

Pay your CM-contribution on time

If you do not pay your CM-contribution on time, you will be suspended from this package. You will no longer be entitled to any CM-services and benefits. Make sure you pay on time to avoid suspension.



CM-contribution

CM has a comprehensive package of **services and benefits**: an additional reimbursement for spectacles or lenses, travel assistance, patient transport, maternity care, etc. The complete overview can be found at www.cm.be/voordelen.

You may use all these services and benefits on condition that you are up to date with CM-contribution payments.

What if you don't pay your CM-contribution?

Just like other national health insurance funds, CM is required to follow up on arrears. If you do not pay your CM-contribution over a period of 24 months (since 2019), your cover for any CM-services and benefits will be cancelled. **In this situation, CM is legally obliged to end your cover for services and benefits.**

Consequences

Waiting period for renewed cover for CM-services and benefits

Once your cover for CM-services and benefits has been cancelled, you will no longer be entitled to refunds, and some services will become more expensive. You will have to wait for 24 months to renew your cover. During this period, you will have to pay the CM-contribution without any entitlement to refunds or reduced CM-contributor rates for services such as patient transport, home care for sick children, purchase of incontinence products, etc.

Additional cover with CM-insurances

CM-contributors who were covered by CM-insurances/CM-verzekeringen (CM-MediKo Plan, CM-Hospitaalplan, CM-Hospitaalfix or CM-Hospitaalfix Extra) will **also lose their cover for these plans**. This is a legal obligation for CM in the event of non-payment of the CM-contribution. You will only be able to re-establish your CM-insurance cover after all conditions have been met, and you will also need to agree to the new waiting period. The premium will be determined on the basis of your new cover, and contributions may therefore be higher.

For the **CM-Hospitaalplan**, the pre-existing condition clause will apply, so the waiting period for pre-existing conditions or pregnancies will begin again.

Your new cover with the **CM-MediKo Plan** will only be reinstated 3 years following the termination of your previous cover.

What you need to know

In the event of termination of your cover with CM-services and benefits, you **retain** the right to **reimbursement of health care** (e.g. reimbursement after a consultation with a general practitioner), provided that you have fulfilled your obligations.

Information on overdue contributions is **shared with all national health insurances**. If you were a contributor to several national health insurances during a period of 24 months, arrears must be paid to all national health insurances before you will again become entitled to the CM-services and benefits.

Those who are in arrears with their CM-contribution payments will receive several reminders before CM will take action to cancel their cover. When you reach a period of 24 months of arrears, you will receive a **final reminder**.