

Your healthcare insurance in 2019

All of our changes at a glance

A number of aspects of your healthcare insurance will change as of 1 January 2019. This leaflet tells you what will be changing and what the consequences of this are for you. You can read all about it at: zorgenzekerheid.nl/veranderingen2019.



Basic and supplementary healthcare insurance

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

2019 premium

Your healthcare insurance premium is going up in 2019. One of the reasons for this is that wages are rising in the healthcare sector. The premium is also going up because reimbursements and treatments have been added to the healthcare insurance. We are trying to keep the increases to a minimum to keep healthcare accessible to everyone,

through our new preference policy for medicines, for example. You can read exactly how we arrive at this premium at zorgenzekerheid.nl/premie.

Compulsory excess

The government has decided to keep the compulsory excess at the same level in 2019: €385. This means that you have to pay the first €385 of healthcare costs from the basic healthcare insurance yourself. You can read all about it at zorgenzekerheid.nl/initiatieven.

Ease of payments (betaalgemak): pay in instalments

Received a bill for compulsory excess or patient contribution at an unexpected or inconvenient time? With ease of payments, you can spread your payments over a maximum of 12 months. You can apply for ease of payments at zorgenzekerheid.nl/betaalgemak.

Changes in the basic healthcare insurance policies

The following reimbursements will change in 2019

Gecombineerde Leefstijl Interventie (GLI)

The Gecombineerde Leefstijl Interventie (Combined Lifestyle Intervention) will be reimbursed as of 2019. The GLI focuses on preventing obesity, by changing eating habits and exercising more under supervision. In addition, psychological support is provided to work towards behavioural change. You must have a referral from your general practitioner for this. You will not pay a compulsory or voluntary excess for the GLI.

Expansion of seated patient transport

The reimbursement for seated patient transport is being expanded. From 2019, transport to and from consultants, tests and check-ups will be reimbursed if it is related to the treatment. This applies to, for instance, cancer treatments and kidney dialysis. In 2018, only transport to and from the treatment was reimbursed.

Reimbursement of exercise therapy for COPD from first treatment

In 2019, exercise therapy for COPD will be reimbursed from the first treatment. In 2018, patients paid for the first 21 treatments themselves. There is an upper limit to the number of treatments that are reimbursed, however. This depends on the severity of the COPD, i.e. whether you have been categorised as group A, B, C or D. In the first year of treatment, the following maximum number of treatments applies: Group A, 5; Group B, 27; and Groups C and D, 70. In the years thereafter, the following maximums apply: Group B, 3; and Groups C and D, 52.

Paracetamol, vitamins and minerals in the basic healthcare insurance

Paracetamol, vitamins and minerals that are prescribed by a doctor and that can also be bought from a pharmacy or chemist without a prescription will no longer be reimbursed from the basic healthcare insurance.

Patient contribution for medicines, a maximum of €250 per year

You will sometimes pay a patient contribution for medicines in the medicine reimbursement system (Geneesmiddelenvergoedingssysteem, GVS). This patient contribution is a maximum of €250 per year in 2019. There was no maximum amount in 2018.

Preferred medicines policy

From 1 January 2019, we will be operating based on a new preference policy for medicines. We want healthcare and medicines to remain affordable and accessible to everyone, so we are keeping the premium as low as possible.

In principle, we will only be reimbursing a single variant of many medicines where a number of variants are available. This is the preferred medicine. You will not pay a compulsory or voluntary excess for these medicines. These are medicines with the same active ingredient, strength and administration method, although they could be in a different box or be a different colour or shape.

If your prescribing doctor indicates that you cannot use the preferred medicine for medical reasons, another variant of this medicine may be reimbursed based on the medical necessity. You will find more information about the preference policy at

zorgenzekerheid.nl/voorkeursbeleid.

Non-contracted district nursing

In 2019, you will require prior permission for a non-contracted healthcare provider. We will then check that the healthcare provider or district nurse meets the requirements set nationally. We will also check that the proposed healthcare and the number of hours are properly justified. In addition, non-contracted healthcare providers will no longer be able to submit claims directly to us. You will have to submit these to us yourself.

Personal care budget (Persoonsgebonden budget, PGB)

Do you receive a PGB benefit under the Health Insurance Act? If so, we may enter into discussions with you next year to see if the design of your budget is still in line with your needs and wishes.

Oral care

From 2019, you will need permission for a multidimensional jaw X-ray, for a panoramic radiograph and for treatments included in the latest version of the Limitatieve Lijst Machtigingen Kaakchirurgie (Exhaustive List of Authorisations for Oral Surgery). You will find this list at zorgenzekerheid.nl/polisvoorwaarden.

The following healthcare providers may provide the treatment for implants in a toothless jaw:

- Implants may only be placed by a dentist or oral surgeon.
- The mesostructure may only be implanted by a dentist.
- The prosthesis on implants may only be fixed by a dentist or clinical dental technician.

Shorter validity of a mental healthcare referral

From 2019, a referral under mental healthcare is valid for 9 months. This means that you must make contact with the mental healthcare provider within 9 months of being referred. The referral was valid for 12 months in 2018.

Zorg Gemak policy online only

From 2019, the Zorg Gemak policy will be fully online. All your insurance information and correspondence will be under MijnZZ. You will receive an e-mail if, for instance, a new claim summary or new policy document is ready for you in MijnZZ. You will pay your premium, deductible and patient contributions by direct debit. The Zorg Gemak policy ensures you will have a competitive premium. premie.



Changes to your supplementary insurance

Do you have supplementary insurance? If you do, these changes may be important to you.

Exercise therapy for COPD to basic healthcare insurance

From 1 January 2019, exercise therapy for COPD will be reimbursed from the basic healthcare insurance. As a result, reimbursement under the supplementary insurance lapses.

Patient contribution for ADHD medicines

The reimbursement of the GVS patient contribution under the supplementary insurance for the medicines Concerta, Strattera, Equasym and Medikinet will cease. As of 1 January 2019, the patient contribution for these medicines will be a maximum of €250 per year. There was no maximum amount in 2018.

AV-Totaal and AV-Cum Laude no longer available

From 1 January 2019, you will no longer be able to choose AV-Totaal and AV-Cum Laude. If you currently have AV-Totaal or AV-Cum Laude, nothing will change for you. If you choose a different supplementary insurance in future, you will no longer be allowed to revert to AV-Totaal or AV-Cum Laude.

Pedagogy will no longer be reimbursed

In 2019, Nanny Training for clients with AV-GeZZin, AV-Totaal or AV-Cum Laude will no longer be reimbursed.

Internet discount in 2019

If you opt for the Internet discount, you will receive a 2% discount on the supplementary insurance (apart from AV-Gemak). In 2018, the discount was 3%. The conditions are as follows:

- Receive digital correspondence in MijnZZ.
- Pay your premium by direct debit.

Do you currently have an Internet discount, but no longer satisfy the conditions? In that case, your Internet discount will lapse.

Do you have a group discount? The Internet discount is calculated after the group discount has been deducted.

AV-Gemak online only

With AV-Gemak, you can handle all your insurance matters entirely online from 2019. All your insurance information and correspondence will be under MijnZZ. You will receive an e-mail if, for instance, a new claim summary or new policy document is ready for you in MijnZZ. You will pay your premium, deductible and patient contributions by direct debit. AV-Gemak ensures you will have a competitive premium.



Everyone is entitled to Zorg en Zekerheid

We are committed to accessible and affordable healthcare. We are working together with the healthcare providers to ensure good care and good health, based on our conviction that 'Everyone is entitled to Zorg en Zekerheid (healthcare and security)', since we:

- welcome everyone, whatever their age or health
- actively contribute to a healthier life
- offer the right care in the right place
- have an extensive portfolio of supplementary insurance policies
- organise many initiatives together with healthcare providers

You can read all about it at zorgenzekerheid.nl/initiatieven.



Choose digital

You will find all your insurance information and correspondence clearly presented in one location in MijnZZ. Choose digital and view all our correspondence online from now on. Whenever we have new information for you, you will receive an e-mail. This way, you will always have quick and easy insight into your healthcare insurance.

Indicate your preference for digital correspondence in the Verzekeringcheck (insurance check) in MijnZZ.

This choice will allow us to use less paper and save costs.

Additional Internet discount on your supplementary insurance

Have you chosen digital? If so, pay your premium by direct debit and receive a 2% Internet discount on your supplementary insurance.

Indicate your preference for the Internet discount in the Verzekeringcheck in MijnZZ.

* Not applicable to AV-Gemak. This is already an online insurance.



More information

Full details of the changes can be found at zorgenzekerheid.nl/veranderingen2019.

You can find the full policy conditions at zorgenzekerheid.nl/polisvoorwaarden.

Or you can view your reimbursements at zorgenzekerheid.nl/vergoedingenzoeker.

You can find all contracted healthcare providers at zorgenzekerheid.nl/zorgzoeker.

Contact

Do you have any questions for us? You will find lots of information at zorgenzekerheid.nl. You can also contact us by phone, e-mail or social media, or visit one of our insurance shops. We will be pleased to be of assistance!