

Health care in Belgium

Instructions for students

Hainaut



Summary

1. Health insurance provider : some explanations
2. Health problems : who to contact
3. How to minimise your healthcare costs



Student Support Service

Reception, information and appointments



For Mons and Charleroi
Service Administratif en
Support aux Étudiant·es (SASE)
Chaussée de Binche, 151
7000 Mons
Building i
065/32 32 27



For Tournai
Rue de Gategnies, 6
069/857 817

<https://uclouvain.be/en/study/support>

1. Health insurance provider : some explanations

Health insurance provider (Mutuelle) are one of the branches of social security based on the principle of solidarity, and provide reimbursements for health care. Registration with an insurer is compulsory in Belgium.

They operate according to several principles :

1. Compulsory insurance: it is free. Reimbursement amounts are the same regardless of the health insurance provider;
2. Supplementary insurance: it requires you to pay a premium, and the benefits vary from one health insurance provider to another;
3. Optional insurance: it provides greater reimbursement for specific treatments (e.g. dentistry, hospitalisation).

When to register for insurance

If you are Belgian or have Belgian status :

Two possibilities :

> You are over 25 years old

Or

> You interrupted or completed your studies and found a job

> You receive unemployment or CPAS benefit

> You are self-employed

You register with the health insurance provider of your choice.

If, however :

> You are under 25 years old,

> You are a student and

> You are a dependent on your parents who have a Belgian health insurance provider.

You are covered by the health insurance provider of the person(s) on whom you are dependent (e.g. parents, guardian).

If you are an international student

You must have Belgian healthcare insurance (mutuelle) even if you already have international insurance.

Why ?

Hospitals cannot bill international insurers directly. If you do not have a Belgian health insurance (mutuelle) provider, you will have to pay all costs in advance and then obtain reimbursement from your international insurer.

With a Belgian health insurance, healthcare interventions related to hospitalizations and exams are billed directly to the health insurance provider, and you pay only the amount for which you are responsible.

You are eligible for Belgian health insurance provider when :

- > You are domiciled in Belgium
- > You are enrolled as a student at UCLouvain

If you have a **European health insurance card**, you can also register with a Belgian health insurance provider and will not have to pay any premiums.

More information on health insurance provider for international students :

<https://uclouvain.be/en/study/support/eu-and-non-eu-students.html>



How to register

Once you have compared the services and benefits of the different health insurance provider, you can register by either :

- > visiting a branch, often by appointment or
- > completing their online form

During registration, you must provide :

- > certificate of school attendance
- > household composition certificate (domicile certificate)
- > Belgian national number (NISS or NISS BIS)
- > Belgian bank account number

What do health insurance provider reimburse ?

Partial or total reimbursement for healthcare services :

- > consultations with general practitioner (GP) and specialists
- > drugs prescribed by a GP, dentist or midwife
- > physiotherapy treatment
- > care provided by a nurse
- > dental treatment
- > childbirth
- > prostheses, wheelchairs, bandages, etc.
- > hospital care
- > functional rehabilitation
- > ...

Benefits of supplementary insurance :

- > partial reimbursement of sport memberships
- > assistance for speech therapy
- > assistance for glasses (corrective lenses)
- > ...

Health insurance provider-related documents

Identification card (ID) or residence permit

This microchip card contains all your details relating to your membership in the health insurance provider. The doctor will ask for it during your consultation.

Stickers

Once you have registered with the health insurance provider, you will receive a number of stickers with your identification details and health insurance number. We strongly advise you to carry them with you at all times.

Once you have seen your doctor, attach a sticker to the treatment certificate and submit it to your health insurer provider in order to obtain reimbursement. This document must be submitted within a maximum of two years.

eAttest

Most doctors have digitised their operations. Such doctors can electronically bill your health insurance provider for the consultation so that you are reimbursed automatically on your bank account.

Statement of health insurance provider reimbursements

A summary of reimbursements is available on request from the health insurance provider or in your online member account.



2. Health problems: who to contact

When you're sick, look no further...

Your **general practitioner** (GP) is the first person to turn to in the event of illness. He or she takes an interest in you as a whole, gives you personalised advice, treats you and, if necessary, refers you to a specialist.

In the evening, at night, on weekends and public holidays, a general practitioner is on call at the Poste Médical de Garde (PMG): to find the nearest one, dial 1733

Hospitals have an **emergency department** reserved for people referred by GPs and for situations requiring urgent care.

Depending on the urgency of your situation, you will be treated more or less quickly, but waiting times can sometimes be long.

It is advisable to contact a GP beforehand.

If you have a life-threatening medical emergency and are unable to travel, you can **call 112** (valid throughout Europe) to summon help.

Drugs

In **pharmacies**, drugs are sold over the counter or via prescription.

> Over-the-counter drugs are not reimbursed by your health insurance provider. You can ask the pharmacy for advice on buying the right medicine.

> Prescription drugs are only dispensed when prescribed by a doctor. These prescriptions are made via your identification card or residence permit (or manually if you do not yet have either). Part of the cost of the medication is reimbursed by the health insurance provider directly to the pharmacy, so you will only pay your share, with no further administrative steps to take.

You can always ask the pharmacist if there is any additional reimbursement from your health insurer provider's supplementary insurance.

In the evening, at night, on weekends and public holidays, there is always a **pharmacy on call** :

- information via the GP
- www.pharmacie.be
- +32 (0) 903 99 000 (attention : 1,5 €/minute)



Alternative medicine

Reimbursement for consultations with alternative practitioners is covered by **supplementary insurance** and varies from one health insurance provider to another: homeopathy, osteopathy, acupuncture, etc.

Learn more from your GP.

Patient rights

- > Everyone is **free** to choose their doctor and to change doctors at any time.
- > The GP is someone with whom there is an open **dialogue** and decisions are always taken by **mutual agreement**.
- > Medical records can be **consulted** on request and the doctor is bound by **professional confidentiality**.

More information :

<https://www.health.belgium.be/en/health/taking-care-yourself/patient-related-themes/patients-rights>



MaSante.be

The masante.be website allows you to consult the results of your medical exams or digital prescriptions, and to get an overview of all your healthcare.

www.masante.belgique.be/#



3. How to minimise your healthcare costs

Social security approved doctors

Agreements exist between doctors and health insurance providers to set **maximum fees**.

> Social security approved doctors (médecin conventionné) comply with the rates set out in the agreement and receive certain benefits in return.

> Non-social security approved doctors (médecin non-conventionné) choose to forego these benefits but are free to set their own fees, which can be up to 300% of the official rate.

For example, a consultation with a GP costs €32 at the standard rate in 2024 and the health insurance provider reimburses a large part of this amount. The actual cost to the patient is therefore between €1 and €6, depending on his or her status. A doctor who is not covered by the agreement may charge €45 or €50 for the consultation, but the health insurance provider will always reimburse the same amount, leaving the rest to be paid by the patient.

To avoid unpleasant surprises, check whether the doctor is covered by the agreement. This information can be found on the doctor's website, requested when you book your appointment, or found by consulting the following website.

<https://webapppsa.riziv-inami.fgov.be/silverpages/>



> Partially-approved doctors (médecins partiellement conventionnés).

It is also possible for the same doctor to charge either agreed or unagreed fees, depending on the location or the time of day.

For example: A dermatologist will charge an agreed rate for consultations on Mondays in hospital, but a non-agreed rate in his or her private practice on Tuesdays.



Third-party payment

As a general rule, a fee is charged for a consultation with a doctor. The health insurance provider reimburses part of this amount on presentation of the care certificate or with the eAttest. The remainder, payable by the patient, is known as the "**co-payment**" ("ticket modérateur").

In some cases, particularly in trying financial circumstances, it is possible to ask the doctor if you can pay only the co-payment: this is known as the "**third-party payment**" ("système du tiers payant").

To make these formalities easier, it is essential to bring your identity card, residence permit or health insurance stickers with you when you see your doctor.

Higher reimbursement beneficiaries (BIM)

Based on the **principle of solidarity**, the mission of health insurance providers is to help certain categories of the population in difficulty. People on low incomes can benefit from BIM (Bénéficiaires de l'intervention majorée) status, which means higher reimbursements for their healthcare costs.

This status also entitles you to other benefits such as:

- > subscription discounts for STIB, De Lijn, TEC, SNCB
- > social energy rate (gas, electricity, water)
- > ...

Further information for completing the application form can be obtained from the health insurance provider.

Finally, GPs are obliged to apply **third-party payment** to all their BIM patients.

Comprehensive medical file (DMG)

All GPs and specialists must keep a file for each contact with a patient. This file may or may not be centralised in the DMG (Dossier médical global), according to the patient's choice, in agreement with his or her GP.

You can request this centralisation (DMG) from your GP. Thanks to the DMG, **the co-payment for each consultation is reduced.**

Maximum billable amount

In the event of a serious or chronic illness, a great deal of care may be required, at considerable cost.

For these patients, health insurance providers have set a ceiling for the maximum amount of costs charged, depending on income. Costs in excess of this ceiling are reimbursed in full by the health insurance providers.



Belgian health insurance provider



www.riziv.fgov.be/fr/professionnels/autres/mutualites/Pages/contactez-mutualites.aspx

Health insurance provider are organized into National Unions:

> Union Nationale des Mutualités Chrétiennes
www.mc.be

> Union Nationale des Mutualités Libérales (Partenamut)
www.mloz.be

> Union Nationale des Mutualités Neutres
www.mutualites-neutres.be

> Union Nationale des Mutualités socialistes
www.solidaris.be

> Caisse Auxiliaire d'Assurance Maladie Invalidité (CAAMI)
www.caami-hziv.fgov.be

ATTENTION : CAAMI is a public institution that performs the same tasks as a health insurance provider, but does not have supplementary insurance. There is therefore no membership fee to pay, but neither do you have the advantages of supplementary insurance (fitness, contraception, certain alternative medicine consultations, etc.).