



# Policy Conditions 2020

## Supplementary Insurance

### AV-Prima-Master

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# Definitions

## Accident

A sudden and direct effect of an external force that causes physical injury the medical nature and location of which can be determined by Zorg en Zekerheid.

## Acupuncturist

An acupuncturist registered as a doctor or dentist in accordance with the conditions set out in Section 3 of the Individual Healthcare Professions Act (BIG Act) and who has completed the supplementary training course in acupuncture. This can also be a person who has completed training at higher professional level and satisfied the requirements and quality criteria of the Netherlands Association for Acupuncture (NVA). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

## Admission

Institutional admission, if and insofar as the insured care can only be offered at an institution on medical grounds.

## Ambulance transport

The medically necessary transport by ambulance of individuals who are ill or wounded.

## Anthroposophic therapist

An anthroposophic therapist must comply with one of the following conditions, namely that he/she must be:

- a physiotherapist who is registered in accordance with the conditions of Section 3 of the BIG Act and who has completed a supplementary training course in anthroposophy;
- a dietician, speech therapist or remedial therapist who satisfies the requirements of the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and who has completed a supplementary training course in anthroposophy;
- a nurse or midwife who is registered in accordance with the conditions of Section 3 of the BIG Act and who has completed a supplementary training course in anthroposophy;
- a health care professional who has completed the training course in artistic therapy or eurhythmics at higher professional education level;
- a health care professional who has completed a supplementary training course in anthroposophic (psychosocial) assistance.

All therapists must be registered with a professional association affiliated with the Federation of Anthroposophic Health Care (FAG). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

## Basic insurance

The health insurance in accordance with the Healthcare Insurance Act taken out with the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a. or another health insurer. Also known as the master policy or health insurance.

## Beautician

A beautician who is affiliated with the General Dutch Sector Organisation for Beauticians (ANBOS).

## BIG Act

The Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg*).

## Birth centre

A facility that provides delivery and postnatal care under the direction of obstetricians and midwives providing primary obstetrics care. A primary birth centre is typically housed in separate accommodation with a distinctive physical atmosphere and a direct, covered walkway to the hospital. A primary birth centre serves as an alternative for women who wish to deliver their child at an outpatients' clinic without it being medically necessary to do so.

## Board of Directors

The Board of Directors of the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a.

## Care aids

The care aids as specified in the health insurance policy.

## Care aid provision

The provision of care aids, as well as bandaging, under ministerial regulations, taking into account the Zorg en Zekerheid Care Aids Regulations with respect to requirements for permission, duration of use and volume prescriptions.

### Care Aids Regulations

The Care Aids Regulations may be requested from Zorg en Zekerheid or viewed at [zorgzekerheid.nl/polisvoorwaarden](http://zorgzekerheid.nl/polisvoorwaarden).

### Care hotel and convalescent home

Institutions that offer short-term intensive treatment to people with physical and/or psychosocial problems whose ability to perform daily functions is disrupted and for whom outpatient treatment is not or is not yet sufficient. This does not include a stay at a primary care institution.

### Care Intensity Package (ZZP)

A Care Intensity Package (known by its Dutch abbreviation, ZZP) is a care package geared to your personal characteristics and to the care you need. The ZZP comprises the elements of residential services, care, treatment and services, and possibly also day-care activities. There are several types of ZZP, some of which include day-care activities. The level of the ZZP corresponds to the level to which you are entitled. The care must reflect the statutory description of one of the ZZPs defined for this purpose for long-term mental health care. A comprehensive description of all the care covered by a ZZP can be found on the website of the Dutch Healthcare Authority.

### Centre for special dentistry

A university centre or centre deemed to be equivalent by Zorg en Zekerheid established for the provision of dental care in special cases in which treatment requires a team-based approach and/or special expertise.

### Centre for genetic counselling

An institution which holds a licence under the terms of the Special Medical Procedures Act (*Wet op de bijzondere medische verrichtingen*) for clinical genetic testing and the provision of genetic counselling.

### Centre for specialist medical care

An institution for specialist medical care that has been accredited as such under or pursuant to the regulations imposed by the Care Institutions (Accreditation) Act (*Wet toelating zorginstellingen*, Wtz).

### Cesar/Mensendieck remedial therapist

A Cesar/Mensendieck remedial therapist who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree, in accordance with Section 34 of the BIG Act.

### Chemist medicine

Medicine that can be obtained at a pharmacy or chemist without a prescription but that is not a homoeopathic medicine. This is determined using the Royal Dutch Pharmacy Society (KNMP) list that is applicable at the time of supply. These medicines are also known as 'over-the-counter drugs'.

### Child

Unmarried own, adopted or foster child under 18 years old.

### Chiropractor

A chiropractor who is registered as a professional in the chiropractic profession and who has completed academic training (recognised 'college of chiropractic'). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### Chronic disorders requiring physiotherapy and/or remedial therapy

A disorder that is included in Appendix 1 of the Healthcare Insurance Decree on the date on which the treatment was specified on the claim invoice.

### Collective

A group of individuals whose interests are promoted by an employer or a legal entity by virtue of an agreement between Zorg en Zekerheid and that employer or legal entity.

### Combined Lifestyle Intervention

Combined Lifestyle Intervention (CLI) is a programme aimed at the reduction of caloric intake, increase in physical activity and, where relevant, the customised addition of psychological interventions to change behaviour.

### Comprehensive maternity package

A maternity package that along with all necessary care aids for the delivery and period of recovery following delivery also includes a number of useful extras.

### Contracted care

Care provided by Zorg en Zekerheid under a health insurance policy on the basis of an agreement concluded between Zorg en Zekerheid and a care provider or care institution.

### Contracting country

Any state with which the Netherlands has entered into a treaty concerning social security, which includes rules governing the provision of health care, other Member States of the European Union, a signatory of the EEA Agreement, or Switzerland.

### Convalescent home and care hotel

Institutions that offer short-term intensive treatment to people with physical and/or psychosocial problems whose ability to perform daily functions is disrupted and for whom outpatient treatment is not or is not yet sufficient.

### Conventional care

Care and services whose content and scope will partly be determined by science and practice, or in the absence of such criteria, by what is considered to constitute reasonable and adequate care and services within the field of the specialisation concerned.

### Corporate physician

A doctor registered as a corporate physician in the register administered by the Medical Specialists Registration Committee (RGS) of the Royal Dutch Medical Association (KNMG) and who acts on behalf of an employer or the Occupational Health and Safety Service to which that employer is affiliated.

### Craniosacral therapist

A care provider (who is not the patient's own general practitioner) who is trained in health care to at least higher professional education (HBO) standard, and who satisfies the educational entry requirements set by the register for craniosacral therapy in the Netherlands (RCN). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### Day treatment

Treatment at an institution involving admission and discharge on one and the same day.

### Dental surgeon

A dental specialist registered as a dental surgeon in the register of specialists in oral diseases and dental surgery of the Netherlands Dentistry Society (NMT).

### Dentist

A dentist registered as such in accordance with the conditions set out in Section 3 of the BIG Act.

### Diagnosis-Treatment Package towards Transparency (DOT) and Diagnosis-Treatment Combination (DTC) care product

DOT is the claim system for hospitals that came into effect on 1 January 2012. The units eligible for reimbursement are called DTC care products. These DTC care products have been defined by the Dutch Healthcare Authority (NZa). A DTC care product commences at the moment an insured person applies for treatment from a medical specialist and is concluded after a fixed number of days. The rates that apply to these care products can be divided into three categories: a fixed category with fixed rates, a regulated category to which maximum rates apply and a non-fixed category in which insurers conclude agreements with hospitals, independent treatment centres and independent extramural specialists about the applicable rates.

### Diagnosis-Treatment Combination for mental health care (GGZ), DTC

A DTC describes the defined, validated process involved in specialist medical care and specialist (secondary) mental health care, in terms of a DTC code of practice established by the Dutch Healthcare Authority. This description includes the patient's care need, the type of care, the diagnosis and the treatment. The DTC process starts at the point at which the policyholder reports a problem to the medical specialist and finishes at the end of treatment, or after 365 days.

### Dietician

A dietician who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree, in accordance with Section 34 of the BIG Act.

### Disorders in physical function

Disorders in physical function are defined as handicaps related to movement, vision or mobility. Psychological and social functional disorders arising from a physical defect do not form an indication for reimbursement.

### Dispensing general practitioner

A general practitioner (family doctor) who is permitted to dispense medicines by virtue of Section 61(10) and (11) of the Medicines Act (*Geneesmiddelenwet*).

### District nursing

Nursing and care as provided by nurses.

### Doctor

A doctor registered as such in accordance with the conditions set out in Section 3 of the BIG Act.

### DSM IV-TR

Diagnostic Statistical Manual of Mental Disorders: the international classification system for mental health care. The DSM lists the criteria that serve as a guideline in the diagnosis of a psychiatric disorder. IV-TR refers to the textual review of the fourth revised version of the DSM.

### Educationalist

An educationalist registered as a remedial educationalist with the Association of Educationalists in the Netherlands (NVO).

### EU or EEA state

In addition to the Netherlands, the following countries are part of the European Union: Austria, Belgium, Bulgaria, Croatia, Cyprus (the Greek part), the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Sweden and the United Kingdom. Switzerland has equal status on the basis of treaty provisions. The EEA countries (the states that are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.

### Existing user

An existing user has either:

- received the reimbursement previously AND not changed the supplementary insurance; or
- received the reimbursement previously, has not been covered by basic or supplementary insurance for a period of time and has now taken out the same supplementary insurance as before.

### Family

Two married persons or two unmarried persons with or without unmarried children or a single person with one or more unmarried children, who demonstrably cohabit long-term and who run a joint household.

### Family member

Person belonging to the family as referred to in the previous definition.

### Fraud

Fraud is defined, in any case, as the act of or committing, or an attempt to commit, forgery of documents, deceit, to prejudice entitled parties and/or commit embezzlement with respect to the conclusion and/or performance of a health insurance contract or other insurance contract, and aimed at acquiring a payment or goods or services to which there is no entitlement or acquiring insurance cover under false pretences.

### Generalist Basic Mental Health Care (GGZ)

Diagnostics and treatment for minor to moderate, non-complex mental or stable chronic problems. Generalist basic mental health care is subdivided into four service types based on the associated patient profiles:

- a. Short-term (*BK*);
- b. Medium-term (*Basis GGZ Middel, BM*);
- c. Intensive (*Basis GGZ Intensief, BI*);
- d. Chronic (*Basis GGZ Chronisch, BC*).

### General practitioner

A doctor registered as a general practitioner in the register administered by the Registration Committee for Medical Specialists (RGS) of the Royal Dutch Medical Association (KNMG).

### Geriatric physiotherapist

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as a geriatric physiotherapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

### Geriatric remedial therapist

A remedial therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and who is registered as a geriatric remedial therapist in the Quality Register for Paramedics.

### Geriatric rehabilitation

Geriatric rehabilitation includes integral and multi-disciplinary rehabilitation care as provided by specialists in geriatric medicine in connection with physical frailty and complex multimorbidity and a reduced ability to learn and be trained. The aim of geriatric rehabilitation is to improve the insured person's functional limitations and therefore enable a return to the home situation.

### GeZZondcheck

The GeZZondcheck is a tool used to measure how healthy you are. The results obtained can be used to provide you with personal recommendations regarding your health and lifestyle.

### GVS personal contribution

The Medicine Reimbursement System (GVS) is part of the entitlement schemes provided under the Healthcare Insurance Act. Medicines that are registered in the GVS are covered by health insurers under the basic insurance. A personal contribution applies to specific medicines.

### GGD doctor

A doctor who works for the Municipal Health Services in the field of public health, forensic medicine and medical aid in emergency situations, natural disasters and suchlike.

### Hand therapist

An occupational therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree in accordance with Section 34 of the BIG Act and who is registered as a hand therapist in the Quality Register for Paramedics.

### Haptotherapist

A haptotherapist who has completed a health care training course to higher professional education (HBO) standard and who has also completed the supplementary training course in haptotherapy. A haptotherapist must comply with the educational entry requirements and quality criteria used by the Association of Haptotherapists (VVH). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### Health insurance

The health insurance in accordance with the Healthcare Insurance Act taken out with the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a. or another health insurer. Also known as 'basic insurance' or 'the master policy'.

### Health insurance policy

The deed concluded between the policyholder and the insurance company in which the health insurance coverage is set out.

### Health insurer

The insurer who is accredited as such and provides insurance within the meaning of the Healthcare Insurance Act, hereinafter to be referred to as Zorg en Zekerheid.

### Health psychologist

A health psychologist registered as such in accordance with the conditions set out in Section 3 of the BIG Act.

### (Classic) homoeopath

A (classic) homoeopath registered as a doctor or dentist in accordance with the conditions set out in Section 3 of the BIG Act and who has completed the supplementary training course in homoeopathic medicine, or a (classic) homoeopath who has completed a health care training course to higher professional education (HBO) standard and a supplementary training course in homoeopathy. A homoeopath or classic homoeopath must comply with the educational entry requirements and quality criteria as used by for example the Netherlands Association for Classic Homoeopathy (NVKH). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### Hospice

An institution specially designed for the temporary care of terminally ill patients in the final phase of their life and for the temporary care of their close family and relatives.

### Hospital

A centre for specialist medical care that is admitted as a hospital or independent treatment centre (ZBC) in accordance with the rules of the Care Institutions (Accreditation) Act (*Wet toelating zorginstellingen*, Wtz).

### Informal care

The care of the chronically ill, disabled and people in need of help by close family/relatives, other family, friends, acquaintances and neighbours.

### Inpatient care

A stay for at least 24 hours.

### Insurance

The legal relationship regulated by the insurance agreement.

### Insurance agreement

The insurance agreement entered into between a policyholder and the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a.

### Insurance year

The period specified on the policy schedule and each subsequent continuous 12-month period.

### Insured party

Every person obliged to take out insurance and whose name is specified on the insurance policy, policy endorsement or certificate of registration.

### IVF attempt

Care relating to in vitro fertilisation methods, including:

- hormone treatment to stimulate the maturation of ova within the ovaries;
- follicle puncture;
- the fertilisation of ova and laboratory cultivation of embryos;
- single or multiple intrauterine implantations of embryos to initiate pregnancy.

### Laboratory testing

Testing carried out by a laboratory accredited as such in accordance with the Care Institutions (Accreditation) Act (*Wet toelating zorginstellingen*, Wtz).

### Lactation expert

A lactation expert who is affiliated with a professional group of lactation experts and who works in accordance with the guidelines laid down by the Dutch Association of Lactation Experts (NVL).

### Lifestyle coach

A lifestyle coach is a professional who guides people to take control over their own health and welfare, explicitly based on the definition of positive health. The aim is to enable people to feel good about the life they lead, taking account of all their abilities and limitations. A lifestyle coach is registered as a lifestyle coach in the register of the Professional Association of Dutch Lifestyle Coaches (BLCN) or the relevant section of the register for paramedics.

### Long-Term Care Act

The Dutch Long-Term Care Act (*Wet langdurige zorg*, Wlz).

### Manual practitioner

A manual practitioner registered as a doctor in accordance with the conditions set out in Section 3 of the BIG Act and who has completed the supplementary training course in manual medicine.

### Manual therapist

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as a manual therapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

### Market rate

Insofar as the amount charged by the care provider is not unreasonably high in proportion to the amount charged by other care providers for similar procedures.

### Master policy

The health insurance in accordance with the Healthcare Insurance Act taken out with the Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a. or another health insurer. Also known as 'basic insurance' or 'health insurance'.

### Maternity care agency or maternity centre

An institution accredited in accordance with statutory regulations and acknowledged by Zorg en Zekerheid as such for the provision of maternity care at the home address or other accommodation of the insured party.

### Maternity care

The care of the mother and newborn child at the insured person's home that is provided by a maternity caregiver affiliated with the maternity care provider, after an intake, by phone or otherwise, by the maternity care provider or maternity centre.



### Medical adviser

A doctor, dentist, physiotherapist or other expert who advises Zorg en Zekerheid on medical, physiotherapy-related or other matters.

### Medical necessity

An insured person is only entitled to the type and scale of care that is reasonably appropriate to the insured person's needs and insofar as it is covered by this policy, and as deemed necessary by the medical adviser of Zorg en Zekerheid.

### Medically necessary care abroad

Care that is medically necessary and cannot reasonably be postponed until the insured person has returned to his country of residence.

### Medically necessary repatriation

The medically necessary patient transport from the place of stay abroad to a hospital, rehabilitation institution or nursing home in the Netherlands, in the case of a stay abroad as referred to in Article 3, Care Abroad.

### Medical specialist

A doctor registered as a medical specialist in the register administered by the Registration Committee for Medical Specialists (RGS) of the Royal Dutch Medical Association (KNMG).

### Menopause consultant

A menopause consultant who has completed a health care training course to higher professional education (HBO) standard with the additional qualification of gynaecology and who satisfies the quality criteria laid down by the Care for Women association, for instance.

### Mental health care institutions

Institutions that provide medical care in connection with psychiatric disorders and have been accredited as such in accordance with the Care Institutions (Accreditation) Act (*Wet toelating zorginstellingen*, Wtz).

### Midwife

A midwife registered as such in accordance with the conditions set out in Section 3 of the BIG Act.

### Multidisciplinary care

Multidisciplinary care is provided in the event of a specific chronic condition (COPD, asthma, CVRM and diabetes mellitus type 2). The care must be provided by a diverse group of care providers in a coordinated manner, and in conformance with the care standards for the condition in question. For an overview of care providers participating in the multi-disciplinary care, go to our website [zorgenzekerheid.nl](http://zorgenzekerheid.nl).

### Mutilation

Mutilation is defined as a case of serious disfigurement that is directly noticeable in day-to-day life. This mutilation must be the result of a disease, accident or medical procedure.

### New user

A new user has either:

- not received the reimbursement before; or
- received the reimbursement previously, but changed the supplementary insurance; or
- received the reimbursement previously, has not been covered by basic or supplementary insurance for a period of time and has now taken out supplementary insurance that is different from the one before.

### Nurse

A nurse as registered in accordance with Section 3 of the BIG Act.

### Nursing specialist

A nurse as registered in accordance with Section 3 of the BIG Act who specialises in acute, chronic, preventive or intensive care for somatic conditions or in mental health care.

### Occupational therapist

An occupational therapist who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree, in accordance with Section 34 of the BIG Act.

### Oedema therapist

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as an oedema therapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

**Optometrist**

A paramedic who carries out checks, measurements and various supplementary medical examinations on eyes, either autonomously or under the supervision of an ophthalmologist.

**Oral hygienist**

An independent oral hygienist who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and is authorised under Section 4 of the Healthcare (Unsupervised Activities) Decree.

**Orthodontics**

A treatment or examination generally acceptable according to medical and dentistry standards and classified as a specialisation practised by an orthodontist.

**Orthodontist**

A dental specialist registered in the register of persons specialising in dento-maxillary orthopaedics maintained by the Netherlands Dentistry Society (NMT).

**Orthomolecular practitioner**

A doctor registered in accordance with the conditions set out in Section 3 of the BIG Act and who has completed the supplementary training course in orthomolecular medicine.

**Orthoptist**

A paramedic who diagnoses and treats disorders regarding the joint functioning and development of the eyes.

**Osteopath**

An osteopath who has completed a health care training course to higher professional education (HBO) standard and who has completed the supplementary course in osteopathy and is registered with the Dutch Registry of Osteopaths (NRO). A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

**Over-the-counter drugs**

Medicine that can be obtained at a pharmacy or chemist without a prescription but that is not a homoeopathic medicine. This is determined using the Royal Dutch Pharmacy Society (KNMP) list that is applicable at the time of supply. Also known as 'chemist medicine'.

**Paediatrician**

A doctor as referred to in the Youth Care Act (*Wet op de jeugdzorg*).

**Paediatric occupational therapist**

An occupational therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree in accordance with Section 34 of the BIG Act and who is registered as a paediatric occupational therapist in the Quality Register for Paramedics.

**Paediatric physiotherapist**

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as a paediatric physiotherapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

**Paediatric remedial therapist**

A remedial therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and who is registered as a paediatric remedial therapist in the Quality Register for Paramedics.

**Partner**

The person with whom the insured person cohabits long-term or is married to or with whom the insured person runs a joint household.

### (Medical) pedicurist

The pedicurist must be registered with the Quality Register for Pedicurists (KRP), the Paramedical Foot Care Register (RPV) or the Quality Register for Medical Foot Care Providers (KMV). For treatment to qualify for reimbursement under basic insurance coverage, a pedicurist must hold the qualification 'foot care for diabetics'. For treatment to qualify for reimbursement under supplementary insurance coverage, a pedicurist must hold an additional qualification 'foot care for diabetics' (DV) and/or 'foot care for rheumatic patients' (RV). In addition to basic foot treatment, he/she specialises in giving foot treatments to diabetics and/or rheumatic patients. A medical pedicurist or paramedical chiropodist is a specialised pedicurist who can treat all forms of clients' complex foot problems.

### Pelvic physiotherapist

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as a pelvic physiotherapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

### Pelvic remedial therapist

A remedial therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and who is registered as a pelvic remedial therapist in the Quality Register for Paramedics.

### Personal contribution

That portion of the costs of care and other services to be borne by the insured person as determined by law. The personal contribution can be a fixed amount per treatment or a percentage of the costs of the care. The personal contribution is not the same as the excess. Excess and personal contribution can be simultaneously applicable to the insured care.

### Persons with sensory disabilities

Persons with a visual or auditive impairment or a communicative impairment resulting from a linguistic developmental disorder.

### Pharmaceutical care

Pharmaceutical care includes advice or supervision for the purpose of assessing medicines and the responsible use of UR medicines (medicines available exclusively on prescription) as referred to in Section 1(1)(s) of the Medicines Act (*Geneesmiddelenwet*) or the provision of these medicines, or pharmaceutical care to which the Blood Supply Act (*Wet inzake bloedvoorziening*) applies.

### Pharmaceutical Care Regulations

The Pharmaceutical Care Regulations may be requested from Zorg en Zekerheid or viewed at [zorgenzekerheid.nl/polisvoorwaarden](http://zorgenzekerheid.nl/polisvoorwaarden).

### Pharmacist

A pharmacist who is listed in the register of established pharmacists referred to in Section 61(5) of the Medicines Act (*Geneesmiddelenwet*).

### Phlebologist/proctologist

A doctor who satisfies the quality criteria used by the Benelux Association for Phlebology, for instance.

### Physician's assistant (PA)

A physician's assistant must have completed a certified health care training course to higher professional education (HBO) standard and have at least two years of work experience in direct patient care. A PA may take over and interdependently carry out a physician's tasks such as taking a case history and drawing up a treatment plan, as well as perform activities such as operations, pacemaker implantations, endoscopies, nerve blocks and central venous catheter (CVC) placements.

### Physiotherapist

A physiotherapist registered as such in accordance with the conditions set out in Section 3 of the BIG Act. A remedial gymnastics masseur as referred to in Section 108 of the aforementioned Act is also deemed to be a physiotherapist.

### Podopostural therapist

A podopostural therapist who has completed a health care training course to intermediate vocational education (MBO) or higher professional education (HBO) standard and who satisfies the educational entry requirements and quality criteria used by the Omni Podo Society, for instance.

### Podiatrist

A podiatrist who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree, in accordance with Section 34 of the BIG Act.

### Policy period

The length of the total period during which a person has been insured with Zorg en Zekerheid without interruption.

### Policyholder

The person who entered into the insurance agreement with Zorg en Zekerheid.

### Practitioner of natural medicine

A person registered in accordance with the conditions set out in Section 3 of the BIG Act and who has completed the supplementary training course in natural medicine.

### Psychiatrist/neurologist

A doctor listed as a psychiatrist/neurologist in the register administered by the Registration Committee for Medical Specialists (RGS) of the Royal Dutch Medical Association. The term 'psychiatrist' as used in the terms and conditions is interchangeable with the term 'neurologist'.

### Psychosomatic physiotherapist

A physiotherapist registered in accordance with the regulations referred to in Section 3 of the BIG Act and registered as a psychosomatic physiotherapist in the Central Quality Register (CKR) for Physiotherapy, the Quality Register of Dutch Physiotherapists of the Royal Dutch Association for Physiotherapy (KNGF) or the Physiotherapy Quality Mark.

### Psychosomatic remedial therapist

A remedial therapist who is registered as such in accordance with the conditions referred to in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree and who is registered as a psychosomatic remedial therapist in the Quality Register for Paramedics.

### Psychotherapist

A psychotherapist registered as such in accordance with the conditions set out in Section 3 of the BIG Act.

### Quality statute model (GGZ)

The mental health care (GGZ) quality statute model describes the quality and accountability measures mental health care providers must have in place for curative mental health care. This model has been in effect since 1 January 2017 and governs all providers of generalist basic mental health care and specialist mental health care under the Healthcare Insurance Act.

### Rational pharmacotherapy

Rational pharmacotherapy is a type of treatment with a medicine in a form suitable for you, the working and effectiveness of which has been confirmed in the scientific literature. Furthermore, the medicine forms the best economic option for both the health insurer and the patient.

### Reasonable distance

A reasonable distance to a contracted care provider within a fixed radius, in km, from the residence of the insured person. A list of reasonable distances with respect to various types of care is available on request from Zorg en Zekerheid. You can obtain this information by phoning Zorg en Zekerheid on (071) 5825 825 or by visiting one of our shops.

### Registered podologist

A podologist who has completed a health care training course to intermediate vocational education (MBO) or higher professional education (HBO) standard and who satisfies the requirements of the Stichting LOOP foundation, for instance.

### Register of personal data

An interlinked collection of personal data relating to various persons that is maintained using IT devices or that is systematically built up to allow for efficient consultation of the data.

### Rehabilitation

Examination, advice and treatment of a combined specialist medical, paramedical, behavioural scientific and rehabilitative nature. This care is provided by a team of multi-disciplinary experts under the supervision of a medical specialist affiliated with a rehabilitation institution approved under the regulations imposed by the Care Institutions (Accreditation) Act (*Wet toelating zorginstellingen*, Wtz).

### Second opinion

A request made to a second, independent physician for an assessment regarding a diagnosis and/or proposed treatment made by your attending physician. The following requirements apply:

- Both physicians must work within the same field of specialisation.
- You must return to the first physician with the second opinion, thus ensuring that the treatment is carried out under this person's direction.
- The attending physician must issue a referral for a second opinion.

### Seated patient transport

Transportation by public transport, car or taxi, other than an ambulance, for which the insured person can be reimbursed pursuant to the Healthcare Insurance Act.

### Service structure

An association of general practitioners registered as a legal entity which was established to provide GP care during evenings, nights and weekends and which charges a legally valid rate.

### Shiatsu therapist

A therapist who has completed a health care training course to higher professional education (HBO) standard that satisfies the requirements of the Association for IOKAI Shiatsu (VIS), for instance. A list of registers and approved professional associations can be found at [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### Skin therapist

A skin therapist who satisfies the requirements set out in the Decree on educational requirements and area of expertise for skin therapists, in accordance with Section 34 of the BIG Act.

### Specialised Mental Health Care (GGZ)

Diagnostics and treatment of moderately/severely complex psychological ailments. The involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is required.

### Specialist care

Care or examinations that in accordance with generally accepted medical standards are part of the specialisation for which the medical specialist is registered and that may be deemed to be the usual treatment or examination.

### Speech therapist

A speech therapist who satisfies the requirements set out in the Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthoptist and podiatrist Decree, in accordance with Section 34 of the BIG Act.

### Standard maternity package

A maternity package that includes all necessary care aids for the delivery and for the period of recovery following a delivery.

### 'Tandprotheticus' dental technician

A dental technician trained in accordance with the Decree on educational requirements and area of expertise for 'tandprotheticus' dental technicians.

### 'Tandtechnicus' dental technician

A dental technician who prepares pieces of dental work at a dental laboratory.

### Treatment coordinator

A care provider who establishes a diagnosis and determines the treatment plan in response to the patient's care need. To that end, the treatment coordinator consults with the patient in a face-to-face meeting at least once. The treatment coordinator is responsible for the effective implementation of the treatment plan by ensuring proper alignment and communication with the fellow care providers, and tests the extent to which the treatment goals are achieved. The treatment coordinator communicates with the patient to evaluate the progress made and adjusts the treatment plan where necessary.

### Welfare organisation

A non-profit organisation dedicated to improving and promoting good health (other than for recreational purposes) by providing care, hosting courses and informative meetings, all in a group context.

### We/us/Zorg en Zekerheid

The Onderlinge Waarborgmaatschappij Zorgverzekeraar Zorg en Zekerheid u.a.

### Wmg rates

The rates set under or pursuant to the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*, Wmg).

**You/the insured person**

The person for whom the insurance agreement is entered into and who is registered as an insured person with Zorg en Zekerheid.

## Section A: Extent of cover

This section sets out the entitlements and/or reimbursements that you can claim as an insured person. These Articles set out the conditions under which you are entitled to reimbursement, along with the (maximum) reimbursement, as adopted by the Members' Council on 31 October 2019. The reimbursement for medical costs under the Zorg en Zekerheid supplementary insurance policies is based on the rates agreed with the care providers by us or on our behalf. If no rates have been agreed, we will reimburse the medical costs in accordance with the rates set under the Healthcare (Market Regulation) Act (WVG). If no WVG rate has been agreed, we will reimburse the medical costs in accordance with the rates published on [zorgenzekerheid.nl/vergoedingzoeker](https://www.zorgenzekerheid.nl/vergoedingzoeker). As an insured person, you are only entitled to care if you reasonably depend on the type of care in question in terms of its content and extent. Whether you do will be determined in part by the effectiveness and quality of the care or services. Together, the insurance terms and conditions and this section constitute the General Terms and Conditions for your supplementary insurance with Zorg en Zekerheid.

### Article 1: Alternative consultations, treatments and medicines

#### *What is reimbursed?*

Costs are defined as the costs of consultations, treatments and medicines. Each calendar year, the following costs are eligible for reimbursement for each insured person:

- homeopathic/anthroposophical medicines;
- the following alternative treatments:
  - acupuncture
  - anthroposophy
  - chiropractic
  - craniosacral therapy
  - halotherapy
  - haptotherapy
  - (classic) homeopathy
  - manual medicine
  - natural medicine
  - orthomolecular medicine
  - osteopathy
  - (medical) Shiatsu

#### *What are the conditions for reimbursement?*

Medicines:

- the medicines must be prescribed by your attending doctor;
- the medicine must be supplied by a pharmacist or dispensing general practitioner;
- the medicines must be registered in the database maintained by the CBG (Medicines Evaluation Board). The list of registered medicines can be found at [www.cbg-meb.nl](http://www.cbg-meb.nl) or alternatively the medicines are produced by one of the following manufacturers: Wala®, Weleda®, Heel®, Vogel®, Biohorma®, Vsm®, Reckeweg® or Dolyssos®.

Treatment methods:

- your treatment provider must have a valid AGB code (check the code on [www.agbcode.nl](http://www.agbcode.nl));
- in the case of manual medicine, orthomolecular medicine or natural medicine, the treatment must be given by a doctor who is not your own general practitioner;
- in the case of halotherapy, you must be referred by a doctor or physiotherapist;
- for all other alternative treatment methods named above, the person treating you must comply with the conditions set out in the Glossary. This means, among other things, that your healthcare provider must be registered with a professional association that we have officially recognised. For a full list of recognised professional associations by treatment, check [zorgenzekerheid.nl/vergoedingzoeker](https://www.zorgenzekerheid.nl/vergoedingzoeker).

*How much reimbursement will I receive under my supplementary insurance?*

The percentage of reimbursement and maximum amounts apply for all alternative consultations, treatments and medicines together.

	<b>AV-GeZZin Compact</b>	<b>AV-Basis AV-Sure AV-Standaard</b>	<b>AV-GeZZin AV-Plus AV-Prima AV-Master</b>	<b>AV-Cum Laude</b>
Maximum of	No reimbursement	€250	€460	€600
Treatments/Consultations	No reimbursement	100%, up to a maximum of €25 per day	100%, up to a maximum of €40 per day	100%
Medicines	No reimbursement	50%	75%	100%

## Article 2: Optic care

### 2.1 Lenses, contact or premium lenses and frames

*What is reimbursed?*

Every insured person is entitled to reimbursement every two calendar years for the purchase of lenses, contact or premium lenses and frames.

*What are the conditions for reimbursement?*

- to be eligible for reimbursement, lenses must have a strength of at least 2.25 dioptries (also if only the frames are to be reimbursed);
- please note that if this concerns glasses with a strength starting at 0 dioptries, this must concern prescription glasses.

*How much reimbursement will I receive under my supplementary insurance?*

The maximum reimbursement applies for the costs of glasses, lenses and spectacle frames together.

<b>AV-GeZZin Compact</b>	<b>AV-Basis AV-Sure AV-Standaard</b>	<b>AV-GeZZin</b>	<b>AV-Plus</b>	<b>AV-Prima AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	Maximum of €40 once every two calendar years	Maximum of €70) once every two calendar years or one pair of children's glasses per calendar year for children up to age 12 starting at 0 dioptries up to a maximum of €70	Maximum of €100 every two calendar years	Maximum of €70 once every two calendar years	Maximum of €150 from 0 dioptries or one pair of children's glasses per calendar year for children up to age 12 starting at 0 dioptries up to a maximum of €150

### 2.2 Laser eye treatment

*What is reimbursed?*

The costs of laser eye treatment on a once-only basis, regardless of whether this concerns one or both eyes.

*What are the conditions for reimbursement?*

The reimbursement set out in the table below applies once only during the entire term of the insurance. 'Once only' means that if we have reimbursed the costs of eye-laser treatment at any moment (also if we did so in a previous calendar year), we will not reimburse them again (in the current nor in any future calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement;



How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact	AV-Prima AV-Master AV-GeZZin AV-Plus	AV-Cum Laude
No reimbursement	A maximum of €200 (once-only)	A maximum of €300 (once-only)

## Article 3: Abroad

### 3.1 Vaccination in the case of planned stay abroad

*What is reimbursed?*

The costs of the tablets/injection(s)/consultations and the vaccination booklet qualify for reimbursement. The reimbursement applies for each insured person per calendar year.

*What are the conditions for reimbursement?*

- the costs must have been incurred as the result of a planned stay abroad or during an actual stay abroad;
- reimbursement covers the costs of tablets/injection(s)/consultations and the vaccination booklet in accordance with the currently applicable GGD list and the website of the National Coordination Centre for Travel Advice (Landelijk Coördinatiecentrum Reizigersadviesing, LCR). See for more information.
- the Pharmaceutical Care Regulations apply; see [zorgzekerheid.nl/polisvoorwaarden](http://zorgzekerheid.nl/polisvoorwaarden).

*Which costs do not qualify for reimbursement?*

Laboratory tests, gnat cream and gnat oil are excluded from reimbursement.

*How much reimbursement will I receive under my supplementary insurance?*

The maximum reimbursement applies for the costs of the tablets/injection(s)/consultations and the vaccination booklet together.

	AV-Basis AV-Standaard AV-GeZZin Compact	AV-Sure	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
Contracted care provider*	No reimbursement	100%	A maximum of €80	100%
Non-contracted care provider	No reimbursement	A maximum of €80	A maximum of €80	A maximum of €150

\*For a list, see [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

### 3.2 General terms and conditions for reimbursement of the costs of urgent, medically necessary care abroad

*What are the conditions for reimbursement?*

The costs of urgent, medically necessary medical care and/or dental care and/or of assistance abroad will be reimbursed if the following conditions are met:

- when leaving to travel abroad it could not be foreseen that the medical and/or dental care would be needed;
- obtaining medical and/or dental care was not the sole reason or one of the reasons for the stay abroad;
- it would not be medically justifiable to delay the treatment until the person returns to the Netherlands;
- in the case of hospital admission, long-term medical treatment or more than two treatments at the outpatients' clinic, ANWB International Assistance (ANWB Alarmcentrale) is contacted promptly. This service should preferably be contacted by telephone (+31 71 5 825 444), by email ([alarmcentrale@anwb.nl](mailto:alarmcentrale@anwb.nl)) or by fax (+31 70 3 147 040);
- when claiming medicines and bandaging aids, a copy of the prescription or proof of the consultation with a general practitioner/medical specialist is included.

The reimbursement is per calendar year.

### 3.3 Urgent, medically necessary care during a stay abroad

*What are the conditions for reimbursement?*

The costs must have been incurred during a holiday or business trip (including skiing and langlauf trip), work placement or period of study.

How much reimbursement will I receive under my supplementary insurance?

**AV-Basis, AV-Sure, AV-Standaard, AV-GeZZin Compact, AV-GeZZin, AV-Plus, AV-Prima, AV-Master, AV-Cum Laude**

- Cost price in Europe;
- Outside Europe, a maximum of 200% of the prevailing market rates or WMG rates in the Netherlands\*.

\*The reimbursement of a maximum of 200% of the prevailing market rates or WMG rates in the Netherlands will be determined inclusive of the reimbursement awarded under a basic insurance.

In the case of countries outside Europe (such as the United States), we recommend taking out travel insurance that covers medical expenses.

### 3.3.1 Medical costs

*What is reimbursed?*

The following medical costs are eligible for reimbursement:

- medical care by a doctor or medical specialist;
- hospital nursing in the lowest category;
- (local) medically necessary ambulance transportation from the place of stay abroad to the closest hospital, doctor or specialist and back again to the original place of stay abroad;
- medically necessary transportation by taxi, own transport or public transport. If you use your own transport, Zorg en Zekerheid will reimburse a sum of €0.32 per kilometre. The reimbursement will in all cases be limited to a maximum of € 115 per holiday and/or business trip;
- physiotherapeutic treatments of a chronic condition that have already started in the Netherlands;
- medicines or bandaging aids on prescription from a doctor or medical specialist abroad.

How much reimbursement will I receive under my supplementary insurance?

**AV-Basis, AV-Sure, AV-Standaard, AV-GeZZin Compact, AV-GeZZin, AV-Plus, AV-Prima, AV-Master, AV-Cum Laude**

- Cost price in Europe;
- Outside Europe, a maximum of 200% of the prevailing market rates or WMG rates in the Netherlands\*.

\*The reimbursement of a maximum of 200% of the prevailing market rates or WMG rates in the Netherlands will be determined inclusive of the reimbursement awarded under a basic insurance.

### 3.3.2 Dental costs

*What is reimbursed?*

The costs of emergency dental care based on the cost price are eligible for reimbursement.

*What are the conditions for reimbursement?*

The costs concerned must relate to emergency dental care.

*Which costs do not qualify for reimbursement?*

The costs of crowns, bridges and implants are excluded.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact</b>	<b>AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude</b>
No reimbursement	A maximum of €345

### 3.3.3 Medically necessary repatriation to the Netherlands and dispatch of medicines

*What is reimbursed?*

The costs of medically necessary repatriation and of sending the medically necessary medicines are eligible for reimbursement.

*What are the conditions for reimbursement?*

The costs must relate to:

- medically necessary repatriation to the Netherlands of the ill or injured insured person or the transfer of the insured party's mortal remains to the Netherlands;
- medically necessary assistance with the above-mentioned repatriation;
- the dispatch of medicines insofar as permitted by customs regulations. There must be an urgent medical need for the medicines, which must not be obtainable in the country the insured person is staying in and must be prescribed by a doctor.

In addition, the repatriation, assistance and dispatch of medicines must be carried out by or on the instructions of ANWB International Assistance (ANWB Alarmcentrale), once approved.

*Which costs do not qualify for reimbursement?*

The costs of repatriation on social (non-medical) grounds do not qualify for reimbursement, other than in the case of transportation of mortal remains.

*How much reimbursement will I receive under my supplementary insurance?*

**AV-Basis, AV-Sure, AV-Standaard, AV-GeZZin Compact, AV-GeZZin, AV-Plus, AV-Prima, AV-Master, AV-Cum Laude**

Cost price

**3.3.4 The costs of support from ANWB International Assistance***What is reimbursed?*

The costs of assistance by ANWB International Assistance (Alarmcentrale) will be eligible for reimbursement.

*What are the conditions for reimbursement?*

The costs of organisation and mediation by ANWB International Assistance in connection with the following events:

- illness, accident and death;
- hospital admission;
- long-term medical treatment and more than two treatments at an outpatients' clinic by a doctor or specialist;
- medically necessary repatriation of the insured person to the Netherlands;
- dispatch of medicines.

*How much reimbursement will I receive under my supplementary insurance?*

**AV-Basis, AV-Sure, AV-Standaard, AV-GeZZin Compact, AV-GeZZin, AV-Plus, AV-Prima, AV-Master, AV-Cum Laude**

Cost price

**3.4. Exclusions***Which costs do not qualify for reimbursement?*

There is no entitlement to reimbursement of medicinal and/or dental costs and/or costs from your supplementary insurance for assistance provided abroad in relation to:

- a. a stay in a country for which the Netherlands Ministry of Foreign Affairs has issued a travel warning (see [www.minbuza.nl](http://www.minbuza.nl)) or the ANVR (Dutch Association of Travel Agents and Tour Operators);
- b. costs relating to ski jumping, ski flying, skijoring, ski mountaineering, ski touring, glacier skiing, glacier trekking, bobsleighbing, competitive tobogganing, skeleton, ice hockey, paraskiing, heliskiing, the figure jumping section of freestyle skiing, and the preparation for and participation in winter sport competitions (not including 'Gästerennen' (hotel guest races)). If you intend to participate in a sport that is not listed above, please contact our specialist International Team at (071) 5 825 266 or [declaraties@zorgenzekerheid.nl](mailto:declaraties@zorgenzekerheid.nl);
- c. costs arising from high-risk sports such as hang-gliding, parachute jumping and fighting sports, bicycle racing competitions, rugby, wild water sports, horse races, competitive ocean sailing and mountaineering other than on marked paths and trails, diving (without a licence or professional supervision);
- d. participating in a sport that is not listed above; in that case, please contact our specialist International Team at ([declaraties@zorgenzekerheid.nl](mailto:declaraties@zorgenzekerheid.nl));
- e. costs relating to pregnancy or delivery after the 31st week;
- f. costs relating to dental care for insured persons with AV-Basis, AV-Standaard, AV-Sure or AV-GeZZin Compact insurance;
- g. costs relating to alternative care with respect to treatment as well as medication;
- h. costs relating to paramedical care, with the exception of treatment for which prior authorisation was obtained;

- i. costs included on invoices prepared in a language other than Dutch, French, German or English. Original invoices in other languages must be drawn up and/or translated such that without the need for further queries Zorg en Zekerheid can determine the reimbursement due.

### 3.5 Oxygen abroad

#### *What is reimbursed?*

The costs of oxygen on holiday per calendar year are eligible for reimbursement.

#### *What are the conditions for reimbursement?*

You already need oxygen on medical grounds.

#### *How much reimbursement will I receive under my supplementary insurance?*

<b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	A maximum of €600

## Article 4: Pharmaceutical care

### 4.1 Birth control

#### *What is reimbursed?*

The costs of birth control (oral medicines, care aids). These costs also include the costs of the work/operation carried out by the obstetrician / general practitioner.

#### *What are the conditions for reimbursement?*

- the costs are reimbursed excluding the GVS personal contribution, if applicable;
- contraceptives must be prescribed by your attending physician or general practitioner and provided by a contracted pharmacist;
- costs of care at a non-contracted care provider are reimbursed up to a maximum of 100% of the invoice amount, in accordance with the prevailing Dutch market rate;
- the Pharmaceutical Care Regulations apply. You can consult the Regulations on [zorgzekerheid.nl/polisvoorwaarden](http://zorgzekerheid.nl/polisvoorwaarden).

#### *How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	100%, from age 21 (excluding the GVS personal contribution)

### 4.2 Antacids

#### *What is reimbursed?*

Antacids that are not covered under the basic insurance.

#### *What are the conditions for reimbursement?*

- the antacids must be prescribed by your attending physician or general practitioner and provided by a contracted pharmacist;
- antacids are reimbursed under the AV policy in the event of non-chronic use;
- in the case of chronic use, they are reimbursed for the first 15 days during which they are for your own account;
- this only concerns antacids officially registered as such;

- costs of care at a non-contracted care provider are reimbursed up to a maximum of 100% of the invoice amount, in accordance with the prevailing Dutch market rate;
- the preference policy and the Pharmaceutical Care Regulations apply. You can consult the Regulations on [zorgzekerheid.nl/polisvoorwaarden](http://zorgzekerheid.nl/polisvoorwaarden).

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-GeZZin Compact</b>	<b>AV-Basis AV-Sure AV-Standaard AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €35

#### 4.3 Vaccinations

*What is reimbursed?*

The costs of diarrhoea vaccinations for infants. This includes the costs of administering the vaccination.

*What are the conditions for reimbursement?*

- the vaccinations are not covered by the National Immunisation Programme;
- the vaccination must be given by a doctor in consultation with your general practitioner;
- the Pharmaceutical Care Regulations apply. You can consult the Regulations on [zorgzekerheid.nl/polisvoorwaarden](http://zorgzekerheid.nl/polisvoorwaarden).

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus AV-Prima AV-Master</b>	<b>AV-GeZZin AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €200

## Article 5: Delivery-related care

Note that only female insured persons can make claims for the reimbursements or entitlements set out in this section.

### 5.1 Maternity package

*What is reimbursed?*

Insured persons who are pregnant or who are adopting a baby can apply to Zorg en Zekerheid for a maternity package. If both parents are insured with Zorg en Zekerheid, they are eligible for only one maternity package.

*What are the conditions for reimbursement?*

You must apply for your maternity package in the 20th week of your pregnancy at the latest by phoning the Zorg en Zekerheid Maternity Hotline ('Kraamlijn') on (071) 5 825 555 or via the website [zorgzekerheid.nl](http://zorgzekerheid.nl), search term 'maternity care'. If you are adopting, you can apply for the maternity package if the child is less than six months old.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Sure AV-GeZZin Compact AV-Plus</b>	<b>AV-Basis AV-Standaard</b>	<b>AV-GeZZin AV-Prima AV-Master AV-Cum Laude</b>
No maternity package	Standard maternity package	Comprehensive maternity package

## 5.2 Reimbursement of the personal contribution for obstetric assistance and maternity care

### What is reimbursed?

The personal contribution that you must pay per delivery under the basic insurance is eligible for reimbursement.

### What are the conditions for reimbursement?

The personal contribution must relate to the costs of delivery at an outpatients' clinic without medical grounds or to the costs of maternity care.

### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-GeZZin Compact AV-Plus	AV-Standaard	AV-Prima AV-Master	AV-GeZZin AV-Cum Laude
No reimbursement	100%, up to a maximum of €75	100%, up to a maximum of €100	100%, up to a maximum of €255 for maternity care and 100%, up to a maximum of €255, for delivery at an outpatients' clinic without medical necessity

## 5.3 Reimbursement of extended or postponed maternity care

### 5.3.1 Reimbursement for extended maternity care

#### What is reimbursed?

Extended maternity care after the tenth day after delivery.

#### What are the conditions for reimbursement?

- the maternity care agency will provide the medical grounds in consultation with the midwife;
- the care must be provided by a maternity centre that is engaged via the Maternity Hotline (phone number: 071 - 5 825 555);
- the extended maternity care must immediately follow the conventional post-natal period (the ten-day period calculated from the day of delivery) or release from hospital (a maximum of ten days after delivery) without interruption.

### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus	AV-GeZZin AV-Prima AV-Master AV-Cum Laude
No reimbursement	A maximum of 16 hours

### 5.3.2 Reimbursement for postponed maternity care

#### What is reimbursed?

If you are no longer entitled to regular and/or extended maternity care, you may still be eligible for postponed maternity care. This may be the case, for example, if you need to stay longer in hospital after a Caesarean or in the case of a multiple birth or incubation care. The medical necessity of the situation must be confirmed by the maternity centre in consultation with the attending obstetrician or midwife.

#### What are the conditions for reimbursement?

- the maternity bureau will provide the medical grounds in consultation with the midwife;
- the care must be provided by a maternity centre that is engaged via the Maternity Hotline (phone number: 071 - 5 825 555);
- you can claim reimbursement for postponed maternity care for a period of up to six weeks after delivery or after the adoption of a child that is less than six months old. The six-week period does not apply to incubated children.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	A maximum of 16 hours

#### 5.4 Breast pump

*What is reimbursed?*

Each insured party will be eligible once per calendar year for reimbursement of the costs of hiring a breast pump or only once during the entire term of the insurance for reimbursement of the costs of purchasing a breast pump.

*What are the conditions for reimbursement?*

In order to be eligible for reimbursement, you must provide a proof of purchase or hiring.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Standaard</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-GeZZin</b> <b>AV-Totaal</b> <b>AV-Cum Laude</b>
No reimbursement	A maximum of €40	A maximum of €75

#### 5.5 Prenatal/antenatal course

*What is reimbursed?*

The costs of a female insured person taking one prenatal or antenatal class per calendar year.

*What are the conditions for reimbursement?*

- the course must take place during the pregnancy and must prepare you for the delivery;
- or:
- the course must promote your physical recovery and must be attended within six months after the delivery.

The course must be organised by:

- an institution for maternity care;
- a home care organisation;
- a qualified care provider who is affiliated with and complies with the quality requirements of the 'Samen Bevallen' association;
- a physiotherapist;
- a remedial therapy, Cesar/Mensendieck remedial therapist.

In order to be eligible for reimbursement, you must provide proof of participation (photocopied or original document, which must also state the costs of participation).

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Sure</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Basis</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €100

#### 5.6 Breastfeeding course

*What is reimbursed?*

The costs of an insured person taking the 'Zorg en Zekerheid breastfeeding course' per calendar year. To register as a participant, go to [zorgenzekerheid.nl/borstvoedingscursus](http://zorgenzekerheid.nl/borstvoedingscursus).

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Sure</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Basis</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €20

### 5.7 Combination test

*What is reimbursed?*

The costs of one combination test taken by a female insured person, in the absence of 'medical grounds', per calendar year. The combination test consists of a nuchal translucency measurement (also known as a NT measurement) and a probability blood test.

*What are the conditions for reimbursement?*

The combination test must be carried out by a general practitioner, midwife or medical specialist who holds a WBO (Population Screening Act) permit for prenatal screening.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €150

### 5.8 Lactation expert

*What is reimbursed?*

The costs of one lactation expert consulted by an insured person per calendar year.

*What are the conditions for reimbursement?*

The lactation expert must be affiliated with a professional group of lactation experts and must work in accordance with the guidelines laid down by the NVL (Dutch Association of Lactation Experts).

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-GeZZin</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €150

## Article 6: Recovery and stay

### 6.1 Convalescent home, care hotel and hospice

*What is reimbursed?*

The costs of the stay in a convalescent home, care hotel or hospice in the Netherlands are eligible for reimbursement. The costs of a home care consultation from a hospice are also reimbursed. The reimbursement applies for each insured person per calendar year.

*What are the conditions for reimbursement?*

A referral from the attending doctor is required for a stay in a convalescent home or care hotel.



*Does Zorg en Zekerheid need to approve this beforehand?*

The convalescent home or care hotel must have obtained prior permission from Zorg en Zekerheid. A list of Zorg en Zekerheid approved convalescent homes and care hotels can be consulted at [www.zorgenzekerheid.nl/vergoedingenzoeker](http://www.zorgenzekerheid.nl/vergoedingenzoeker).

*Which costs do not qualify for reimbursement?*

The costs of a stay in a care home / residential care centre not included on the list of approved convalescent homes and care hotels.

*How much reimbursement will I receive under my supplementary insurance?*

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude
No reimbursement	A maximum of €35 per day, up to a total of €1,050	A maximum of €50 per day, up to a total of €1,500

**6.2 Health trips**

If you have rheumatoid arthritis, Bechterew's disease or psoriatic arthritis you may qualify for reimbursement of the costs of a health trip.

*What is reimbursed?*

Each insured person may qualify for reimbursement of the travel, accommodation and treatment costs of at least a single two-week health trip to a foreign destination once every two calendar years.

*What are the conditions for reimbursement?*

The health trip must be organised by an organisation that Zorg en Zekerheid has made arrangements with.

*Does Zorg en Zekerheid need to approve this beforehand?*

You must have submitted an application for and obtained approval from Zorg en Zekerheid beforehand; the application must include supporting information from the attending doctor. A list of Zorg en Zekerheid approved organisations can be consulted at [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker).

*How much reimbursement will I receive under my supplementary insurance?*

AV-Sure AV-GeZZin Compact AV-Basis AV-Standaard AV-Prima	AV-GeZZin AV-Plus AV-Master AV-Cum Laude
No reimbursement	100%, up to a maximum of €1,050

**6.3 Guesthouse***What is reimbursed?*

Each insured person qualifies for reimbursement of the costs of the personal contribution upon admission of a family member to a hospital in the Netherlands. The reimbursement applies to each day or night spent at a guest house associated with a hospital.

*How much reimbursement will I receive under my supplementary insurance?*

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard AV-Plus AV-Prima AV-Master	AV-GeZZin AV-Cum Laude
No reimbursement	A maximum of €15 per day	A maximum of €20 per day

## 6.4 Therapeutic camp for youngsters

### What is reimbursed?

Insured persons who are under age 18 with conditions such as CARA (chronic aspecific respiratory disorder), diabetes mellitus, cystic fibrosis, cancer or obesity may apply once per calendar year for reimbursement of the costs of a stay and treatment at a therapeutic camp.

### What are the conditions for reimbursement?

- the therapeutic camp must be located in the Netherlands;
- the organisation must be in the hands of a recognised patients' interest group/association. A list of Zorg en Zekerheid approved organisations can be consulted at [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker).

### How much reimbursement will I receive under my supplementary insurance?

AV-Sure AV-GeZZin Compact AV-Plus	AV-Basis AV-Standaard	AV-Prima AV-Master	AV-GeZZin AV-Cum Laude
No reimbursement	50%, up to a maximum of €350	100%, up to a maximum of €300	100%, up to a maximum of €350

## 6.5 Substitute informal care

### What is reimbursed?

The costs of substitute informal care during the holiday of the regular informal care provider(s) for an insured person per calendar year are eligible for reimbursement.

### What are the conditions for reimbursement?

The substitute informal care must be arranged and charged for by the Stichting Handen in Huis foundation.

### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact	AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude
No reimbursement	Up to a maximum of six weeks

## Article 7: Epidermal therapy

### 7.1 Acne treatment

#### What is reimbursed?

The costs of acne treatment for an insured person per calendar year are eligible for reimbursement.

#### What are the conditions for reimbursement?

- the treatment is performed by a skin therapist, by a beautician who is affiliated with ANBOS (General Dutch Sector Organisation for Beautician Care) and listed for acne treatment on the ANBOS website, or by a Zorg en Zekerheid approved beautician who is qualified for this type of treatment (see [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker));
- the treatments are performed in accordance with the care profiles drawn up by the Netherlands Association for Skin Therapy;
- the care profile must be stated on the invoice;
- Care Profile 0 treatments do not qualify for reimbursement;
- treatments provided by a beautician only qualify for reimbursement with Care Profile 1.

### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Standaard AV-GeZZin Compact AV-Plus	AV-Sure AV-Prima AV-Master	AV-GeZZin AV-Cum Laude
No reimbursement	100%, up to a maximum of €150	100%, up to a maximum of €250

## 7.2 Camouflage therapy

### What is reimbursed?

In the case of camouflage therapy, the costs of the treatment, instructive lessons and cosmetic products for an insured person per calendar year will be eligible for reimbursement.

### What are the conditions for reimbursement?

- the skin abnormality must be located on the face or neck;
- the treatment must be performed by a skin therapist, by a beautician who is affiliated with ANBOS (General Dutch Sector Organisation for Beautician Care) and listed for acne treatment on the ANBOS website, or by a Zorg en Zekerheid approved beautician who is qualified for this type of treatment (see [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker));
- you are required to send to Zorg en Zekerheid when requested a statement confirming medical necessity from the person administering the treatment.

### How much reimbursement will I receive under my supplementary insurance?

AV-GeZZin Compact	AV-Basis AV-Sure AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €115	75%, up to a maximum of €115	100%, up to a maximum of €150

## 7.3 Dermatography (medical tattoo)

### What is reimbursed?

The costs of dermatography following a medical treatment for an insured person per calendar year are eligible for reimbursement.

### What are the conditions for reimbursement?

- the treatment must be carried out by a skin therapist or dermatologist;
- you must have a referral from a medical specialist and send it to Zorg en Zekerheid when requested.

### How much reimbursement will I receive under my supplementary insurance?

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard	AV-Plus AV-GeZZin AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €200	75%, up to a maximum of €200	100%, up to a maximum of €250

## 7.4 Electrical epilation or laser depilation

### What is reimbursed?

Female insured persons are eligible once only during the entire term of the insurance for the reimbursement of the costs of electrical epilation or laser depilation. 'Once only' means that if we have reimbursed the costs of electrical epilation or laser depilation at any moment (also if we did so in a previous calendar year), we will not reimburse them again (in the current nor in any future calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement.

### What are the conditions for reimbursement?

- the hair must be present in places on the face considered unusual by common opinion;
- the treatment must be performed by a skin therapist, by a beautician who is affiliated with ANBOS (General Dutch Sector Organisation for Beautician Care) and listed for acne treatment on the ANBOS website, or by a Zorg en Zekerheid approved beautician who is qualified for this type of treatment (see [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker));
- you are required to enclose with the first invoice a statement confirming medical necessity from the person administering the treatment.

How much reimbursement will I receive under my supplementary insurance?

	<b>AV-GeZZin Compact</b>	<b>AV-Basis AV-Sure AV-Standaard</b>	<b>AV-Plus AV-GeZZin AV-Prima AV-Master</b>	<b>AV-Cum Laude</b>
Existing users	No reimbursement	50%, up to a maximum of €550	75%, up to a maximum of €1,100	100%, up to a maximum of €1,500
New users from 2018	No reimbursement	50%, up to a maximum of €550	75%, up to a maximum of €600	100%, up to a maximum of €800

### 7.5 Foot care for insured persons with diabetes or rheumatic patients

Insured persons with diabetes or rheumatoid arthritis are eligible for reimbursement of the costs of foot care.

*What is reimbursed?*

The costs of foot care for an insured person per calendar year are eligible for reimbursement. An insured person with diabetes type 1 or type 2 qualifies for reimbursement of foot care under Care Profile 1.

*What is not reimbursed?*

- foot care with an arthrosis indication;
- the annual foot check (which is reimbursed under the basic insurance from Care Profile 1);
- cosmetic care, such as callus removal or nail care.

*What are the conditions for reimbursement?*

The treatment must be performed by a podotherapist, a medical pedicure or a pedicure holding an additional qualification 'foot care for diabetics' (DV) and/or 'foot care for rheumatic patients' (RV). The pedicure must be registered with the KRP (Quality Register for Pedicures), the KMV (Quality Register for Medical Foot Care Providers) or the RPV (Paramedical Foot Care Register).

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-GeZZin AV-Prima AV-Master</b>	<b>AV-Plus AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €210

## Article 8: Care aids

### 8.1 Additional reimbursement of care aids

*What is reimbursed?*

Each calendar year, the following costs are eligible for reimbursement for each insured person:

- a mastectomy bra and adhesive strips for a breast prosthesis;
- the personal contribution for a wig;
- the personal contribution for a hearing aid from a contracted care provider (the maximum contribution applies per ear);
- a support pessary.

*Which costs do not qualify for reimbursement?*

- the costs of the voluntary and compulsory excess and the amount that remains as your personal contribution if you went to a non-contracted care provider within the framework of contracted care;
- costs incurred without medical necessity;
- the costs of your personal contribution for a hearing aid from a non-contracted care provider;
- the costs of the after-sales contract, the maintenance devices, the cleaning set or the replacement guarantee for hearing aids.

How much reimbursement will I receive under my supplementary insurance?

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	100%, up to a maximum of €70 per care aid	100%, up to a maximum of €140 per care aid	100%, up to a maximum of €200 per care aid

### 8.2 Urinary buzzer

*What is reimbursed?*

Each insured party will be eligible once per calendar year for reimbursement of the costs of hiring a urinary buzzer or only once during the entire term of the insurance for reimbursement of the costs of purchasing a urinary buzzer.

'Once only during the entire term of the insurance means' that if we have reimbursed these costs at any moment (also if we did so in a previous calendar year), we will not reimburse them again (in the current nor in any future calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement;

*What are the conditions for reimbursement?*

The urinary buzzer must be prescribed by the attending physician.

How much reimbursement will I receive under my supplementary insurance?

AV-Sure AV-GeZZin Compact AV-Plus	AV-Basis AV-Standaard AV-GeZZin AV-Prima AV-Master AV-Cum Laude
No reimbursement	100%, up to a maximum of €85

### 8.3 Arch supports

*What is reimbursed?*

Each calendar year, the following costs for arch supports and/or therapeutic soles are eligible for reimbursement for each insured person:

How much reimbursement will I receive under my supplementary insurance?

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €35	100%, up to a maximum of €70	100%, up to a maximum of €100

### 8.4 Care aids for home care

*What is reimbursed?*

The insured parties will be eligible once only during the entire term of the insurance for reimbursement of the costs of purchasing:

- a hip support belt
- a dressing stick
- a 'helping hand'
- a hip protector
- a three-legged or four-legged walking aid
- a Zimmer frame
- crutches

'Once only during the entire term of the insurance means' that if we have reimbursed these costs at any moment (also if we did so in a previous calendar year), we will not reimburse them again (in the current nor in any future

calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement;

*What are the conditions for reimbursement?*

The care aid must be prescribed by the attending doctor or midwife. This prescription must be included with the invoice.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Sure</b> <b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	75%, up to a maximum of €40

### 8.5 Warning with a social need

*What is reimbursed?*

We reimburse the costs of renting a personal alarm device.

*What are the conditions for reimbursement?*

- there must be social grounds (i.e., a social need) for a personal alarm that Zorg en Zekerheid can establish;
- the personal alarm device must be supplied by the municipality, SWO foundation for the welfare of the elderly, a contracted care provider, a home care organisation or a contracted institution.

*Which costs do not qualify for reimbursement?*

Alarm centre connection and subscription costs are not reimbursed.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Sure</b> <b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Standaard</b>	<b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	Maximum of €3.50 per month	Maximum of €4.00 per month	Maximum of €5.00 per month

### 8.6 Hearing protectors

*What is reimbursed?*

The costs of hearing protectors is reimbursed once per calendar year.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Plus</b>	<b>AV-Sure</b> <b>AV-GeZZin</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €40

## Article 9: Specialist medical care

### 9.1 Phlebology/proctology

*What is reimbursed?*

The costs of consultations, bandaging aids and injections for phlebological and proctological treatments for an insured person per calendar year. Only the costs of treatment of venous disorders (such as varicose veins, 'venous ulcers' and haemorrhoids) will be reimbursed;

*What are the conditions for reimbursement?*

- you require a referral from the medical specialist;
- the treatment must be carried out by a phlebologist doctor, dermatologist or phlebologist-proctologist doctor;
- treatment individually or in group sessions, in a polyclinic or in a centre for phlebology.

*How much reimbursement will I receive under my supplementary insurance?*

AV-Sure AV-GeZZin Compact	AV-Basis AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €75	75%, up to a maximum of €100	100%, up to a maximum of €150

## 9.2 Sterilisation

*What is reimbursed?*

The costs of sterilisation for an insured person per calendar year are eligible for reimbursement.

*How much reimbursement will I receive under my supplementary insurance?*

### Sterilisation of men

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus	AV-GeZZin AV-Prima AV-Master	AV-Cum Laude
No reimbursement	<ul style="list-style-type: none"> <li>- 100%, up to a maximum of €150, if the treatment is carried out by the general practitioner;</li> <li>- 75%, up to a maximum of €150, if the treatment is carried out by a medical specialist in a hospital.</li> </ul>	100%, up to a maximum of €150, if the treatment is carried out by a medical specialist in a hospital or by a general practitioner.

### Sterilisation of women

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus	AV-GeZZin AV-Prima AV-Master	AV-Cum Laude
No reimbursement	75%, up to a maximum of €350, if the treatment is carried out by a medical specialist in a hospital.	100%, up to a maximum of €700, if the treatment is carried out by a medical specialist in a hospital.

## 9.3 Protruding ear corrections

*What is reimbursed?*

The costs of protruding ear corrections for insured persons under 15 years of age are eligible for reimbursement.

*How much reimbursement will I receive under my supplementary insurance?*

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus	AV-GeZZin AV-Prima AV-Master AV-Cum Laude
No reimbursement	100%, up to a maximum of €500

## Article 10: Paramedical treatments

### 10.1 Physiotherapy and remedial therapy

#### *What is reimbursed?*

You are entitled to physiotherapy and remedial therapy as generally provided by physiotherapists and remedial therapists, to the extent there are medical or paramedical grounds to justify such care.

#### *What is not reimbursed?*

- treatment based on the medical indication 'abrasion of the hip and knee joints';
- treatment based on the medical indication 'COPD';
- treatments to which you are entitled under your basic insurance or under the Long-Term Care Act (WLZ);
- specialised physiotherapy treatments. This does not apply to manual therapy, child physiotherapy, pelvic physiotherapy, oedema therapy, psychosomatic physiotherapy and geriatric physiotherapy treatments.

#### Special procedures and materials

In some cases the therapist will perform special procedures during your treatment, such as shockwave, dry needling or ultrasound imaging. Such procedures are part of the standard treatment and may not be separately invoiced to you by the therapist.

The costs of materials provided during the session, such as bandages and auxiliary bandaging, are also part of the treatment and may not be separately invoiced by the therapist either.

#### *What are the conditions?*

a. the care must be provided by any of the following care providers:

	Physiotherapy	Specialised physiotherapy excl. oedema and scar therapy	Oedema and scar therapy	Remedial therapy	Specialised remedial therapy
Physiotherapist	Yes	No	No	No	No
Specialised physiotherapist	Yes	Yes	No	No	No
Remedial therapist	No	No	No	Yes	No
Specialised remedial therapist	No	No	No	Yes	Yes
Oedema therapist or skin therapist	No	No	Yes	No	No

- the physiotherapist or specialised physiotherapist must be registered for the specialisation concerned in the Central Quality Register (CKR) for Physiotherapy, the Kwaliteitsregister Fysiotherapie NL or the Physiotherapy Quality Mark (Keurmerk Fysiotherapie);
- the remedial therapist or specialised remedial therapist must be registered for the specialisation concerned in the Quality Register for Paramedics (KP) (quality registered status);
- do you qualify for supervised ambulatory training sessions in the case of stage 2 peripheral artery disease (intermittent claudication)? If so, your physiotherapist or remedial therapist must be affiliated with ClaudicatioNet;
- if you are being treated for Parkinson's disease and Parkinsonisms, your physiotherapist or remedial therapist must be affiliated with ParkinsonNet.

b. The number of treatment sessions is determined as follows:

- start of treatment:  
Have you started a new treatment programme with a physiotherapist? In that case, the physiotherapist will first examine you to exactly determine your condition and identify the right treatment for you. This counts as one treatment. If the physiotherapist then proceeds to providing the treatment, this counts as another treatment. This means that the costs of two treatments can be claimed for your first visit to the physiotherapist;
- all treatments count:  
all physiotherapy and remedial therapy treatments count towards the total. This also applies to outpatient treatments that were provided in a hospital or institution;
- manual therapy:



as part of your treatment, a maximum of nine manual therapy treatments will be reimbursed. Treatments under the basic insurance and those under the supplementary insurance both count towards these nine treatments.

c. Group treatment:

If your treatment consists of group sessions, you will not be entitled to reimbursement for individual sessions that apply to one and the same condition, whether or not given by another physiotherapist and/or remedial therapist. This does not apply if individual treatment sessions serve as a baseline measurement, interim evaluation and/or final measurement.

d. Indication criteria for specialised physiotherapy:

In the case of manual physiotherapy, child physiotherapy, oedema therapy, pelvic physiotherapy, psychosomatic physiotherapy or geriatric physiotherapy, the disorder must be included in the domain/guideline/list of criteria of the relevant professional association (NVMT, NVFK, NVFL, NVFB, NFP and NVFG respectively) and the indication criteria laid down therein must be satisfied. If the disorder or the indication falls outside of that scope, the costs of regular physiotherapy will be reimbursed if the relevant requirements are satisfied.

*Do I need a referral?*

Is your condition included in Appendix 1 to the Health Insurance Decree (List of Chronic Disorders) or will you be treated for arthrosis, Fontaine II intermittent claudication or COPD? In that case you will need a written referral from your attending doctor before you can start the treatment. Alternatively, you can produce a diagnosis statement including the following details: your name, the name of the doctor who gave the diagnosis and a clear description of the diagnosis.

If your condition is not included in Appendix 1 to the Health Insurance Decree (List of Chronic Disorders) and you are not being treated for arthrosis, Fontaine II intermittent claudication or COPD, you do not need a referral for treatment by a care provider. We call this 'direct accessibility'.

*Does Zorg en Zekerheid need to approve this beforehand?*

If you are going to receive care following a period you spent in a hospital, nursing home or rehabilitation institution (day treatment) and that care does not concern a condition included in Appendix 1 to the Healthcare Insurance Decree (List of Chronic Disorders) but is aimed to expedite your recovery following discharge or termination of the day treatment programme, you will need prior written permission for that care from Zorg en Zekerheid. Your physiotherapist will have to apply for that permission on your behalf.

*What is reimbursed if I go to a non-contracted care provider?*

The costs of care provided by a non-contracted care provider are reimbursed up to a maximum of 75% of the prevailing Dutch market rate. There are some exceptions:

- the 'screening', 'intake and examination following screening' and 'screening and intake and examination' deliverables (direct accessibility) by a non-contracted care provider are not reimbursed;
- the 'surcharge for home treatment', the 'surcharge for institutional treatment' and the 'surcharge for one-off treatment in the workplace' by a non-contracted care provider are not reimbursed;
- the reimbursement for specialised care (e.g. child remedial therapy) by a non-contracted remedial therapist equals the reimbursement for regular treatment at a non-contracted remedial therapist (no surcharge is awarded).

*How much reimbursement will I receive under my supplementary insurance?*

	AV-GeZZin Compact	AV-Basis AV-Sure AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
Physiotherapy (all types)	A maximum of 9 treatment sessions	A maximum of 12 treatment sessions	A maximum of 25 treatment sessions	A maximum of 40 treatment sessions
Remedial therapy (all types)		A maximum of 12 treatment sessions	A maximum of 25 treatment sessions	A maximum of 40 treatment sessions

### 10.1.1 Exercise programme

#### What is reimbursed?

A fully completed exercise programme that meets the KNGF Exercise Interventions standards or the Physiotherapy Quality Mark Foundation's guidelines and is provided in physiotherapy practices that hold a 2 or 3-star quality care label. On [zorgzekerheid.nl/zorgzoeker](http://zorgzekerheid.nl/zorgzoeker) you will find an overview per condition of contracted physiotherapists offering a KNGF exercise programme in 2 or 3-star practices.

#### What is not reimbursed?

Indications for which you are also attending an individual programme with the physiotherapist do not qualify for reimbursement.

#### How much reimbursement will I receive under my supplementary insurance?

AV-GeZZin Compact	AV-Basis AV-Sure AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €500 per 2 calendar years	75%, up to a maximum of €500 per 2 calendar years	100%, up to a maximum of €500 per 2 calendar years

### 10.1.2 Fitkids exercise programme or JOGG lifestyle intervention programme

#### What is reimbursed?

A fully completed Fitkids exercise programme provided by a contracted physiotherapist affiliated with Fitkids. Or a fully completed lifestyle intervention programme within the framework of JOGG (Healthy Weight for Youth) by a contracted physiotherapy practice with a 3 or 2-star Quality Care label. You will find the details of the contracted physiotherapists with this quality label at [zorgzekerheid.nl/zorgzoeker](http://zorgzekerheid.nl/zorgzoeker) or request them by phoning our Contact Centre on (071) 5 825 825 or at one of our insurance shops. Fitkids and JOGG each apply their own conditions for participation in the exercise programme.

#### How much reimbursement will I receive under my supplementary insurance?

AV-GeZZin Compact	AV-Basis AV-Sure AV-Standaard	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	50%, up to a maximum of €500 per 2 calendar years	75%, up to a maximum of €500 per 2 calendar years	100%, up to a maximum of €500 per 2 calendar years

## 10.2 Dietary advice

#### What are the conditions for reimbursement?

- the treatment must be performed by a dietician;
- the dietary advice must serve a medical purpose;
- the dietician must be registered in the Quality Register for Paramedics (quality registered status);
- the dietician issues the indication for dietary advice;
- the treatment for Parkinson's disease and Parkinsonisms only qualifies for reimbursement if your dietician is affiliated with ParkinsonNet;
- all dietary advice treatments count towards the maximum number of 15-minute sessions mentioned, including inpatient treatment sessions at a hospital or institution.

#### What is not reimbursed?

- the 'screening', 'intake and examination following screening' and 'screening and intake and examination' (direct accessibility) deliverables by a non-contracted care provider;
- the 'surcharge for final treatment' by a non-contracted care provider;
- dietary advice for patients with an overweight indication.

#### What is reimbursed if I go to a non-contracted care provider?

Costs of assistance provided by a non-contracted care provider are reimbursed up to a maximum of 75% of the prevailing Dutch market rate.

### 10.2.1 Dietary advice to insured persons under age 18

#### What is reimbursed?

The costs of dietary advice by a dietician for an insured person per calendar year, as a supplement to the reimbursement paid under the basic insurance policy. Only insured persons under age 18 qualify for reimbursement.

#### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-Plus	AV-GeZZin AV-Prima AV-Master	AV-Cum Laude
No reimbursement	7 x 15 minutes	10 x 15 minutes

### 10.2.2 Dietary advice for specific indications from age 18

#### What is reimbursed?

The costs of dietary advice by a dietician for an insured person aged 18 or above per calendar year, as a supplement to the reimbursement paid under the basic insurance policy. This reimbursement applies to insured persons with any of the following indications: malnutrition, oncology or unintended weight loss.

#### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-GeZZin	AV-Plus AV-Prima AV-Master AV-Cum Laude
No reimbursement	8 x 15 minutes

### 10.3 Occupational therapy

#### What is reimbursed?

In addition to the reimbursement covered by basic insurance, an insured person's costs of advice, instructions, training or treatment by an occupational therapist per calendar year.

#### What are the conditions for reimbursement?

- the occupational therapy must be offered by an occupational therapist in a treatment location or at the home address of the insured person, with the aim of promoting or restoring the insured person's ability to care for themselves and to perform tasks independently;
- Zorg en Zekerheid only reimburses treatment for Parkinson's disease and Parkinsonisms if your occupational therapist is affiliated with ParkinsonNet;
- all occupational therapy treatments count towards the maximum number of treatment hours mentioned, including inpatient treatment sessions at a hospital or institution.

#### What is not reimbursed?

- the 'screening', 'intake and examination following screening' and 'screening and intake and examination' (direct accessibility) deliverables by a non-contracted care provider;
- the 'surcharge for home treatment', the 'surcharge for institutional treatment' and the 'surcharge for treatment in the workplace' by a non-contracted care provider.

#### What is reimbursed if I go to a non-contracted care provider?

Costs of assistance provided by a non-contracted care provider are reimbursed up to a maximum of 75% of the prevailing Dutch market rate.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Plus</b> <b>AV-Cum Laude</b>
No reimbursement	A maximum of 10 hours

#### 10.4 Podology, podiatry, podopostural therapy

*What is reimbursed?*

The costs of treatments/consultations by a registered podologist, podopostural therapist, podiatrist or orthopaedic shoemaker, for an insured person per calendar year.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Sure</b> <b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Standaard</b>	<b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €50	100%, up to a maximum of €100	100%, up to a maximum of €125

#### 10.5 Stutter therapy

*What is reimbursed?*

The costs of stutter therapy for an insured person per calendar year qualify for reimbursement.

*What are the conditions for reimbursement?*

The treatment must follow the Del-Ferro, Boma, Hausdörfer or Dixhoorn treatment methods.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b>	<b>AV-Prima</b> <b>AV-Master</b>	<b>AV-GeZZin</b> <b>AV-Cum Laude</b>
No reimbursement	75%, up to a maximum of €350	100%, up to a maximum of €400

## Article 11: Prevention

### 11.1 geZZondCheck check-up

*What is reimbursed?*

The costs of the geZZondcheck check-up once every two calendar years qualify for reimbursement.

*What are the conditions for reimbursement?*

- the geZZondcheck must be carried out by a home care organisation or general practitioner contracted by Zorg en Zekerheid. A list of contracted organisations can be found at [zorgenzekerheid.nl/zorgzoeker](https://zorgenzekerheid.nl/zorgzoeker);
- the invoice must state the precise dates on which the examinations, courses, information or advice was/were held/given and the precise courses taken;
- you do not participate in the MultiDisciplinary Care Programme;
- the geZZondcheck check-up through our corporate care programme qualifies for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	100%, once every two calendar years

### 11.2 Preventative courses

*What is reimbursed?*

The costs of one or more preventative courses for an insured person per calendar year qualify for reimbursement if provided by an approved organisation.

For a full list of approved organisations, go to [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker).

Reimbursement is only available for the following courses:

- Weight loss when overweight
- Quit Smoking
- Learning how to cope with...
- Alcohol training
- Self-management for...
- First aid course (EHBO) or AED training
- First aid for kids
- More Physical Exercise for the Elderly (MBvO)
- Medically approved training programmes

*What are the conditions for reimbursement?*

- the invoice must state the precise dates on which the examinations, courses, information or advice was/were held/given and the precise courses taken;
- a preventative course that you attend through a corporate care programme also qualifies for maximum reimbursement.

*Which costs do not qualify for reimbursement?*

The costs of medicines, dietary supplements and course materials do not qualify for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

The reimbursement applies for one or more preventative courses together.

<b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b>	<b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	50%, up to a maximum of €115	75%, up to a maximum of €150	100%, up to a maximum of €175

### 11.3 Menopause consultant

*What is reimbursed?*

The costs of treatment administered by a menopause consultant for female insured persons per calendar year qualify for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b>	<b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	75%, up to a maximum of €115	100%, up to a maximum of €150

### 11.4 Sports medical advice

#### What is reimbursed?

The costs of consultations and/or medical tests for an insured person per calendar year qualify for reimbursement.

#### What are the conditions for reimbursement?

The consultations and/or tests must be carried out by a registered sports physician in a specialised medical sports centre (sports medical advice centres, sports medical departments).

#### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Standaard AV-GeZZin Compact	AV-Sure	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	100%, up to a maximum of €120	100%, up to a maximum of €100	100%, up to a maximum of €150

## Article 12: Psychological care

### 12.1 Other psychological care

#### What is reimbursed?

The costs of treatments for an insured person per calendar year by:

- psychosocial counselling in connection with cancer: by therapists associated with the NVPO;
- body-oriented therapy: by therapists associated with the SBLP (NVPIT, NVBT and NIBA);
- Gestalt therapy: by therapists associated with the NVAGT;
- sexological assistance: by therapists associated with the NVVS.

And psychological care per insured person per calendar year comprising:

- 'Kanjers' training or resilience training provided by a therapist associated with the NVPA;
- integrative child therapy for insured persons under age 18 with an AV-GeZZin and AV-Totaal policy: by a therapist who satisfies the conditions stated by the VIT (Association of Integral Therapists) or who is associated with the VVvK or NVPMT. The treatment must be multidisciplinary in nature;
- play therapy for insured persons under age 18 with an AV-GeZZin and AV-Totaal policy: by a remedial educationalist or a therapist associated with the NVVS;
- remedial teaching for insured persons under age 18 with an AV-GeZZin and AV-Totaal policy: by a remedial educationalist associated with the NVO (Dutch Association of Remedial Educationalists) or a practitioner who is a registered member of the LBRT (National Remedial Teachers' Union);
- dyslexia therapy for insured persons under age 18 with an AV-GeZZin and AV-Totaal policy: by a remedial educationalist or a therapist associated with the NVO (Dutch Association of Remedial Educationalists).

#### What are the conditions for reimbursement?

You should engage one of our approved therapists and professional associations as can be found on [zorgzekerheid.nl/vergoedingenzoeker](http://zorgzekerheid.nl/vergoedingenzoeker).

#### How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Standaard AV-GeZZin Compact	AV-Sure	AV-GeZZin AV-Plus AV-Prima AV-Master	AV-Cum Laude
No reimbursement	75%, up to a maximum of €200	75%, up to a maximum of €320	100%, up to a maximum of €500

### 12.2 Light therapy

#### What is reimbursed?

Once only per calendar year, the cost of hiring a Bright Light (light therapy for seasonal depression) for a maximum of ten days are eligible for reimbursement. You may also opt to claim the one-off purchasing costs of a Bright Light. 'One-off' means that if we have reimbursed those costs at any moment (also if we did so in a previous calendar year), we will not reimburse the purchasing costs of a Bright Light again (in the current nor in any future calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement;

*What are the conditions for reimbursement?*

In order to be eligible for reimbursement, you must provide the original proof of purchase or hiring.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-GeZZin Compact</b>	<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b> <b>AV-Cum Laude</b>
No reimbursement	For a maximum period of ten days up to a maximum of €7 per day, or as a one-off reimbursement of the purchase costs up to a maximum of €70

## Article 13: Dental assistance

*What are the general terms and conditions for reimbursement?*

The costs of dental treatment are only reimbursed if, in Zorg en Zekerheid's opinion, that treatment is effective and in line with usual professional practice and the treatment is not unnecessarily expensive or complicated. As care provided under the supplementary insurance is in supplement to the basic insurance, care provided under the basic insurance can never come under the supplementary insurance. The only costs eligible for reimbursement are those not covered by the healthcare insurance or otherwise; also see Section B, Articles 5.2(d) and 5.3. The treatment must be carried out by a dentist or orthodontist, unless stated otherwise.

Treatments aimed at prevention and oral hygiene, dental check-ups and gum treatments can also be performed and invoiced by independent oral hygienists. The associated treatments are described in Articles 13.2.1 and 13.2.2. You will find the reimbursements that apply to the corresponding care categories at [zorgenzekerheid.nl/vergoedingenzoeker](http://zorgenzekerheid.nl/vergoedingenzoeker). The treatments are reimbursed in accordance with the NZa's ruling on rates.

The amounts set out in the reimbursement tables are for an insured person per calendar year, unless otherwise stated.

*Which costs do not qualify for reimbursement?*

- statements of good dental health;
- appointments not cancelled in time;
- the costs of X-ray diagnostics combined with an examination that exceed €35 per calendar year (only applies to AV-Master and AV-Cum Laude);
- the costs of M01 (preventive information), M02 (evaluation) and M03 (dental cleaning) together in excess of 30 minutes per calendar year (only applies to AV-Master and AV-Cum Laude);
- replacement or repair of equipment as the result of careless use;
- taking and assessing multi-dimensional jaw X-rays;
- taking and assessing dental overview X-rays, up to the age of 18;
- medical procedures or treatments by a dental technician;
- the fitting of a dental implant, with the exception of the provisions of Article 13.4;
- bleaching of elements (with the exception of internal bleaching under AV-Cum Laude);
- in orthodontics, the use of an electronic chip and selection of the data of the electronic chip in removable equipment, including the relevant technician's costs;
- vacuum-shaped covers used in orthodontic treatment (also called clear braces), category 7 braces such as Invisalign®. The associated care will not be reimbursed either;
- the costs for which you will be invoiced if you go to a non-contracted care provider for full dentures;
- trigger point treatment with botox.

### 13.1.1 Dental care for insured persons under age 18

*What is reimbursed?*

The costs of dental care. Orthodontic treatment for insured persons under age 18 are not covered by dental care as referred to in this article; for further details see Article 13.1.2.

How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Prima	AV-Sure AV-Standaard	AV-GeZZin Compact	AV-GeZZin AV-Plus	AV-Master	AV-Cum Laude
No reimbursement	75%, up to a maximum of €150	75%, up to a maximum of €250	75%, up to a maximum of €500	100%, up to a maximum of €500	100%, up to a maximum of €1,000

### 13.1.2 Orthodontics to insured persons under age 18

*What is reimbursed?*

The costs of orthodontic treatment.

*What are the conditions for reimbursement?*

- the treatment must be carried out by an orthodontist or dentist;
- only a single reimbursement will be paid for the entire duration of the treatment. 'Once only' means that if we have reimbursed the costs of orthodontic treatment at any moment (also if we did so in a previous calendar year), we will not reimburse them again (in the current nor in any future calendar year). If you switch to a different care provider and decide to return to Zorg en Zekerheid afterwards in any calendar year, you will not requalify for reimbursement;
- if, in a subsequent calendar year, you take out supplementary insurance with us that offers a higher reimbursement, we will include the amount of reimbursement that you already received under your previous insurance with us to calculate the maximum reimbursement to which you are entitled under your supplementary insurance.

How much reimbursement will I receive under my supplementary insurance?

	AV-Basis AV-Sure AV-Standaard AV-Plus AV-Prima	AV-GeZZin Compact	AV-GeZZin	AV-Master AV-Cum Laude
Existing users	No reimbursement	100%, up to a maximum of €1,000	100%, up to a maximum of €2,000	100%
New users from 2018	No reimbursement	100%, up to a maximum of €1,000	100%, up to a maximum of €1,750	100%

### 13.2 Dental care for insured persons from age 18

#### 13.2.1 Check-up

*What is reimbursed?*

The full costs of dental treatments relating to check-ups if the treatments are carried out and invoiced by a dentist or oral hygienist are eligible for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Prima	AV-Sure AV-Standaard	AV-GeZZin Compact	AV-GeZZin AV-Plus AV-Master	AV-Cum Laude
No reimbursement	100%, up to a maximum of €150	100%, up to a maximum of €250	100%, up to a maximum of €500	100%, up to a maximum of €1,000

The maximum amount per supplementary insurance also applies for the dental treatments referred to under Articles 13.2.1 and 13.2.2 together.

#### 13.2.2 Other dental treatments

*What is reimbursed?*

- the necessary dental treatments, invoiced by a dentist or oral hygienist;
- orthodontic treatment, invoiced by an orthodontist or dentist;



- the personal contribution towards the costs of full dentures in the upper and/or lower jaw, invoiced by a dentist or dental technician;
- the personal contribution towards the costs of full dentures on implants in the upper and/or lower jaw, invoiced by a dentist or dental technician;
- partial dentures in the upper and/or lower jaw invoiced by a dentist or dental technician;
- mouth protectors made and invoiced by a dentist.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis AV-Prima</b>	<b>AV-Sure AV-Standaard</b>	<b>AV-GeZZin Compact</b>	<b>AV-GeZZin AV-Plus</b>	<b>AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	75%, up to a maximum of €150	75%, up to a maximum of €250	75%, up to a maximum of €500	100%, up to a maximum of €500	100%, up to a maximum of €1,000

The maximum amount applies for the dental treatments referred to under Articles 13.2.1 and 13.2.2 together.

### 13.2.3 Sharing

*What is reimbursed?*

Twice the maximum reimbursement per type of supplementary insurance for the care referred to in Article 13.2 per calendar year, provided that you are both covered under an AV-Delen policy. The claims from both insured persons with an AV-Delen policy count towards this maximum reimbursement.

*What are the conditions for reimbursement?*

The payment conditions stated in Article 13.2 continue to apply.

*Which costs do not qualify for reimbursement?*

- implants in a non-toothless jaw;
- accident cover.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Delen €150 in combination with AV-Sure, AV-Standaard</b>	<b>AV-Delen €250 in combination with AV-GeZZin Compact</b>	<b>AV-Delen €500 in combination with AV-GeZZin, AV-Plus, AV-Master</b>	<b>AV-Delen €1,000 in combination with AV- Totaal AV-Cum Laude</b>
Up to a maximum of €300 per two participants	Up to a maximum of €500 per two participants	Up to a maximum of €1,000 per two participants	Up to a maximum of €2,000 per two participants

### 13.3 Accident-related dental care coverage

*What is reimbursed?*

The costs of dental assistance needed as the result of an accident are eligible for reimbursement. The treatment of the injury must be appropriate and usual and must not be unnecessarily expensive or complicated.

*What are the conditions for reimbursement?*

- the dental injury must have arisen from an accident during the term of the insurance;
- the accident must be reported to Zorg en Zekerheid by the insured person within 60 days;
- the costs must have been incurred as a direct result of the accident;
- the care provider must draw up a treatment plan (with a budget) that shows the connection between the treatment and the injury resulting from the accident;
- the treatment must be carried out by an authorised care provider.

*Which costs do not qualify for reimbursement?*

- the costs of accident-related dental assistance, once a period of two years has elapsed since the accident;
- the costs of accident-related dental assistance that have arisen as the result of an accident abroad. Please see Article 3.3.2 of these policy conditions for more information on dental care when abroad.

How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Prima	AV-Sure AV-Standaard AV-GeZZin Compact AV-GeZZin AV-Plus AV-Master	AV-Cum Laude
No reimbursement	100%, up to a maximum of €1,500 per event	100%, up to a maximum of €2,000 per event

### 13.4 Implants in a non-toothless jaw

*What is reimbursed?*

The following costs are eligible for reimbursement:

- examination, diagnostics and preparation of a treatment plan;
- the bone structure required for fitting the implant;
- fitting the implant;
- the costs of the implant.

*What are the conditions for reimbursement?*

- the treatment must be performed by a dentist or dental surgeon;
- only invoices stating the performance codes from the Implantology chapter (J codes) of the NZa's ruling on rates qualify for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact AV-GeZZin AV-Prima AV-Master	AV-Plus AV-Cum Laude
No reimbursement	100%, up to a maximum of €750 by a dentist or 100%, up to a maximum of €500 by a dental surgeon

## Article 14: Other

### 14.1 Visiting costs for family member admitted to hospital

*What is reimbursed?*

Eligible for reimbursement are the costs per calendar year, per insured person, for the transportation of the insured person from the home address to the institution and back, should a family member be admitted to a hospital or rehabilitation institution in the Netherlands or to the asthma centre in Davos.

*What are the conditions for reimbursement?*

- the family member admitted must also have supplementary insurance with Zorg en Zekerheid;
- the claim must state:
  - the name of the insured person admitted and that of the insured person who is visiting;
  - the name of the hospital;
  - the period during which the visited insured person was admitted.

*What else do I need to know?*

- the reimbursement is calculated on the basis of the shortest usual single-journey distance. The single-journey distance is calculated using the 'shortest route' quoted by the ANWB Route Planner ([www.anwb.nl/verkeer/routeplanner](http://www.anwb.nl/verkeer/routeplanner));
- if you travel using your own vehicle, the maximum reimbursement is €0.32 per kilometre. In addition, the single-journey distance is reduced by 20 kilometres (and again by 20 kilometres for the return journey), the costs of which remain for your own account;
- if you use a (wheelchair) taxi or public transport, the reimbursement will be granted on the basis of the lowest class;
- the reimbursement only covers the kilometre allowance;
- the reimbursement will be awarded for a maximum of one visit per day.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Sure AV-GeZZin Compact</b>	<b>AV-Basis AV-Standaard AV-GeZZin AV-Plus AV-Prima AV-Master</b>	<b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €250	100%, up to a maximum of €300

#### 14.2 Subscription fee for patients' associations

*What is reimbursed?*

The costs of membership of a patients' association for an insured person per calendar year will be eligible for reimbursement.

*What are the conditions for reimbursement?*

It must be a patients' association for insured persons with a chronic disorder.

*Which costs do not qualify for reimbursement?*

- the subscription fees for associations are for your own account;
- donations and supportive membership.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Sure AV-GeZZin Compact</b>	<b>AV-Basis AV-Standaard AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €20

#### 14.3 Reimbursement of personal contribution for seated patient transport

*What is reimbursed?*

If you are entitled to seated patient transport under the basic insurance, you owe a personal contribution per calendar year. The costs of your personal contribution, per insured person and per calendar year, may qualify for reimbursement.

How much reimbursement will I receive under my supplementary insurance?

<b>AV-Basis AV-Sure AV-Standaard AV-GeZZin Compact</b>	<b>AV-GeZZin AV-Plus AV-Prima AV-Master AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €105

#### 14.4 Reimbursement of the personal contribution WLZ/WMO

*What is reimbursed?*

In some cases, a personal contribution will apply to care provided within the context of the Long-Term Care Act (WLZ) and Social Support Act (WMO). The costs of the personal contribution, per insured person and per calendar year, qualify for reimbursement.

*What are the conditions for reimbursement?*

- you need home care on medical grounds;
- the invoice must be from the Central Administrative Office (CAK).

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-GeZZin</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-Plus</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €200

#### 14.5 Home care organisation membership

*What is reimbursed?*

The membership fee for a home care organisation.

*What are the conditions for reimbursement?*

The home care organisation must be associated with an acknowledged member service organisation.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-GeZZin</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €17.50

#### 14.6 Sports association membership

*What is reimbursed?*

The membership fee for a sports association or contracted sports organisation for every child insured (free of charge) under age 18, per calendar year.

*What are the conditions for reimbursement?*

The sports association or sports organisation must belong to an association affiliated with the NOC\*NSF or have a contract with Zorg en Zekerheid.

*What else do I need to know?*

Sports associations tend to base their membership fees on seasons rather than calendar years. In practice, this means that a claim for a sports association membership fee for 2019-2020 will be charged to the 2019 calendar year.

*How much reimbursement will I receive under my supplementary insurance?*

<b>AV-Basis</b> <b>AV-Sure</b> <b>AV-Standaard</b> <b>AV-GeZZin Compact</b> <b>AV-Plus</b> <b>AV-Prima</b> <b>AV-Master</b>	<b>AV-GeZZin</b> <b>AV-Cum Laude</b>
No reimbursement	100%, up to a maximum of €50

# Section B: Conditions of Zorg en Zekerheid supplementary insurance

## 1. General provisions

### 1.1 For whom?

This supplementary insurance is available to all persons obliged to take out insurance under the Healthcare Insurance Act who reside in the Netherlands or in another EU or EEA Member State, and to persons who have been accepted for that purpose by virtue of a decision of the Management Board of Zorg en Zekerheid. You can only take out supplementary insurance with us if you also take out a Zorg Zeker or Zorg Vrij policy with us, or if you already have such a policy. The AV-Plus policy is only available to insured persons from age 18 who also meet the aforementioned conditions.

### 1.2 Content and extent of the insured care

Your supplementary insurance entitles you to care, provided there are medical grounds, and to reimbursement of the costs associated with that care, as described in these policy conditions. Medical grounds are deemed to exist if you reasonably depend on the care in question in terms of its content and extent. The content and extent of the supplementary insurance are partly determined by what the care providers concerned typically provide in terms of care.

### 1.3 Parties authorised to provide the care

Care under your supplementary insurance policy may be administered by any care provider of your choice. The care provided must nevertheless satisfy a number of conditions, which, where applicable, are stated under the care article concerned. We have contracted specific care providers for several types of care, including paramedics. If you go to a non-contracted care provider, you may have to pay part of the invoice yourself. Check the relevant care article for details.

### 1.4 Reimbursement of the costs of care

As an insured person you are entitled to care and reimbursement of the costs associated with that care up to the amounts or the number of treatments indicated in these policy conditions.

1.4.1 The reimbursement equals the amount we have agreed upon with the care provider. If no rates have been agreed, we will reimburse the costs of insured care in accordance with the current rates set under the Healthcare (Market Regulation) Act (WVG). If no WVG rate has been agreed, we will reimburse the costs in accordance with the rates published on [zorgenzekerheid.nl/vergoedingzoeker](https://zorgenzekerheid.nl/vergoedingzoeker).

1.4.2 As an insured person, you are only entitled to reimbursement of the costs of care incurred during the term of the insurance, unless in the event of an incomplete/incorrect application as referred to in Article 2.2 or in the event of fraud (see Article 5.5). The date of the treatment or delivery is the determining factor when establishing your right to reimbursement of the costs of care.

### 1.5 Requirements concerning your invoice

Only original invoices, or digital invoices that have been authenticated by the care provider, will be processed. When claiming reimbursement of costs incurred abroad or the costs of seated patient transport, a claim form from Zorg en Zekerheid for care provided abroad/own transport and public transport must be used; for more information, also see [zorgenzekerheid.nl/brochures](https://zorgenzekerheid.nl/brochures).

### 1.6 When will an invoice expire?

Your right to claim reimbursement of the costs of care will, in principle, expire three years after the start of the day following the day on which the care concerned was provided. To prevent expiry, you should notify us in writing within this three-year period that you expressly wish to claim the reimbursement. If we have rejected your claim for reimbursement of the costs of care in part or in its entirety, your invoice will expire within three years of the day on which we communicated our decision to reject your claim. To prevent expiry in cases such as this, you should notify us in writing within this three-year period that you expressly wish to claim the reimbursement.

### 1.7 Dutch law

This supplementary insurance is governed exclusively by Dutch law.

### 1.8 Applying for or terminating supplementary insurance

Whenever there is a reference to applying for or giving notice of termination of supplementary insurance, the application or termination can be effected both in writing / electronically and by telephone.

## 2. Applying for and commencement and termination of your supplementary insurance

### 2.1 How to apply for supplementary insurance

You can apply for any supplementary insurance covered by these policy conditions. By applying for supplementary insurance, you must cooperate in providing us with the information we deem necessary to be able to assess your application.

### 2.2 Complete your application in full and truthfully

When applying for supplementary insurance or notifying us of changes to your existing insurance, you should provide us with full and truthful details. Failure to do so will release us from any obligation to pay reimbursement and enable us to terminate your insurance with immediate effect. This is also the case if you withhold essential information from us that would have been relevant to our decision to enter into an insurance contract with you, or to do so under the same terms and conditions. In that case we will be able to invoke Title 7.17 of the Dutch Civil Code and terminate the insurance contract with immediate effect. The costs of any research we have carried out to determine whether you have completed your application truthfully and in full will be charged to you.

### 2.3 Conditions for you to consider when applying for supplementary insurance

Zorg en Zekerheid will not ask you to provide information about your health when you apply for supplementary insurance. We do however have a number of specific conditions:

- a. if, as an existing policyholder/insured person, you wish to transfer to a supplementary package with more extensive or more limited cover, you must inform Zorg en Zekerheid accordingly on 31 December at the latest; in that case the change will apply as of 1 January of the subsequent year;
- b. you cannot be insured under more than one supplementary package at the same time, except in the case of AV-Delen;
- c. children qualify for the most extensive package of the parent or parents in whose policy schedule they are registered. If both parents have opted for AV-Plus, the child is insured under AV-Master;
- d. children under age 18 with their own policy schedule and whose parents are not insured with us do not owe a premium and are insured under the AV-Sure policy;
- e. you can only opt for AV-Delen if both of you satisfy all the following conditions:
  - you pay a premium;
  - you have the same supplementary insurance that includes reimbursement for the costs of dentistry;
  - you are stated on the same policy schedule;
- f. AV-Delen insurance only relates to dental assistance as referred to in Article 13.2 of these policy conditions;
- g. you can only opt for AV-GeZZin during the course of the year in connection with pregnancy if you have already taken out supplementary insurance with us. Note that you cannot switch to AV-GeZZin mid-term if your supplementary insurance policy is AV-Gemak.

### 2.4 Start, end and duration of your insurance

2.4.1 Your insurance starts on 1 January of a calendar year or on another date as stated by us on the most recent policy schedule. The duration of the insurance equals the (remaining part of the) calendar year in which the supplementary insurance is effected. After each calendar year, every year your insurance will be tacitly renewed for one more calendar year, unless you give notice of termination by 31 December of the calendar year.

2.4.2 If we have requested further information from you to help us process your insurance application, the insurance policy will become effective on the first day of the month following the month in which we received the necessary information.

2.4.3 The insurance ends:

- after expiry of the agreed term, if the policyholder has given notice of termination in any year by 1 January (see Article 2.7.1);
- at the moment at which the insured person no longer has his or her permanent residence in the Netherlands or another EU/EEA country;
- upon the death of the policyholder or insured person;
- through cancellation by the insured person due to an amendment of the insurance conditions, insurance package and/or the premium, as referred to in Article 4.1 and in the manner stipulated in Article 4.2;
- through cancellation by the insurance company as stated in Article 2.8.

### 2.5 Rejection of your application

We may reject your application if an insurance was previously terminated because the premium owed was not paid. We may also reject the application if the insurance was previously terminated in connection with the provisions set out in Article 2.7 or if the policyholder or insured person is registered in the incident warning system for financial institutions (external reference register).

### 2.6 Opt for a different supplementary insurance

2.6.1 You can only take out a different supplementary insurance with effect from the next calendar year if you inform us of your intention to do so on 31 December at the latest. In other words, you cannot switch to a different supplementary insurance package in the course of the calendar year, unless in the case of:

- a. the birth of a child;
- b. an insured person turning 18;
- c. insured persons who are members of a group that is covered by supplementary insurance which, due to the conditions imposed by that group, cannot be maintained;
- d. insured persons who, in connection with pregnancy, opt for an AV-GeZZin policy and who meet the conditions set out in Article 2.3(g).

In cases b. to d. inclusive, the insurance starts on the first of the month following the month in which Zorg en Zekerheid received the application for supplementary insurance.

- 2.6.2 Newborn infants are registered as at their date of birth if reported within four months after their birth. If we do not receive your insurance application for a newborn child within four months, the effective date of the insurance is the date of the application and the insurance will have no retroactive effect from the date of birth.
- 2.6.3 As soon as a child included on his or her parent's policy sheet turns 18, he or she can terminate the supplementary policy or opt for a different one. The termination or the new policy will come into effect as of the first day of the month following the month in which your child turned 18, provided that we have received the notice of termination or change before the end of the month in which your child turns 18.

### 2.7 Times at which you may cancel your supplementary insurance

- 2.7.1 As a policyholder, you may cancel the supplementary insurance as from 1 January of each year provided that we have received your cancellation no later than 31 December of the previous year. You may use the cancellation service provided by the Dutch healthcare insurers for this purpose. In this way you will authorise the provider of your new supplementary insurance to cancel your old policy.
- 2.7.2 As a policyholder, you may cancel the supplementary insurance in the interim period in writing:
- a. in the event of a change in the premium and/or policy conditions as stated in Article 4;
  - b. when a child included in a parent's policy sheet turns 18 as described in Article 2.6.3.

### 2.8 Times at which we may cancel your supplementary insurance

We may terminate your supplementary insurance in writing effective from a time of Zorg en Zekerheid's choosing:

- a. if you have not paid your premium by the stated deadline, as referred to in Article 3.3;
- b. in the case of fraud (see Article 5.5);
- c. if you have not provided us with full and correct information (see Article 2.2);
- d. if the conditions described in Article 2.3 are no longer met;
- e. if there are important reasons for us to take the healthcare insurance off the market.

### 2.9 Notifications

Notifications sent to your last address and/or email address known to us are deemed to have reached you.

## 3. Premium

### 3.1 Who pays the premium?

The policyholder is obliged to pay the premium due for each and every insured person. The obligation to pay premiums commences on the start date of the policy and ends on the date on which the insurance ends. Insured persons under age 18 will not owe any premium if one of their parents has also taken out supplementary insurance with Zorg en Zekerheid. The premium will not be owed until the first day of the calendar month following the insured person's 18th birthday. In the case of the insured person's death, premium is owed up to and including the date of death.

#### **Example for 18-year-old**

A person who turns 18 on 2 February will owe premium from 1 March.

The policyholder is obliged to pay in advance the premium and any amounts arising from domestic or foreign statutory provisions or regulations, for all insured persons. The policyholder can choose to pay the premium on a monthly basis, a quarterly basis, a half-yearly basis or a yearly basis.

### 3.2 Settlement

You are not allowed to set off any amounts owed (such as the premium) against an amount you expect to receive from us in connection with a claim.

### 3.3 Overdue payment

- 3.3.1 If you fail to pay the premium, statutory contribution, excess, personal contribution and costs owed in time, we will send you a demand for payment. If you do not pay within the term of at least 14 days specified in the demand for payment, we will be authorised to terminate the insurance. After we have terminated your

insurance, you may re-apply for it once you have paid the premium due and any costs owed. The insurance will then commence on 1 January of the next calendar year.

- 3.3.2 If a demand for payment has already been sent to you as a policyholder for overdue payment of any premium, statutory contributions, excess, personal contributions or costs owed, we will not be required to send you a separate, written demand for payment with a subsequent invoice.
- 3.3.3 If we decide to engage a collection agency to ensure recovery of our claim, all the collection costs will be for your account. This includes both judicial and extrajudicial costs. The amount of the extrajudicial collection costs will be determined in accordance with the Extrajudicial Collection Costs (Standards) Act (*Wet normering buitengerechtelijke kosten*) and the associated Decree, to a minimum of €40. You will owe extrajudicial costs from the moment you are in default.
- 3.3.4 You are under an obligation to make timely payment of your premium. If you fail to pay your premium by the premium due date, you will not be able to claim that the premium was not collected in time.

### 3.4 Tax on premiums

If we are liable to pay tax on the insurance premiums abroad, we will charge you for the costs. You are obliged to pay these taxes by the deadline we set for this purpose. If you fail to pay the full amount to us in time, we will terminate your supplementary insurance (see Article 3.3.1).

### 3.5 How is your premium calculated?

Premium base

Group discount \_\_\_\_\_ -

Interim result (premium to be paid)

Internet discount \_\_\_\_\_ -

Interim result (premium to be paid)

Instalment discount \_\_\_\_\_ -

Premium to be paid

### 3.6 Instalment discount

If you opt to pay the premium on a half-yearly or yearly basis, you are entitled to a discount over the premium due. When you join a group contract, your choice may be limited to a monthly payment plan. In that case you are not entitled to the instalment discount.

### 3.7 Premium discount by virtue of a group contract

If you participate in a group contract, you may receive a discount on the premium base.

From the date that you are no longer able to participate in the group contract, the premium discount and any amended terms and conditions as agreed in the group contract will lapse.

You can only participate in one group contract at a time.

### 3.8 Internet discount

You may apply for an Internet discount on your supplementary insurance. You will receive an Internet discount if you:

- exclusively use digital correspondence (e.g. itemised claims and invoices) for all your insurance policies with Zorg en Zekerheid; and
- grant authorisation for direct debit payment of the premiums for all of your insurance policies with Zorg en Zekerheid.

If you meet the above conditions, you qualify for a 2% discount on your supplementary insurance. The Internet discount expires at any time that you no longer meet either or both of these conditions.

## 4. Change in premium and policy conditions

### 4.1. Change in premium and policy conditions

We are authorised at all times to change the policy conditions and premium of the supplementary insurance or insurances. We will inform you as a policyholder in this regard in writing. We will determine the effective date of any such change. Changes to the premium and/or policy conditions will take effect across the board. This means that the change will apply to all insured persons.

### 4.2 Right of cancellation

If we decide to amend the policy conditions or the premium to your disadvantage, you will have the right to give notice of termination of your insurance within 30 days of the day on which we informed you about the change. You should give notice of termination in writing, by registered post. You have no such right of termination if a



change is a result of statutory measures, regulations or provisions or if we change the insurance to your advantage.

## 5. Other provisions

### 5.1 Your obligations

- a. to ask the attending doctor or medical specialist to inform Zorg en Zekerheid's medical advisor of the reason for the admission if the latter so requests;
- b. to cooperate with the medical adviser or others at Zorg en Zekerheid charged with verification with respect to obtaining all required information, with due observance of the privacy regulations. This is understood to include, at the instruction of Zorg en Zekerheid, cooperation with respect to obtaining a second opinion from an independent specialist. The costs of such a second opinion will be borne by Zorg en Zekerheid;
- c. to inform Zorg en Zekerheid of facts that could result in the costs being recovered from any liable third parties. In that case, you must provide Zorg en Zekerheid with all the necessary information and cooperate as required, free of charge;
- d. unless Zorg en Zekerheid has given its written consent, it is not permitted to make an arrangement (or to cause this to be done) with the liable third party or with its insurer in respect of costs that have been or will be reimbursed by Zorg en Zekerheid;
- e. in the case of imprisonment, the cover under supplementary insurance for the insured person in question will be suspended as of the first day of imprisonment, unless you ask us not to do so. You will not owe any premium nor be entitled to insurance cover for any costs during the suspension period. Your supplementary insurance will resume as of the last day of imprisonment, provided that we have been informed about this within 30 days of that date. If you fail to inform us within that term, cover under your supplementary insurance will not resume until we have been notified and will not be resumed retroactively from the last day of imprisonment;
- f. to the extent that the policy requires a referral in order for care to be sought, to submit to Zorg en Zekerheid at its request the original referral from the care provider concerned;
- g. to ensure, as the policyholder, that any change that could influence the rights and obligations arising from the insurance agreement is communicated in writing to Zorg en Zekerheid as soon as possible, but no later than 30 days after the change concerned occurred. Examples of such changes include:
  - marriage, or the inception of a cohabitation arrangement;
  - divorce, dissolution of a long-term cohabitation agreement;
  - death;
  - birth;
  - change of bank account number;
  - change of address;
  - change of email address;
  - commencement of imprisonment and its ending.

If the change is not communicated to Zorg en Zekerheid within 30 days, it will only take effect as of the date it is actually reported and not retroactively from the date of the change. Exceptions to this rule apply in the case of the birth of a child (see Article 2.6.2), death, and commencement of a term of imprisonment (see d. above);
- h. if, as the policyholder or insured person, you have expressly consented to the policy and/or other communications being sent to you electronically, communications between you and Zorg en Zekerheid will be in electronic form as much as possible to the extent permitted by the law;
- i. the policyholder/insured person is obliged to refrain from actions that could damage the interests of Zorg en Zekerheid;
- j. the policyholder/insured person must ensure that the necessary changes are made to the policy schedule;
- k. all consequences arising from failure to fulfil the above obligations or to do so in time will be for the risk of the policyholder/insured person.

### 5.2. Exclusions

You are not entitled to reimbursement for (the costs of) care:

- a. if the type of care or services is or could potentially be funded by virtue of a statutory act or provision, such as the Youth Act, the Long-Term Care Act (WLZ) or the Social Support Act (WMO);
- b. if the type of care or services is or could potentially be funded under your healthcare insurance (basic insurance policy);
- c. if the costs result from damage caused by or arising from armed conflict, civil war, insurrection, internal civil commotion, riots and mutiny as provided in Section 3.38 of the Financial Supervision Act (*Wet op het financieel toezicht*, WFT);
- d. if the damage is caused by, related to or results from an atomic nuclear reaction, regardless of how the reaction came about. This exclusion does not apply to loss/damage caused by radioactive nuclides located outside the nuclear plant that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided that a permit issued by the central government is in force for the preparation, use, storage and disposal of radioactive materials. A nuclear power plant ('*kerninstallatie*') is deemed to be a nuclear power plant within the meaning of the Nuclear Incidents (Third Party Liability) Act (*Wet aansprakelijkheid kernongevallen*, WAK) (Bulletin of Acts and Decrees 1979225). An exception to the second and third sentences of this paragraph applies if and when, under Dutch or foreign law, a third party is liable for the damaged incurred;

- e. if the care is provided by you, your partner, child, parent or other family member living as part of the household unless we have granted permission in advance;
- f. if the care was received outside the Netherlands, except for the costs mentioned in Article 3 of Section A;
- g. for treatments for which referral or authorisation had to be requested and which referral or authorisation was not requested nor issued in advance;
- h. if the care was made necessary by an act of wilful misconduct or gross negligence;
- i. if they are the result of or related to terrorism, insofar as not determined otherwise in the Schedule governing Terrorism Cover published by the Dutch Terrorism Risk Reinsurance Company (see [www.terrorisneverzekerd.nl](http://www.terrorisneverzekerd.nl)).

### 5.3. Double cover

- a. You are not entitled to care nor to reimbursement of the costs of entitlements if these arise from illnesses or accidents and the insured person can claim for the resulting costs under statutory insurance cover, government-imposed insurance, any type of subsidy scheme or – if this insurance agreement had not been concluded – an agreement other than this one.
- b. This insurance will only apply for the excess of loss exceeding the cover granted under the insurances and arrangements referred to in paragraph a. or that would have been granted if the insurance in question had not existed.

### 5.4 How we deal with your personal details

When processing your personal details, we adhere to the applicable laws and regulations, such as the General Data Protection Regulation. For details on how we do this, please consult our privacy statement, which is published on our website.

### 5.5 How we deal with fraud

If you commit fraud or if another person commits fraud on your behalf, your right to care and reimbursement of the costs of care will lapse. We will recover any and all reimbursements made as of the date the fraud was first committed. In addition, we will charge you for the costs of investigating the fraud.

We will also have the right to terminate any existing insurance agreements you may have with Zorg en Zekerheid (that is, healthcare insurance policies and/or supplementary healthcare policies) as of the date the fraud was first committed.

In the event of fraud, we will register you and/or the insured person in the Events Register and in the internal reference register, but also in the external reference register maintained by Stichting Centraal Informatiesysteem (CIS) (the Netherlands Central Information System Foundation) in The Hague. Fraud investigations are conducted in accordance with the Protocol for Insurers and Criminality and the Incident Warning Protocol for Financial Institutions (PIFI). In the case of fraud, or strong suspicions of fraud, we may also decide to report the case to the police.

### 5.6 Complaints and disputes

If you are dissatisfied with a decision that we have made or with our service, you are free to submit a complaint within 12 weeks.

You can simply lodge your complaint with us by completing the online complaints form on our website: **[zorgenzekerheid.nl/klacht](http://zorgenzekerheid.nl/klacht)**.

Alternatively, you can submit your complaint to our Complaints Committee: Zorg en Zekerheid, t.a.v. de Klachtencommissie, Postbus 400, 2300 AK LEIDEN.

If you are dissatisfied with our response to your complaint or if you have not received a response from us within our target response period of ten weeks, you can submit your complaint or the dispute within one year to Stichting Klachten en Geschillen Zorgverzekeringen (Health Insurances Complaints and Disputes Foundation, SKGZ), Postbus 291, 3700 AG Zeist. You may also submit the dispute to the competent civil court.

### 5.7. Concluding provision

Matters not covered by these policy terms and conditions will be decided on by the Management Board of Zorg en Zekerheid. Adopted by the Members' Council on 31 October 2019 and to take effect on 01 January 2020.

## Section C: Information

If you have any questions, visit [zorgenzekerheid.nl](http://zorgenzekerheid.nl) for a wealth of additional information. Alternatively, get in touch with our Contact Centre by phone on (071) 5 825 825. available on working days from 8 am to 6 pm. You can also visit one of our shops.

### MyZZ

Persons insured with Zorg en Zekerheid can access MyZZ. MyZZ allows you to view or, if applicable, change claims you have submitted, your excess, your personal details and the policy data. In addition, MyZZ allows you to submit your invoices online. You can log in to MyZZ using your DigiD account at [zorgenzekerheid.nl/mijnzz](http://zorgenzekerheid.nl/mijnzz).

### How do I get my invoice reimbursed?

Zorg en Zekerheid requires the original invoices (i.e. no PIN slips or receipts) or computer invoices authenticated by the care provider in order for it to be able to reimburse any costs.

- write your personal customer number on your original invoice(s) and submit your invoice(s) online via uploading [zorgenzekerheid.nl/mijnzz](http://zorgenzekerheid.nl/mijnzz)). You are obliged to keep the original invoice for three years after uploading. We may request that you send us the invoice during this period for the purpose of verification;
  - submit your invoice using the Zorg en Zekerheid app (free download from the App Store or Google Play Store);
- or
- write your personal customer number on the original invoice(s) and send your original invoice(s) in an envelope (no stamp required) to:
    - Zorg en Zekerheid**
    - T.a.v. de Afdeling Declaraties**
    - Postbus 428**
    - 2300 AK LEIDEN**
  - as all original invoices remain the property of Zorg en Zekerheid, we recommend that you make a copy for your own records;
  - the deadline for submitting invoices is 31 December of the third year after the year in which the treatment was carried out;
  - there are a number of medical treatments for which you will need to ask for approval beforehand; a list of these can be found in these policy conditions in Section A, Extent of the cover.

### How do I get my invoice for medical costs incurred abroad reimbursed?

- When it comes to claiming costs incurred abroad, you must submit both the original invoice and a claim form (*declaratieformulier*). You can download this form via [zorgenzekerheid.nl/brochures](http://zorgenzekerheid.nl/brochures) or request it from Zorg en Zekerheid. You can send the original invoice with the claim form postage paid to:
  - Zorg en Zekerheid**
  - T.a.v. de Afdeling declaraties Buitenland**
  - Postbus 428**
  - 2300 AK LEIDEN**
- the original invoices must be itemised such that without further queries Zorg en Zekerheid can deduce the reimbursement it is obliged to pay. Computerised invoices must be authenticated by the care provider;
- invoices should preferably be drawn up in French, German or English. Original invoices in other languages must be drawn up and/or translated such that without the need for further queries Zorg en Zekerheid can deduce the reimbursement it is obliged to pay;
- if Zorg en Zekerheid deems it necessary for the submitted invoice(s) to be translated, then Zorg en Zekerheid can require the insured person to have the invoice(s) translated by a sworn translator;
- the translation costs referred to in the previous subsection will not be eligible for reimbursement;
- the reimbursement of the costs incurred will be made in the Netherlands in EUR, based on the exchange rate in accordance with the guidelines published by the European Central Bank (ECB). Should no such rate be available, then the conversion rate on the day of treatment will be used, unless there is a clear deviation from the parallel rate or else no rate is available.

### A single IBAN

You do not need to state your IBAN when making a claim. When paying out your claims, Zorg en Zekerheid will use the IBAN it also uses for the collection or payment of premiums (if possible). This IBAN is stated on your policy schedule.



**[zorgenzekerheid.nl](https://www.zorgenzekerheid.nl)**

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