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## CONDITIONS FOR LONG STAY INSURANCE 2012

These insurance conditions take effect on 1 January 2012.

Eno Aanvullende Verzekeringen N.V. (Chamber of Commerce 8147954)

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# GENERAL PROVISIONS

## Clause 1 Definitions

Words with definitions are printed in bold.

1. In these **insurance conditions**, the following words are defined as follows:

**Supplementary insurance** \_\_\_\_\_: The agreement for non-life insurance concluded or to be concluded with Eno Aanvullende Verzekeringen N.V. This non-life insurance covers a risk for the need of **care** or other services, in addition to the cover provided by the **public healthcare insurance**.

**Dispensing general practitioner** \_\_\_\_\_: A **general practitioner** who, pursuant to article 61, paragraph 10 or 11 of the Medicines Act has been granted a licence to dispense medicines.

**Dispensing chemist** \_\_\_\_\_: A chemist who is entered in the register of established dispensing chemists as defined in article 61, paragraph 5 of the Medicines Act.

**Doctor** \_\_\_\_\_: A doctor registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.

**Public Healthcare Insurance** \_\_\_\_\_: HollandZorg Public health insurance concluded or to be concluded with Eno Zorgverzekeraar N.V. which is **health insurance**.

**Company doctor** \_\_\_\_\_: A **doctor** who is entered as a company doctor in the **KNMG's** Board of Registration of Doctors of Social Medicine register and acts on behalf of the employer or the Working Conditions Service (*Arbodienst*) with which the employer is affiliated.

**Pelvic physiotherapist** \_\_\_\_\_: A **physiotherapist** who is entered as a pelvic therapist in the **KNGF's** Register for Specialist Physiotherapists.

**Group scheme** \_\_\_\_\_: An agreement between us and an employer or legal entity that is not an employer and that looks after the interests of a group of people. The employees or the persons of that group gain from the benefits under the agreement if they meet the conditions under the agreement. **We** refer to such employees or persons as participants.

### DBC

**(care product)** \_\_\_\_\_: DBC is the abbreviation of diagnostic treatment combination. A DBC or DBC care product is the description by means of a dbc performance code or care product code of the finished process of (medical) specialised care, as described in the conclusions of the Dutch Care Authority. The **DBC** procedure commences when the **insured party** reports his care requirement and is completed at the end of the treatment or, if the treatment has not been completed yet at that time, after 365 days.

**Diagnosis** \_\_\_\_\_: The examination into the nature, cause and seriousness of a disorder.

**EEA country** \_\_\_\_\_: A country party to the Agreement on the European Economic Area: Liechtenstein, Norway and Iceland.

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- EU country** \_\_\_\_\_ : A country that is a member of the European Union: Austria, Belgium, Bulgaria, the Czech Republic, Cyprus (Greek part), Denmark, Estonia, Finland, France (including Guadeloupe, French Guyana, Martinique, Reunion, St. Pierre and Miquelon), Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Norway, Poland, Portugal (including Madeira and Azores), Romania, Slovenia, Slovakia, Spain (including Ceuta, Melilla and the Canaries), Sweden and the United Kingdom (including Gibraltar).
- Fraud** \_\_\_\_\_ : To commit, to attempt to commit or to instruct others to commit forgery of documents, fraud, deceit or prejudice to us, aimed at obtaining (a reimbursement of the costs of) care to which no right exists, or to conclude or terminate an insurance contract or to obtain insurance cover under false pretences.
- Physiotherapist** \_\_\_\_\_ : A physiotherapist registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**. **Physiotherapist** is also given to mean a remedial gymnastics masseur as defined in article 108 of the **Wet BIG**.
- Contracted care provider** \_\_\_\_\_ : A **care provider** with whom **we** have concluded an agreement. This agreement outlines arrangements, such as a direct claim for the **care** provided and the quality of the **care**. The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Services on +31 (0)570 687 123.
- Registered medicine** \_\_\_\_\_ : A medicine for which a trade licence or a parallel trade licence has been granted pursuant to the Medicines Act (*Geneesmiddelenwet*) or pursuant to regulation 726/2004/EC, Pb EC L136.
- Geriatrics physiotherapist** \_\_\_\_\_ : A **physiotherapist** who is entered as a geriatrics therapist in the **KNGF's** Register for Specialist Physiotherapists.
- HollandZorg** \_\_\_\_\_ : Eno Aanvullende Verzekeringen N.V.
- Skin therapist** \_\_\_\_\_ : A skin therapist who complies with the requirements of the Skin therapist training requirements and area of expertise decree (*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*) and is affiliated with the Dutch Association of Skin Therapists (NVH).
- General Practitioner (GP)** \_\_\_\_\_ : A **doctor** registered as a general practitioner in the **KNMG's** Board of Registration of general practitioners, specialist geriatric doctors and doctors for the mentally disabled.
- Institution** \_\_\_\_\_ : 1. an institution in the sense of the Healthcare Institutions Eligibility Act (*Wet toelating zorginstellingen*);  
2. a legal entity established outside the Netherlands that provides care in the country in question within the framework of the social security system of that country, or specialises in providing care to specific groups of public functionaries.
- Youth healthcare doctor** \_\_\_\_\_ : A **doctor** entered into the **KNMG's** Board of Registration of Doctors of Social Medicine register of Society and Health Doctors who provides youth healthcare as defined in the Public Health (Preventive Measures) Act (*Wet Collectieve Preventie Volksgezondheid*) or who is entered as a youth healthcare doctor in the youth healthcare profile register of the **KNMG's** Board of Registration of Doctors of Social Medicine.
- Calendar year** \_\_\_\_\_ : The period from 1 January to 31 December inclusive.
- Children's physiotherapist** \_\_\_\_\_ : A **physiotherapist** who is entered as a children's therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Children's remedial therapist** \_\_\_\_\_ : A **remedial therapist** who is entered as a children's remedial therapist in the Association of Cesar and Mensendiek Remedial Therapists' children's remedial therapy register.
- KNGF** \_\_\_\_\_ : The Royal Dutch Society for Physiotherapists.
- KNMG** \_\_\_\_\_ : The Royal Dutch Medical Association.
- Maternity centre** \_\_\_\_\_ : A centre that provides maternity care and that qualifies as such, where required, pursuant to the law.

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- Maternity carer** \_\_\_\_\_ : A trained assistant who provides maternity care to the new mother and her family after childbirth. A maternity carer looks after the wellbeing of mother and child, and reports if necessary to the obstetrician or doctor if necessary.
- Manual therapist** \_\_\_\_\_ : A **physiotherapist** who is entered as a manual therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Medical advisor** \_\_\_\_\_ : One of our employees who is entered in the registers in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Medical specialist** \_\_\_\_\_ : A **doctor** who is entered in the **KNMG's** Board of Registration's Medical Specialists register.
- Oral hygienist** \_\_\_\_\_ : An oral hygienist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree.
- Invoice** \_\_\_\_\_ : Written proof of costs incurred by a **care provider** for care, containing at least the following information: name, address and profession of the **care provider**, invoice date, date on which the care was provided and description of that care, name, date of birth and citizen's service number (BSN) or, failing that, the national insurance number of the **insured party**.
- Oedema therapist** \_\_\_\_\_ : A **physiotherapist** who is entered as an oedema therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Remedial therapist** \_\_\_\_\_ : A Cesar or Mensendiek remedial therapist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- Non-contracted care provider** \_\_\_\_\_ : A **care provider** with whom **we** have not concluded an agreement.
- Remedial educationalist** \_\_\_\_\_ : A remedial educationalist who is entered in the register of the Dutch Society of Educational Psychologists (*Nederlandse vereniging van pedagogen en onderwijskundigen* (NVO)) as an NVO Remedial Educationalist-Generalist.
- Podotherapist** \_\_\_\_\_ : A *podotherapist* who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- Psychosomatic physiotherapist** \_\_\_\_\_ : A **physiotherapist** who is entered as a psychosomatic physiotherapist in the **KNGF's** Register for Specialist Physiotherapists.
- Psychosomatic remedial therapist** \_\_\_\_\_ : A remedial therapist who is entered as a psychosomatic therapist in the Association of Cesar and Mensendiek Remedial Therapists' psychosomatic therapy register.
- Sports doctor** \_\_\_\_\_ : A **doctor** registered as a doctor of Society and Health in the **KNMG's** Board of Registration of Doctors of Social Medicine register of Society and Health Doctors, designated as a sports doctor.
- Dentist** \_\_\_\_\_ : A dentist registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Prosthodontist** \_\_\_\_\_ : A **prosthodontist** who complies with the requirements of the **prosthodontist** training requirements and area of expertise.
- You** \_\_\_\_\_ : Whenever these **insurance conditions** refer to '**you**', they refer to the **insured party**. Whenever these **insurance conditions** refer to '**you (policyholder)**', they refer to the **policyholder**. Whenever these **insurance conditions** refer to '**you (insured party/policyholder)**', they refer to both the **insured party** and the **policyholder**.
- Stay** \_\_\_\_\_ : Admission with a duration of 24 hours or longer.
- Treaty country** \_\_\_\_\_ : A country that is not an **EU** or **EEA country** with which the Netherlands has made agreements concerning the provision of medical care and the reimbursement of the costs of such care: Australia (only for temporary stays of less than one year), Bosnia-Herzegovina, Cape Verdi, Croatia, Macedonia, Montenegro, Morocco, Serbia, Switzerland, Tunisia and Turkey.
- Compulsory excess** \_\_\_\_\_ : Compulsory excess as defined in the Health Insurance Act.

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- Referral** \_\_\_\_\_ : The written advice and explanations **you** receive from a **care provider** who provides **you** with **care**, about the **care provider** who can provide **you** with further **care** and which **you** need on medical grounds. The **care provider** giving the **referral** is the referrer. A referrer cannot refer **you** to himself.
- Policyholder** \_\_\_\_\_ : The person who has taken out **supplementary insurance** with us. If this person takes out the **supplementary insurance** for himself, he is also the **insured party**.
- Insured party** \_\_\_\_\_ : The party whose risk of requiring **care** is covered by the **supplementary insurance** and who is listed on the policy as the **insured party**.
- Insurance conditions** \_\_\_\_\_ : The rights and obligations as they apply to **you (insured party/policyholder)** and us, and which form the **supplementary insurance**.
- Prescription** \_\_\_\_\_ : The written indication and explanations **you** receive from a **care provider** for **care** to be provided to **you**, which **you** need on medical grounds. This may be a certain medicine or aid. The **care provider** issuing the **prescription** is the prescribing party.
- Voluntary excess** \_\_\_\_\_ : Voluntary excess as defined in the Health Insurance Act.
- Wet BIG** \_\_\_\_\_ : The Individual Healthcare Professions Act.
- Statutory personal contribution** \_\_\_\_\_ : That share of the costs for **care** that are covered by the **public healthcare insurance** that remains payable by you. The minister has determined which costs this relates to. The **statutory personal contribution** is in place in addition to the compulsory and, if applicable, **voluntary excess**.
- We** \_\_\_\_\_ : Whenever these **insurance conditions** refer to 'we' or 'us', they refer to 'Eno Aanvullende Verzekeringen N.V.'.
- Independent treatment centre** \_\_\_\_\_ : An **institution** for medical specialist care.
- Hospital** \_\_\_\_\_ : An **institution** where the sick are examined, treated and nursed.
- Care** \_\_\_\_\_ : The care and other services for which cover has been taken out as defined in these **insurance conditions**.
- Care provider** \_\_\_\_\_ : A (natural) person or legal entity that is permitted to provide care.
- Health insurance** \_\_\_\_\_ : Health insurance as defined in the Healthcare Insurance Act (*Zorgverzekeringswet*).

## Clause 2 Application

These **insurance conditions** are applicable to this **supplementary insurance**: HollandZorg Long Stay Insurance.

## Clause 3 Acceptance conditions

- 3.1 Taking out HollandZorg Long Stay Insurance is subject to the following acceptance conditions:
- you (policyholder)** can only take out Long Stay Insurance if the person **you (policyholder)** want to insure, at the time of the **supplementary insurance** coming into force, is also insured by virtue of **public health insurance**.
  - you (policyholder)** and the person to be insured do not have any payment arrears with or have been expelled in the past by Eno Zorgverzekeraar N.V. or Eno Aanvullende Verzekeringen N.V.;
  - you (policyholder)** and the remaining person(s) to be insured, at the inception date of the HollandZorg Long Stay Insurance, must form part of a **group scheme** of persons approved by us for whom HollandZorg Long Stay Insurance can be taken out.
- 3.2 **We** reserve the right to reject providing **supplementary insurance** for other reasons.

## Clause 4 Applicable regulations

- The **supplementary insurance** is governed by the laws of the Netherlands.
- All appendices referred to in these **insurance conditions** form part of the **supplementary insurance**.

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## Clause 5 Duty of disclosure

- 5.1 **You (insured party/policyholder)** are obliged:
- to prove your identity when receiving **care** in a **hospital** or outpatients' department by means of a driver's licence, passport, Dutch identity card or an aliens document (proof of ID as referred to in the Compulsory Identification Act (*Wet op de identificatieplicht*));
  - to ask the **care provider** treating **you** to notify the **medical advisor** of the reason for treatment if the **medical advisor** requests such notification;
  - to cooperate with us in obtaining all information we require;
  - to give us the start and end dates of your detention, if any. The start date must be reported within one month of detention commencing. The end date must be reported within one month of detention ending. The report can be submitted by presenting a statement of detention from your penitentiary to HollandZorg, Verzekerdenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - to promptly inform us of all facts and circumstances that could be of importance to the correct execution of the **supplementary insurance**, including moving house, births, deaths, changes in bank or giro account numbers, or any facts or circumstances that have caused or may cause your **supplementary insurance** to end.
- 5.2 If **you (insured party/policyholder)** fail to fulfil the duty of disclosure, you are not entitled to reimbursement of the costs of care if it harms our interests.
- 5.3 If **we** come to the conclusion that the **supplementary insurance** will end or has ended, **we** will notify **you (policyholder)** of that fact as soon as possible, stating the reason and the date on which the insurance will end or has ended.
- 5.4 Our notifications to **you (insured party/policyholder)** apply only if **we** have confirmed them in writing or, with your permission, by e-mail. If **we** use the most recent residential address or e-mail address of **you (insured party/policyholder)** held on our records, we assume that **you (insured party/policyholder)** have received the notification.
- 5.5 If **you (insured party/policyholder)** have given us your consent to send notifications electronically, **you (insured party/policyholder)** are entitled to withdraw that consent. **You** can do so as follows:
- in writing. Written requests must be addressed to HollandZorg, Verzekerdenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
  - by completing the change form on [www.hollandzorg.com](http://www.hollandzorg.com).

## Clause 6 Another party is liable (recovery of healthcare costs)

- 6.1 **You** may at times require **care** due to the actions of someone else, e.g. as a result of an accident. That person may be liable to pay the costs of the **care you** consequently need.
- 6.2 If someone else may be liable to pay the costs of **care** provided to **you**, **you** are obliged to notify us of that fact. **You** can do so as follows:
- by calling +31 (0)570 687 123;
  - in writing. Address your letter to HollandZorg, Verhaal, Antwoordnummer 30, 7400 VB Deventer;
  - by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
  - by completing the 'accident claim' form on [www.hollandzorg.com](http://www.hollandzorg.com). On our website **you** will immediately be given a rough indication of whether it is possible for yourself or us to recover the damages.
- You** are obliged to provide us with the information **we** need to recover the costs of the **care** given to **you** from that other person.
- 6.3 **You** are not permitted to make arrangements with another person or the liability insurer of that other person, who prejudice or may prejudice our chances of recovering the healthcare costs. This does not apply if **you** have received our prior written consent.
- 6.4 If our chances of recovering the healthcare costs are prejudiced as a result of your actions or omissions, **we** may decide not to reimburse the healthcare costs **we** are unable to recover as a result of that. If **we** have already reimbursed these costs, **we** may decide to claim them back.

## Clause 7 Limitation of liability

- 7.1 **We** are not liable for damage or losses **you (insured party/policyholder)** suffer as a result of the actions or omissions of a **care provider** who has or should have provided **you** with **care**.

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- 7.2 Any liability on the part of ourselves for damage or losses suffered as a result of our own shortcomings in the execution of the **supplementary insurance** is limited to the amount of the costs that would have been born by us in the event of the correct execution of the **supplementary insurance**.

## Clause 8 Privacy

- 8.1 **We** record the personal data and execution data **we** receive from **you (insured party/policyholder)** in our register of personal data.
- 8.2 **We** use this data for the following purposes:
- to take out and execute the **supplementary insurance**;
  - scientific and statistical analyses;
  - to increase our customer portfolio and provide information about our products;
  - to comply with statutory obligations;
  - Monitoring the safety and integrity of the financial sector, including avoiding and combating **fraud**;
  - study of the quality and care perceived by you.
- 8.3 The processing of personal data is governed by the HollandZorg Privacy Regulations. **You (insured party/policyholder)** can view and download these regulations on [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send them to **you** if you wish.
- 8.4 In relation to a responsible acceptance, risk and fraud policy we can access your data at Stichting CIS, Bordewijklaan 2, 2591 XR Den Haag, p/a Postbus 124, 3700 AC Zeist. The objective of processing personal data at Stichting CIS is to manage risks for insurers and avoid fraud. More information about this and the Stichting CIS privacy regulations is available on [www.stichtingcis.nl](http://www.stichtingcis.nl).
- 8.5 If relevant arrangements have been made with your **care provider**, the latter can consult your address details and policy details that **we** have registered via the national Internet portal VECOZO (*Veilige Communicatie in de Zorg*). This is necessary for the **care provider** in order to claim the costs for the **care** provided to **you** directly from us.
- 8.6 Sometimes your personal data may need additional protection, because **you** are staying at a shelter for instance. If **you** feel **you** need that additional protection, please let us know. If **we** feel your notification is justified, **we** will take additional measures to protect your personal data.
- 8.7 **We** carry out physical checks and fraud investigations in accordance with what is defined for the **Public health insurance** in or pursuant to the Health Insurance Act.

## Clause 9 Fraud

- 9.1 When finding certain behaviour which threatened, threatens or can threaten us, our staff, our customers or the continuity or integrity of the financial sector we can record your personal data in the External Reference Register (EVR). This will be done according to the rules of the Protocol Incident Warning system for Financial Institutions. The protocol can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send them to you if **you** wish. The EVR is used by financial institutions to assess the integrity of customers and business relations and can be accessed by use via the central database of Stichting CIS.
- 9.2 In the event of **fraud**:
- we** may have your details recorded in the Fraud Information System Holland (Fraude Informatie Systeem Holland) (FISH) or other **fraud** identification systems recognised by the insurers; This will be done according to the rules of the FISH Protocol. The protocol can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send it to **you** if you wish;
  - we** may report the case to the police;
  - we** may recover the investigation costs **we** incurred for identifying and proving the fraud from **you (insured party/policyholder)**;
  - we** may terminate the **supplementary insurance** contract;
  - you will not be entitled to a reimbursement of the care costs and we can claim that any compensations paid, including the costs incurred to do so, are paid back.

# GENERAL PROVISIONS

## Clause 10 Complaints and disputes

- 10.1 If **you (insured party/policyholder)** disagree with a decision made by us within the framework of the **supplementary insurance**, **you (insured party/policyholder)** can ask us to reconsider such decision. **You (insured party/policyholder)** must submit your request within six weeks of receiving our decision. **You (insured party/policyholder)** submit your request either in writing or electronically.
- Written requests must be addressed to HollandZorg, Klachtencommissie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - **You** can submit the request electronically via the complaint form on [www.hollandzorg.com](http://www.hollandzorg.com).
- 10.2 What if **we** do not respond to your request within six weeks or if **you (insured party/policyholder)** are not happy with our response? In that case, **you (insured party/policyholder)** can submit the dispute to Healthcare Insurance Complaints and Disputes Foundation (*Stichting Klachten en Geschillen Zorgverzekeringen*) (SKGZ), Postbus 291, 3700 AG Zeist, [www.skgz.nl](http://www.skgz.nl). This does not apply if **you (insured party/policyholder)** have already submitted the dispute to the civil court. The SKGZ acts in accordance with its own regulations. The SKGZ Ombudsman acts as a mediator in the dispute. If mediation is impossible or provides no satisfactory result, the SKGZ Disputes Committee can issue a binding recommendation. For more information, visit [www.skgz.nl](http://www.skgz.nl).
- 10.3 **You (insured party/policyholder)** are at all times entitled to submit a dispute with us to the civil court.

## Clause 11 Complaints about forms

- 11.1 If **you (insured party/policyholder)** feel that a form **we** use is too complicated or unnecessary, **you** may ask us to review that form. **You (insured party/policyholder)** submit your request either in writing or electronically.
- Written requests must be addressed to HollandZorg, Klachtencommissie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - **You** can submit the request electronically via the complaint form on [www.hollandzorg.com](http://www.hollandzorg.com).
- 11.2 **You (insured party/policyholder)** can also submit complaints about the form **we** use to the Dutch Healthcare Authority (*Nederlandse Zorgautoriteit*). The Dutch Healthcare Authority gives a binding opinion. For more information, visit [www.nza.nl](http://www.nza.nl).

## Clause 12 Membership of Coöperatie Eno U.A.

- 12.1 If **you (insured party/policyholder)** are of age, **you (insured party/policyholder)** automatically become a member of Coöperatie Eno U.A. when taking out **supplementary insurance**. This does not apply if **you (insured party/policyholder)** have told us of your wish to opt out of this. The member's council of Coöperatie Eno U.A. takes decisions on a number of important issues. The member's council is elected from among the members.
- 12.2 Membership ceases upon death, cancellation or member disqualification.
- 12.3 If **you (insured party/policyholder)** are a member of Coöperatie Eno U.A. only pursuant to the **supplementary insurance**, the membership in question is deemed to have been cancelled upon termination of the **supplementary insurance**. If, following termination of the **supplementary insurance**, **you** are still a member by virtue of the **public health insurance**, your membership will continue.

## COMMENCEMENT AND TERM OF THE SUPPLEMENTARY INSURANCE

### Clause 13 Commencement of supplementary insurance

- 13.1 **You (insured party/policyholder)** can make a request to take out HollandZorg Long Stay Insurance by sending us a fully completed and signed request form to that end.
- 13.2 If **you (policyholder)** apply simultaneously with a request to take out **public health insurance** for the same person, the **supplementary insurance** incepts on the day that the **public health insurance** incepts. If the application is incomplete, the **supplementary insurance** incepts at a later date. In that case, the **supplementary insurance** incepts on the first day of the month after the month in which the complete application was sent.
- 13.3 If **you (policyholder)** do not apply simultaneously with a request to take out **public health insurance** for the same person, the **supplementary insurance** incepts on 1 January of the next **calendar year**.

# GENERAL PROVISIONS

- 13.4 If the application for **supplementary insurance** has been sent for a child within four months of its birth, the **supplementary insurance** incepts on the child's date of birth. This does not apply if **you (policyholder)** decide otherwise.
- 13.5 **We** will provide **you (insured party/policyholder)** with a policy document as soon as possible after the **supplementary insurance** is taken out and subsequently at the start of each new **calendar year**.
- 13.6 If **you (insured party/policyholder)** have given us your consent to send the policy document electronically, **you (insured party/policyholder)** are entitled to withdraw that consent. **You** can do so as follows:
- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
  - by completing the change form on [www.hollandzorg.com](http://www.hollandzorg.com).
- 13.7 If **you (policyholder)** submit a request to take out **supplementary insurance** for a person, **you (policyholder)** are deemed to have authorised us to terminate the **supplementary insurance** that person has with the previous health insurer. If **you (policyholder)** do not want this, **you (policyholder)** notify us in writing when making the application.

## Clause 14 Term of supplementary insurance

- 14.1 The **supplementary insurance** is taken out for one **calendar year**. If the **supplementary insurance** incepts during the course of a **calendar year**, it is taken out for the remaining period of that **calendar year**.
- 14.2 The **supplementary insurance** is tacitly extended as of 1 January of each **calendar year** by one **calendar year**, unless it is prematurely terminated as referred to in these **insurance conditions**.

## Clause 15 Cooling-off period

- 15.1 **You (policyholder)** can change your mind after having taken out **supplementary insurance**. In that case, **you (policyholder)** can cancel the **supplementary insurance** within 14 days of receiving the initial policy document. The **supplementary insurance** is then deemed not to have incepted. This means we refund any premiums already paid and **you (insured party/policyholder)** are obliged to repay us any healthcare costs paid by us.
- 15.2 **You (policyholder)** must cancel in one of the following ways:
- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
  - by completing the change form on [www.hollandzorg.com](http://www.hollandzorg.com).
- Oral cancellations are not accepted.

## Clause 16 Automatic termination of supplementary insurance

- 16.1 The **supplementary insurance** terminates on the day following that on which:
- a. our licence that entitles us to provide healthcare insurance terminates. In that case, **we** will inform **you (policyholder)** of the termination date and reason no later than two months before termination of the **supplementary insurance**;
  - b. **you** die. The **insured party** or your heirs are obliged to notify us of your death as soon as possible.

## Clause 17 Cancellation by you (policyholder)

- 17.1 **You (policyholder)** can cancel the **supplementary insurance** no later than 31 December of any year, taking effect on 1 January of the following **calendar year**.

# GENERAL PROVISIONS

- 17.2 **You (policyholder)** can cancel the **supplementary insurance** if **we** change the **insurance conditions** to your disadvantage. **We** must have received the notice of cancellation before the effective date of the change, or within one month of us having announced the change. The **supplementary insurance** terminates on the day on which the change takes effect.
- 17.3 **You (policyholder)** can cancel the **supplementary insurance** if your participation in the **group scheme** ends through termination of employment, and **you (policyholder)** take out new **health insurance** and **supplementary insurance** and participate in a **group scheme** through your new job immediately after that. This also applies to members of your family. **We** must have received the notice of cancellation within 30 days of termination of employment. If **we** have received the notice of cancellation before the inception date of the new **supplementary insurance**, the **supplementary insurance** ends on the inception date of the new **supplementary insurance**. In other cases, the **supplementary insurance** ends on the first day of the second calendar month following the day on which **you (policyholder)** have cancelled.
- 17.4 **You (policyholder)** must cancel in one of the following ways:
- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
  - by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
  - by completing the change form on [www.hollandzorg.com](http://www.hollandzorg.com).
- Oral cancellations are not accepted.

## Clause 18 Cancellation or suspension by us

- 18.1 **We** can cancel or dissolve the **supplementary insurance**, or suspend cover of the **supplementary insurance**:
- a. if **you (policyholder)** have failed to pay the premium or other amounts **you (policyholder)** owe us in a timely fashion. This only applies if **you (policyholder)** have failed to make the full payment after having received a demand to pay within the appropriately set term, stating the consequences of failure to pay. Cancellation or dissolution on account of non-payment is not backdated. A suspension on account of non-payment ends on the day after that on which **we** have received the outstanding amount, including interest and costs;
  - b. if **you (insured party/policyholder)** fail to give us any information or documents, or if **you** give us incomplete or incorrect information or documents that are relevant for the execution of the **supplementary insurance** and that cause or may cause a disadvantage for us;
  - c. if **you (insured party/policyholder)** have intentionally misled us or if **we** would not have consented to **supplementary insurance**, had **we** been aware of the true state of affairs;
  - d. if **you** seriously misbehave towards us or our members of staff;
  - e. for the period **you** are serving a custodial sentence.
- 18.2 In all cases, **we** provide **you (insured party/policyholder)** with proof of termination of the **supplementary insurance**.

## AMENDMENT TO THE SUPPLEMENTARY INSURANCE

### Clause 19 Changes to the insurance conditions

- 19.1 **We** can change the **insurance conditions** with effect from a date to be set by us.

## CONVERSION OF THE SUPPLEMENTARY INSURANCE

### Clause 20 Conversion to other supplementary insurance

- 20.1 **You (policyholder)** can request us to convert the **supplementary insurance** of an **insured** into other **supplementary insurance**. Conversion to other **supplementary insurance** is possible:
- a. in the event of a change in these **insurance conditions**. The request must have been received by us one month prior to the effective date of the adjustment. The conversion comes into force on the date these **insurance conditions** are amended.
  - b. as of 1 January of the following year. The request must have been received by us no later than 31 December of the previous year.
  - c. with effect from the day that your participation in a **group scheme** ends. The request must have been received by us no later than 30 days of the date at which participation in the **group scheme** ended.
- In addition, the acceptance conditions for the new **supplementary insurance** must have been met.

# GENERAL PROVISIONS

20.2 **You (policyholder)** must make the request in one of the following ways:

- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
- by sending an e-mail to [info@hollandzorg.com](mailto:info@hollandzorg.com);
- by completing the change form on [www.hollandzorg.com](http://www.hollandzorg.com).

Oral requests are not accepted.

## PREMIUM

### Clause 21 Premium

21.1 **You (policyholder)** must pay us premium, except for the period that the **supplementary insurance** is suspended, because **you** are serving a custodial sentence.

21.2 The premium is equal to the premium calculation basis, minus any discounts due to participation in a **group scheme**, for example.

21.3 The HollandZorg Long Stay Insurance premium calculation basis is included in the Premium Appendix to these **insurance conditions**.

21.4 The premium calculation basis, any discounts and the premium due are set out in the policy.

21.5 If the **supplementary insurance** does not come into force on the first day of a month, the premium will be calculated in proportion to the number of insured days in that month.

21.6 In the event of the death of the **insured party**, any premium already paid relating to the period commencing on the day after death is refunded.

### Clause 22 Premium payments

22.1 **You (policyholder)** must pay your premiums in advance. Payment must be made before the day on which the period that the premium relates to starts. **We** determine whether **you** can pay per month, per half year or per year, and which form of payment is possible.

22.2 If **you** fail to pay the premium or other amounts payable to us in time, **we** can charge **you (insured party/policyholder)** the statutory interest rate, collection costs and administration costs.

22.3 **You (insured party/policyholder)** are not entitled to set off the premium payable or other amounts payable to us against any amounts **we** owe you. Neither are **you (insured party/policyholder)** permitted to suspend payment if **you (insured party/policyholder)** feel that **we** owe **you (insured party/policyholder)** an amount of money.

## INSURANCE COVER

### Clause 23 The insured performances

23.1 **You** are entitled to:

- a. the **care** (nonmonetary) or reimbursement of the **care** (refund). The **insurance conditions** stipulate your entitlements per type of **care**. If you are entitled to **care**, then wherever these **insurance conditions** in the general articles (the articles that fall outside the scope of the chapter 'Insurance entitlements per type of care') refer to 'entitlement to reimbursement of the costs of **care**', **you** must read, 'entitled to **care**' instead.
- b. provision of information and mediation by us in order to obtain **care**, if **you** ask us to do so. **You** can do so via [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Service on +31 (0)570 687 123.

23.2 The content and scope of the **care** is partially determined by the state of the art and practice. If there is no such benchmark, it is determined by that which is regarded as responsible and adequate **care** in the discipline in question.

23.3 **You** are only entitled to reimbursement of the costs of **care**, if **you** reasonably rely on that **care** in terms of content and scope. The **care** to be provided should be effective and not unnecessarily expensive or unnecessarily complicated.

# GENERAL PROVISIONS

## Clause 24 Conditions for insurance cover

24.1 You are entitled to reimbursement of the costs of care if:

- a. all conditions in connection with that care have been met before you receive that care. Many types of care are subject to conditions for the entitlement to reimbursement of the costs of care. This includes having a referral or a prescription or our prior written consent. The conditions per type of care are listed in the insurance conditions; and
- b. the care provider from whom you receive the care has been appointed by us. The insurance conditions stipulate which care providers they are per type of care. It is often a group of care providers with a certain licence, registration or training. Sometimes it is a specific care provider. You are entitled to reimbursement of the costs of care given by a care provider not appointed by us, if we have given our written consent before you receive the care; and
- c. you receive the care in a location that can be regarded as normal, given the nature of the care and the circumstances.

24.2 If we require you to obtain prior written consent, we try to prevent problems at a later stage. In that case, you will know if and how much reimbursement you will receive for the care in advance. If we give our consent, it is valid for one year, counting from the date on which the written consent is granted. This consent may be valid for a shorter or longer period of time, if we explicitly mentioned that fact when we granted the consent. Please send requests for consent to: The Medical Advisor, HollandZorg, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your care provider submits the request on your behalf, please let us know that you agree with this, by signing the request for example.

## Clause 25 Limitations of the insurance cover, general

25.1 You are not entitled to reimbursement of the costs of care:

- a. provided abroad, unless explicitly stated otherwise in these insurance conditions;
- b. that fall within the scope of the compulsory policy excess or voluntary policy excess, unless explicitly stated otherwise in these insurance conditions;
- c. incurred due to gross negligence or intent by you, or incurred due to you participating in a crime or practising a professional or semi-professional sport;
- d. in the event of fraud, misuse or improper use of your supplementary insurance. That also applies if you attempt to mislead us by submitting false statements or withholding facts or circumstances from us that could be important for assessing the costs or the entitlement to reimbursement.

## Clause 26 Limitations of the insurance cover, concurrence

26.1 You are not entitled to reimbursement of the costs of care:

- a. if you, by virtue of another agreement, law or other provision are entitled to reimbursement of the costs of that care;
- b. if you, by virtue of that other agreement, law or other provision would be entitled to reimbursement of the costs of that care, if your supplementary insurance would not have been in place.

Excess or personal contribution applicable to that other agreement, law or other provision is will never be covered by the supplementary insurance.

## Clause 27 Limitations of the insurance cover, special circumstances

27.1 You are not entitled to reimbursement of the costs of care if the injury is caused by, occurred during or ensues from armed conflict, civil war, uprising, domestic riots, revolt and mutiny as referred to in article 3:38 of the Financial Supervision Act (*Wet op het financieel toezicht*). For the definitions of these terms, please refer to the text filed by the Netherlands Association of Insurers (*Verbond van Verzekeraars in Nederland*) on 2 November 1981 at the Registry of the court in The Hague.

27.2 If the Minister of Finance makes use of the authority set out in article 18b, paragraph 1 of the Emergency Act on Financial Transactions (*Noodwet financieel verkeer*) and the need for care has come about due to any terrorist acts referred to in that act, you are entitled only to one or more performances as long as the costs thereof are no higher than established by the Minister of Finance. If the injury is caused by terrorism, the cover is limited to the amount of payment we receive subject to the claim to compensation from the Dutch Terrorism Risk Reinsurance Company (*Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschade*) A description of the definitions and the Clauses Sheet Terrorism Cover can be consulted on [www.hollandzorg.com](http://www.hollandzorg.com). We can also send them to you if you wish.

# GENERAL PROVISIONS

27.3 **You** are not entitled to reimbursement of the costs of **care**, if the damage is caused by, occurred during or ensues from a nuclear reaction. This exclusion does not apply to damage caused by radioactive nuclides that are located outside a nuclear facility and are used or intended for use for industrial, commercial, agricultural, medical, scientific or security purposes. The above is subject to a valid permit having been issued by the central government for the manufacture, use, storage and disposal of radioactive substances. 'Nuclear facility' means a nuclear facility as referred to in the *Wet aansprakelijkheid kernongevallen* [Nuclear Accidents Liability Act]. What is defined in the previous three sentences does not apply if a third party is liable for the damage incurred, pursuant to Dutch or foreign law.

## Clause 28 Level of reimbursement

- 28.1 **You** are not entitled to a higher level of reimbursement of the costs of **care** exceeding the actual costs paid for that **care**.
- 28.2 These **insurance conditions** stipulate your reimbursement entitlements per type of **care**. The **care** provided to **you** may comprise of a number of sessions or treatments. In addition to the maximum reimbursement per type of **care**, sessions or treatments may also be subject to a maximum reimbursement. In some cases a maximum reimbursement applies for different types of care together.
- 28.3 **You** are entitled to reimbursement of the costs of **care** provided by a **contracted care provider**, subject to a maximum of the rate **we** have agreed with that **care provider**, per session or treatment. The same applies if the agreement between us and the **care provider** ends during the period **you** receive **care** from that **care provider**.
- 28.4 **You** are entitled to reimbursement of the costs of **care** provided by a **non-contracted care provider**, per session or treatment:
- if **we** apply a maximum rate for that **care**, subject to a maximum of the rate **we** have stipulated. The **insurance conditions** mention whether or not **we** apply a maximum reimbursement for non-contracted **care**, per type of **care**. The rate lists can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send them to **you** if you wish;
  - if **we** do not apply a maximum rate for that **care**, subject to a maximum of the competitive rate that applies to that **care**. The competitive Dutch rate does in any case include the costs of **care** that correspond with the maximum rate applicable to that **care** at that time, stipulated by virtue of the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*).

## INVOICES AND PAYMENT

### Clause 29 Allocation of healthcare costs

- 29.1 The costs of **care** are allocated to the **calendar year** in which **you** received the **care**. If you received the **care** in two consecutive calendar years, but the **care** is invoiced as a single amount, the **care** is allocated to the **calendar year** during which the **care** started.
- 29.2 The costs of a **DBC** (- Care Product) are allocated to the **calendar year** in which the **DBC** or the **DBC** - Care Product is commenced.
- 29.3 During the course of a **calendar year**, it is possible that **you** are insured by virtue of different **supplementary insurances**. When determining the entitlement to (reimbursement of the costs of) **care**, the (reimbursement of the costs of) **care** you received by virtue of previous **supplementary insurance** in the same **calendar year** is included.
- 29.4 Most types of **care** are subject to a maximum reimbursement for a certain period, e.g. a **calendar year**. When determining the entitlement to (reimbursement of the costs of) **care**, the (reimbursement of the costs of) **care** you received by virtue of previous **supplementary insurance** is included.

### Clause 30 Submitting an invoice

- 30.1 **We** will process an **invoice** if the following conditions have been met:
- the **invoice** is submitted in one of the following ways:
    - the original **invoice** has been submitted; or
    - the **invoice** is submitted in the form of a computer print-out. In that case, the **invoice** must be signed by or on behalf of the **care provider** and bear proof of authenticity; or
    - as soon as that option is explicitly offered, the (scanned) **invoice** is submitted via [www.hollandzorg.com](http://www.hollandzorg.com). In that case, you must - for verification purposes - keep the original **invoice** for a period of two years after having submitted the copy. **We** may ask **you** to send us the original **invoice** after all. If **we** do not receive the original **invoice**, the right to reimbursement of that **invoice** lapses. In that case, **we** will claim back any money reimbursed incorrectly;

# GENERAL PROVISIONS

- b. the **invoice** is drawn up in Dutch, English, French, German, Spanish or Turkish. If the **invoice** is drawn up in a different language, **we** may not process the **invoice**, unless **you** enclose a certified translation of the **invoice**;
- c. **you** enclose a completed and signed claim form with the **invoice**. Claim forms can be downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can send a form to **you** if you wish;
- d. the original **invoice** is clearly legible.

30.2 Care-related **invoices** must be submitted within 12 months of the end of the **calendar year** in which **you** received the **care**. This means the treatment or delivery date and not the date on which the **invoice** is written out. If the **care** is described as **DBC (-Care Product)**, **you** must submit the **invoice** within 12 months of the moment the **DBC** or the **DBC-Care Product** is terminated.

30.3 If **you** submit an **invoice** after the 12-month period, **we** may decide to reimburse the **invoice** partially or not at all. **Invoices** submitted three years after the treatment or delivery or the date on which the **DBC** or the **DBC - Care Product** terminates are never eligible for reimbursement.

30.4 **You** are not supposed to receive an **invoice** for **care** provided by a **contracted care provider**. A **contracted care provider** will send the **invoice** directly to us.

## Clause 31 Payment and settlement

31.1 **We** are entitled to pay the costs of **care** directly to the **care provider** who has provided the **care**. Your entitlement to reimbursement is nullified by that payment.

31.2 If **we** pay a **care provider** more than **we** are obliged to by virtue of the **supplementary insurance**, **you** are deemed to have authorised us to collect these additional costs. **We** may also charge **you (insured party/policyholder)** for the amount paid in excess. **You (insured party/policyholder)** must pay us the amount paid in excess.

31.3 **We** pay the reimbursement of costs for **care** and other amounts payable to **you (insured party/policyholder)** by transferring the money into the **policyholder's** bank account held on our records. If **you** do not want this, please let us know in writing in good time. Your entitlement to reimbursement is nullified by the payment to the **policyholder**.

31.4 **We** can set off the reimbursement of costs for **care** and other amounts payable to **you (insured party/policyholder)** against premiums, interest, costs or other amounts owed to us.

31.5 **We** reimburse the costs of **care** in Euros. **We** use the exchange rate applicable on the date on which the **care** was provided, where possible.

## INSURANCE ENTITLEMENTS PER TYPE OF CARE

### ALTERNATIVE MEDICINES AND MEDICINE

#### Clause 32 Alternative medicines

**description** **You** are entitled to reimbursement of the costs of these alternative medicines:

- homeopathic or anthroposophic **registered medicines**; and
- anthroposophic or homeopathic remedies listed in the Z index.

If in doubt as to whether a remedy is reimbursed, **you** can ask your **care provider** for the so-called KNMP number and then contact our Customer Service on +31 (0)570 687 123. **We** can find out whether the remedy qualifies for reimbursement based on the KNMP number.

**appointed care providers**

A **dispensing chemist** and a **dispensing general practitioner** can provide this type of **care**.

**prescription**

**You** need a **prescription** from your **care provider** in order to qualify for reimbursement of **alternative medicines**.

# GENERAL PROVISIONS

**reimbursement** A single reimbursement applies to combined alternative medicine and alternative medicines. This is stated under the alternative medicine.

## Clause 33 Alternative medicine

**description** You are entitled to reimbursement of the costs of the following alternative medicine:

- acupuncture;
- anthroposophy;
- chiropractics;
- gestalt therapy;
- haptotherapy;
- (classic) homeopathy;
- manual medicine;
- natural medicine;
- neurofeedback;
- osteopathy;

**appointed care providers**

You are only entitled to reimbursement of the costs, if the **care** has been provided by a **care provider** that meets the conditions of the list 'Appointed **care providers** for alternative medicine HollandZorg. This list can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). We can also send the list to **you** if you wish. The list may be subject to change in the course of the year.

**reimbursement** A combined reimbursement applies to alternative medicine and alternative medicines.

**reimbursement for combined alternative medicine and alternative medicines**  
80%, subject to a maximum of € 500 per **calendar year**.

## SKINCARE

### Clause 34 Skincare

**description** You are entitled to reimbursement of the costs of:

- acne treatment in the event of serious forms of acne in the face or neck;
- treatment of highly unsightly scars or skin marks on your face or neck by means of:
  - a) dermatography (medical tattooing);
  - b) camouflage therapy (learning the camouflage technique), up to a maximum of four lessons;
  - c) intense pulse light therapy (IPL)
  - d) massage of scar tissue;
  - e) application of pressure packs, tape, silicone plasters or silicone gel;
  - f) deep peeling aimed at function improvement in the event of scars.
- continued use of remedies used during these treatments;
- removal of excess hair growth in the case of a serious form of excessive hair growth (hypertrichosis) in your face or neck, by means of:
  - a) electrical depilation;
  - b) intense pulse light therapy (IPL)
  - c) laser treatment (photothermolysis).

**appointed care providers**

A **skin therapist** can provide all types of **care**.

# INSURANCE ENTITLEMENTS

The care outlined below can only be provided by a beautician with core membership of ANBOS (General Netherlands Trade Association for Beauty Care):

- acne treatment, subject to the condition that the beautician is a qualified specialist in 'Acne';
- camouflage treatment, subject to the condition that the beautician is a qualified specialised in 'Camouflage' or 'Permanent make-up';
- electric depilation treatment, subject to the condition that the beautician is a qualified specialist in 'Electric depilation';

**consent required** Reimbursement of costs for treatment is subject to our written consent, prior to **you** receiving the **care**: When applying for this type of **care**, **you** must enclose the following details: the **prescription** of your **doctor** in attendance and, if possible, relevant photographs. The **prescription** must contain: the medical diagnosis, the seriousness of the disorder and the location thereof (body/head/neck etc.).

Please send requests for consent to: The Medical Advisor, HollandZorg, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your **care provider** submits the request on your behalf, please let us know that **you** agree with this, by signing the request for example.

**other conditions** **You** are entitled to reimbursement of the costs for continued use of the remedies used during the treatment, subject to our approval obtained prior to receiving treatment.

**reimbursement of skincare**

80%, subject to a maximum of € 300 per **calendar year**.

## CHIROPODY

### Clause 35 Pedicure treatment

**description** **You** are entitled to reimbursement of the costs for pedicure treatment subject to a medical need or if you, due to a physical impairment, are unable to care for your own feet. There is no right to reimbursement of costs which are eligible to be reimbursed by virtue of your **care insurance**.

**appointed care providers**

The following **care providers** can provide this type of care:

- a chiropodist listed in the Chiropodists Quality Register (KRP)
- a podotherapist registered with the Netherlands Association of Podotherapists (NVvP) and in the Paramedics Quality Register (StKP).

**referral** **You** must have obtained a **referral** from your **doctor** demonstrating a medical need for treatment or that you, due to a physical impairment, are unable to care for your own feet. **You** must enclose a copy of the **referral** when submitting the first **invoice**.

**reimbursement of pedicure treatment**

Subject to a maximum of € 90 per **calendar year**.

## ABROAD

### Clause 36 Urgent care abroad

**description** **You** are entitled to reimbursement of the costs of urgent care **you** received abroad in addition to the partial reimbursement **you** received by virtue of the **public health insurance**. Care is deemed to be urgent when, in our opinion, it concerns unforeseen care that cannot reasonably be postponed until returning to the Netherlands.

# INSURANCE ENTITLEMENTS

**You are not entitled to reimbursement:**

- if your stay abroad in the period directly preceding the moment the need for care arose exceeds 6 months;
- of costs as a result of injury incurred or death of the insured party during or partly due to:
  - participating in sports competitions
  - practising dangerous sports or undertaking mountain excursions that cannot be practiced or undertaken by non-professionals without risk;
  - practising all types of winter sports, with the exception of sledging, skating, cross-country skiing and on-piste skiing;
- of rescue costs including the costs of tracking and tracing and rescuing or salvaging.

## appointed care providers

The care must be provided by a **care provider** who is qualified to do so under the laws of the country where the **care provider** practices and which qualifications are equal to the qualifications applicable to the **care providers** in the Netherlands appointed by us in the insurance conditions of the **public health insurance**.

**emergency centre** You must contact our emergency centre within 24 hours or as soon as possible after the need for care has arisen. Our emergency centre coordinates the **care**. They can also give **you** information about the reimbursement of the **care**.

Our emergency centre can be reached by telephone on +31 (0)570 687 112;

The fax number is +31 (0)570 687 445;

The emergency centre's e-mail address is [alarmcentrale@hollandzorg.nl](mailto:alarmcentrale@hollandzorg.nl).

## reimbursement of urgent care abroad

A combined reimbursement applies to repatriation for medical needs, transport of mortal remains and urgent care abroad. This is stated below the article on repatriation for medical needs and transport of mortal remains

## Clause 37 Repatriation for medical needs and transport of mortal remains

### description

**You are entitled to reimbursement of the costs of:**

- a) repatriation for medical needs, which is understood to mean: special transport of **you**:
  - i. from abroad to the Netherlands or your country of origin for medical needs;
  - ii. from the Netherlands to your country of origin for medical needs.

A medical need arises if, in our opinion, medical treatment in the Netherlands or the country of origin is required because it is difficult to obtain locally or is medically irresponsible or because local treatment is more expensive than in the Netherlands. Social reasons such as family reunion and language problems are not included.

- b) transport of your mortal remains from the place of death to the Netherlands or your country of origin. This is taken to mean: the costs of the transport itself (the ticket) and the additional costs necessary for transport (compulsory embalming, transport coffin, etc.).

**You are not entitled to reimbursement:**

- if your stay abroad in the period directly preceding the moment the need for care arose exceeds 6 months;
- of costs as a result of injury incurred or death of the insured party during or partly due to:
  - participating in sports competitions
  - practising dangerous sports or undertaking mountain excursions that cannot be practiced or undertaken by non-professionals without risk;
  - practising all types of winter sports, with the exception of sledging, skating, cross-country skiing and on-piste skiing;
- costs of accompaniment by a travelling companion or family member unless **we** consider such accompaniment necessary.

You are obliged to cooperate in repatriation if we deem this medically required and your condition allows to undertake this.

### appointed care providers

A taxi firm and ambulance transport providers can arrange the repatriation.

An undertaker's firm can arrange transport of the mortal remains means.

# INSURANCE ENTITLEMENTS

**emergency centre** You must contact our emergency centre within 24 hours or as soon as possible after the need for care has arisen. In the event of your death, this applies to your surviving relatives. Our emergency centre coordinates the care.  
Our emergency centre can be reached by telephone on +31 (0)570 687 112;  
The fax number is +31 (0)570 687 445;  
The emergency centre's e-mail address is [alarmcentrale@hollandzorg.nl](mailto:alarmcentrale@hollandzorg.nl).

**reimbursement of repatriation for medical needs and transport of mortal remains**

A combined reimbursement applies to repatriation for medical needs, transport of mortal remains and urgent care abroad.

**reimbursement of urgent care in an EU, EEA or Treaty Countries and repatriation for medical needs or the transport of mortal remains from those countries combined**

100%.

**reimbursement of urgent care in countries other than EU, EEA or Treaty Countries and repatriation for medical needs or the transport of mortal remains from those countries combined**

Subject to a maximum of € 20,000 per calendar year.

## BIRTH CARE

### Clause 38 Hospital birth without medical grounds

**description** You are entitled to reimbursement of costs for the use of the delivery room in a **hospital**, without medical ground for delivery in the **hospital**.

**appointed care providers**

The delivery must take place in a **hospital**.

**reimbursement of the use of the delivery room in a hospital without medical ground**

100%.

### Clause 39 Maternity package

**description** You are entitled to a maternity package, if **you** have been pregnant for at least 24 weeks. The maternity package includes the following: underpads, maternity mattresses, a sterile navel clip, gauze compresses, maternity pad, a bottle of alcohol, surgical cotton wool and wound compresses

**request**

You must submit your request for the maternity package to us. You can request the maternity package through our Customer service via +31(0)570 687 123 and via the application form on [www.hollandzorg.com](http://www.hollandzorg.com). The maternity package is sent to **you** from the 34<sup>th</sup> week of pregnancy.

### Clause 40 Maternity care

**description** You are entitled to reimbursement of the costs of your **statutory personal contribution** for maternity care.

**reimbursement of the statutory personal contribution for maternity care**

100%.

### Clause 41 Antenatal and mother's classes

**description** You are entitled to reimbursement of the costs for maternity and delivery training programmes and mother's classes, including antenatal exercises, antenatal yoga, antenatal massage, the Mother Fit Programme or a Doula. **You** must be at least 12 weeks pregnant. Classes after delivery must be taken within the first six months of giving birth.

# INSURANCE ENTITLEMENTS

## appointed care providers

The following **care providers** can provide this type of care:

- a professional provider of antenatal or mother's classes can provide the care.
- a Doula who is a member of the Dutch Professional Association of Doulas.

## reimbursement of antenatal and mother's classes

Subject to a maximum of € 60 per pregnancy.

## MEDICAL MENTAL HEALTHCARE

### Clause 42 First-line psychological care

**description** You are entitled to reimbursement of the costs of first-line psychological care. First-line psychological care is non-specialist medical mental healthcare such as clinical psychologists generally provide.

You are entitled to reimbursement of the costs of some sessions per **calendar year**, following the reimbursement of sessions by virtue of the **Public Healthcare Insurance**. A session is calculated as follows:

- individual first-line psychological consultation:	1 session
- double individual first-line psychological consultation (applies to the EMDR treatment method and diagnoses in children and young persons):	2 sessions
- individual short first-line psychological consultation:	1/2 session
- telephone and e-mail consultation:	1/4 session
- relationship therapy consultation:	1/2 session per partner
- double relationship therapy consultation:	1 session per partner
- single-parent family therapy consultation:	1 session
- double single-parent family therapy consultation:	2 sessions
- two-parent family therapy consultation:	1/2 session per parent
- double two-parent family therapy consultation:	1 session per parent
- group therapy consultation 4 to 8 persons:	1/4 session per participant
- double group therapy consultation 4 to 8 persons:	1/2 session per participant
- group therapy consultation 9 to 12 persons:	1/5 session per participant
- internet treatment process	depending on the costs of the process.

The number of sessions of an internet treatment process is calculated by dividing the costs of the process (including the legal own contribution) by € 60. The result is (rounded down to a whole number) is the number of sessions.

Care provision at home does not affect the calculation of the session.

## personal contribution

For each session an amount of € 20 will have to be paid by you.

## appointed care providers

The following **care providers** can provide this type of care:

- **healthcare psychologists;**
- **remedial educationalists;**
- **care providers** entered in the register of the Dutch Psychological Association (*Nederlands instituut van psychologen* (NIP) as an NIP child and youth psychologist;
- other **care providers**, if we and those **care providers** have agreed that those **care providers** can provide first-line psychological care.

Contrary to this an internet treatment process may only be granted for a process provided by a **care provider contracted** by us.

The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). You can also contact our Customer Service on +31 (0)570 687 123.

# INSURANCE ENTITLEMENTS

**referral** You need a **referral** from a **general practitioner, medical specialist or youth healthcare doctor**. This condition does not apply in the case of unforeseen care that cannot reasonably be postponed.

## maximum rates for non-contracted care

We apply a maximum reimbursement for first-line psychological care provided by a **non-contracted care provider**. In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). We can also send it to you if **you** wish.

## reimbursement for first-line psychological treatment

- contracted care: maximum 4 sessions per **calendar year**, personal contribution excluded
- uncontracted care: maximum 4 sessions per **calendar year**; for each session maximum rate for uncontracted care, personal contribution excluded.

## MEDICINAL CARE

### Clause 43 Medicinal care

**description** You are entitled to reimbursement of the costs of your **statutory personal contribution** for medicines, if taking the medicine is medically required for a minimum period of three consecutive months.

**consent required** You must obtain our written consent, in order to qualify for reimbursement. This does not apply to contraceptives. This does not require our approval. The request must state the name of the medicine and the medical ground(s).

Please send requests for consent to: The Medical Advisor, HollandZorg, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your **care provider** submits the request on your behalf, please let us know that **you** agree with this, by signing the request for example.

## reimbursement of the statutory personal contribution for medicines

Subject to a maximum of € 230 per **calendar year**.

### Clause 44 Gastric acid inhibitors

**description** You are entitled to reimbursement of the costs of gastric acid inhibitors, including combined preparations which contain a gastric acid inhibitor included in the Z-index for use of maximum 6 months per **calendar year**. This does not apply to costs eligible for reimbursement by virtue of your **care insurance**.

## appointed care providers

**Dispensing chemists** and **dispensing general practitioners** can provide this type of care. The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Service on +31 (0)570 687 123.

Only **care providers** with whom **we** have made arrangements about issuance via the Internet are authorised to provide care **you** have requested via the Internet. The **contracted care providers** for Internet issuance can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Service on +31 (0)570 687 123.

**prescription** You need a **prescription** from a **general practitioner or medical specialist**.

## reimbursement of gastric acid inhibitors

Maximum € 50.

# INSURANCE ENTITLEMENTS

## MEDICAL AIDS

### Clause 45 Hearing aids

**description** You are entitled to reimbursement of the costs that remain at your expense after the maximum statutory reimbursement by virtue of the **public health insurance**.

**appointed care providers**

**Medical aid suppliers** and audiometric technicians can provide this type of **care**.

**reimbursement of the statutory personal contribution for hearing aids**

Subject to a maximum € 50 per device.

### Clause 46 Bedwetting alarm

**description** You are entitled to reimbursement of the costs of purchasing or renting a bedwetting alarm.

**appointed care providers**

**Medical aid suppliers** can provide this type of **care**.

**prescription** For the reimbursement of the costs for purchasing or renting a bedwetting alarm, **you** need a **prescription** from a **doctor**. **You** must enclose a copy of the **prescription** when submitting the **invoice**.

**reimbursement of a bedwetting alarm**

Subject to a maximum of € 75 per period of cover.

## STAGE OF LIFE CARE

### Clause 47 Contraceptives

**description** You are entitled to reimbursement of the costs of contraceptives.

- contraceptive pill. For each **prescription** the costs for a period of maximum twelve months will be reimbursed.
- 'contraceptive injection';
- copper IUD;
- hormonal IUD;
- hormonal contraceptive plaster;
- hormonal ring;
- Implanon;
- cap and diaphragm;
- Femcap and silicone cap.

The costs to apply the devices are not included.

**appointed care providers**

**Dispensing chemists** and **dispensing general practitioners** can provide the contraceptives.

The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Service on +31 (0)570 687 123.

**prescription** You need a **prescription** from a **general practitioner** or **medical specialist**.

**reimbursement of contraceptives**

100% if provided by a **contracted care provider**

# INSURANCE ENTITLEMENTS

## MEDICAL SPECIALISED CARE

### Clause 48

#### MammaPrint

##### description

You are entitled to reimbursement of the costs of a MammaPrint. The MammaPrint is a test which can give a definite answer about how aggressive a breast tumour is. It will help your medical specialist to determine whether chemotherapy is required after a tumour is removed.

##### condition

The MammaPrint should be an added value in your situation compared to the current therapy guideline for follow-up treatment with chemotherapy.

##### appointed care providers

Hospitals can provide this type of care.

##### prescription

For the reimbursement of the costs of a MammaPrint, **you** need a **prescription** from a **medical specialist**. The prescription must state that your **medical specialist** funds that the MammaPrint provides an added value with regard to the current therapy guidelines in your situation. **You** must enclose a copy of the **prescription** when submitting the **invoice**.

##### reimbursement of the MammaPrint

100%

## DENTAL CARE

### Clause 49

#### Dentures

##### description

You are entitled to reimbursement of the costs of your **statutory personal contribution** for a removable complete prosthesis for the upper or lower jaw. The **statutory personal contribution** for removable full dental prostheses worn as an implant is excluded.

##### reimbursement of the statutory personal contribution for dentures

Subject to a maximum of € 137,50 per calendar year.

### Clause 50

#### Dental care in the Netherlands

##### description

You are entitled to reimbursement of the costs of:

- dental treatments, described as mouth care, provided they are not excluded. For every usual treatment a description of the care is available. The Dutch Care Authority provides is. The care descriptions are available on [www.nza.nl](http://www.nza.nl);
- the technical costs of these dental treatments.

The costs of the following treatments are excluded:

- (repairs to) removable dentures (worn as implants) (complete dental prostheses for the upper and/or lower jaw) (G codes).
- unattended appointments;
- orthodontistry (V codes)
- implantology (P codes).

##### appointed care providers

**Dentists** can provide all types of care. **Oral hygienists** can only provide oral hygiene treatments. **Prosthodontists** can only provide dental technical procedures.

The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Service on +31 (0)570 687 123.

##### consent required

**You** must obtain our written consent for care by a non-contracted oral hygienist, prior to **you** receiving the **care**. When applying for the care, **you** must include an estimation from your care provider, specifying the costs per tooth and molar.

# INSURANCE ENTITLEMENTS

Please send requests for consent to: HollandZorg, Medisch adviseur, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your **care provider** submits the request on your behalf, please let us know that **you** agree with this, by signing the request for example.

## maximum rates for non-contracted care

We apply a maximum reimbursement for dental care provided by a **non-contracted care provider**. In that case, the reimbursement is limited per session to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). We can also send it to **you** if you wish.

## reimbursement for dental treatment

A combined reimbursement applies to dental treatment in the Netherlands and urgent dental care abroad.

## reimbursement of dental care in the Netherlands and urgent care abroad combined

- contracted care:
  - 50% up to a maximum of € 200 per **calendar year**
- uncontracted care:
  - per session, maximum the rate applicable to that care for non-contracted care, then:
  - 50% up to a maximum of € 200 per **calendar year**:

## Clause 51 Urgent dental care abroad

**description** You are entitled to reimbursement of the costs for urgent dental treatment abroad. The treatment must correspond to the description of care in the Care List of urgent dental care HollandZorg. The HollandZorg's Operations list for urgent oral care can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). We can also send it to **you** if you wish.

Urgent care is taken to mean: unforeseen care that cannot reasonably be postponed. This includes treatment aimed at relieving acute pain. A dental overhaul is not urgent care.

## appointed care providers

The **care** can be provided by a **dentist** or **care provider** who, under the laws of the country where the **care provider** practices, is qualified in accordance with the qualifications applicable to **dentists**.

## reimbursement of urgent dental care abroad

A combined reimbursement applies to dental treatment in the Netherlands and urgent dental care abroad. This is stated below the article on urgent dental treatment in the Netherlands.

## HOME SUPPORT

### Clause 52 Night-time terminal homecare

**description** You are entitled to reimbursement of the costs of voluntary night-time homecare for the dying for a period of a maximum of one month. When the care is provided, your prognosticated life expectancy must be less than three months.

## appointed care providers

(Voluntary) workers from an organisation affiliated with the Netherlands Voluntary Palliative Terminal Care Association (VPTZ) can provide this type of care.

## reimbursement of night-time terminal homecare

100%.

# INSURANCE ENTITLEMENTS

## PARAMEDICAL CARE

### Clause 53      **Physiotherapy and remedial therapy in the Netherlands**

#### **description**

**You** are entitled to reimbursement of the costs of physiotherapy and remedial therapy. Physiotherapy is care such as physiotherapists generally provide. Remedial therapy is care such as remedial therapists generally provide.

The **insured party** is entitled to reimbursement of the costs of children's physiotherapy if the **insured party** is younger than 18.

18 or older

If **you** are 18 or older, a restriction applies. In that case you are entitled to reimbursement of the costs of physiotherapy or remedial therapy for a disorder listed in:

- a list prepared by the Minister (Appendix 1 of the Care insurance Decree), the List of Chronic Disorders physiotherapy and remedial therapy;
- the List of Other disorders physiotherapy and remedial therapy.

This list can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send it to **you** if you wish.

#### **appointed care providers**

The following **care providers** can provide this type of care:

- general physiotherapy by: **physiotherapists**;
- pelvic physiotherapy by: **pelvic physiotherapists**;
- geriatrics physiotherapy by: **geriatric physiotherapists**;
- children's physiotherapy by: **children's physiotherapists**;
- scar treatment by: **physiotherapists, remedial therapists** or **skin therapists**;
- manual physiotherapy by: **manual therapists**;
- psychosomatic physiotherapy by: a **psychosomatic physiotherapist**;
- oedema therapy and/or lymph drainage by: **oedema therapists** or **skin therapists**;
- general remedial physiotherapy by: **remedial therapists** (Cesar or Mensendieck);
- children's remedial therapy by: children's remedial therapists.
- psychosomatic remedial therapy by: a **psychosomatic remedial therapist**;

The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). **You** can also contact our Customer Services on +31 (0)570 687 123.

#### **referral**

For the treatment of lymphedema and for treatment by a **pelvic physiotherapist**, **you** need a **referral** from a **general practitioner** or a **medical specialist**. The **referral** must contain an explanation that clearly demonstrates the need for that type of physiotherapy.

#### **consent required**

For the reimbursement of physiotherapy and remedial therapy costs for the treatment of a list contained in the List of Chronic disorders physiotherapy and remedial therapy after the end of the maximum treatment period specified in the list for that disorder, you have to obtain our written authorization before you will be given the care in question.

When applying, please also submit a treatment plan and a report of the treating physiotherapist or remedial therapist, which demonstrates the need for continued treatment.

Please send requests for consent to: HollandZorg, Medisch adviseur, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your **care provider** submits the request on your behalf, please let us know that **you** agree with this, by signing the request for example.

#### **maximum rates for non-contracted care**

**We** apply a maximum reimbursement for physiotherapy provided by a **non-contracted care provider**. In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send it to **you** if you wish.

# GENERAL PROVISIONS

## reimbursement of physiotherapy and remedial therapy

- contracted care: maximum of 9 treatments per calendar year
- uncontracted care: maximum 6 treatments per calendar year; per treatment maximum the rate for uncontracted care applicable to that treatment

## Clause 54 Physiotherapy and remedial therapy abroad

**description** You are entitled to reimbursement of the costs of physiotherapy and remedial therapy abroad, subject to a maximum of 12 treatments per **calendar year**. Physiotherapy is care such as physiotherapists generally provide. Remedial therapy is care such as remedial therapists generally provide.

18 or older

If **you** are 18 or older, a restriction applies. If that case, **you** are entitled to reimbursement of the costs of physiotherapy or remedial therapy for a disorder on a list stipulated by the Minister (Appendix 1 to the Health Insurance Decree (*Besluit zorgverzekering*), the List of chronic disorders for long-term physiotherapy and remedial therapy. The List of chronic disorders for physiotherapy and remedial therapy can be consulted on [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send it to **you** if you wish.

### appointed care providers

The **care** can be provided by a physiotherapist and remedial therapist or a **care provider** who, under the laws of the country where the **care provider** practices, is qualified in accordance with the qualifications applicable to physiotherapists and remedial therapists.

### reimbursement for physiotherapy and remedial therapy abroad

Maximum 6 treatments per calendar year; per treatment maximum the rate for uncontracted care applicable to that treatment

## Clause 55 Van der Bijl Method manual therapy

**description** You are entitled to reimbursement of the costs of manual therapeutic treatments carried out by a manual therapist in accordance with the Van der Bijl method.

### appointed care providers

A **manual therapist** who is affiliated with the Association of Manual Therapists (VMT) and listed in the register as an E.S.<sup>(\*)</sup> certified manual therapist can provide the care.

### referral

You must have a **referral** from a **general practitioner, medical specialist, youth healthcare doctor or company doctor**. You must enclose a copy of the **referral** when submitting the first **invoice**.

### reimbursement of Van der Bijl Method manual therapy

Subject to a maximum of 4 treatments per **calendar year**.

## PREVENTION

## Clause 56 Annual health check

**description** Once per **calendar year**, **you** are entitled to reimbursement of the costs of a preventive medical examination with lifestyle advice.

The examination, Salland health check Plus includes:

- a blood test for glucose;
- a blood test for complete lipids count (= cholesterol specified);
- measuring the blood pressure;
- measuring the lung function;
- calculation of BMI (Body Mass Index).

# GENERAL PROVISIONS

## appointed care providers

A Care for Human health consultant can provide this type of care. The addresses of Care for Human consultants can be found via [www.careforhuman.nl](http://www.careforhuman.nl).

## reimbursement of medical examination

Subject to a maximum of € 30, when using Care for Human.

## Clause 57 Sports medical advice

**description** You are entitled to reimbursement of the costs of sports-related medical examinations and (sports) injuries by a **sports doctor**.

## appointed care providers

A **sports doctor** working at a sports medical institution affiliated with the Federation of Sports Medical Institutions (FMSI) can provide this type of care.

## reimbursement of sports medical advice

Subject to a maximum of € 50 per **calendar year**

## Clause 58 Quit-smoking medicines

**description** You are entitled to reimbursement of the costs of medicines to support you in quitting to smoke. The support must be eligible for reimbursement based on the **Public Healthcare Insurance**.

## appointed care providers

The following **care providers** can provide this type of medicines:

- a **pharmacist** or **dispensing general practitioner**;
- (other) **contracted care providers** we made agreements with in this respect.

The **contracted care providers** can be found at [www.hollandzorg.com](http://www.hollandzorg.com). You can also contact our Customer Service on +31 (0)570 687 123.

**condition** When submitting your request, please include a completed and signed Quit-smoking medicine application form. This form needs to be filled in and signed by the **care provider** indicated in the **Public Healthcare Insurance** which you give to the quit-smoking assistance. The form can be viewed and downloaded via [www.hollandzorg.com](http://www.hollandzorg.com). **We** can also send them to **you** if you wish.

## quit-smoking medicines reimbursement

80%, subject to a maximum of € 120 per **calendar year**.

## STAYS

## Clause 59 Stays in a guest house

**description** You are entitled to reimbursement of the costs of stays in a guest house or boarding house incurred by the partner or family members living at home, if you are seriously ill, subject to a maximum of 30 days per **calendar year**.

The entitlement to reimbursement of costs of stays in boarding house commences on the second night of your continued admission, except in the event of a series of admissions for one or several nights planned in advance.

## appointed care providers

A guest house affiliated with a **hospital** and a boarding house can provide this type of care.

# GENERAL PROVISIONS

**condition** If you want to claim the costs for a stay in a boarding house, you must include proof of admission and, if applicable, the planned series of admissions when submitting the invoice.

**reimbursement of stays in a guest house**

Subject to a maximum of € 25 per day, up to 30 days per **calendar year**.

## Clause 60 Meetings of fellow sufferers and therapeutic children's camps

**description** The **insured party** younger than 18 is entitled to reimbursement of the costs of meetings of fellow sufferers or therapeutic children's physiotherapy, subject to a maximum of 14 days per **calendar year**.

The meeting or children's camp must have a therapeutic objective and be organised:

- by a nationally-recognised patients association that is a member of or affiliated with:
  - a) the Dutch Patients Consumers Federation (NPCF);
  - b) The Council for the Chronically and Ill and Disabled (CG Raad);
  - c) the National Platform GGz;
  - d) the Platform for the Mentally Disabled;
- by BIG registered **care providers** that are also involved in the day-to-day supervision.

**condition** You must include a description of the setup and programme of the meeting or camp when submitting the **invoice**.

**reimbursement of meetings of fellow sufferers and therapeutic children's camps**

80%, subject to a maximum of € 100 per **calendar year**.

## TRANSPORT

### Clause 61 Patient visits

**description** You are entitled to reimbursement of the costs of transport for max. three patient visits to you per week by your partner or family member living at home. Entitlement to reimbursement commences on the third week of your consecutive admission in a **hospital** in the Netherlands, the costs of which are not refunded by the **public health insurance**. The **hospital** must be situated (via the shortest normal route) at a distance of at least 40 km from your permanent domicile or residence.

**reimbursement of transport for patient visits**

€ 0.22 per kilometre for maximum three visits per week.

## DISCOUNT SCHEMES

### Clause 62 Discount schemes

We enter into agreement with **care providers** on discounts on their treatments. You can take advantage of the discount that we agree with the **care providers**.

Discounts are given on, for example:

- medical examinations;
- mattress cleaning and hypoallergenic continental quilts and covers;
- subscriptions to fitness centres.

Further information on the conditions and discount schemes can be found on [www.hollandzorg.com](http://www.hollandzorg.com). You can also call our Customer Service on +31 (0)570 687 123.

# GENERAL PROVISIONS