by this kind of healthcare provider.

Higher reimbursements

PREFERENTIAL REIMBURSEMENT RATE BENEFICIARY ("Bénéficiaire de l'intervention majorée" or BIM)

Health-Disability Insurance legislation allows patients to benefit from higher reimbursements for medical treatment and drugs. This is known as the Preferential Reimbursement Rate. Those who benefit from it are therefore known as the Preferential Reimbursement Rate Beneficiaries or BIM (Bénéficiaire de l'intervention majorée) (formerly VIPO).

These beneficiaries are:

- persons entitled to a social benefit: integration income (or equivalent benefit from the CPAS), disability allowance, children suffering from a physical or mental disability of at least 66%, beneficiaries of preferential family allowances (since 1 January 2008), guaranteed income for the elderly, etc. These persons are entitled to the preferential allowance without a means check;
- widows/widowers, the disabled, orphans, pensioners, unemployed persons (for more than one year), beneficiaries of preferential family allowances due to handicap, persons with low income. These beneficiaries must have an income limited to a certain ceiling, as confirmed by an income check.

MC.BE
Find a host of information about the benefits and services offered by MC, the opening times of our branches, the latest news from your region, download forms and documents and much more. At our website you can also view the level of the fees charged by registered healthcare providers as well as the refund rates. You can check whether your healthcare provider is registered and whether they apply the official rates. For information in English, click on "Que faire en cas de" in the left-hand menu, then click on "Welcome to Belgium" (in the section "Changement de situation").

THIRD-PARTY PAYMENT ("Tiers-payant")

The third-party payment system enables you not to have to advance the total amount for certain services. Only the personal share (or co-payment) needs be paid. Certain services must be billed via third-party payment (e.g. during hospitalisation). Provisions vary according to the terms of the agreement in question. For consultations and visits to the doctor, third-party payment cannot apply unless you belong to one of the following categories:

- beneficiaries of the preferential rate;
- beneficiaries whose household has a taxable gross annual income no higher than the amount of the integration income;
- persons fully unemployed for more than 6 consecutive months (head of family or single parent);
- beneficiaries of preferential family allowances. Healthcare providers are free to apply the third-party payment system or not (except if you have a global medical file). If your healthcare provider practises the third-party payment system, their fees will be directly paid by the mutual insurance fund up to the amount covered by Healthcare and Invalidity Insurance.

MAXIMUM BILLING ("Maximum à facturer" or MAF)

Maximum Billing (MAF) guarantees that each household does not have to pay more than a certain amount per annum for its healthcare. This amount is determined according to the social category or income of the household. All persons living at the same address (as of 1st January of the Maximum Billing year) are considered to be part of the same Maximum Billing household. There is no distinction between married persons and cohabitants. Single persons are also considered as a "household".

What healthcare costs are covered?

- Co-payments relating to the fees of doctors, physiotherapists, nurses, paramedics, etc.*
- Co-payments relating to technical interventions, such as surgery, technical examinations, laboratory examinations, etc.
- Co-payments relating to category A, B and C drugs (except for Cx and Cs). (You will find the category indicated on the drug packaging).
- Certain hospitalisation costs.

* Supplements charged on top of statutory fees are not covered.

For whom?

There are several types of Maximum Billing with different ceilings: Income Maximum Billing, Social Maximum Billing, and Individual Maximum Billing. For the application of Maximum Billing, the amounts still payable by the patient are capped. This is determined according to the taxable income of the household.

i To find out more, contact your mutual insurance adviser.

THE GLOBAL MEDICAL FILE ("Dossier Médical Global" or DMG)

The global medical file (DMG) contains healthcare data, minutes of meetings (consultations and visits) with the family doctor, other data and results of consultations with specialists. Everyone is entitled to open a global medical file.

The benefits for the patient

As soon as you have elected to entrust your global medical file to your general practitioner, you will benefit from a 30% reduction on the co-payment of your consultations with this practitioner.

Did you know?

- In the event of a chronic disease, you can benefit from a specific contribution. Contact your MC adviser to find out more.
- Some treatments are subject to the approval of our consultant practitioner (orthodontics, medication, physiotherapy, etc.). Contact your MC adviser to find out more.
- If you are 75 years old or over, or if you are a chronic patient, you are also entitled to a 30% reduction on the co-payment of home visits from a general practitioner; this reduction also applies to all of the general practitioners who have access to your records.

What do you need to do?

If you wish to entrust the management of your medical records to your doctor, ask him or her at your next consultation. To create your file, your doctor will charge special fees that will be reimbursed to you in full. If you keep your file open, these fees will be claimed (and reimbursed) every year.

GENERIC DRUGS

When a pharmaceuticals firm launches a new drug on the market, it benefits from the exclusive right to sell the product for 20 years (patent period). Once this protection period expires, other firms can use the active constituent contained in the reference product to market a drug that will have exactly the same virtues. When an equivalent effectiveness is recognised for the two drugs, the new drug obtains the "generic" label and is eligible for reimbursement on the condition that it is at least 30% cheaper. The reference drug is therefore no longer exclusive and its reimbursement rate is reduced.

It is then only reimbursed up to the amount reimbursed for the generic drug. The generic drug is therefore at least 2.7 times cheaper than the price of the corresponding reference drug (4 times for the preferential reimbursement rate beneficiary).

Did you know?

- Providers are now required to send your prescriptions for medication electronically. This will provide you with printed proof of your prescription.
- Generic medicines are not always the cheapest option. Ask your doctor to give you an "INN" (international non-proprietary name) prescription so that your pharmacist provides you with the cheapest drug.

Incapacity to work

© Smitt

When you are unable to work (following an illness or accident), you are advised to notify your mutual insurance fund as quickly as possible, using the "incapacity to work certificate". Have the certificate completed by your family doctor, place a sticky yellow label on it and send it to us by post.

PLEASE NOTE: you cannot slip the certificate into the mutual insurance fund's green letterbox because the postmark serves as proof of postage. Depending on your status, you have between 2 and 28 days to notify your mutual insurance fund of your inability to work. Find out more from your adviser, who will inform you of the maximum deadline applicable to you. If in doubt, send it within 2 days.

Incapacity to work and disability

PRIMARY INCAPACITY TO WORK

The first year from the start of your incapacity is called the "primary incapacity to work" period.

- **For employees**: the allowance comes into effect after the guaranteed salary period. During the early days or weeks of your incapacity to work, and depending on a number of factors (type of employment contract, trial period), your employer will continue to pay your salary. In fact, you are entitled to the guaranteed salary ("Salaire garanti"). At this time you will not as yet receive benefits via your mutual insurance fund.
- **For the unemployed**: the benefit becomes payable from the beginning of your incapacity.
- **For the self-employed**: if the period during which you are unable to work is shorter than 7 days, you will not receive any allowance. If your period of incapacity to work exceeds 7 days, you may receive an allowance for the whole duration of the illness.

DISABILITY

If you have incapacity to work status for more than a year, this is then known as "disability". The allowance rate will be reviewed regardless of your status (employee, unemployed, self-employed). Throughout the duration of your disability, the medical adviser of the mutual insurance fund will carry out regular checks based on your declarations and medical examinations.

Did you know?

- That you need to submit your declaration in good time, otherwise your allowances will be cut by 10% until the day your certificate is received?
- That the medical adviser can call you in for a medical examination? An unjustified absence will lead to the provisional or permanent suspension of payment of your allowances.
- That during your incapacity to work, any resumption of part-time work must be previously authorised by the medical adviser.
- That when you are going abroad, ask us for advice at least 15 days before your departure.
- That as soon as the medical adviser recognises your incapacity to work, you will receive a series of documents. Some of these documents are to be completed and returned to your mutual insurance fund, others are to be kept.

Injured as the result of an accident?

If you have an accident, notify your mutual insurance fund. If medical costs are incurred following an accident, specify this each time you submit a reimbursement request, giving the date of the accident. Keep your proof of payment and reimbursement. Do not sign any document without consulting your mutual insurance fund, even if the sums proposed appear to be huge: they need to cover the consequences of your accident until the end of your days!

Did you know?

- That you should keep all the documents relating to your accident: medical costs, physiotherapist, travel to the doctor, to hospital, co-payments, etc.?
- That you must tell your mutual insurance fund that these costs are linked to an accident?

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Hospitalisation

The mutual insurance fund covers hospitalisation costs. However, patient may sometimes have to pay additional costs. From the time of admission to hospital, important decisions have to be taken: type of room and choice of doctor, etc. in order to avoid unpleasant financial surprises. The costs linked to being admitted to hospital can vary significantly, depending on the hospital, doctor and type of hospital admission.

Declaration of admission

When arriving at the hospital, you must complete a declaration of admission known as "choice of room and financial conditions". This document is drawn up in two copies: one copy for the hospital and the other for you. Keep your copy in a safe place: it may come in useful if you need to dispute the bill! The Protection department responsible for defending the interests of MC members can help you to clarify any anomalies or problems with your bill.

WHAT IS THE POINT OF THE DECLARATION OF ADMISSION?

This document lists the financial information relating to your hospitalisation. It will allow you to better identify the various elements that will have an impact on the final bill. In fact it clearly sets out the room surcharges and the supplements for medical services (fee supplements).

WITH THE DECLARATION OF ADMISSION, WILL YOU KNOW THE EXACT AMOUNT OF THE BILL IN ADVANCE?

No, the declaration of admission is not a price quote or fixed estimate. In fact, it does not make it possible to estimate the exact amount you will be billed because certain costs cannot be predicted. For example, it is difficult to determine in advance the amount of certain medical costs, in particular expenditure linked to complications, but also of certain non-medical costs. But be careful: certain charges, such as miscellaneous costs, or costs that are not foreseeable, are not listed. You may be required to pay these costs yourself and they may be very high. You can ask the hospital to tell you of the prices of products and services, such as telephone, television, beverages, etc.

PREPARING FOR YOUR HOSPITALISATION

By consulting **mc.be**, you can compare the prices charged by all the country's hospitals. This is a very useful tool for preparing your hospital stay. You can also simulate the costs that a hospital stay might incur. And if you do not have Internet access, you can telephone MC free of charge on **0800 10 9 8 7** or pop into an MC branch. Our advisers will sit down with you to make this comparison on your behalf.

Did you know?

That patients' rights are protects by law? This regulation helps promote trust and the quality of the relationship between patient and practitioner. **Every patient has the right:**

- to benefit from high-quality care;
- to have the free choice of care-provider;
- to be fully informed about his or her state of health;
- to give his or her free and informed consent for every procedure;
- to be informed about the status of the care-provider (registered, non-registered, etc.);
- to have access to his or her medical records;
- to have his or her privacy respected;
- to be represented by a person of trust;
- to have access to mediation.

Billing

When you are admitted to hospital, the mutual insurance fund pays an amount on the basis of the rate of a shared room. This payment is made by the mutual insurance fund directly to the hospital. This method of payment is known as “third-party payment”. As a patient in a hospital, you yourself cover many other costs: a personal share for hospital admission, a number of compulsory fixed costs (drugs, clinical biology, etc.), a personal contribution to the price per day, additional costs for a telephone, etc.

To cover these additional costs, mutual insurance funds and private insurance companies offer you hospitalisation insurance. Thanks to Hospi Solidaire and its optional hospitalisation cover, MC contributes more to the costs linked to hospitalisation. Different packages are available to meet your needs.

© pixdeluxe

Did you know?

- That a non-registered doctor can make surcharges in individual rooms?
- That as soon as you arrive at hospital, you can request to be treated by a registered doctor?
- That supplementary fees and room surcharges can add up to significant amounts on your final bill?
- That if your admission requires an implant (hip, gastric band, etc.) your doctor must be in a position to inform you of the price (sometimes very high) of the materials implanted?
- That the various costs (telephone, fridge, television, costs for accompanying adults, etc.) can also become a significant amount, especially for a long stay? The hospital is obliged to provide you with a list of prices for the most common costs charged.

HOSPI SOLIDAIRE – DENTO SOLIDAIRE

By choosing MC, you have made the right choice. In fact, MC is the only mutual insurance fund in Belgium to offer all of its members hospitalisation and dental care insurance as an automatic inclusion in the supplementary insurance.
Thanks to Hospi and Dento Solidaire, you are covered!

Glossary

A

Admission: entry to a care establishment (hospital, rest home, nursing home, etc.) to stay there for at least one night.

Assisting spouse: the spouse of a self-employed worker who helps that worker conduct his or her business.

C

Care-provider: the party who provides medical or paramedical care (general practitioner, specialist, physiotherapist, nurse, etc.).

Care provision: medical or paramedical service (e.g. a consultation with a general practitioner, or descaling treatment at the dentist).

Certificate of care administered: an official, mandatory document on which the care-provider gives details, in the form of codes, of the care dispensed by the provider to a social insurance policyholder. Based on this document, the policyholder will obtain a reimbursement contribution from his or her Healthcare and Benefits Insurance.

Consultant doctor: the consultant doctor is responsible for checking on the incapacity to work of members, as well as for checking the health services provided (speech therapy, physiotherapy, etc.). Sworn in by the medical control department of INAMI, the consultant doctor is employed by the Medical Department of the insurance body to which the doctor reports. The consultant doctor plays an important medical and social role in terms of providing guidance and advice. In so doing, he or she contributes to the optimum use of the resources in the social security health sector.

D

Dependant: an individual who is not a policy-holder, but as a dependant of the member/policyholder, is able to claim benefits under the Mandatory Healthcare and Benefits Insurance scheme.

Disability: inability to work lasting for more than one year, recognised by the Disability Medical Board on the proposal of the consultant doctor of the mutual insurance fund.

F

Fee surcharges: depending on the type of practice and status of the doctor, surcharges for medical services may be billed in addition to the official rate.

H

Healthcare and Disability Insurance (ASSI), also called Mandatory Insurance. This is the arm of social security system that combines the reimbursement of healthcare services with benefits paid for incapacity to work or disability.

Hospitalisation: admission to a hospital establishment for treatment there.

I

INAMI (National Institute for Sickness/Disability Insurance): Belgian federal institution which, like mutual health funds, plays a crucial role in reimbursing healthcare and providing incapacity to work allowances.

Individual: policyholder with no dependants under the criteria of the Mandatory Healthcare and Benefits Insurance.

Informed consent: consent given by the patient to care-providers so that they can share the patient's health details securely and electronically. This consent is valid for the whole of Belgium.

M

Maximum billing (MAF): reimbursement of medical expenses for households over and above a certain spending ceiling. Once the total for the patient's contribution paid by the household reaches this ceiling (this amount is set according to household income), and contributions paid by patients subsequently are reimbursed by the mutual insurance fund.

MC: Mutualité chrétienne.

Member: a person who has elected to become a member of Mutualité chrétienne to obtain social cover for himself or herself, as well as for any dependants under the Mandatory Healthcare and Benefits Insurance scheme.

Mutual health fund: a non-profit prudential association of natural persons that provides mutual assistance and support. Its aim is to promote physical, mental and social wellbeing (Act of 6th August 1990).

O

Official rate: this is the price set by the agreement between the healthcare fund and the medical practitioner for a particular service. Registered healthcare-providers undertake to abide by the official rates. The official fee is made up of the amount reimbursed by the healthcare fund and your own personal contribution (i.e. the amount remaining to be paid by you).

P

Personal or patient contribution: is the amount of the statutory rate remaining to be paid by you after the contribution made by the healthcare fund.

Preferential Reimbursement Rate Beneficiary (BIM): formerly known as VIPO, this system covers disadvantaged social categories of individuals whose income is below a certain ceiling. BIM allows for the highest level of reimbursement for all healthcare services.

Primary incapacity: year one of the person's inability to work for health-related reasons recognised by the consultant doctor of the mutual insurance fund.

S

Social security: the system of social insurance based on mutual solidarity, funded by individual contributions, taxes and State subsidies. This insurance covers loss of income and any increases in spending due to the vagaries of life.

Supplementary insurance: as a mutual healthcare fund, Mutualité chrétienne (MC) is required to offer its members services that are supplementary to ASSI. Contributions to supplementary insurance cover are mandatory.

T

Third-party payments: billing system that provides for the direct payment of care by the Healthcare and Disability Insurance scheme to care-providers, services or institutions. Individuals who have received this care are then only required to pay the balance after the intervention of the Healthcare and Disability Insurance scheme.

Contact us!

Call us for free on **0800 10 9 8 7** (free call) from Monday to Friday between 8.30am and 6pm and on Saturdays from 9am to 1pm

On **Facebook**, **Instagram** and **Twitter**

Book a video appointment with an advisor or a social assistant on **mc.be/videoconseil**

Via **mc.be/contact** (chat with an advisor online, contact form, etc.)

Explore our large network of MC agencies and the services available near you on **mc.be/points-de-contact**

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THINKING OF JOINING THE MC?

Our main brochure, "Vos avantages et services", tells you about all of our benefits and services. Ask for it free of charge by calling **0800 10 9 8 7** (free call) or visit **mc.be** (FR). Also visit our website "Welcome to Belgium": **mc.be/welcome-belgium** (EN).

MUTUALITE CHRETIENNE