# De Amersfoortse Supplementary Insurance 2019 Terms and Conditions

## Contents

# 1. Definitions

In these terms and conditions, the following definitions shall apply:

**Supplementary health insurance**
Supplementary health insurance covers health care that is not covered, either fully or partially, by basic insurance under the Healthcare Insurance Act (*Zorgverzekeringswet*).

**Alternative healer**
An alternative healer practising in the Netherlands, who is widely recognised in a certain field and who is a member of a professional association.

**Pharmacy**
Pharmacy includes regular pharmacies, Internet pharmacies, chains of pharmacies, hospital pharmacies, outpatient pharmacies and dispensing general practitioners.

**Dispensing practitioner**
The dispensing general practitioner or an established pharmacist registered in the register of established pharmacists, or a pharmacist who is assisted by registered pharmacists in their practice. The term dispensing practitioner shall also include legal entities that provide care through pharmacists that are registered in the foregoing register.

**Junior doctor**
A junior doctor who is registered as such in accordance with the requirements as referred to in Section 3 of the Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg*, BIG).

**Basic insurance**
A health insurance policy taken out with an insurance company under the Healthcare Insurance Act.

**Company doctor**
A doctor who acts on behalf of the employer or the employer's Occupational Health and Safety Service. This doctor must be registered as a company doctor in the registry of the Royal Dutch Medical Association that was instituted by the Board of Registration of Doctors of Social Medicine (*Sociaal-Geneeskundigen Registratie Commissie*, SGRC).

**Pelvic therapist**

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a pelvic therapist in the Central Quality Register for Physical Therapy (*Centraal Kwaliteitsregister Fysiotherapie*) maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation (*Stichting Keurmerk Fysiotherapie*).

### Day treatment

Admission for less than 24 hours in a healthcare institution that is permitted in accordance with the rules established by law.

### DTC Care Product

A DTC Care Product describes the full path of specialist medical care or specialised mental healthcare using a performance code laid down by the Dutch Healthcare Authority (NZa). This covers the request for care, the type of care provided, the diagnosis and the treatment.
The DTC pathway commences at the time at which an insured party submits a request for care (the DTC is opened) and is completed in accordance with the applicable regulations.

### Dietician

A dietician who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists (*Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut*).

### Occupational therapist

An occupational therapist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

### EU and EEA States

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

### Pharmaceutical care

The supply of medicine and dietary preparations and/or advice and guidance as provided by dispensaries in the interests of medication assessment and responsible use, designated as such under or pursuant to the Healthcare Insurance Decree (*Besluit Zorgverzekeringen*), with due observance of the Pharmaceutical Care Regulations established by De Amersfoortse.

### Fraud

To deliberately commit or attempt to commit forgery of documents, deceit, to prejudice creditors or entitled parties and/or commit embezzlement with respect to the conclusion and/or performance of a health insurance or other insurance contract, aimed at acquiring a payment or reimbursement or the performance of services to which there is no entitlement, or acquiring insurance cover under false pretences.

### Physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation. A remedial masseur as referred to in Section 108 of the Individual Healthcare Professions Act is also deemed to be a physiotherapist.

### G standard
A database that supports the prescribing, delivery and ordering of healthcare products, as well as the submission of any claims, and reimbursements, in an integrated manner. To this end, the database contains relevant data on care products that are available in pharmacies and healthcare institutions in the Netherlands.

### Certified ultrasound technician
An ultrasound technician who is certified to carry out the combined test. These ultrasound technicians are listed in the Peridos register. Please see: www.peridos.nl/zoek-zorgverlener.

### Contracted care
The care that the healthcare provider may provide or that may be reimbursed based on an agreement between the health insurance company and the healthcare provider.

### Municipal Health Service (GGD)
The Municipal Healthy Service (GGD) focuses chiefly on the prevention of disease and on promoting a healthy lifestyle in a healthy environment.

### Geriatric physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a geriatric physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

### Skin therapist
A skin therapist practising in the Netherlands and registered as such in accordance with the requirements referred to in Section 34 of the Individual Healthcare Professions Act and in the Decree governing educational requirements and the discipline of skin therapists (*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*).

### General practitioner
A doctor who is registered as a general practitioner in the register of accredited general practitioners established by the Commission for the Registration of Medical Specialists (*Registratiecommissie Geneeskundig Specialisten*, RGS) and maintained by the Royal Dutch Medical Association.

### Provision of medical aids
A provision to meet the need for medical aids and dressing materials designated by a ministerial regulation with due observance of the Medical Aids Regulations (*Reglement Hulpmiddelen*) laid down by the health insurer regarding the requirements for consent, period of use and quantity.

### Dental surgeon
A dental specialist who is registered in the register of specialists for oral diseases and oral surgery of the Commission for the Registration of Dental Specialists (*Registratiecommissie Tandheelkundig Specialismen*, RTS).

### Paediatric physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a paediatric physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

### Maternity centre
An institution that offers obstetric care and/or maternity care and meets the requirements laid down by law.

### Maternity hotel
An institution where the insured party is able to give birth and/or spend (part of) the period following childbirth.

### Maternity nurse
A skilled carer for new mothers remaining at home.

### Maternity care
The care provided by a maternity nurse affiliated with a hospital, maternity centre or maternity hotel, who cares for both the mother and child and – where applicable – for the household.

### Lactation consultant
A lactation consultant practising in the Netherlands, who is a member of the Dutch Association of Lactation Consultants (*Nederlandse Vereniging van Lactatiekundigen*, NVL).

### Informal carer
A person who provides care to a dependant in their immediate environment, and where the care results directly from the social relationship, without remuneration and not in the context of a care profession.

### Manual therapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a manual therapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

### Market rate
The costs deemed reasonably appropriate given the current market conditions in the Netherlands.

### Medical adviser
A physician who is listed as a Policy and Advice physician (*arts Beleid en Advies*) in the Profile Register established by the Commission for the Registration of Medical Specialists (RGS) or is listed as a Health

and Society physician (*arts Maatschappij en Gezondheid*) in the Specialists Register established by the RGS and maintained by the Royal Dutch Medical Association (*Koninklijke Nederlandse Maatschappij tot bevordering der Geneeskunst*, KNMG), and who works as such for a health insurance company.

### Medical specialist

A physician who is registered as a medical specialist in the Specialists Register established by the Commission for the Registration of Medical Specialists (RGS) and maintained by the Royal Dutch Medical Association (KNMG).

### Meditel

Meditel B.V., PO Box 454, 2800 AL Gouda, phone 0900 202 10 40.

### Dental hygienist

A dental hygienist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

### NZa

The Dutch Healthcare Authority (*Nederlandse Zorgautoriteit*, NZa).

### Oedema therapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as an oedema therapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

### Cesar/Mensendieck remedial therapist

A Cesar/Mensendieck remedial therapist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

### Accident

A sudden and unexpected external trauma effected on the body of the insured person, from which medically verifiable injury resulted directly and without contribution of other causes.

### Admission

Admission in a hospital of longer than 24 hours, if and to the extent that nursing, examination and treatment can only be provided in a hospital on medical grounds, with uninterrupted treatment by a medical specialist being required.

### Orthodontist

A dental specialist who is registered in the specialist register of the Commission for the Registration of Dental Specialists (RTS) of the Royal Dutch Dental Association (*Koninklijke Nederlandse Maatschappij tot bevordering der Tandheelkunde*).

### Orthoptist

An orthoptist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

### Chiropodist

A chiropodist who is registered in the Quality Register of Chiropodists (*KwaliteitsRegister voor Pedicures*, KRP) for treating patients with diabetes, rheumatism or medical chiropody.

### Podopostural therapist

A podopostural therapist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) and is registered with Quality Registration and Accreditation for Healthcare Professionals (*Kwaliteitsregistratie en Accreditatie Beroepsbeoefenaren in de Zorg*, KABIZ).

### Podiatrist

A podiatrist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

### PreMeo Thuisvaccinatie

PreMeo Thuisvaccinatie (PreMeo Home Vaccination) is a nationwide LCR-accredited (National Coordination Centre for Travellers' Health) vaccination centre providing travel vaccinations at clients' homes by BIG-registered physicians.

### Private clinic abroad

An institution where the specialist medical care for nursing, examination and treatment can safely be deemed to be provided in accordance with the relevant Dutch quality standards.

### Psychosomatic physiotherapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a psychosomatic physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

### Psychosomatic Cesar and Mensendieck remedial therapist

A remedial therapist trained in Cesar and Mensendieck therapy who is registered in the register of psychosomatic remedial therapists of the Association of Cesar and Mensendieck Remedial Therapists (*Vereniging van Oefentherapeuten Cesar en Mensendieck*).

### Registered chiropodist

A registered chiropodist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) and is registered with Quality Registration and Accreditation for Healthcare Professionals (*Kwaliteitsregistratie en Accreditatie Beroepsbeoefenaren in de Zorg*, KABIZ).

### Beautician

A beautician practising in the Netherlands who holds the Beauty care-B diploma.

### SOS International

SOS International provides 24/7 assistance to travellers in the event of illness or an accident abroad. Medical travel assistance can be requested via www.smartmelden.nl. You will receive a response within 15 minutes.

### Emergency care
Care that cannot be anticipated in advance and is the result of an acute illness or accident that requires immediate emergency medical care.

### Dentist
A dentist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act (BIG).

### Prosthodontist
A prosthodontist who has been trained in accordance with what is known as the Decree governing educational requirements and the discipline of prosthodontists (*Besluit opleidingseisen en deskundigheidsgebied tandprotheticus*).

### Temporary stay
Temporary residence abroad for a period of up to 12 months. In the event of admission to hospital, this period will be extended during hospitalisation by a maximum of 365 days calculated from the date of admission.

### Treaty country
A country that is not part of the European Union, an EEA Member State or Switzerland, with which the Netherlands has a treaty on social security in which regulations on the provision of medical care have been included. These are the following countries: Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde, Macedonia, Morocco, Serbia and Montenegro, Tunisia and Turkey.

### Obstetrician
An obstetrician who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act.

### Nurse
A nurse who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act.

### Referral letter/referral
The recommendation of a healthcare professional or institution to an insured person to be admitted for treatment or for treatment to be continued by another healthcare professional or institution. A referral must be issued prior to the treatment. The referral letter must at least state: the name and address and date of birth of the insured person, name, job title, AGB code and stamp of the practice and/or signature of the referring party, date of issue, reason of referral and any other relevant details. A referral letter remains valid for a period of one year following the date of issue and should comply with the national laws and regulations.

### Insured party
Any person who is listed as such in the healthcare policy, the policy endorsement letter or the

certificate of registration.

### Policyholder
The person who has entered into the insurance contract with the health insurance provider.

### VVOC
Association of Medical Menopause Consultants (*Vereniging Verpleegkundig Overgangsconsulenten*). Beemd 10, 5071 AN Udenhout. www.overgangsconsulente.com.

### Wet BIG
Individual Healthcare Professions Act (*Wet op de Beroepen in de Individuele Gezondheidszorg*, abbreviated to BIG).

### Wlz
The Long-Term Care Act (*Wet langdurige zorg*, abbreviated to Wlz).

### Independent treatment centre (*Zelfstandig behandelcentrum*, ZBC)
A centre for specialist medical care (examination and treatment) located in the Netherlands and permitted to operate as such in accordance with the rules laid down by law.

### Hospital
An institution for nursing, examination and treatment of patients, which has been permitted to operate as a hospital under the rules laid down by law.

### Health insurance company/health insurance provider
ASR Aanvullende Ziektekostenverzekeringen NV, hereinafter to be referred to as 'we' or as the 'health insurance company'/'health insurance provider'. ASR Basis Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110828) and ASR Aanvullende Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110823), located at Archimedeslaan 10 in Utrecht, are under the supervision of the Netherlands Authority for the Financial Markets (AFM) and are registered under AFM numbers 12000605, 12001028 and 12001029.

## 2. Manner in which the insurance is executed

### Country of residence
This supplementary insurance agreement may be entered into by or on behalf of any person required to have insurance in the Netherlands as well as by persons residing abroad who hold an insurance obligation. For insured persons residing in the Netherlands, the costs of healthcare will only be recoverable is that care has taken place in the Netherlands and if it was carried out by a healthcare professional practising in the Netherlands. For insured persons living abroad, the costs of healthcare will only be recoverable if that care has taken place in the country of residence and if it was carried out by a healthcare professional practising in the country of residence. Please see Article 3.6 ‘Abroad’ for any exceptions.

Reimbursement will take place up to the maximum rate as listed in the article on 'Maximum reimbursement' below. The further conditions of the relevant articles will remain in effect.

### Supplementary to basic insurance

This insurance provides supplementary provision or reimbursement in addition to basic insurance. A reimbursement will only be granted if the costs are not eligible for recovery under the basic insurance. Costs that fall under the excess of the basic insurance will not be reimbursed additionally under this supplementary insurance.

### Maximum reimbursement

Entitlement to reimbursement of costs will not exceed:

- the rate that was agreed upon with the contracted healthcare providers;
- the (maximum) rate established at the time under the Health Care (Market Regulation) Act (*Wet Marktordening Gezondheidszorg*);
- if and insofar as no (maximum) rate has been established under the Health Care (Market Regulation) Act, reimbursement of the costs will take place up to the maximum market rate. According to the law, this is understood to refer to the costs deemed reasonably appropriate given the current market conditions in the Netherlands.

If a healthcare provider charges amounts higher than those deemed reasonably appropriate given the current market conditions in the Netherlands, we will therefore not be able to reimburse the higher portion.

*For more information about reimbursement of non-contracted care, visit https://www.amersfoortse.nl/zorgverzekering/restitutiepolis.*

### Medical grounds

The nature and extent of any entitlement to reimbursement of healthcare costs under this supplementary insurance policy will be determined by science and practice, or in the absence of such criteria, by what is deemed to constitute prudent and appropriate care and services in the relevant field of expertise. The insured party will only be entitled to a reimbursement if he or she reasonably requires the relevant care, which will in part be determined on the basis of suitability and quality. Care may not be unnecessarily expensive or unnecessarily complicated.

### Collection transfer from the healthcare provider

If De Amersfoortse pays more than it is required to pay under this Supplementary Insurance policy, you will be deemed to have authorised us to collect, in the name of De Amersfoortse, the excess amount paid to the healthcare provider.

### Changes to the supplementary insurance

If the insured party has changed a current supplementary insurance, the reimbursements received will count towards the new supplementary insurance. This applies to the terms (duration) of the care agreements as well as to the determination of the reimbursement/maximum reimbursement.

### Conditions

Unless stated otherwise, the insured person must meet all the conditions referred to in the various articles before qualifying for reimbursement of costs.

# 3. Scope of the cover

## 3.1 Acne treatment

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €150 per calendar year | Up to €250 per calendar year | Up to €350 per calendar year | Up to €500 per calendar year |

Conditions:

- This involves treatment of severe acne on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatment must be carried out by a skin therapist.
- We will not reimburse any substances that you need for the treatment of your acne.

## 3.2 Allergen-free covers

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% | 100% |

Conditions:

- This involves reimbursement of one set of covers.
- You must hold a written statement from a doctor, which includes the results of an allergy test. The test must show that you suffer from an allergy to the faeces of dust mites.
- Allergen-free and dust-proof covers will only be replaced every ten years after they were provided previously, not before.

Explanation:

- reimbursement of allergen-free and dust-proof mattress covers, duvet covers and pillow covers.

## 3.3 Alternative medicine (examination and treatment)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €100 per | Up to €250 per | Up to €500 per | Up to €1,000 per calendar |

| | | | |
|---|---|---|---|
| calendar year, up to €45 per day | calendar year, up to €45 per day | calendar year, up to €45 per day | year, up to €45 per day |

Conditions:

- The maximum insured amount is for all consultations and treatments from alternative practitioners or therapists combined.
- We reimburse the costs of consultations or treatment by alternative healers or therapists who are members of a professional association recognised by De Amersfoortse.
    - Acupuncture: the practitioner should be a member of a professional association such as the Dutch Medical Acupuncture Association (*Nederlandse Artsen Acupunctuur Vereniging*, NAAV), the Dutch Acupuncture Association (*Nederlandse Vereniging voor Acupunctuur*, NVA), the International Free University (IFU), the Dutch Association of Traditional Chinese Medicine (*Nederlandse Vereniging voor Traditionele Chinese Geneeskunde*, ZHONG), the Dutch Professional Association of Chinese Medicine YI (*Nederlandse Beroepsvereniging Chinese Geneeswijzen YI*, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst*, NWP), the Scientific Doctors' Association for Acupuncture in the Netherlands (*Wetenschappelijke Artsen Vereniging voor Acupunctuur in Nederland*, WAVAN), the Therapist and Consumer Interest Association (*Belangen Associatie Therapeut en Consument*, BATC), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).
    - Anthroposophy: the practitioner should be an anthroposophical doctor affiliated with the Dutch Association of Anthroposophical Doctors (*Nederlandse Vereniging van Antroposofische Artsen*, NVAA). We reimburse regular consultations and treatments.
      We do not reimburse:
        - treatments by non-physician practitioners;
        - diet therapy, eurhythmics, art therapy, psychological aid, external therapy, therapeutic pedagogy, speech therapy, meridian therapy, colour therapy, chirophonetic therapy and balneotherapy.
    - Chiropractic: the practitioner should be affiliated with the Netherlands Chiropractic Association (*Nederlandse Chiropractoren Associatie*, NCA), the Dutch Chiropractic Federation (DCF), the Dutch Chiropractic Foundation (*Stichting Chiropractie*Nederland, SCN) or the Dutch National Register of Chiropractors (*Stichting Nationaal Register van Chiropractoren*, SNRC).
    - Phlebology: the practitioner should be a physician who practises medicine independently.
      We do not reimburse:
        - treatments by non-physician practitioners.
    - Haptotherapy/Haptonomy: the practitioner should be affiliated with the Netherlands Association of Haptotherapists (*Vereniging Van Haptotherapeuten*, VVH).

- Children's therapy: the practitioner should be affiliated with the Netherlands Association of and for children's therapists (*Vereniging van en voor kindertherapeuten*, Vvvk).
- Classical homeopathy: the practitioner should be affiliated with the Doctors' Association for Integrated Medicine (*Artsenvereniging voor Integrale Geneeskunde*, AVIG), the Netherlands Association of Classical Homeopaths (*Nederlandse Vereniging vanKlassiek Homeopaten*, NVKH), the Netherlands Organisation for Classical Homeopaths (*Nederlandse Organisatie van Klassiek Homeopaten*, NOKH), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst*, NWP), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG). Reimbursement of regular consultations and treatments.
- Musculoskeletal Medicine (formerly manual/orthomanual medicine): the practitioner should be affiliated with the Register of Practitioners of Musculoskeletal Medicine (*Register Artsen Musculoskeletale Geneeskunde*, RAMG), the Netherlands Medical Association for Musculoskeletal Medicine (*Nederlandse Vereniging van artsen voor Musculoskeletale Geneeskunde*, NVAMG) or the Association of Manual Therapists (*Vereniging van Manueel Therapeuten*, VMT).
- Naturopathy: the practitioner should be a BIG-registered doctor. We reimburse regular consultations and treatments.
  We do not reimburse:
  - massage therapy.
- Orthomolecular medicine: the practitioner should be an orthomolecular physician or should be affiliated with the Dutch Society for the Promotion of Orthomolecular Medicine (*Maatschappij ter Bevordering van de Orthomoleculaire Geneeskunde*, MBOG). We reimburse regular consultations and treatments.
  We do not reimburse:
  - kinesiology.
- Osteopathy: the practitioner should be listed in the Dutch Register for Osteopathy (*Nederlands Register voor Osteopathie*, NRO) or be a member of the Dutch Osteopathic Federation (*Nederlandse Osteopathie Federatie*, NOF).
- Reflex zone therapy: the practitioner should be affiliated with the Dutch Association of Reflex Zone Therapists (*Vereniging van Nederlandse Reflexzone Therapeuten*, VNRT), the Dutch department of the Association of European Reflexologists (*Bond van Europese Reflexologen, afdeling Nederland*, BER), Association of Naturopathic Therapists(*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).
- Shiatsu therapy: the practitioner should be affiliated with the Dutch Society for Traditional Chinese Medicine (ZHONG), the Association of Iokai Shiatsu Therapists (*Vereniging voor Iokai-Shiatsutherapeuten*, VIS), the Dutch Shiatsu Association (*Shaitsu Vereniging Nederland*), the Dutch Association of Soma Therapists

(*Nederlandse Vereniging van Soma Therapeuten*, NVST), the Dutch Professional Association of Chinese Medicine Yi (*Nederlandse Beroepsvereniging Chinese Geneeswijzen Yi*, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst*, NWP), the Therapist and Consumer Interest Association (*Belangen Associatie Therapeut en Consument*, BATC), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).

- We do not reimburse:
  - laboratory costs for which an application has been made by an alternative healer;
  - alternative medicines. For more information on the reimbursement of alternative medicines, please see Article 3.15;
  - telephone consultations

## 3.4 Cancer counselling and aftercare

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to €250 per calendar year | Up to €500 per calendar year | Up to €1,000 per calendar year |

Conditions:

### *Exercise programme*

- You are taking part in an exercise programme and have received a relevant referral from a general practitioner, company doctor or medical specialist.
- The programme must be provided by a physiotherapist and/or remedial therapist who regularly offers exercise programmes at his or her practice. The programme offered must be certified by the Royal Dutch Society for Physical Therapy (*Konlinklijk Nederlands Genootschap voor Fysiotherapie*, KNGF).

### *Cancer coaching*

- The reimbursement will cover the costs for a coach issued to you via 'Cancer coaching' (*Coaching rondom kanker*).
- For more information, please visit www.coachconnectbijkanker.nl. Please call +31 (0)85 401 94 37. Please state that you are insured with De Amersfoortse.

### *Oncological sports programmes*

- You are taking part in an exercise programme and have received a relevant referral from a general practitioner, company doctor or medical specialist.

- Reimbursement for an oncological sport programme via the Onco-move, Cyto fys or Stichting Tegenkracht programmes.

Explanation:

- The costs of any required sports medical examination will not be paid under 'Cancer counselling and aftercare'. If you have an Aanvulling Uitgebreid or Aanvulling Optimaal policy, then you may qualify for reimbursement under Article 4.7 'Sports medical examinations and sports injury consultations'.

## 3.5 Glasses or contact lenses

### *Glasses including frames*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to €150 every two calendar years | Up to €200 every two calendar years | Up to €300 every two calendar years |

Conditions:

- From 1.5 dioptres and above in one of the eyes – including if only a frame is required.
- You are entitled to reimbursement up to the maximum amount for the provision of one pair of glasses or one pair of frames or one pair of lenses every two calendar years.
- We do not reimburse:
    - glasses, lenses for glasses or frames if we have already reimbursed any contact lenses in the same calendar year;
    - glasses, lenses for glasses or frames if you have undergone laser treatment or lens implantation, which we reimbursed, within 60 months prior to the purchase of the glasses, lenses or frames.
- You may also purchase a pair of glasses in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

Explanation:

- The two calendar years will come into effect on the delivery date of the glasses, lenses or frames.

| |
|---|
| Example 1: the first pair of glasses was provided on 28 June 2017. The second pair of glasses was provided on 22 March 2019. Reimbursement of the second pair of glasses. |
| Example 2: The first pair of glasses was provided on 12 September 2017. The second pair of glasses was provided on 20 December 2018. No reimbursement of the second pair of glasses. A new pair of glasses will be reimbursed from 1 January 2019. |

- The number of dioptres per eye is calculated as follows:

- If the spherical and cylindrical powers are both positive or negative, these powers are added together (e.g. spherical -0.5 and cylindrical -2.0 = -2.5 dioptres or spherical +0.5 and cylindrical +2.0 = +2.5 dioptres).
- If the spherical power is positive and the cylindrical power is negative or vice versa, the highest power will apply (e.g. spherical +0.5 and cylindrical -2.0 = -2.0 dioptres or spherical -0.5 and cylindrical +2.0 = +2.0 dioptres).
- If the dioptre requirement cannot be met by way of the spherical and cylindrical powers in the case of multifocal glasses, the additional power will be included in the calculation. This will only be added to the spherical power (e.g. spherical +0.5, cylindrical +0.5 and addition +1.0 = +1.5 dioptres).

- If you would like to consult an optician with a recognised quality mark, please visit http://www.nuvo-keurmerk.nl to find an optician with the NUVO quality mark.

## *Lenses*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to €75 per calendar year | Up to €100 per calendar year | Up to €150 per calendar year |

Conditions:

- From 1.5 dioptres per eye and above.
- We do not reimburse:
  - lenses if we have already reimbursed any glasses, lenses for glasses or frames in the same calendar year;
  - lenses if you have undergone laser treatment or lens implantation, which we reimbursed, within 60 months prior to the purchase of the lenses.
- You may also purchase lenses in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

Explanation:

- The number of dioptres per eye is calculated as follows:

  - If the spherical and cylindrical powers are both positive or negative, these powers are added together (e.g. spherical -0.5 and cylindrical -2.0 = -2.5 dioptres or spherical +0.5 and cylindrical +2.0 = +2.5 dioptres).
  - If the spherical power is positive and the cylindrical power is negative or vice versa, the highest power will apply. (e.g. spherical +0.5 and cylindrical -2.0 = -2.0 dioptres or spherical -0.5 and cylindrical +2.0 = +2.0 dioptres)
  - If the dioptre requirement cannot be met by way of the spherical and cylindrical powers in the case of multifocal lenses, the additional power will be included in the calculation. This will only be added to the spherical power (e.g. spherical +0.5, cylindrical +0.5 and addition +1.0 = +1.5 dioptres).

- If you would like to consult an optician with a recognised quality mark, please visit http://www.nuvo-keurmerk.nl to find an optician with the NUVO quality mark.

### *Discount at Eye Wish Opticians*

Explanation:

- Please visit www.eyewish.nl/polischeck.
- Select De Amersfoortse.
- Select your supplementary insurance policy.
- Your specific discount offer will be displayed.

## 3.6 Abroad (medical care)

General:

- We reimburse costs of care abroad.
- We do not reimburse:
  - excess.
- In the event of emergency care, please contact our SOS International emergency service for advice and mediation services. Please call +31 (0)20 651 51 51 (available 24 hours a day).
- For non-urgent care, please always contact us on +31 (0)33 464 20 61 first.
- For more information on care abroad and our 'Care Abroad' brochure, please visit www.amersfoortse.nl/zorg under 'Care Abroad'.

Conditions:

- We will only reimburse medical care if the treatment would also be reimbursed in the Netherlands under the insurance policy.
- Payment will be made in the Netherlands in Dutch legal tender, taking into account the rate of exchange applicable on the date that the claim is accepted for processing by the health insurance provider. We apply the exchange rates listed on www.oanda.com.
- Please submit the invoice in Dutch, German, English, French or Spanish. If the invoice is submitted in any other language, it is your responsibility to provide a translation produced by a certified translator.

### *Non-urgent care in the EU, EEA or a treaty country (resident in the country where care was provided)*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% of the items covered by your supplementary insurance | 100% of the items covered by your supplementary insurance | 100% of the items covered by your supplementary | 100% of the items covered by your supplementary |

| | | | |
|---|---|---|---|
| | | insurance | insurance |

Conditions:

- You must live in an EU, EEA or treaty country.
- You are receiving treatment in your country of residence from a care provider established in the same country.
- The care providers' expertise must be comparable to that of care providers in the Netherlands.

Explanation:

- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

## *Emergency care in the EU, EEA or in a treaty country*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Conditions:

- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

## *Emergency care in other parts of the world*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to 2x Dutch rate | Up to 2x Dutch rate | 100% | 100% |

Conditions:

- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

## *Care in Belgium and Germany (resident in the Netherlands)*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Conditions:

- This applies only if you live less than 50 kilometres from the care provider's practice in Belgium or Germany. The distance is calculated using the Google Maps journey planner, based on the fastest normal route.
- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

## *SOS Assistance*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Explanation:

- SOS International provides travellers with illness or accident assistance 24 hours a day, 7 days a week. You can call them on +31 (0)20 651 51 51. Medical travel assistance can be requested via www.smartmelden.nl. You will receive a response within 15 minutes.

## *Emergency dental care abroad*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €150 per calendar year | Up to €250 per calendar year | Up to €250 per calendar year | Up to €250 per calendar year |

Conditions:

- during a temporary stay abroad;
- reimbursement only available for treatments that are carried out by a dentist or dental surgeon and cannot be postponed until return to the Netherlands.

## *Return journey by ambulance, plane or air ambulance*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| For transport to an institution in the country | For transport to an institution in the | For transport to an institution in the country | For transport to an institution in the |

| | | | |
|---|---|---|---|
| of residence | country of residence | of residence | country of residence |

Conditions:

- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- The SOS International physician will assess whether you are suffering from an acute serious illness or a serious injury resulting from an accident.
- You have received a statement from the attending physician showing that transport and medical assistance are necessary.
- We reimburse air ambulance transport only if this is needed to save your life, or to limit or prevent disability.

Explanation:

- Transport includes the necessary medical assistance and one family member.

### *Transport of the deceased, burial or cremation locally*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Maximum of €10,000 | Maximum of €10,000 | Maximum of €10,000 | Maximum of €10,000 |

Conditions:

- The next of kin must contact SOS International immediately on +31 (0)20 651 51 51.
- The deceased's body will be transported to his or her place of residence.
- We do not reimburse:
    - assistance and costs if the purpose of your trip was medical treatment.

Explanation:

- The costs of the coffin that is required to transport the deceased are included.
- Reimbursement of the costs of burial or cremation locally is a further option.

## 3.7 Camouflage

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €150 for the period during which you are insured with De Amersfoortse under this insurance policy | Up to €250 for the period during which you are insured with De Amersfoortse under this insurance policy | Up to €350 for the period during which you are insured with De Amersfoortse under this insurance policy | Up to €500 for the period during which you are insured with De Amersfoortse under this insurance policy |

Conditions:

- This involves reimbursement for camouflage lessons and the equipment required during these lessons.
- You suffer from a severe skin disorder affecting the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The lessons must be provided by a skin therapist or a beautician.

## 3.8 Combined first-trimester screening test

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | - | 75% |

Conditions:

- There will be no reimbursement of costs if a claim is made under the basic insurance policy.
- The combined first-trimester screening test must be carried out by a certified ultrasound technician.

Explanation:

- A combined test consists of:
  - a blood test in the 9th up to 14th week of pregnancy;
  - a nuchal translucency scan using an ultrasound in the 11th up to 14th week of pregnancy;
  - an assessment of both tests for an elevated risk of a child being born with Down, Edwards and Patau Syndrome.
- A combined test resulting in a probability greater than 1:200 for Down, Edwards or Patau Syndrome will give the insured person access to the Non-Invasive Prenatal Test (NIPT) under the basic insurance policy.

## 3.9 Dietetics

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to two hours per calendar year | Up to four hours per calendar year |

Conditions:

- The first three hours of treatment will be reimbursed under your basic insurance.
- Reimbursement from the fourth hour of treatment onwards for information and advice on your dietary habits from a dietician.
- The treatment must have a medical purpose.

## 3.10 Eczema treatment

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to €500 per calendar year for a light therapy cabin at home | Up to €1,000 per calendar year for a light therapy cabin at home |

Conditions:

- You have a referral from your medical specialist.
- The light therapy cabin must be requested from us in advance.

## 3.11 Epilation or laser treatment for hair removal

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €150 per calendar year | Up to €250 per calendar year | Up to €350 per calendar year | Up to €500 per calendar year |

Conditions applicable to regular epilation:

- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatments should be carried out by a skin therapist or beautician.

Conditions for laser treatment:

- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatments must be performed by a doctor, skin therapist or beautician (who must be working on behalf of/under the supervision of a skin therapist).

## 3.12 Occupational therapy

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% | 100% |

Conditions:

- Reimbursement from the 11th hour of treatment onwards for advice, instruction, training or treatment by a qualified occupational therapist at their practice or at your home.
- The goal of the treatment must be to improve your self-care and increase your level of self-reliance.
- The first 10 hours of treatment will be reimbursed under your basic insurance.
- The treatments may also take place in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

## 3.13 Supplementary childcare in the event of parents' hospitalisation

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | €15 per day, up to a maximum of €450 per calendar year for a family with children up to the age of 12 | €25 per day, up to a maximum of €1,500 per calendar year for a family with children up to the age of 12 |

Conditions:

- In the event of hospitalisation of one of the parents or guardians, who must be insured with De Amersfoortse.
- We will reimburse these costs up to and including the calendar year in which your youngest child turns 12. He or she must also be insured with De Amersfoortse.
- You must submit a statement from the hospital on the number of hospital days.
- We will reimburse the supplementary childcare that is required as a result of the hospitalisation of one of the parents.
- We only reimburse the costs of supplementary childcare provided by an official nursery.
- We do not reimburse:
    - regular childcare;
    - childcare provided by family or friends.

## 3.14 Supplementary care after an accident

| What will be reimbursed? |
|---|

| Start | Extra | Uitgebreid | Optimaal |
|---|---|---|---|
| Up to €1,000 per accident | Up to €1,000 per accident | Up to €1,000 per accident | Up to €1,000 per accident |

Conditions:

- Reimbursement of care costs after an accident, which were not or not fully reimbursed under your basic or supplementary insurance policy.
- We reimburse the following care costs following an accident:
    - physiotherapy (including manual therapy);
    - dental costs in the event of damage to your teeth (including dentures and implants);
    - household assistance in the event of hospitalisation;
    - childcare for children in the event of hospitalisation of a parent;
    - taxi transportation to the hospital if you cannot drive or use public transport for medical reasons;
    - alternative medicine, such as chiropractic or manual/orthomanual medicine. (We reimburse the costs of consultations or treatment by alternative healers or therapists who are members of a professional association recognised by De Amersfoortse. Please see Article 3.3);
    - simple walking aids such as crutches, rollators or Zimmer frames.
- The accident occurred in the current or preceding calendar year.
- 'Supplementary care after an accident' can only be claimed if you hold both a basic and supplementary insurance policy at De Amersfoortse at the time of the accident.
- The medical care must be provided by healthcare professionals.
- You are entitled to claim 'Supplementary care after an accident' for one accident per calendar year. If the whole amount is not used for an accident, the remainder of the reimbursement amount cannot be used for a second accident in the same calendar year.
- We do not reimburse:
    - costs that fall under the excess amount;
    - glasses and lenses.

Explanation:

- If you would like to claim 'Supplementary care after an accident', please use the 'Claim for supplementary care after an accident' claim form on www.amersfoortse.nl/zorg.

## 3.15 Pharmaceutical care (medicine and contraceptives)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €50 per calendar year for alternative medicines, other registered medicines and | Up to €150 per calendar year for alternative | Up to €250 per calendar year for all provisions | Up to €500 per calendar year for all provisions |

| | | | |
|---|---|---|---|
| contraceptives combined | medicines, other registered medicines and contraceptives combined | combined | combined |

Conditions:

- Reimbursement for:
  - Statutory personal contributions for registered medicines
    - Reimbursement only applies to Aanvulling Uitgebreid and Aanvulling Optimaal.
    - We will only reimburse the statutory personal contributions for registered medicines for which there is a reimbursement cap in accordance with the Pharmaceutical Care Regulations and which will be reimbursed under your basic insurance policy.
  - Alternative medicines and other registered medicines
    - We only reimburse alternative medicines designated as 'homeopathic' or 'anthroposophic' listed in the Z-Index G-Standard database.
    - We only reimburse registered medicines that are not reimbursed under your basic insurance.
    - They must be prescribed by a general practitioner, company doctor, dentist, medical specialist, nurse, obstetrician or alternative healer.
    - They must be provided by a dispensing practitioner.
  - Contraceptives
    - Contraceptives from age 21
    - All medicines and medical aids listed as contraceptives in the Z-Index (see the Pharmaceutical Care Regulations and/or the Medical Aids Regulations).
    - Placement of a copper IUD in hospital is covered by your basic insurance, but may be subject to excess.

- We do not reimburse:
  - non-drug treatments;
  - nutrition and nutritional supplements;
  - vitamins;
  - experimental medication.

Explanation:

- For the reimbursement of medicines, please visit www.medicijnkosten.nl. For more information on non-registered medicines, please contact the Claims Handling Department on +31 (0)33 464 20 61.

## 3.16 Physiotherapy, Manual therapy and Remedial therapy (Cesar/Mensendieck) including screening

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 9 treatments per calendar year | 15 treatments per calendar year, of which up to 12 manual therapy treatments | 21 treatments per calendar year, of which up to 12 manual therapy treatments | 36 treatments per calendar year, of which up to 12 manual therapy treatments |

Conditions:

- You must be treated and screened by a paediatric or regular physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic therapist, oedema therapist, manual therapist or geriatric physiotherapist.
- The treatment must be medically effective.
- Scar therapy and oedema therapy may also be provided by a skin therapist if you have a disorder listed in Appendix 1 to the Healthcare Insurance Decree (*Besluit Zorgverzekering*).
- Screening does not count towards the number of treatment sessions.
- The treatments may also take place in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

Explanation:

- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the basic insurance commencing from the 21st treatment. If there is a medical diagnosis of intermittent claudication (*claudicatio intermittens*), the first 37 treatments per 12 months will be covered by the basic insurance. In the event of a medical diagnosis of arthrosis of the hip or knee, the first 12 remedial therapy treatments per 12 months will be covered by the basic insurance. In the event of a diagnosis of COPD, depending on the group, a maximum number of treatments will be reimbursed under the basic insurance policy (please see basic insurance policy conditions for the maximum number of treatments per group).
- Appendix 1 to the Healthcare Insurance Decree and the list of contracted care providers are available on www.amersfoortse.nl/zorgverzekering/voorwaarden-en-vergoedingen.
- The costs of manual therapy provided by an alternative healer or alternative therapist are reimbursed in accordance with Article 3.3.

## 3.17 GeboorteTENS or MammaTENS

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Conditions:

- Reimbursement for purchase of a TENS childbirth device from GeboorteTENS or a MammaTENS from Schwa-Medico.
- Delivery is not scheduled to take place in a clinical setting (hospital, outpatients' clinic or maternity clinic).

Explanation:

- For more information, please visit www.geboortetens.nl or www.mammatens.nl.

## 3.18 Convalescent home and hospice

### *Convalescent home*

| What we reimburse | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 75% up to €1,000 per calendar year | 75% up to €1,500 per calendar year |

Conditions:

- You have a referral from your doctor.
- The convalescent home for somatic diseases must be located in the Netherlands.
- A stay in a convalescent home must follow a period in hospital.
- The reimbursement applies to the costs of the stay in a convalescent home or a hospice combined.

### *Hospice*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 75% up to a maximum of €1,000 per calendar year | 75% up to a maximum of €1,500 per calendar year |

Conditions:

- The hospice must be located in the Netherlands.
- The reimbursement applies to the costs of the stay in a convalescent home or a hospice combined.

## 3.19 Medical aids

## *Statutory personal contribution for orthopaedic shoes, allergen-free shoes, hearing aids, glasses and contact lenses*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €50 per calendar year | Up to €250 per calendar year | Up to €400 per calendar year | Up to €550 per calendar year |

Conditions:

- The maximum amount covered by the insurance is for all provisions combined.
- You will only receive a reimbursement for the statutory personal contributions for medical aids that are reimbursed under our 2019 Medical Aids Regulations.
- We only reimburse the statutory personal contribution for hearing aids in the category you are eligible for under the Hearing Care Selection Protocol (*Keuzeprotocol Hoorzorg*).
- The Hearing Care Selection Protocol is available on request.

Explanation:

- The statutory personal contribution refers to the costs that you yourself must pay under the basic insurance policy.

## *Costs exceeding the maximum reimbursement for wigs and bandaging shoes*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% up to age 18 from age 18, up to a maximum of €250 per calendar year | 100% up to age 18 from age 18, up to a maximum of €500 per calendar year |

Conditions:

- The maximum amount covered by the insurance is for all provisions combined.
- You will only be reimbursed for the costs exceeding the maximum reimbursement under the basic insurance for the medical aids listed in our 2019 Medical Aids Regulations.

Explanation:

- The costs exceeding the maximum reimbursement refer to the costs exceeding the reimbursement under the basic insurance.

## *Costs of other types of head coverings*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |

| | | | |
|---|---|---|---|
| - | - | Up to a maximum of €100 per calendar year (Please note: this falls under the total budget of '*Costs exceeding the maximum reimbursement for wigs and bandaging shoes'.)* | Up to a maximum of €100 per calendar year (Please note: this falls under the total budget of '*Costs exceeding the maximum reimbursement for wigs and bandaging shoes'.)* |

Conditions:

- This involves reimbursement of the purchase of another type of head covering, such as a bandana, scarf or hat.
- You will only be reimbursed if the full or partial baldness is the result of a medical condition or of treatment of a medical nature.
- The head covering must be purchased by a supplier contracted by De Amersfoortse that also provides wigs.

## 3.20 Maternity package

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Yes | Yes | Yes |

Conditions:

- You will receive a maternity package from us prior to delivery of your baby if you were insured with De Amersfoortse between the fifth and seventh month of pregnancy.
- You can apply for the maternity package via https://www.kraampakket.nl/amersfoortse-gratis-kraampakket/ or by calling +31 (0)33 464 20 61.

## 3.21 Health resort trips

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to a maximum of €500 per calendar year | Up to a maximum of €1,000 per calendar year |

Conditions:

- You suffer from ankylosing spondylitis, rheumatoid arthritis or psoriatic arthritis.
- You require our prior consent.
- The trip must be organised by Stichting Kuurreizen or Reisorganisatie Fontana.
- We do not reimburse:
    - travel costs from and to the airport.

Explanation:

- Please visit www.stichtingkuurreizen.nl and www.fontana-travel.nl for more information.

## 3.22 Lactation consultancy

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to €80 per childbirth | Up to €80 per childbirth |

Conditions:

- Reimbursement for breastfeeding assistance provided by a lactation consultant.

## 3.23 Laser treatment or lens implants

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | - | Up to €375 per eye |

Conditions:

- A defect of four dioptres or higher per eye.
- A maximum of one reimbursement for both eyes per 60 months.
- The treatment must be performed by an eye doctor.

Explanation:

- The 60-month period commences on the date of treatment stated on the invoice for the relevant treatment.
- The number of dioptres per eye is calculated as follows:
    - If the spherical and cylindrical powers are both positive or negative, these powers are added together (e.g. spherical -0.5 and cylindrical -4.0 = -4.5 dioptres or spherical +0.5 and cylindrical +4.0 = +4.5 dioptres).
    - If the spherical power is positive and the cylindrical power is negative or vice versa, the highest power will apply (e.g. spherical +0.5 and cylindrical -4.0 = -4.0 dioptres or spherical -0.5 and cylindrical +4.0 = +4.0 dioptres).

## 3.24 Guest house accommodation in the event of hospital admission

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to a maximum of €250 per insured party per calendar year | Up to a maximum of €500 per insured party per calendar year | 100% | 100% |

Conditions:

- In the case of admission to a Dutch hospital.
- Reimbursement of the personal contribution for the accommodation of parents or a partner in a Ronald McDonald House, or in a family house or guest house affiliated with the hospital.
- The family member who has been admitted to hospital must be insured with De Amersfoortse.

## 3.25 MammaPrint

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Conditions:

- The MammaPrint must be carried out by Laboratorium Agendia.
- The application must be submitted by the attending medical specialist.
- We do not reimburse:
    - a MammaPrint if, in the oncologist's opinion, the MammaPrint is not a medical necessity.

Explanation:

- MammaPrint is a diagnostic test that indicates how aggressive a breast tumour is and whether chemotherapy would be effective after removal of the tumour.
- For more information on MammaPrint and Laboratorium Agendia, please visit www.mammaprint.nl.

## 3.26 Informal care (alternative arrangement)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to €900 per calendar year per patient via Handen in | Up to €1,800 per calendar year per | Up to €2,700 per calendar year per |

| | | | |
|---|---|---|---|
| | Huis or Saar aan Huis | patient via Handen in Huis or Saar aan Huis | patient via Handen in Huis or Saar aan Huis |

Conditions:

- Reimbursement of the costs of alternative care for the patient in the absence of their regular informal carers.
- Both the regular informal carer and the party requiring care may apply for this cover.
- One reimbursement is available per patient per calendar year.
- The care must be provided by Handen in Huis (the Netherlands informal care alternative arrangements organisation in Bunnik) if you need alternative informal care in the long term (approx. eight to ten weeks in advance, for example in connection with a holiday). They will determine whether you are eligible for an alternative care arrangement.
- The care must be provided by Saar aan Huis if you need alternative informal care in the short term (approx. one week in advance, for example in connection with illness or incapacity). They will determine whether you are eligible for an alternative care arrangement.

Explanation:

- For more information, please visit www.handeninhuis.nl or www.saaraanhuis.nl.

## 3.27 Informal care broker

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to a maximum of €350 per insured party per calendar year | Up to a maximum of €500 per insured party per calendar year | Up to a maximum of €750 per insured party per calendar year |

Conditions:

- You qualify as an informal carer if you provide informal care for more than eight hours a week over a period of more than three months. If your informal care tasks interfere with your regular work, you may contact an informal care support agent to find a solution. A broker for informal care can provide assistance with respect to specific informal care issues and can help to ensure a more effective arrangement of the care itself.
- The broker must be affiliated with the Professional Association for Informal Care Brokers (*Beroepsvereniging Mantelzorgmakelaars*, BMZM).
- The broker will decide whether you qualify for this type of care. You may contact a certified broker for informal care on your own initiative. To find a broker for informal care in your area, please go to www.bmzm.nl/leden.

Explanation:

- For more details regarding informal care and the broker for informal care, please visit www.bmzm.nl.

## 3.28 Oncotype DX

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| 100% | 100% | 100% | 100% |

Conditions:

- The Oncotype DX must be performed by a medical specialist working at a hospital.
- The application must be submitted by the attending medical specialist.
- We do not reimburse:
    - an Oncotype DX if the attending medical specialist does not believe the Oncotype DX to be a medical necessity.

Explanation:

- Oncotype DX is a diagnostic test for breast cancer patients that more accurately assesses the risk of metastases. The results enable the attending medical specialist to better determine the most suitable post-operative treatment.
- For more information, please visit www.oncotypedx.com.

## 3.29 Orthodontics (treatment up to age 18)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to 18 years of age, 80% up to a maximum of €1,000 for the period during which you are insured with De Amersfoortse under this insurance policy.<br><br>Reimbursement of up to a maximum of €500 in the first year. | Up to 18 years of age, 80% up to a maximum of €2,000 for the period during which you are insured with De Amersfoortse under this insurance policy.<br><br>From 18 years of age, 80% up to a maximum of €1,000 for the period during which you are insured with De Amersfoortse under this insurance policy.<br><br>Reimbursement of up to a maximum of €500 in the first year. | Up to 18 years of age, 80% up to a maximum of €2,500 for the period during which you are insured with De Amersfoortse under this insurance policy.<br><br>From 18 years of age, 80% up to a maximum of €1,500 for the period during which you are insured with De |

| | | | |
|---|---|---|---|
| | | | Amersfoortse under this insurance policy.<br><br>Reimbursement of up to a maximum of €500 in the first year. |

Conditions:

- The treatment must be provided by an orthodontist or dentist.
- Reimbursement of up to a maximum of €500 in the first year. You will be able to claim reimbursement of the remainder of the insured amount from the second year onward.
- Any reimbursement already granted under another supplementary health insurance will be deducted from the maximum reimbursement.
- Treatments with categories 0 and 7 braces will not be reimbursed.
- If you turn 18 during the treatment period, the reimbursement granted before reaching the age of 18 will subsequently be deducted from the reimbursement.
- If you are 18 or older at the time of commencing orthodontic treatment, you will require our prior consent. We do not reimburse aesthetic treatments. We only reimburse orthodontics if the insured party suffers from a functional abnormality and functional complaints. To this end, please ask your dentist or orthodontist to complete an application form. Orthodontic treatments may also take place in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

## 3.30 Orthoptics

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 100% | 100% | 100% |

Conditions:

- The treatment must be performed by an orthoptist.

## 3.31 Menopause consultant

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to €500 for the period during which you are insured with De Amersfoortse under this insurance policy | Up to €500 for the period during which you are insured with De Amersfoortse |

| | | | |
|---|---|---|---|
| | | | under this insurance policy |

Conditions:

- The treatment must be performed by a menopause consultant affiliated with the Nurses' Association for Menopause Consultants (*Vereniging Verpleegkundig Overgangsconsulenten*, VVOC) or Care for Women.

Explanation:

- A menopause consultant is a nurse specialising in all matters related to menopause. For more information, visit www.careforwomen.nl.

## 3.32 Chiropody

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €100 per calendar year | 100% | 100% | 100% |

Conditions:

- You suffer from diabetes or rheumatism.
- You are receiving treatment from a chiropodist.
- We do not reimburse:
  - the removal of calluses for cosmetic or grooming purposes;
  - general nail care, such as the precision-cutting of nails to prevent ingrown toenails.

Explanation:

- The chiropody care in connection with diabetes is offered in one of a number of care profiles. Care profiles 0 and 1 qualify for reimbursement. In the event of diabetes-related treatment, your care profile must be stated on the invoice. From care profile 2 and up, the foot care performed must be invoiced by a podiatrist. This treatment is reimbursed under the basic insurance. Any necessary additional chiropody treatments are reimbursed under the supplementary insurance.

## 3.33 Adhesive strips for breast prostheses

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 100% | 100% | 100% |

Conditions:

- You received a reimbursement from De Amersfoortse or your previous health insurance provider for a breast prosthesis.

## 3.34 Plastic surgery

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Correction of protruding ears and treatments of a plastic surgical nature | Correction of protruding ears and treatments of a plastic surgical nature |

Conditions:

- Reimbursement for the correction of protruding ears and treatments of a plastic surgical nature if you have a demonstrable physical impairment or have been mutilated.
- The treatment is not covered by your basic insurance.
- You require our prior consent.
- For the purpose of assessment, we require:
    - a written application from your attending specialist, including photos;
    - your written statement outlining the complaints.
- You must be treated by a medical specialist in a hospital or in an independent treatment centre.
- We do not reimburse:
    - treatment arising from a personal need, necessity or circumstance.

## 3.35 Urinary buzzer or buzzer watch

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | The purchase of a urinary buzzer or buzzer watch, or the rent of a urinary buzzer for up to three months | The purchase of a urinary buzzer or buzzer watch, or the rent of a urinary buzzer for up to three months | The purchase of a urinary buzzer or buzzer watch, or the rent of a urinary buzzer for up to three months |

Conditions:

- You have received a referral from your attending physician.

## 3.36 Podiatry/podology/podopostural therapy

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to a maximum of €100 per calendar year | Up to a maximum of €250 per calendar year | Up to a maximum of €500 per calendar year | 100% |

Conditions:

- You are receiving treatment from a podiatrist, a registered chiropodist or a podopostural therapist.
- We only reimburse treatments and consultations.
- We do not reimburse:
  - the removal of calluses for cosmetic or general grooming purposes and the clipping of toenails;
  - silicone orthosis, nail braces and lateral wedges.

## 3.37 Sterilisation reversal

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% | 100% |

Conditions:

- This involves reimbursement for sterilisation reversal.
- You are receiving treatment in a hospital or independent treatment centre.

Explanation:

- Sterilisation reversal will only be reimbursed if you had already taken out this supplementary insurance by the time of your first visit to a medical specialist for this reason.

## 3.38 Travel costs of visitors to co-insured patients

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | €0.30 per kilometre from the 15th day of hospitalisation, up to a maximum of €500 per calendar year | €0.30 per kilometre from the 15th day of hospitalisation, up to a maximum of €1,000 per calendar year | €0.30 per kilometre from the 15th day of hospitalisation, up to a maximum of €2,000 per calendar year |

Conditions:

- The insurance cover applies to the hospitalised family member.
- The family member has been admitted to a hospital or rehabilitation centre in the Netherlands.
- We reimburse the outbound journey once per day per family and the return journey once per day per family via the fastest regular route. The distance is calculated using the Google Maps journey planner.
- The reimbursement under Aanvullend Extra or Aanvullend Uitgebreid will be provided from the 15th day of admission in the case of an uninterrupted stay in hospital that exceeds two weeks.
- The reimbursement under Aanvullend Optimaal will be provided from the fifth day of admission in the case of an uninterrupted stay in hospital that exceeds four days.
- You must present a statement from the hospital or rehabilitation centre regarding the number of days in hospital.
- We do not reimburse:
    - travel costs relating to admission for the purposes of mental health care.

## 3.39 Sterilisation

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% | 100% |

Conditions:

- You are receiving treatment in a hospital, in a contracted independent treatment centre or from a general practitioner.

Explanation:

- Sterilisation will only be reimbursed if you had already taken out this supplementary insurance by the time of your first visit to a medical specialist for this reason.

## 3.40 Arch supports (or therapeutic supports)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €50 per calendar year | One pair per calendar year | One pair per calendar year | One pair per calendar year |

Conditions:

- You have received a referral from the doctor, podiatrist, registered chiropodist or podopostural therapist providing the treatment.

- The arch supports or therapeutic supports must be provided by an orthopaedic shoemaker, a podiatrist, a registered chiropodist or a podopostural therapist.
- We do not reimburse:
    - online delivery.

## 3.41 Speech therapy

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to a maximum of €500 per calendar year | Up to a maximum of €1,000 per calendar year |

Conditions:

- Reimbursement for the Del Ferro method, the Hausdorfer method, the BOMA method or the McGuire programme.
- We do not reimburse:
    - costs of accommodation.

## 3.42 Dental costs for insured parties up to the age of 18

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| For treatments and personal contributions not reimbursed under the basic insurance | For treatments and personal contributions not reimbursed under the basic insurance | For treatments and personal contributions not reimbursed under the basic insurance | For treatments and personal contributions not reimbursed under the basic insurance |

Conditions:

- You are receiving treatment from a dentist or oral hygienist.
- We do not reimburse:
    - mouth guard M61 unless we have given consent through an authorisation form;
    - orthodontics. For more information on the reimbursement for orthodontics, please see Article 3.29.

Explanation:

- A list of procedures (codes) and rates can be viewed on www.amersfoortse.nl/zorgverzekering/voorwaarden-en-vergoedingen.

## 3.43 Therapy camps

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to €250, once every 12 months | Once every 12 months | Once every 12 months | Once every 12 months |

Conditions:

- You suffer from asthma, an oncological disorder or diabetes and are less than 21 years old.
- This involves reimbursement of the participation costs for staying at an asthma, oncological or diabetes camp in the Netherlands.
- Organised by:
    - Stichting Heppie;
    - Stichting Kinderoncologische Vakantiekampen;
    - Netherlands Diabetes Association (*Diabetes Vereniging Nederland*).

## 3.44 Obstetric and maternity care

### *Delivery in an outpatient clinic (personal contribution and costs exceeding the maximum reimbursement)*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 75% | 100% | 100% |

Explanation:

- The personal contribution and costs exceeding the maximum reimbursement refer to the costs that you yourself must pay under the terms and conditions of the basic insurance.

### *Maternity care upon admission to a maternity hotel or hospital, no medical necessity (personal contribution)*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | The personal contribution up to a maximum of €12 per day in hospital | The personal contribution up to a maximum of €17.50 per day in hospital | The personal contribution up to a maximum of €17.50 per day in hospital |

Explanation:

- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the basic insurance.

### *Maternity care at home (personal contribution for insured females)*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 75% | 100% | 100% |

Explanation:

- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the basic insurance.

### *Delayed maternity care, neonatal incubator care and maternity care for adoption*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Maximum of four hours per childbirth | Maximum of eight hours per childbirth | Maximum of eight hours per childbirth |

Conditions:

- You require a referral from a medical specialist, general practitioner or obstetrician.
- Maternity care must be provided by a qualified maternity nurse affiliated with a hospital, maternity centre or maternity hotel.
- Maternity care for adoption only applies to infants who are less than six months old.

## 3.45 Wound care

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | Up to a maximum of €50 per calendar year | Up to a maximum of €100 per calendar year |

Conditions:

- This involves reimbursement for wound self-care products.
- The products must be supplied by a dispensing practitioner.

## 3.46 Patient transport within the Netherlands

| What will be reimbursed? |
|---|

| Start | Extra | Uitgebreid | Optimaal |
|---|---|---|---|
| - | - | 100% for transport by a Transvision taxi<br><br>100% for a personal contribution towards seated patient transport<br><br>€0.30 per kilometre for transport using your own car<br><br>€0.30 per kilometre for transport by a non-contracted taxi operator | 100% for transport by a Transvision taxi<br><br>100% for a personal contribution towards seated patient transport<br><br>€0.30 per kilometre for transport using your own car<br><br>€0.30 per kilometre for transport by a non-contracted taxi operator |

Conditions:

- We will only reimburse the cost of a taxi/own transport if your medical (physical) condition prevents you from taking public transport. We do not reimburse the costs of public transport.
- You require a statement from your general practitioner or attending medical specialist explaining the medical reasons why you cannot take public transport. The medical reasons must be clearly described.
- You require our prior consent. Always submit the statement before you require the transport.
- The treatment must be covered by your basic insurance or supplementary insurance. Reimbursements from supplementary insurance include physiotherapy and remedial therapy, occupational therapy, cancer counselling and aftercare, or a convalescent home.
- We reimburse patient transport on the basis of the fastest regular outward and return journey between your home address and the healthcare institution. The distance is calculated using the Google Maps journey planner.

Explanation:

- Transvision is a transport coordinator that arranges a taxi to take you to the healthcare institution and back. If you would like to know whether you are entitled to Transvision taxi transport, please call 0900-33 33 33 0 (€0.15 p/m).
- The personal contribution for seated patient transport is understood to refer to the personal contribution for transport using your own car, by public transport and/or by taxi/wheelchair taxi under your basic insurance.

# 4. Scope of Prevention cover

## 4.1 Exercise programmes

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to a maximum of €100 per calendar year | Up to a maximum of €200 per calendar year | Up to a maximum of €350 per calendar year |

Conditions:

- You are taking part in an exercise programme and have received a relevant referral from a general practitioner, company doctor or medical specialist.
- You are rehabilitating following heart failure, type-2 diabetes, Gold stage 1 or 2 COPD, osteoporosis or a BMI of >30. The international BMI standard for obesity applies to children.
- The programme must be provided by a physiotherapist and/or remedial therapist who regularly offers exercise programmes at his or her practice. The programme offered must be certified by the Royal Dutch Society for Physical Therapy (KNGF) and tailored to the above target groups.

Explanation:

- The BMI chart for children can be found on a number of websites, including www.voedingscentrum.nl. The phone number is +31 (0)70 306 88 88.

## 4.2 Baby massage course

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| Up to a maximum of €50 per calendar year | Up to a maximum of €100 per calendar year | Up to a maximum of €150 per calendar year | Up to a maximum of €200 per calendar year |

Conditions:

- Please send us proof of your participation, such as proof of registration/participation or a payment receipt.
- If a training programme commences in a given calendar year and continues in the following calendar year, reimbursement will be granted once only.

## 4.3 Membership of Patients' Association

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | - | 100% |

Conditions:

- The patients' association must be affiliated with a national or regional patient and consumer platform.

## 4.4 Mindfulness and ACT (Acceptance and Commitment Therapy)

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to a maximum of €100 per calendar year | Up to a maximum of €100 per calendar year | Up to a maximum of €100 per calendar year |

Conditions:

- Please send us proof of your participation, such as proof of registration/participation or a payment receipt.
- The mindfulness trainer must be affiliated with the Mindfulness Association (*Vereniging voor Mindfulness*, V.V.M) and/or the Association for Mindfulness-Based Trainers in the Netherlands and Flanders (*Vereniging mindfulness based trainers in Nederland en Vlaanderen*, V.M.B.N).
- The ACT training must be sourced via SeeTrue ACT-trainingen (www.acttrainingen.nl), or the trainer must be a member of ACBS BeNe (Association for Contextual Behavioural Science Benelux).
- If a training programme commences in a given calendar year and continues in the following calendar year, reimbursement will be granted once only.
- We will cover the costs of one mindfulness or ACT course per calendar year.

Explanation:

- For further information, please visit www.verenigingvoormindfulness.nl, www.vmbn.nl and www.acttrainingen.nl.

## 4.5 Preventive courses

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | Up to a maximum of €500 per | 100% | 100% |

| | | | |
|---|---|---|---|
| | calendar year | | |

Conditions:

- Reimbursement for health courses. These are taken to mean a series of lessons provided by a qualified care provider. These lessons must help you improve your health or that of your co-insured parties, or help you learn to cope with your illness. The courses included are:
    - general courses provided by a home-care organisation or patients' association;
    - first aid for accidents involving children;
    - first aid;
    - heart problems;
    - resuscitation;
    - rheumatoid arthritis, arthrosis or ankylosing spondylitis;
    - self-management of lymphatic oedema;
    - a prenatal course, prenatal gym or prenatal yoga.

- The 'heart Problems' course is only intended for people suffering from heart problems and must be organised by a home-care organisation.
- 'Resuscitation' is a basic course and must be provided in accordance with the guidelines issued by the Dutch Resuscitation Council (*Nederlandse Reanimatieraad*).
- The 'rheumatoid arthritis, arthrosis or ankylosing spondylitis' course is only intended for people suffering from these disorders and must be organised by the Dutch Association of Rheumatology Patients (*Reumapatiëntenbond*) or a home-care organisation.
- The 'self-management of lymphatic oedema' course must be organised by an instructor who has completed a study programme and is a qualified instructor in the self-management of lymphatic oedema course provided by the Dutch Lymphology Foundation (*Stichting Lymfologie Centrum Nederland*, SLCN).
- The provider of the prenatal course (including prenatal gym or yoga) must be registered with the Chamber of Commerce as a professional or commercial provider of such courses. These courses can also be offered by a care provider who has filed its articles of association and uses a website which shows that the courses target prospective parents to help them prepare for delivery.

## 4.6 Preventive medicine

### *Preventive examinations for cardiovascular diseases and cholesterol*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 100% | 100% | 100% |

Conditions:

- The preventive examinations must be performed by a general practitioner or Meditel.
- If any laboratory tests are required, the corresponding costs will fall under your basic insurance, to which the excess may apply.

Explanation:

- For more information, please visit www.meditel.nl.

### *Preventive vaccinations against flu, hepatitis B and meningococcal diseases*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | 100% | 100% | 100% |

Conditions:

- Vaccinations must be carried out by your general practitioner or by Meditel.

Explanation:

- For more information, please visit www.meditel.nl.

### *Vaccinations and preventive medicines for a temporary stay abroad*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | 100% | 100% |

Conditions:

- Reimbursement for vaccinations and medicines that, in accordance with the advice of the National Coordination Centre for Travellers' Health (*Landelijk Coördinatiecentrum Reizigersadvisering*, LCR), are necessary to protect against or prevent diseases.

Explanation:

- Vaccinations may be administered by your general practitioner, the GGD Municipal Health Service and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie.
- Preventive medicine must be supplied by the pharmacy.
- For more information, please visit:
    - www.LCR.nl
    - www.ggdreisvaccinaties.nl
    - www.meditelopreis.nl
    - www.thuisvaccinatie.nl

## Personal Health Check

| What will be reimbursed? |
|---|

| Start | Extra | Uitgebreid | Optimaal |
|---|---|---|---|
| - | - | Once per 24-month period | Once per 12-month period |

Conditions:

- Reimbursement for the 'Personal Health Check Plus' combined with the Personal Health Check 'Working Ability Module'.

Explanation:

- The check is available via www.persoonlijkegezondheidscheck.nl/deamersfoortse.

## 4.7 Sports medical examination and sports injury consultations

| What will be reimbursed? | | | |
|---|---|---|---|
| **Start** | **Extra** | **Uitgebreid** | **Optimaal** |
| - | - | For sports injuries consultations, and once per 24-month period for a sports medical examination | For sports injury consultations, and once per 12-month period for a sport medical examination |

Conditions:

- The sport medical examination must be performed by a Sports Medical Advisory Centre (SMA), a Sports Medical Centre (SMC) or a Sports Medical Institute (SMI).
- The SMA, SMC and SMI must all satisfy the independent quality criteria stipulated by the Organisation responsible for the Certification of Actors in Sport Healthcare (*Stichting Certificering Actoren in de Sportgezondheidszorg*, SCAS).
- The 24-month period will commence on the date of the examination or check-up.
- Injury and repeat consultations carried out by a sports physician may be covered by the basic insurance, to which excess will apply.
- The costs of occupational or other examinations of divers, pilots, glider pilots and balloonists are not reimbursed.

Explanation:

- Sports medical examinations also include physical examinations for participation in sports.

# 5. Scope of dental cover

## 5.1 Dental treatment

## *Regular treatment*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Tandarts Start** | **Tandarts Extra** | **Tandarts Uitgebreid** | **Tandarts Optimaal** |
| 100%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment', and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €750 per calendar year for the 'Regular treatment', 'Specialist treatment', and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €1,500 per calendar year for the 'Regular treatment', 'Specialist treatment', and 'Emergency dental assistance abroad' categories combined. |

Conditions:

- Reimbursement for:
  - consultations and diagnosis: C codes;
  - surgical procedures: H codes;
  - taking and assessing X-rays: X codes;
  - preventive oral care: M codes;
  - anaesthetic: A codes (except for A20 general anaesthesia);
  - fillings: V codes.
- You are receiving treatment from a dentist, prosthodontist, dental surgeon or oral hygienist.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.
- We do not reimburse:
  - mouth guard M61 unless we have given consent through an authorisation form;
  - orthodontics, nor the corresponding costs and treatments. For more information on the reimbursement for orthodontics, please see Article 3.29;
  - treatment for children up to the age of 18;
  - regular treatment on the basis of a dental subscription.

Explanation:

- A list of procedure codes and rates is available on www.amersfoortse.nl/zorgverzekering/voorwaarden-en-vergoedingen.

## *Specialist treatment*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Tandarts Start** | **Tandarts Extra** | **Tandarts Uitgebreid** | **Tandarts Optimaal** |
| 75%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and | 75%, up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment' and | 75%, up to a maximum of €750 per calendar year for the 'Regular treatment', 'Specialist treatment' and | 75%, up to a maximum of €1,500 per calendar year for the 'Regular treatment', 'Specialist |

| | | | |
|---|---|---|---|
| 'Emergency dental assistance abroad' categories combined. | 'Emergency dental assistance abroad' categories combined. | 'Emergency dental assistance abroad' categories combined. | treatment' and 'Emergency dental assistance abroad' categories combined. |

Conditions:

- Reimbursement for:
  - a light anaesthetic: B codes;
  - general anaesthesia (A20);
  - root canal treatment: E codes;
  - crowns and bridges: R codes;
  - temporomandibular treatment: G codes;
  - dentures (partial prosthetics): P codes;
  - gum treatments (paradontology): T codes;
  - implants (partial prosthetics): J codes.
- You are receiving treatment from a dentist, prosthodontist or oral hygienist.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.
- We do not reimburse:
  - orthodontics, nor the corresponding costs and treatments. For more information on the reimbursement for orthodontics, please see Article 3.29;
  - bleaching (codes E97 and E98) in the absence of medical grounds;
  - facing (codes R72, R78, and R79) in the absence of medical grounds;
  - treatments for children up to the age of 18;
  - regular treatment on the basis of a dental subscription;
  - dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the basic insurance policy, to which excess may apply.

Explanation:

- A list of procedure codes and rates is available on www.amersfoortse.nl/zorgverzekering/voorwaarden-en-vergoedingen.

## *Emergency dental care abroad*

| What will be reimbursed? | | | |
|---|---|---|---|
| **Tandarts Start** | **Tandarts Extra** | **Tandarts Uitgebreid** | **Tandarts Optimaal** |
| 100%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €750 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined. | 100%, up to a maximum of €1,500 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' |

| | | | |
|---|---|---|---|
| | | | categories combined. |

Conditions:

- During a temporary stay abroad.
- Only treatment performed by a dentist or a dental surgeon that cannot be postponed until returning to the Netherlands will be reimbursed.

## 6. Exclusions

We do not reimburse:

- non-contribution clause: the costs covered under another special or standard insurance policy, whether it pre-dates the present insurance policy or otherwise, or which would have been covered under another insurance policy had the present insurance policy not been taken out;
- concurrence: insofar as the policyholder or the insured party is entitled to reimbursement of the insured costs or the provision of nursing or treatment pursuant to:
    - an insurance policy regulated by law;
    - government regulations;
    - any subsidy scheme;
    - or another agreement.

  In such cases, a claim will only be made on this insurance as a last resort and only the costs that exceed the amount that the policyholder or the insured party could claim elsewhere will be eligible for reimbursement;
- Wlz: provisions pursuant to the Long-Term Care Act (Wlz) to which insured parties have no entitlement under the Act. Unless expressly agreed otherwise, non-residents are not entitled to reimbursement of costs that, for Dutch residents, would be payable by the government under the Long-Term Care Act national insurance scheme;
- personal contribution under the Wlz: the personal contributions pursuant to the Long-Term Care Act and the personal contributions towards national screening programmes;
- missed appointments: charges incurred as a result of missed appointments;
- preventive medicine: the costs of medical examinations and the issue of certificates, with the exception of the provisions of Articles 4.6 and 4.7;
- preventive examinations: for treatment and examinations contrary to the Population Screening Act (*Wet op Bevolkingsonderzoeken*);
- cell therapy: the costs of cell therapy;
- fitness: the costs of physio fitness and medical fitness training, under the supervision of a physiotherapist or otherwise;
- cover: the costs incurred in the period during which this insurance was not in force, where the date of treatment or provision is the determining factor;

- acts of war: damage or loss caused by or originating from armed conflict, civil war, rebellion, domestic unrest, rioting or mutiny as defined in Section 3:38 of the Financial Supervision Act (*Wet op het financieel toezicht*); in the event that the damage is caused by terrorism, the cover will be limited to the amount of the reimbursement that the health insurance provider receives as a result of its entitlement to claim compensation from the Dutch Terrorism Risk Reinsurance Company (*Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade*, NHT). Please see the terrorism cover clause;
- nuclear reactions: damage or loss caused by or relating to nuclear reactions, irrespective of how they originated.

# 7. General

### Time to reflect

The policyholder is entitled to dissolve the contract, without the need to state reasons, in the following two cases:

- within 14 days of the contract taking effect;
- if the contract takes effect at a later date, within 14 days of receipt of the first policy.

Consequently, the contract will be deemed not to have been concluded.

### Basis of the insurance

This contract is based upon the statements and information provided to the health insurance provider by the policyholder in the application form and, insofar as applicable, in the health certificate, as well as – in the event that a medical examination has taken place – the information provided by the policyholder and/or the insured party in relation to this examination.

The policyholder and/or the insured party are obliged to answer the questions asked in the above statements and declarations as fully as possible. This also applies to the facts and circumstances in relation to a known third party to be included under this insurance policy and who has reached the age of 16.

Facts and circumstances of which the policyholder and/or the insured party becomes aware or should be aware after the policyholder has submitted this application, but before the health insurance provider has disclosed its definitive decision as to whether or not to provide cover for the risk requested, must be reported to the health insurance provider by the policyholder and/or the insured party in the event that they fall within the scope of the questions asked in the statements and declarations mentioned above.

Failure on the part of the policyholder and/or the insured party to satisfy this duty of disclosure, in part or in full, may result in a limitation on or even the cancellation of the entitlement to reimbursement. In the event that the policyholder and/or the insured party have acted in order to intentionally mislead the health insurance provider or the insurance provider would not have entered into the insurance contract had it been in full possession of the true facts, the health insurance company is entitled to terminate the insurance.

### Commencement and termination of the reimbursement

In the event that the insured party is entitled to the reimbursement of costs incurred based upon the preceding provisions of these policy conditions, the entitlement will only apply insofar as the care was received during the period in which this insurance is in force.

### Privacy regulations

When applying for an insurance or a financial service, the health insurance provider will ask the applicant for personal details and other information. The health insurance provider will use the information to enter into and perform the insurance contract or financial service, to manage the relationships arising as a result, for activities aimed at enlarging its customer database, for statistical analyses, to comply with statutory obligations and in connection with the security and integrity of the financial sector. For more information, please see the privacy statement on www.amersfoortse.nl/zorg.

The Code of Conduct governing the Processing of Personal Details by the Insurance Industry (*Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars*) will apply to the processing of personal details. In connection with maintaining a responsible acceptance, risk and fraud policy, we may consult these details at Stichting CIS (Central Information System Foundation), Bordewijklaan 2, 2591 XR The Hague, c/o P.O. Box 91627, 2509 EE The Hague.

If the health insurance provider has noted reprehensible or unlawful behaviour, it is entitled to record personal data in the External Reference Register in accordance with the regulations of the Incidents Warning System for Financial Institutions Protocol (*Protocol Incidentenwaarschuwingssysteem Financiële Instellingen*). This register is used by financial institutions to assess the integrity of customers and business relations and can be accessed by the health insurance company via the central databank of Stichting CIS.

The goal behind processing personal data at Stichting CIS is to enable insurance providers to manage risks and combat fraud. For more information, please visit www.stichtingcis.nl. The applicable privacy regulations are also available on this website.

### Authorisation

An authorisation issued by the health insurance provider only applies for the term of the insurance and is issued subject to changes in legislation and regulations.

### Notification

Notices for the attention of the policyholder sent to his or her last known address, or to the address of the person through whose mediation the insurance has been taken out, are deemed to have reached the policyholder.

### Supplementary insurance for children

An insured party under the age of 18 has the same level of supplementary insurance cover as provided under the policyholder's supplementary insurance policy. Any changes to the policyholder's supplementary insurance therefore automatically apply to the insured party under the age of 18 years.

### Health-related questions

We ask health-related questions in order to keep our supplementary insurance policies affordable for everybody. We believe it is important for our customers to have access to the care that they need. To make this possible, we must economise on foreseeable costs. This is why you will be asked several questions when applying for the 'Optimaal' (optimal) supplementary insurance. This means, for example, that customers expecting to need more than 21 physiotherapy treatments will not be able to take out a higher policy than the 'Uitgebreid' (comprehensive) policy. Customers applying for 'Extra', 'Uitgebreid' and 'Optimaal' dental care are also asked health-related questions.

### Material checks and appropriate use

Material checks will be carried out in accordance with the relevant provisions laid down for the health insurance under or pursuant to the Healthcare Insurance Act. A material check consists of a regularity audit (whether the treatment invoiced was actually performed) and an efficiency audit (given the insured party's state of health, was the treatment provided the most obvious treatment).

From a health insurance perspective, appropriate use consists of three elements:

- Does the care claimed satisfy the state of the art in science and practice?
- Does the care claimed satisfy the conditions of the medical basis?
- Does the insured party reasonably require the relevant care (suitability and quality of care)?

### DTC Care Product

In order to determine the amount to be reimbursed, the DTC Care Product will be apportioned to the year in which the DTC was commenced.

## 8. Premium

### Premium payable

Under the terms of this health insurance, a premium is payable by the policyholder.

### Age-related premium

The amount of premium you pay is based on your age. If you have you exceeded the age limit, this means that the premium will change with effect from 1 January of the next calendar year.

### Determination of age

No premium is payable by the insured party until the first day of the calendar month following the calendar month in which he or she reached the age of 18.

### Refund of premium

In the event of premature termination of the insurance, the outstanding premium will be reduced by a reasonable amount, except in the event of termination by the health insurance provider on account of the deliberate misleading of the health insurance provider.

## 9. Payment of premium and payment arrears

## Payment of premium

The policyholder is obliged to pay the premium as well as the contributions arising from foreign or domestic statutory regulations or provisions in the agreed manner, i.e. monthly, quarterly, half-yearly or annually, in advance. In the event the insurance policy is changed during the course of a month, the health insurance provider is entitled to recalculate or refund the premium. The insured party is not permitted to offset the premium due against a payment to be claimed from the health insurance provider. If you have authorised us to automatically debit your insurance premium from the account number you provided us, then we will debit the amount payable from your account every month around the same date. If the policy is backdated when drawn up, the outstanding premium will be collected as a lump sum within 30 days. The amount of the premium is shown on the policy schedule issued to you.

If the insured party has chosen to pay the premium once a year, once every six months or once a quarter and payment was not received within 30 days, the insurance provider retains the right to convert the payment term of the premium into a monthly payment term. Any right to a discount based on payment frequency will then lapse.

If the policyholder or insured party makes a payment without stating the De Amersfoortse payment reference, De Amersfoortse will decide to which outstanding amount the payment will be credited.

## Payment arrears

If the policyholder fails to meet the obligation to ensure timely payment of the premium, the insurance provider will issue the policyholder a written warning after the premium due date, urging them to effect payment within 14 days, counting from the day of the warning. If no payment is forthcoming within this period, the health insurance provider will issue a second reminder stating that, if payment is not made in time, the supplementary insurance will be terminated. In that case, only the basic insurance policy will remain effective.
The company will be authorised to set off the outstanding amount against any reimbursements due to be paid to the insured party.

It will be possible to apply for a new supplementary insurance policy once the arrears in payment of the premium and the statutory collection costs plus interest have been paid to the bailiff. The new policy will come into effect from 1 January of the subsequent year.

**Stichting e-Court**

If there is an outstanding amount in premiums or other costs, then proceedings may be initiated at the Stichting e-Court (e-court foundation) disputes committee. If we initiate such proceedings, you will have one month to submit a notice of objection to the proceedings at Stichting e-Court, counted from the date at which a notice of such proceedings has been issued by the bailiff. In that case, the proceedings will be put before the sub-district court, unless you put the dispute to the Dutch Health Insurance Industry Complaints and Disputes Authority (*Stichting Klachten en Geschillen Zorgverzekeringen*, SKGZ). The statutory rules and the applicable procedural rules that are listed on www.e-court.nl shall apply to proceedings at Stichting e-Court.

### Suspension of cover during detention

The insurance will be suspended for any period during which the insured party is detained. The rights and obligations of the insured party will be reinstated as soon as the period of detention ends.

## 10. Obligations of the policyholder/insured party

### Duty to report a claim

As soon as the policyholder or the person entitled to payment becomes aware of or should become aware of an incident that could result in a duty of payment on the part of the health insurance provider, he or she is obliged to report this incident to the insurance provider as soon as is reasonably possible.

### Duty to report damage

The policyholder and the person entitled to payment are obliged to provide the health insurance provider with all the information and documents that may be of importance to the insurance provider in the assessment of its duty of payment.

### Duty of cooperation

The policyholder and the person entitled to payment are obliged to lend their full cooperation and to refrain from any action that may prejudice the interests of the health insurance provider.

### Original invoices

The policyholder/insured party must submit the original invoices to the insurance provider within three years of the date of treatment. These invoices must be itemised in such a way that the amount payable by the health insurance provider can be clearly identified without further inquiry. Computer-generated invoices must be authenticated by the healthcare provider. Neither a payment overview, nor a quote, order confirmation, proof of advance payment or advance invoice is considered an invoice.

### Interests of the health insurance provider

No rights may be derived from this insurance in the event that the policyholder or the person entitled to payment has failed to meet one or more of the above policy obligations and, as a consequence, has prejudiced the interests of the health insurance provider.

All rights to payment expire in the event that the policyholder or the person entitled to payment has failed to meet the above obligations with the intention of misleading the health insurance provider.

## 11. Claims and suspension of cover

### Claims paid directly

The health insurance provider has the right to pay the claims of healthcare providers, which have been submitted by the healthcare provider to the health insurance provider, directly to the healthcare provider. The policyholder is entitled to an itemised statement of the amounts paid.

### Amounts owed

The claim referred to in this article under 'Claims paid directly' will be paid in full by the health insurance provider to the healthcare provider, even if the claim is not eligible for full reimbursement, for example due to an outstanding excess or a limited payment scheme. The policyholder must pay the health insurance provider the excess or payment(s), insofar as these amounts exceed the limited payment scheme.

### General claim

The amounts referred to in this article under 'Amounts owed' are payable as soon as the policyholder receives notice thereof.

The policyholder must pay the health insurance provider the amounts owed within the term specified. The policyholder is not permitted to offset the amounts due against a payment to be claimed from the health insurance provider.

### Suspension of cover

In the event that the policyholder fails to pay the amount due within the term specified, a written notice to pay will be issued. In the event that the policyholder fails or refuses to pay the amount due within the term stipulated in the written notice, the medical treatment and/or provisions that have taken place after the term stipulated in the written notice will not be covered by the insurance. The health insurance provider is not required to give notice of default. Cover will be reinstated with effect from the day following the date upon which the amount due is received and accepted by the health insurance provider. During suspension of cover, the health insurance provider is authorised to terminate the insurance at a time to be specified by it without being required to observe a notice period.

In the event of an arrears of payment as referred to in Article 9 (Payment arrears), the matters related to termination of the supplementary insurance policy mentioned in that article will be given priority over the suspension as described above. It remains the duty of the policyholder to pay the premium, in addition to any costs and interest associated with recovery and collection.

## 12. Recourse

The policyholder and/or the insured party are obliged to:

- provide the health insurance provider with information and lend their cooperation with regard to seeking recourse against a liable third party;
- contact the healthcare provider before reaching a settlement with a third party, or a party acting for or on behalf of the third party – including the health insurance provider of the third party – in relation to the damage suffered by them.

Under no circumstances may the insured party reach any settlement with this third party or the party acting for or on behalf of this third party, including the granting of discharge, if this would prejudice the rights of the health insurance provider, without the written consent of the health insurance provider.

In the event that the policyholder and/or the insured party fail to comply with these provisions in full or in part, they are obliged to compensate the health insurance provider for the damage suffered by the insurance provider as a result thereof.

If the insurance provider is able to recover the costs, any maximum reimbursements in this supplementary insurance policy will not be adjusted in favour of the insured party.

# 13. Fraud

### Duty of cooperation

Under the Healthcare Insurance Act and the Incidents Warning System for Financial Institutions Protocol (*Protocol Incidentenwaarschuwingssysteem Financiële Instellingen*), for the purposes of fraud investigation, we are allowed to monitor the content of your insurance application, your personal data in our systems and your claims. Under the Healthcare Insurance Regulations, health insurance providers are obliged to conduct material checks and fraud investigations in accordance with the requirements in the Regulations. You are obliged to cooperate in this regard. If you refuse to cooperate, we will be unable to acknowledge your statements and will be required to draw unilateral conclusions.

### Personal data

For the purposes of fraud investigation, we will register your personal data as well as those of any accessories or co-perpetrators in our Incident Register. The Incident Register is lodged with the Dutch Data Protection Authority, and is administered by the Healthcare Security Team.

### Health insurers actively collaborate on fraud management

The Healthcare Insurance Act, the Long-Term Care Act and the Health Care (Market Regulation) Act authorise health insurance providers to exchange information among themselves for monitoring and fraud management purposes. They also share certain indications with sector partners to combat fraud, such as the Dutch Healthcare Authority (NZa), the Social Affairs and Employment Inspectorate (iSZW) and the Fiscal Intelligence and Investigation Service (FIOD), with due observance of Section 8 of the Personal Data Protection Act. This information exchange may take place directly, or via the Association of Dutch Health Insurers (*Zorgverzekeraars Nederland*, ZN). The Personal Data Protection Act prescribes how personal data may be processed.

### Lapsed right to claims

No claims will be paid out while fraud investigation is underway. If the investigation reveals proof of full or partial fraud, you will no longer be entitled to reimbursement for any healthcare costs. This means we will either reject and refuse to pay the relevant claim(s) or recall the payment(s) already issued. Cases of partial fraud will void the right to compensation for the entire claim, including the portion in which no fraud was involved. We will also charge investigation costs in accordance with Section 6:96 of the Dutch Civil Code.

### Sanctions

If you and any accessories/co-perpetrators are found guilty of fraud, we are entitled to:

- issue an official warning;
- place an internal alert;
- terminate your health/other insurance with immediate effect;
- register your personal data in the External Referral Register maintained by the Central Information System Foundation (*Stichting CIS*);
- register your personal data with the Insurance Fraud Bureau (*Centrum Bestrijding Verzekeringsfraude*) of the Dutch Association of Insurers;
- commence criminal proceedings by submitting a report to the police or other investigative body;
- refuse to grant you a new basic insurance policy for a five-year period. Other health insurance providers will be obliged to accept your application for basic health insurance;
- refuse to grant you any supplementary or other insurance policies from a.s.r. insurers for a period of eight years.

# 14. Notification of relevant events

### Notification

The policyholder is obliged to notify the insurance provider within 30 days of all events that may be of significance for the proper implementation of this insurance, such as relocation, divorce, birth, death, etc.

### When an insured party reaches the age of 18

The health insurance provider will approach the insured party or his or her policyholder at least six weeks before the first day of the month following the calendar month in which the insured party reaches the age of 18, with the request to indicate his or her choice of supplementary insurance in relation to the premium that will be due as from that moment. In the event that the policyholder or the insured party fails to inform the health insurance provider of this choice in writing within the term stated in the request, a premium will be charged that is equivalent to the existing supplementary insurance.

# 15. Revision of premium or conditions

### Annual amendment

We are entitled to amend your premium and/or terms and conditions every year, effective 1 January.

### Interim amendment

It is in everybody's interest for us to be able to meet (and continue to meet) our financial obligations in the future. For this reason, in exceptional cases, we may introduce interim changes to your premiums and/or terms and conditions if they cannot wait until the annual renewal date (e.g. if we are required by law to do so). 'Exceptional cases' also include the threat or existence of circumstances that may result in solvency dropping to below the statutory minimum if the changes are not implemented. Adverse developments in the interest and investment market or lower-than-expected operating results do not constitute exceptional cases.

### Letter of notification of changes

A revision of the premium and/or terms and conditions will take effect no sooner than seven weeks after the date upon which the policyholder was notified to this effect. Before we change anything, you will receive a letter from us containing information on the changes. Complaints regarding the implementation of the change will be subject to the customary complaints procedure.

## 16. Term of the insurance policy

### Commencement of the insurance policy

The insurance policy will take effect on the date that the health insurance provider receives and accepts the relevant application stating the type of policy selected. The date of commencement is indicated on the policy schedule.

### Term

From 1 January, for an indefinite period. The insured party is entitled to terminate the insurance policy on a yearly basis.

### Termination of the insurance policy

It is expressly determined that the health insurance provider does not have the right to terminate the insurance, except in the event of a written notice of termination by the health insurance provider in the following cases:

- In the event that the policyholder and/or the insured party fail to pay on time or refuse to pay the premium due or the amounts owed as referred to in Article 9 (Payment of premium), the health insurance provider is entitled to terminate the insurance with due observance of the procedure referred to in Article 9 (Payment arrears).
- In the event that, within two months after discovering that the policyholder has committed fraud, as referred to in Article 13, or if the duty of disclosure upon entering into the insurance contract has not been fulfilled and the policyholder and/or the insured party have acted with the intention of misleading the health insurance provider, or if the health insurance provider would not have entered into the insurance contract had it been in full possession of the facts, the insurance will end on the date stated in the notice of termination.

The insurance policy may be terminated in the following ways:

- The policyholder terminates the policy in writing no later than 31 December, where we must have received the notice of termination no later than 31 December.
- The policyholder makes use of the transfer system.
- The NZa has informed you that we have failed to meet the provisions of Section 15f of the Processing of Personal Data in Healthcare (Additional Provisions) Act (*Wet aanvullende bepalingen verwerking persoonsgegevens in de zorg*). In that case, we need to have received your notice of termination within six weeks of the NZa's notification.

If the policyholder takes out a supplementary insurance policy for the following year no later than 31 December, the new health insurance provider will cancel the old policy automatically. If the

policyholder does not wish the new insurance provider to terminate the old insurance policy on his or her behalf, the policyholder is required to indicate this on the application form for the new insurance policy.

If the policyholder fails to cancel the supplementary insurance, the insurance will be extended automatically for a term of one calendar year.

If the policyholder does not agree with the revisions to the policy as referred to in Article 15 (Revision of premium or conditions), they must terminate the insurance within one month of receipt of the written notice from the health insurance provider as referred to in Article 15 (Revision of premium or conditions). The insurance policy will end on the date upon which the changes stated in the written notice from the health insurance provider enter into force. The premium paid for that part of the insurance period that has not yet lapsed will in this case be refunded. The policyholder will not have the option to terminate the insurance policy in the event that:

- the change in the premium and/or terms and conditions is the result of statutory regulations and provisions;
- the change in the premium is the result of the insured party whose age is a determining factor for the level of the premium having reached the age limit;
- the change entails a reduction in the premium and the cover remains the same;
- the change entails an extension of the cover and the premium remains the same.

In the event that the health insurance provider has lodged a claim against the policyholder in respect of non-fulfilment of the duty of disclosure upon entering into the insurance within two months, the insurance policy will end on the date stated in the notice of termination or, in the absence thereof, upon the date of signature of the notice of termination.

In the event that the basic insurance policy taken out with the health insurance provider ends, the policyholder may also terminate the supplementary insurance policy. In this case, the supplementary insurance policy ends at the same time as the basic insurance policy. The supplementary insurance policy must be terminated in writing and may be terminated up to the date on which the basic insurance ends.

The insurance policy will be terminated in the following cases:

- In the event of the death of the insured party, the insurance policy will end on the day following the date of death. The health insurance provider must be notified of this death within two months of the date of death.
- The insurance policy will be terminated (unless otherwise agreed in writing with the health insurance provider) for each insured party as soon as he or she is no longer insured under the Long-Term Care Act (Wlz) or commences active service as a member of the armed forces.
- If the health insurance provider announces the discontinuation of a supplementary product at least one month in advance.

## 17. Reconsideration and complaints

This Agreement is governed by Dutch law.

### Request for reconsideration

In the event that you do not agree with a decision made by de Amersfoortse, you may request that we reconsider it. To do so, please send an email to zorg.medisch@amersfoortse.nl. Alternatively, you may send a letter to De Amersfoortse, attn. Medical Department, PO Box 2072, 3500 HB Utrecht (the Netherlands) or call us on +31 (0)33 464 20 61.

### SKGZ

If we fail to respond to your request for reconsideration within four weeks or have indicated the intention to adhere to our decision, you may turn to the Dutch Health Insurance Industry Complaints and Disputes Authority (SKGZ). The SKGZ offers mediation services in order to solve problems. If mediation fails to produce satisfactory results, the Disputes Board of the SKGZ may issue a binding decision. You can also bring your request for reconsideration before the competent court.

### Complaints

If you have a complaint, please contact your insurance adviser first. They will try to find an appropriate solution, if necessary in consultation with De Amersfoortse.
If you are unable to find a solution in consultation with your insurance adviser, you may submit a complaint using the complaints form that can be filled in on www.amersfoortse.nl/over-ons/indienen-klacht, or by sending a letter to De Amersfoortse Klachtenservice, P.O. Box 2072, 3500 AA Amersfoort. Alternatively, you may call us on +31 (0)33 464 20 61.
If you are dissatisfied with the way your complaint was handled, please submit it to the SKGZ.
You may also bring your complaint before the competent court.

## 18. Provisions in relation to group insurance

*The provisions in the sections titled 'Termination of Employment', 'New Group Insurance Policy' and 'Deviation from the group nature of the contract' only apply to policies that have been concluded under a group insurance contract.*

### Termination of employment

In the event that an insured party accepts a job with another company, the insurance will be continued without option under an equivalent individual supplementary insurance policy. The termination of employment must be reported to the health insurance provider prior to the date of termination of the old contract of employment.

Special agreements that apply exclusively to the group insurance will not be continued under the individual supplementary insurance policy. All rights to discounts and other entitlements under the group policy will cease to apply upon termination of the policy.

### New group insurance policy

The policyholder is entitled to cancel the insurance before the end of the term, with effect from the

first day of the month following the date of termination of their previous employment in connection with entering into a new contract of employment, in the event that the reason for cancellation concerns a changeover from one employment-related group insurance policy to another employment-related group insurance policy. The policyholder may cancel the old insurance up to 30 days after entering into the new contract of employment. Neither the cancellation nor the registration apply retroactively, and both will take effect on the first day of the same calendar month.

### Deviation from the group nature of the contract

The health insurance provider reserves the right to terminate the contract prematurely in the event of a significant deviation from the group nature of the contract, with due observance of a notice period of one month.

*The provisions in the sections titled 'Termination of invalidity insurance' and 'New group insurance following termination of invalidity insurance' only apply to policies concluded as part of a disability insurance entrepreneurs' collective.*

### Termination of disability insurance policy

You are only entitled to a group discount if you have current basic and disability insurance policies with De Amersfoortse/a.s.r. and are insured under a disability insurance entrepreneurs' collective (i.e. group health insurance for self-employed persons who have taken out individual disability insurance and health insurance with De Amersfoortse/a.s.r.). Entitlement to this group discount will lapse immediately once the individual disability insurance is terminated, or if you are no longer insured under a disability insurance entrepreneurs' collective.

### New group insurance following termination of disability insurance

Self-employed persons are entitled to terminate the insurance prematurely if they were insured under a disability insurance entrepreneurs' collective (i.e. group health insurance for self-employed persons who have taken out individual disability insurance and health insurance with De Amersfoortse/a.s.r.) and enter salaried employment. The transfer may occur on the date the disability insurance entrepreneurs' collective was terminated, provided that the start date of the employer's group basic insurance is the same as the termination date with us. If these two dates differ, the insurance will continue on an individual basis.

## 19. Terrorism cover clause

Under this insurance, any damage or loss due to terrorist acts is covered by the Dutch Terrorism Risk Reinsurance Company (NHT).

The text of the terrorism cover clause is available from the health insurance provider upon request.

## 20. Contact details

## De Amersfoortse

www.amersfoortse.nl/zorg2019
Phone: +31 (0)33 464 20 61

Visiting address: Archimedeslaan 103584 BA Utrecht

Postal address: P.O. Box 20723500 HB Utrecht

Acceptance Department
Email: zorg.polis@amersfoortse.nl

Claims Handling Department
Email: zorg.declaraties@amersfoortse.nl

Medical Care Department
Email: zorg.medisch@amersfoortse.nl

## SOS International

BV Nederlandse Hulpverleningsorganisatie SOS International
Hoogoorddreef 58, 1101 BE Amsterdam
Phone: 31 (0)20 651 51 51
Email: info@sosinternational.nl

***These terms and conditions are a translation of the Dutch terms and conditions and are subject to possible translation errors. No rights may be derived from this translation. The conditions in Dutch are leading in the operation of this insurance.***