

Everyone is entitled to Zorg en Zekerheid

As a regional healthcare insurer, we make every effort to keep care accessible and affordable. Together with the care providers, we work to ensure good care and good health, based on our conviction that 'Everyone is entitled to Zorg en Zekerheid' since we:

- welcome everyone, whatever their age or health
- offer the right care in the right place
- have an extensive portfolio of supplemental insurance policies
- organise many initiatives together with care providers.

Read all about this at zorgenzekerheid.nl/initiatieven.



Compulsory excess

The compulsory excess is the amount that you yourself must pay for care covered by your basic healthcare insurance. In 2017 this means that you pay for the first €385.00 of healthcare costs yourself. The government has decided to leave the compulsory excess at €385.00 effective 1 January 2018.

Your email address is required

Over the course of 2018, we will be switching to providing more and more of our administrative services digitally. We will be placing any information that is relevant to you in your personal digital environment, MijnZZ. There you will find all of your insurance affairs presented conveniently and clearly. We will send you an email whenever there is new information for you or when there is a new policy schedule for you to inspect. As such, we will be needing your email address. You can provide your email address or change the current one in MijnZZ. Log into MijnZZ securely using your DigiD.

Customer number to replace Citizen Service Number (BSN)

In our correspondence with you, we will be stating your personal customer number instead of your Citizen Service Number (BSN). Your 2018 policy schedule will be the first document you receive stating your customer number. Your insurance card, however, will still state your BSN.

Betaalgemak: paying in instalments

Received a bill for excess or personal contribution at an unexpected or inconvenient time? Remember that you can settle the bill in term payments. Betaalgemak is easy to request via MijnZZ.

Information and useful links

Do you have any questions for us? A lot of information can be found on zorgenzekerheid.nl. Would you like to know about something that is not on our website? In that case, you can contact us by phone, email and via social media, or visit one of our insurance shops. We are there to help you!

Care provider:

zorgenzekerheid.nl/zorgzoeker

Changes in 2018:

zorgenzekerheid.nl/changes2018

Excess:

zorgenzekerheid.nl/eigenrisico

Insurance check:

zorgenzekerheid.nl/verzekeringcheck

MijnZZ:

zorgenzekerheid.nl/mijnzz

Payment in instalments:

zorgenzekerheid.nl/betaalgemak

Policy conditions:

zorgenzekerheid.nl/polisvoorwaarden

Premium spending:

zorgenzekerheid.nl/premie

Reimbursement finder:

zorgenzekerheid.nl/vergoedingenzoeker

Your healthcare insurance in 2018

All of our changes at a glance

The care covered by healthcare insurance in 2018 has been determined by the government. This means that a number of matters will change in your healthcare insurance. This leaflet tells you what will be changing and what the consequences of this are for you.

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With regard to the remuneration and conditions listed here, the policy conditions shall always prevail.

Basic and supplemental healthcare insurance

Everyone in the Netherlands is required to take out basic healthcare insurance. The government decides what type of care is reimbursed under the basic healthcare insurance. This is the same for all healthcare insurers. The conditions and service may vary between healthcare insurers though. At Zorg en Zekerheid, you can choose between three basic healthcare insurance policies, while you also have a choice of various supplemental healthcare insurance policies. You will find all the required information at zorgenzekerheid.nl/zorgverzekeringen.

Zorg Gemak Policy
This contracted care policy is the healthcare insurance for anyone who appreciates simplicity and ease. We have contracts with many care providers, such as hospitals and general practitioners. If, however, you choose a care provider with whom we do not have a contract, you will receive 75% of the prevailing market rate.

Zorg Zeker Policy
This is a contracted care policy ensuring good care in your immediate area. We have contracts with nearly all care providers nearby you. Should you, however, visit a care provider with whom we do not have a contract, you will receive a maximum reimbursement of 80% of your costs (for nursing and care: 75%) at the prevailing market rate.

Zorg Vrij Policy
This refund policy allows you freedom of choice. Whichever care provider you choose, you will have the costs reimbursed entirely if the policy conditions allow this. However, this will not be the case if there are excessive costs – that is, if the care provider claims costs which are much higher than those of other care providers for the same treatment.

Supplemental insurance
You can extend your basic healthcare insurance with supplemental insurance. For example if you also want to be insured for care such as physiotherapy treatment, contraception, dental care and glasses.

Group insurance
Group insurance is insurance which is taken out for a group of people, such as the employees of a company, or for members of a sports club or association. Family members can be included under this policy. That will mean that you and your family will have good care covered by your insurance for a premium at a reduced rate and with many benefits. Read all about this at zorgenzekerheid.nl/collectief.

Zorgverzekeringskaart
Would you like to know what the consequences would be for you of basic healthcare insurance or supplemental insurance? Find out in our zorgverzekeringskaart. This chart compares the most important information about the policy conditions for each healthcare insurance policy. The zorgverzekeringskaart will make it easier to choose a suitable basic healthcare insurance and supplemental insurance policy. Our charts can be found at zorgenzekerheid.nl/brochures.

Changes in the basic healthcare insurance policies

The following reimbursements will change in 2018

Remedial therapy for hip or knee osteoarthritis
From 1 January 2018 on, patients with osteoarthritis involving their hip or knee joints will have their first 12 remedial therapy treatments reimbursed. Reimbursement is subject to the basic healthcare insurance excess, so treatment may have to be paid initially. Until now such treatment was covered by supplemental insurance.

Extension of seated non-emergency patient transport for oncological treatments
Oncology patients who are receiving immune therapy will receive reimbursement for seated non-emergency patient transport to and from treatments. This reimbursement was not available previously.

Care for minors under the Youth Act (Jeugdwet) will now fall under Healthcare Insurance Act (Zorgverzekeringswet)
If your child requires care related to medical care (such as assistance washing and taking medication), beginning in 2018 there will be entitlement to compensation under basic healthcare insurance. In 2017 this reimbursement fell under the Youth Act (Jeugdwet). The care minors receive involving general activities of daily living (such as assistance eating and dressing) will remain under the Youth Act.

Non-contracted care involving community nursing and primary in-patient care (ELV: eerstelijnsverblijf)
In 2018, if you choose a care provider with whom we do not have a contract, you will receive reimbursement of 75% of the prevailing market rate with the Zorg Gemak Policy and Zorg Zeker Policy. This reimbursement was 75% of the Health Care (Market Regulation) Act rate (WMG: Wet marktordening gezondheidszorg). Due to this adjustment, the reimbursement for non-contracted care in 2018 is lower than it was in 2017. Stricter conditions for reimbursement will apply. This entails that a qualified nurse must establish the indication and also provide the care.

Required advance authorisation for long-term mental health care (GGZ)
Beginning in 2018, prior permission (advance authorisation) from Zorg en Zekerheid is required for admission to a mental healthcare institution for a second or third year. Your care provider will arrange this authorisation for you.

Medication
Zorg en Zekerheid encourages pharmacists to dispense medication which is not unnecessarily expensive. Beginning in 2018, you are entitled to the medication with the lowest price, or no more than 3% higher than this, within a group of medication which is identical with regard to active ingredient, strength and with a comparable form of administration. In some cases this may mean that you will receive other medication from your pharmacist than exactly prescribed. Of course this medication will have the exact same active ingredient as the one prescribed by your doctor.

Changes in your supplemental insurance

Do you currently have supplemental insurance? Then these changes could be important for you.

	AV-Gemak	AV-Basis	AV-Sure	AV-Standaard	AV-GeZZin Compact	AV-Top	AV-Plus	AV-GeZZin	AV-Totaal	AV-Prima *	AV-Master *	AV-Cum Laude *
Dental care for insured persons under 18 Insured persons under the age of 18 will receive compensation for orthodontic care under the orthodontic care provision. Beginning on 1 January 2018, orthodontic care will no longer be reimbursed under the dental care for under 18.	-	-	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Maximum remuneration for orthodontic care under 18 lowered for AV-Top and AV-GeZZin policies For treatment beginning in 2018, under the AV-GeZZin policy, a maximum of €1,750.00 will be reimbursed of orthodontic care costs; for the AV-Top policy this is €1,500.00. This is €250.00 less than in 2017. This reduction does not apply to insured persons who were already receiving orthodontic care remuneration in 2017.	-	-	-	-	-	✓	-	✓	-	-	-	-
Changes regarding X-ray diagnostics and oral hygienist treatment In 2018, under the AV-Totaal policy, the costs for treatment by an oral hygienist and of X-rays will be reimbursed for 85% up to the maximum amount per calendar year. For the other supplemental insurance policies listed here, reimbursement will be for 75% up to the maximum amount per calendar year. Previously this was 100% up to the maximum amount. The restrictions regarding remuneration of a maximum of 30 minutes for oral hygienist treatment and a maximum remuneration of €35.00 for X-rays will lapse in 2018 for the supplemental insurance policies listed here.	-	-	✓	✓	✓	✓	✓	✓	✓	-	-	-
Electrical epilation If you start electrical epilation treatment in 2018 for the first time, the AV-Totaal and AV-Cum Laude policies will provide a maximum remuneration of €800.00 for the entire term of insurance. In 2017 this was €1,500.00. For the other supplemental insurance policies listed here, a maximum of €600.00 of your costs will be reimbursed. In 2017 this was €1,100.00. If you were already receiving reimbursement for electrical epilation treatment, your maximum remuneration will remain unchanged.	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓

* These supplemental insurance policies apply to certain types of group insurance.

