

- Follow-up checks after organ donation;
- Care reimbursed under the supplementary insurance;
- District nursing care;
- Birth-control for young adults aged 18 to 20;
- Foot care in case of diabetes type 2;
- Medication checks (medicijncheck);
- Consultations within the framework of 'Project NEXT'. In this case the general practitioner consults with a psychiatrist.

Reimbursements under the supplementary insurances (for example dental costs) are not covered by the excess.

What is the voluntary excess?

Along with the mandatory excess you can opt for a voluntary excess. This is an amount between € 100,00 and € 500,00. The amount of voluntary excess is added to the mandatory excess of € 385,00. If you opt for a voluntary excess, this can result in a substantial saving on your basic insurance premium. Costs that are exempt from the compulsory excess, do also not count towards the voluntary excess.

Personal contribution

What is a personal contribution?

With some types of care you are required to pay part of the care costs yourself. This is called the personal contribution. The personal contribution amount is set by the government and it is the same for everyone. Depending on your supplementary insurance, the personal contribution is sometimes partially reimbursed. See the policy conditions for more information.

When will you be paying a personal contribution?

There is a personal contribution for, amongst other things, a number of medicines, maternity care, childbirth without medical indication, a number of medical devices and seated patient transport.

Personal contribution in combination with annual excess

If a personal contribution applies to a certain form of care, this personal contribution needs to be paid first. The remaining amount is then relevant for the annual excess.



Betaalgemak at Zorg en Zekerheid

We want to make things easier for you!

Hence the convenience of paying your excess and personal contribution in instalments.

Betaalgemak

Our convenient service of paying in instalments

A mandatory excess receipt can be a substantial unexpected expenditure. Sometimes it is a stretch to pay this amount in one go. That's why we offer payment in instalments. Because we want to make things easier for you!

What is eligible for payment in instalments?

You can pay your mandatory excess, as well as your personal contributions, in instalments.

What is the monthly payment amount?

You can opt for a monthly amount between € 30,00 and € 200,00.

Can the amount debited differ from the monthly payment amount?

Yes. When the outstanding amount is almost completely paid, a small amount might still be outstanding. When this amount is smaller than your monthly payment amount, this smaller amount will be debited.

How do you register for payment in instalments?

You can easily register via zorgenzekerheid.nl/informatiebetaalgemak. You can also visit one of our insurance shops or contact us by telephone. We look forward to helping you.

Are there costs associated with paying in instalments?

No. This service is completely free of charge.

Do I need to indicate per receipt or year that I want to pay in instalments?

No. The direct debit authorization remains valid. Therefore you only need to indicate once that you want to pay in instalments. The service is renewed automatically on an annual basis.

Does this apply to everyone covered by the insurance policy?

When you opt for payment in instalments, this applies to all insured persons covered by your policy. Thus you can easily organize that every mandatory excess receipt is paid in instalments, regardless for which person in your family the costs were incurred.

If I opt to pay in instalments for my whole family, will the chosen monthly payment amount be debited per person?

No. The total amount is the monthly amount you opted for.

What is the start date for payment in instalments?

We will send you a written confirmation within 7 days after registration. This confirmation will indicate when the service Betaalgemak commences.

There will be no further notification on subsequent monthly direct debit payments. This, too, is a convenience of our payment service Betaalgemak. You will, however, be notified when a new mandatory excess receipt is due. This new receipt will then automatically be incorporated into your Betaalgemak scheme.

Does payment in instalments also apply to my premium?

No. This authorization only applies to your mandatory and voluntary excess and your personal contribution. When you opt for payment in instalments of your annual excess and your personal contribution, this does not mean that you can pay or will be paying your premium in instalments.

What happens when I'm no longer insured with Zorg en Zekerheid?

Betaalgemak will continue until you have paid the outstanding amount in full. So, even though you might no longer be insured by Zorg en Zekerheid, you will continue to make use of the payment in instalments service.

Stopping the payment in instalments service

When you no longer want to pay in instalments, you can stop the instalment payments via zorgenzekerheid.nl/informatiebetaalgemak. Of course you can also notify us by telephone.

Do you have any questions or would you like personal advice?

For questions or advice you can call us at (071) 5 825 825 from Monday to Friday from 08.00 a.m. to 6.00 p.m. You can also visit one of our insurance shops. This information is also available online in Dutch via zorgenzekerheid.nl/informatiebetaalgemak.

A brief explanation

Mandatory excess

What is the mandatory excess?

The mandatory excess is a public measure. Everyone from the age of 18 has to pay a statutory mandatory annual excess. The excess is linked to the basic insurance. For 2016 the Dutch government has set the annual excess to € 385,00. This was € 375,00 in 2015.

When does the mandatory excess not apply?

The mandatory excess applies to all costs that are reimbursed under the basic insurance. Exempted are the following:

- General practitioner (GP) care, including the GP out-of-hours service (huisartsenpost);
- Care costs that were claimed via your GP and that fall within 'multi-disciplinary care' (ketenzorg);
- Obstetrics and maternity care costs;
- Care for chronic conditions (diabetes mellitus type 2, COPD and CVR);