



ALEBA HEALTHCARE PLAN

Social Fund regulations **Application date: April 1, 2022**

1. Definition

In accordance with article 7b of the legal statutes of the ALEBA Healthcare Plan, the Social Fund offers aid to members facing illness, accident, hospitalization, or dental care.

2. Beneficiaries

All members as defined in article 10 of the articles of association of the ALEBA Healthcare Plan after a twelve-month waiting period.

3. Allocation to the fund and intervention regulations

A sum of 10,000 € is allocated to the fund per year. Should this limit be exceeded the reimbursements will be paid on a pro-rata basis. Any changes to this amount will have to be approved by the Board of Directors

4. Compensation request

Reimbursement requests must be sent to the ALEBA Healthcare Plan Social Fund, BP 325, L-2013 Luxembourg. The form is available on the website www.aleba.lu/mutuelle. Requests must be submitted with all supporting documents, copies of invoices and compensation breakdowns.

5. General terms and conditions

- A. No compensation will be paid by the Social Fund unless action has been taken by the compulsory sickness insurance provider in the Grand Duchy of Luxembourg or a compulsory foreign insurance provider. Supplements for single-room hospital stays and fees for personal conveniences are not covered by the Social Fund.
- B. The excess payable by the member must be at least 800 € after compensation by the CNS and by the CMCM and/or by other mutual assistance and/or insurance providers in the Grand Duchy of Luxembourg and/or abroad. The maximum amount allocated to the affiliated is limited at 2.000 €.

- C. For an applicant who is not a member of a complementary mutual benefit fund in either the Grand Duchy of Luxembourg or elsewhere, the theoretical amount considered by the CMCM, will be deducted from the residual amount to be paid.
- D. Under no circumstances, the total amount of reimbursements of the social fund, the compulsory sickness insurance in Luxembourg or abroad and a supplementary insurance, can be more than the amount charged for the benefit.
- E. The Management Committee of the ALEBA Healthcare Plan reserves the right to refuse records of chronic diseases after a first round of care.
- F. To guarantee the benefits owed, the Mutual must ensure that the assets are sufficient to cover the expenses.
- G. Each reimbursement claim will be for only one pathology or one treatment.
- H. The Social Fund covers only the affiliated member with ALEBA or the “Amicale” of retired members.

6. Dental care

A. Dental implants

Departing from article 5 A), the social fund, in accordance with the CMCM's procedure, supports an amount of 150 € per dental implant, with a maximum of 3 x 150 € for a total amount of 450 € per year. The provisions of the articles 5 C) and 5 D) remain in effect.

B. Other dental treatments

For dental care, the reimbursement rate is 50% of the benefits granted by the CNS and the CMCM. The total of the contributions of the social fund can, in no case, be superior to 50% of the amount charged. For the applicant who is not a member of the CMCM, the theoretical amount considered by the CMCM will be deducted from the amount remaining to be charged. The maximum amount of support is set at 2000 €.

7. Prescription

As per the provisions in force at the CNS (Caisse Nationale de Santé Luxembourg) applications to benefit from the services described in these regulations are prescribed 2 years after the date of invoice.

8. Additional provisions

- This regulation applies to all files submitted from April 1, 2022.
- Provisions that are not in this regulation, will be dealt with by the Management Committee in accordance with the law of the 1st august 2019.
- Decisions of the Management Committee concerning the social fund are likely to appeal, to be done in writing and motivated, during 6 months from the date of notification to the member.
- Retired members of the “Amicale des membres pensionnés de l’ALEBA” will be able to apply for benefits after January 1st, 2021.