

# De Amersfoortse Supplementary Insurance 2016 Terms and Conditions

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## 1. Definitions

The following definitions apply to the terms used in these Terms and Conditions:

### **Supplementary health insurance**

A supplementary health insurance covers the care that is not covered in full or in part by the health insurance under the Healthcare Insurance Act.

### **Alternative healer**

An alternative healer, established in the Netherlands, who is generally recognised in a specific field, practises in this field and is a member of a professional association in this field.

### **Pharmacy**

Pharmacy includes regular pharmacies, Internet pharmacies, chains of pharmacies, hospital 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 engages the assistance of pharmacists listed in that register. The term dispensing practitioner also covers the party that commissions the care from pharmacists listed in the aforementioned register.

### **Junior doctor**

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

### **Company doctor**

A physician who is listed as a company doctor in the register established by the Commission for the Registration of Medical Specialists [*Registratiecommissie Geneeskundig Specialisten*, RGS] maintained by the Royal Dutch Medical Association (KNMG) and who acts on behalf of an employer or the Occupational Health and Safety Service [*Arbodienst*] to which the employer is affiliated.

### **Pelvic therapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered in the Central Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

### **Day treatment**

Admission for less than 24 hours to an institution which has been accredited in accordance with regulations laid down by the law.

### **DBC Care Product**

A DBC Care Product describes the full path of medical specialist care 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 DCB pathway commences at the time at which the insured party submits a request for care (the DBC is opened) and is completed at the end of the treatment, or after 120 days.

### **Dietician**

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

### **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 podotherapists.

### **EU and EEA member state**

In addition to the Netherlands, this is taken to mean the following countries within the European Union: Austria, Belgium, Bulgaria, Croatia, (Greek) Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom. Switzerland enjoys equal status pursuant to the relevant treaty provisions.

The EEA countries (those states which 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 dispensing practitioners in the interests of medication assessment and responsible use, designated as such under or pursuant to the *Besluit Zorgverzekeringen* [Health Insurance Decree], with due observance of the Pharmaceutical Care Regulations stipulated 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 terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF). A remedial masseur as referred to in Section 108 of the Individual Healthcare Professions Act is also deemed to be a physiotherapist.

#### **Certified echoscopist**

An echoscopist who is certified to perform a combined test and is registered in the Peridos Prenatal Screening Register. See the Dutch website: [www.peridos.nl/zoek-zorgverlener](http://www.peridos.nl/zoek-zorgverlener).

#### **Contracted care**

The care which the care provider may provide by virtue of an agreement entered into between the health insurer and the care provider or which is eligible for reimbursement.

#### **Municipal Health Service (GGD)**

The Municipal Health Service [*Gemeentelijke Gezondheidsdienst*, GGD] focuses primarily on prevention: the prevention of disease and the promotion of healthy behaviour in a healthy living environment

#### **Geriatric physiotherapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also listed as a geriatric physiotherapist in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

#### **Skin therapist**

A skin therapist established in the Netherlands who is registered as such in accordance with the terms and conditions referred to in Section 34 of the Individual Healthcare Professions Act and the Decree governing Educational Requirements and the Discipline of Skin Therapists [*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*] based on this Act.

#### **General practitioner**

A doctor who is listed as a general practitioner in the register of recognised general practitioners established by the Commission for the Registration of Medical Specialists (RGS) and maintained by the Royal Dutch Medical Association (KNMG).

#### **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 laid down by the health insurer regarding the requirements for consent, period of use and quantity.

#### **Dental surgeon**

A dental specialist who is listed in the specialists register maintained by the Commission for the Registration of Dental Specialists [*Registratiecommissie Tandheelkundig Specialisten*, RTS].

#### **Paediatric physiotherapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered as a paediatric physiotherapist in the Central Register for Quality Physical Therapy [*Centraal Kwaiteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

#### **Maternity centre**

An institution that provides obstetric and/or maternity care and meets the requirements laid down by law.

#### **Maternity hotel**

An institution where the insured party can give birth and/or spend (part of) her maternity period.

#### **Maternity care**

The care provided by a maternity home-care assistant affiliated with a hospital, maternity centre or maternity hotel who cares for the mother and child, and assists with the housekeeping where applicable.

#### **Lactation consultant**

A lactation consultant who is established in the Netherlands and is a member of the Dutch Association of Lactation Consultants [*Nederlandse Vereniging van Lactatiekundigen*].

#### **Informal carer**

A person who cares for a person in need of help in his or her immediate environment without being paid and not within the context of professional care, where care is provided as a direct result of the social relationship.

#### **Manual therapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered as a manual therapist in the Central Register for Quality Physical Therapy [*Centraal Kwaiteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

#### **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 (KNMG), and who works as such for a health insurer.

#### **Medical specialist**

A physician who is listed 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., P.O. Box 454, 2800 AL Gouda, telephone (0900) 202 10 40 (inside the Netherlands), fax +31 (0)182 82 00 29.

#### **Oral hygienist**

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

#### **Dutch Healthcare Authority (NZA)**

The Dutch Healthcare Authority [*Nederlandse Zorgautoriteit*, NZa].

#### **Oedema therapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered as an oedema therapist in the Central Register for Quality Physical Therapy [*Centraal Kwaiteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

#### **Cesar/Mensendieck remedial therapist**

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

#### **Accident**

A sudden and unexpected violent impact on the body of the insured party incurred by an external force, causing an injury that can be medically established as such directly.

#### **Admission**

Admission to a hospital for longer than 24 hours, in the event that and insofar as, on medical grounds, nursing, examinations and treatment can only be offered in a hospital, while continuous treatment by a medical specialist is necessary.

#### **Optometrist**

An optometrist established in the Netherlands who is registered as such in accordance with the terms and conditions referred to in Section 34 of the Individual Healthcare Professions Act.

#### **Orthodontist**

A dental specialist who is registered in the specialists register established by the Commission for the Registration of Dental Specialists (RTS) maintained by the Dutch Dental Association [*Nederlandse Maatschappij tot bevordering der Tandheelkunde*, NMT].

### **Orthoptist**

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

### **Chiropodist**

A chiropodist who is registered in Register of Quality Chiropodists [*KwaliteitsRegister voor Pedicures, KRP*] for treating patients with diabetes, rheumatism or foot risk.

### **Podiatrist**

A podiatrist established in the Netherlands who is affiliated with Stichting LOOP, the Dutch National Umbrella Organisation for Podiatry.

### **Podopostural therapist**

A podopostural therapist established in the Netherlands who is affiliated with Stichting LOOP, the Dutch National Umbrella Organisation for Podiatry as a Class A therapist.

### **Podotherapist**

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

### **PreMeo Thuisvaccinatie [ProMeo Home Vaccination]**

PreMeo Thuisvaccinatie is a national vaccination centre for the at-home administration of travel vaccination by physicians registered under the Individual Healthcare Professions Act recognised by the National Coordination Centre for Travellers' Health [*Landelijk Coördinatiecentrum Reizigersadviesing, LCR*].

### **Foreign private clinic**

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

### **Psychosomatic physiotherapist**

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered as psychosomatic therapist in the Central Register for Quality Physical Therapy [*Centraal Kwaiteitsregister Fysiotherapie, CKR*] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or a similar register.

### **Psychosomatic Cesar and Mensendieck remedial therapist**

A Cesar/Mensendieck remedial therapist who is listed in the Register of Psychosomatic Remedial Therapists maintained by the Association of Cesar and Mensendieck Remedial Therapists [*Vereniging van Oefentherapeuten Cesar en Mensendieck, VvOCM*].

### **Beauty therapist**

A beauty therapist established in the Netherlands who holds the Beauty Therapy B Diploma.



### **SOS International**

BV Nederlandse Hulpverleningsorganisatie SOS International, Hoogoorddreef 58, 1101 BE Amsterdam. Telephone +31 (0)20 651 51 51, fax +31 (0)20 651 51 09.

### **Emergency care**

Care that cannot be foreseen in advance, arising from an acute illness or accident for which immediate medical care is required.

### **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.

### **Prosthodontist**

A prosthodontist who has been trained in accordance with the Decree governing Educational Requirements and the Discipline of Prosthodontics.

### **Temporary stay**

Residence abroad for a period of no more than 12 months. In the event of admission to a hospital, this period will be extended during hospitalisation by a maximum of 365 days calculated from the date of admission.

### **Treaty country**

Each country with which the Netherlands has signed a convention on social security incorporating regulations for the provision of medical care, other than Member States of the European Union, a state which is party to the Agreement on the European Economic Area, or Switzerland. These countries are: Australia (only during temporary residence), Bosnia and Herzegovina, Japan, Cape Verde, Macedonia, Morocco, Serbia and Monte Negro, 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**

A recommendation issued by a care provider or care institution to an insured party stating that the insured party should undergo treatment or continue a treatment at another care provider or institution. A referral letter must contain the insured party's name and date of birth, the name and signature of his or her doctor, the date of issue, the reason for the referral and any other relevant information. A referral letter remains valid for a period of one year following the date of issue.

### **Insured party**

Any person who is designated as such in the health insurance policy, the policy endorsement or in

the certificate of application.

#### **Policyholder**

The person who has entered into the insurance contract with the health insurer.

#### **VVOC**

Nurses' Association for Menopause Consultants [*Vereniging Verpleegkundig Overgangsconsulenten*, VVOC]. Beemd 10, 5071 AN Udenhout, [www.overgangsconsulente.com](http://www.overgangsconsulente.com).

#### **Individual Healthcare Professions Act [Wet BIG]**

Individual Healthcare Professions Act [*Wet op de Beroepen in de Individuele Gezondheidszorg*, abbreviated to *Wet BIG*].

#### **Wlz**

The Long-Term Care Act [*Wet langdurige zorg* abbreviated to *Wlz*].

#### **Independent treatment centre (ZBC)**

A centre for specialist medical care (examinations and treatment) [*zelfstandig behandelcentrum*, *ZBC*], which has been accredited as such in accordance with regulations laid down by the law.

#### **Hospital**

An institution for nursing, examining and treating sick people which has been accredited as a hospital in accordance with regulations laid down by the law. This is also understood to include the Netherlands Asthma Centre in Davos [*Nederlandse Astma Centrum Davos*].

#### **Health insurance company/health insurer**

ASR Aanvullende Ziektekostenverzekeringen NV, hereinafter also referred to as 'we' or the 'health insurer'.

#### **Health insurance**

A health insurance policy based upon the Health Insurance Act [*Zorgverzekeringswet*] taken out with an insurance company.

## **2. Manner in which the insurance is executed**

#### **Country of residence**

This supplementary health insurance may be taken out by or on behalf of any person who is obliged to have health insurance in the Netherlands, as well as any such person residing abroad. For insured parties residing in the Netherlands, the costs of care are only eligible for reimbursement if the care was provided in the Netherlands and administered by a care provider established in the Netherlands. For insured parties residing outside the Netherlands, the costs of care are only eligible for reimbursement if the care was provided in the country of residence and administered by a care provider established in the country of residence. Exceptions are stated under Article 3.8 'Abroad'.

Reimbursement will be made up to the maximum rate stated in the Article 'Maximum reimbursement' below. The other terms and conditions of the relevant articles remain in force.

### **Supplementary to health insurance**

This insurance allows for a provision or payment that is supplementary to a health insurance policy. Reimbursement under this policy will only be granted if the costs are not eligible for reimbursement under the health insurance policy. The costs that fall under the excess of the health insurance policy will not be additionally paid out under this supplementary insurance policy.

### **Maximum reimbursement**

The entitlement to reimbursement of costs will be a maximum of:

- the rate agreed with contracted healthcare providers;
- the (maximum) rate determined at that time on the basis of the Healthcare Market (Regulation) Act [*Wet Marktordening Gezondheidszorg*];
- if and insofar as no maximum rate has been determined on the basis of the Healthcare Market (Regulation) Act, reimbursement of the costs will take place subject to a maximum which is in line with the prevailing market rates as determined by us.

### **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 nor unnecessarily complicated.

### **Takeover of the task of collection 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 party must satisfy all the conditions set out in the articles prior to qualifying for reimbursement.

## **3. Scope of the cover**

### 3.1 Acne treatment

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% up to a maximum of €250 per calendar year	100% up to a maximum of €250 per calendar year	100% up to a maximum of €350 per calendar year	100% up to a maximum of €500 per calendar year

#### Conditions

- Treatment for severe acne on the face and/or neck.
- You require a referral from your general practitioner, or a medical specialist. You should send the referral along with the expense claim. The claim should indicate the type of care profile concerned. For each type of acne the care profile describes the associated care need, the party providing the care, the number of treatments required and the type of treatment.
- The treatment is performed by a skin therapist. Alternatively, in 2016 the treatment may still be provided by a beautician. However, with effect from 2017 this treatment will no longer qualify for reimbursement if provided by a beautician.
- The required products for treating acne will not be reimbursed.

### 3.2 Allergen-free covers

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%	100%

#### Conditions

- One set of covers will be reimbursed.
- You require a written explanation from a doctor accompanied by the results of an allergy test showing that you are suffering from an allergy to the excreta of house dust mites.
- Allergen-free and dust-proof covers will not be replaced until ten years after the previous supply.
- The covers must be provided by a contracted supplier.
- Have you opted to use a non-contracted supplier? In that case the maximum amount that we will reimburse is the price of the covers charged by a supplier contracted by De Amersfoortse.

#### Explanation

- Reimbursement for allergen-free and dust-proof mattress covers, eiderdown cover and pillow slips.

### 3.3 Alternative medicine (examination and treatment)

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% up to a maximum of €150 per calendar year, maximum €45 per day	100% up to a maximum of €250 per calendar year, maximum €45 per day	100% up to a maximum of €500 per calendar year, maximum €45 per day	100% up to a maximum of €1,000 per calendar year, maximum €45 per day

#### Conditions

- The maximum amount covered by the insurance is for all consultations and treatment by alternative healers 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 as follows:
  - Acupuncture: The practitioner is affiliated to the Dutch Medical Acupuncture Association [*Nederlandse Artsen Acupunctuur Vereniging, NAAV*], the Dutch Acupuncture Association [*Nederlandse Vereniging voor Acupunctuur, NVA*], International Free University (IFU), the Dutch Association for Traditional Chinese Medicine [*Nederlandse Vereniging voor Traditionele Chinese Geneeskunde, ZHONG*] or 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*] or the Scientific Doctor's Association for Acupuncture in the Netherlands [*Wetenschappelijke Artsen Vereniging voor Acupunctuur in Nederland, WAVAN*].
  - Anthroposophy: The practitioner is an anthroposophical doctor affiliated to the Dutch Association of Anthroposophical Doctors [*Nederlandse Vereniging van Antroposofische Artsen, NVAA*]. We reimburse regular consultations and treatment. We do not reimburse:
    - treatment provided 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.
  - Chiropraxy: The practitioner is affiliated to 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 is a physician who practises independently. We do not reimburse:

- treatment provided by non-physician practitioners.
- Phytotherapy: The practitioner is affiliated to the Netherlands Association for Phytotherapy [*Nederlandse Vereniging voor Fytotherapie, NVF*].
- Haptotherapy/Haptonomy: The practitioner is affiliated to the Netherlands Association of Haptotherapists [*Vereniging Van Haptotherapeuten, VVH*].
- Iridology: The practitioner is an iridologist.
- Children's therapy: The practitioner is affiliated to the Netherlands Association of and for children's therapists [*Vereniging van en voor kindertherapeuten, Vvvk*].
- Classical homeopathy: The practitioner is affiliated to the Doctors Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*], the Netherlands Association of Classical Homeopaths [*Nederlandse Vereniging van Klassiek Homeopaten, NVKH*], the Netherlands Organisation for Classical Homeopaths [*Nederlandse Organisatie van Klassiek Homeopaten, NOKH*] or the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP*]. Reimbursement for regular consultations and treatment.
- Moerman therapy: The practitioner is affiliated to the Dutch Medical Association for Non-Toxic Tumour Therapy [*Artsenvereniging voor Niet-Toxische Tumor Therapie, ANTTT*].

We do not reimburse:

- treatment provided by non-physician practitioners.
- Naturopathy: The practitioner is a naturopathic doctor affiliated to the Professional Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*] or is a non-physician practitioner affiliated to the National Association of Naturology [*Landelijke Vereniging Natuurlijke Geneeswijzen, LVNG*], the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP*], the Association of Natural Medicine Therapists [*Vereniging van Natuurgeneeskundig Therapeuten, VNT*] or the Association for the Promotion of the Interests of Therapists and Consumers [*Belangen Associatie Therapeut en Consument, BATC*]. We reimburse regular consultations and treatment.

We do not reimburse:

- Massage therapy.
- Neural and regulation therapy: The practitioner is affiliated to the Professional Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*]. We reimburse segmental therapy and disturbance field therapy.

We do not reimburse:

- treatment provided by non-physician practitioners.
- Orthomanual medicine: The practitioner is affiliated to the Register of Orthomanual Medicine [*Register OrthoManuele Geneeskunde, ROMG*] or the Netherlands Medical Association for Orthomanual Medicine [*Nederlandse Vereniging van artsen voor OrthoManuele Geneeskunde, NVOMG*], or the treatment must be performed by a non-physician affiliated to the Netherlands Association for Manual Therapy

[*Nederlandse Vereniging voor Manuele Therapie, NVMT*] or the Association of Manual Therapists [*Vereniging van Manueel Therapeuten, VMT*].

- **Orthomolecular medicine:** The practitioner is an orthomolecular physician or is affiliated to the Dutch Society for the Promotion of Orthomolecular Medicine [*Maatschappij ter Bevordering van de Orthomoleculaire Geneeskunde, MBOG*]. We reimburse regular consultations and treatment.

We do not reimburse:

- kinesiology.

- **Osteopathy:** The treatment provider is listed in the Dutch Register for Osteopathy [*Nederlands Register voor Osteopathie, NRO*] or the Dutch Osteopathic Federation [*Nederlandse Osteopathie Federatie, NOF*].

- **Proctology:** The practitioner is a physician who practises independently.

We do not reimburse:

- treatment provided by non-physician practitioners.

- **Reflex Zone therapy:** The practitioner is affiliated to the Association of Dutch Reflex Zone Therapists [*Vereniging van Nederlandse Reflexzone Therapeuten, VNRT*], or the Union of European Reflexologists, Netherlands Chapter [*Bond van Europese Reflexologen afdeling Nederland, BER*].

- **Shiatsu therapy:** The practitioner is affiliated to KaTa Nederland, ZHONG, the Association of Iokai Shiatsu Therapists [*Vereniging voor Iokai-Shiatsutherapeuten, VIS*], the Zen Shiatsu Association [*Zen Shiatsu Vereniging*], 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*] or the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP*].

- We do not reimburse:

- Laboratory costs for which an application has been made by an alternative healer.
- Alternative medicines. For more information about the reimbursement for alternative medicine, see Article 3.15.

### 3.4 Automatic External Defibrillator pads

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

#### Conditions

- Reimbursement for replacing the pads that were used to treat you in an emergency situation.

### 3.5 Cancer counselling and aftercare

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100% up to a maximum of €250 per calendar year	100% up to a maximum of €500 per calendar year	100% up to a maximum of €1,000 per calendar year

#### Conditions

- You require a referral from the medical specialist providing the treatment.
- To be performed by institutions established in the Netherlands licensed by the Stichting Herstel & Balans.

#### Explanation

- The reimbursement applies to participation in the Rehabilitation & Balance [*Herstel & Balans*] programme for (former) cancer patients.
- For more information, visit [www.herstelenbalans.nl](http://www.herstelenbalans.nl).
- We reimburse Care for Cancer under the health insurance policy.

### 3.6 Circumcision

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Conditions

- You require a referral from the general practitioner or medical specialist providing the treatment.
- The treatment must be a medical necessity.
- The treatment must be carried out by a medical specialist, an independent treatment centre or a general practitioner.

#### Explanation

- Circumcision 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 circumcision.

### 3.7 Glasses or contact lenses

#### *Glasses including frame*



What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	Up to a maximum of €150 per 24 months	Up to a maximum of €200 per 24 months	Up to a maximum of €300 per 24 months

#### Conditions

- From 1.5 dioptré or higher per eye, also if only a frame is required.
- You may claim, per 24 months, one pair of glasses or one frame or one pair of lenses for glasses supplied by an optician and/or an optometrist.
- We do not reimburse:
  - a pair of glasses, lenses for glasses or a frame if we have already reimbursed you for lenses in the same calendar year.
  - if, in the 60 months prior to purchasing glasses, lenses for glasses or a frame, you have undergone laser treatment or received a lens implant, which we have reimbursed you for.

#### Explanation

- The 24-month period commences on the date the glasses, lenses for glasses or frame were supplied.
- We calculate the number of dioptrés per eye as follows:
  - If the spherical and cylindrical values were both positive or both negative, the two values are added up (e.g. spherical -0.5 and cylindrical -2.0 = -2.5 dioptrés or spherical +0.5 and cylindrical +2.0 = +2.5 dioptrés).
  - If the spherical value is positive and the cylindrical value is negative or vice versa, the highest value applies (e.g. spherical +0.5 and cylindrical -2.0 = -2.0 dioptrés or spherical -0.5 and cylindrical +2.0 = +2.0 dioptrés).
  - Should the dioptré requirement not be met based on the spherical and cylindrical values, the additional value may be included in the calculation for multifocal glasses. It will only be included in the calculation of the spherical value (e.g. spherical +0.5, cylindrical +0.5 and additional +1.0 = +1.5 dioptrés).

#### *Contact lenses*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	A maximum of €50 per calendar year	A maximum of €100 per calendar year	Up to a maximum of €125 per calendar year

#### Conditions

- From 1.5 dioptré or higher per eye.

- The contact lenses must be supplied by an optician and/or optometrist.
- We do not reimburse:
  - contact lenses if we have already reimbursed you for a pair of glasses, lenses for glasses or a frame 24 months prior to the date of delivery of the contact lenses.
  - if, in the 60 months prior to purchasing contact lenses, you have undergone laser treatment or received a lens implant, which we have reimbursed you for.

#### Explanation

- We calculate the number of dioptres per eye as follows:
  - If the spherical and cylindrical values were both positive or both negative, the two values are added up (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 value is positive and the cylindrical value is negative or vice versa, the highest value applies (e.g. spherical +0.5 and cylindrical -2.0 = -2.0 dioptres or spherical -0.5 and cylindrical +2.0 = +2.0 dioptres).

#### *Discount from Eye Wish Opticiens.*

#### Explanation

- Visit: [www.eyewish.nl/polischeck](http://www.eyewish.nl/polischeck).
- Select De Amersfoortse.
- Select your supplementary insurance.
- Your specific offer will be shown.

### **3.8 Abroad (medical care)**

#### General

- We reimburse the costs of care received abroad.
- We do not reimburse:
  - Policy excess.

#### Conditions

- We only reimburse medical care if the treatment is also reimbursed in the Netherlands under this 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 reimbursement is established by the health insurer.

#### *Non-emergency treatment in the EU, EEA and a treaty country (non-resident in the country where care was provided)*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
Up to a maximum of 1x the Dutch rate for physiotherapy and remedial therapy	Up to a maximum of 1x the Dutch rate for physiotherapy and remedial therapy	Up to a maximum of 1x the Dutch rate for glasses and contact lenses, orthodontics, physiotherapy and remedial therapy	Up to a maximum of 1x the Dutch rate for glasses and contact lenses, occupational therapy, orthodontics, physiotherapy and remedial therapy	Up to a maximum of 1x the Dutch rate for glasses and contact lenses, occupational therapy, orthodontics, physiotherapy and remedial therapy

#### Conditions

- You require our prior consent.
- The conditions set out in the articles concerning glasses and contact lenses, occupational therapy, orthodontics, physiotherapy and remedial therapy equally apply to this article.
- The care providers' expertise must be comparable to that of care providers in the Netherlands.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Conditions

- You are receiving treatment in your country of residence from a care provider established in the same country.
- The conditions set out in the relevant articles and the maximum reimbursements remain in force.
- The care providers' expertise must be comparable to that of care providers in the Netherlands.

*Emergency care in the EU, EEA and a treaty country*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Conditions

- Reimbursement of costs not covered in full by the health insurance.

- If you require emergency care, you must immediately contact SOS International or have someone do so on your behalf. The SOS International physician acts on behalf of our medical adviser.

### Emergency care in other parts of the world

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	Up to a maximum of 2x the Dutch rate (incl. reimbursement under the health insurance)	Up to a maximum of 2x the Dutch rate (incl. reimbursement under the health insurance)	Up to a maximum of 2x the Dutch rate (incl. reimbursement under the health insurance)	Up to a maximum of 2x the Dutch rate (incl. reimbursement under the health insurance)

#### Conditions

- Reimbursement of costs not covered in full by the health insurance.
- If you require emergency care, you must immediately contact SOS International or have someone do so on your behalf. The SOS International physician acts on behalf of our medical adviser.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Conditions

- Only if you live less than 40km from the Belgian or German border.
- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

### SOS Assistance

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Explanation

- If you are living abroad **temporarily**, you are entitled to assistance and advice by SOS International. Call **+31 (0)20 651 51 51**.

### Emergency dental treatment abroad

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100% up to a maximum of €250 per calendar year	100% up to a maximum of €250 per calendar year	100% up to a maximum of €250 per calendar year	100% up to a maximum of €250 per calendar year	100% up to a maximum of €250 per calendar year

Conditions

- Applicable to 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.

*Return journey by ambulance, plane or air ambulance*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% for transport to an institution in the country of residence	100% for transport to an institution in the country of residence	100% for transport to an institution in the country of residence	100% for transport to an institution in the country of residence

Conditions

- If you require emergency care, you must immediately contact SOS International or have someone do so on your behalf. The SOS International physician acts on behalf of our medical adviser.
- The SOS International physician assesses whether you are suffering from an acute serious illness or a serious injury resulting from an accident.
- You require a statement from the doctor providing the treatment showing that transport and medical assistance is necessary.
- We reimburse air ambulance transport only if 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?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	Up to a maximum of €10,000	Up to a maximum of €10,000	Up to a maximum of €10,000	Up to a maximum of €10,000

Conditions

- The next of kin must contact SOS International immediately, **tel.: +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 required to transport the deceased are included.
- Reimbursement of the costs of burial or cremation locally is a further option.

### 3.9 Camouflage

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €250 during the period you were insured by De Amersfoortse under this insurance policy.	100%, up to a maximum of €250 during the period you were insured by De Amersfoortse under this insurance policy.	100%, up to a maximum of €350 during the period you were insured by De Amersfoortse under this insurance policy.	100%, up to a maximum of €500 during the period you were insured by De Amersfoortse under this insurance policy.

#### Conditions

- Reimbursement for camouflage lessons and the equipment required during these lessons.
- In the event of a severe skin disorder affecting the face and/or neck.
- You require a referral from a general practitioner, a company doctor or a medical specialist.
- The lessons must be provided by a skin therapist or a beauty therapist.

### 3.10 Combined test

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	-	75%

#### Conditions

- No costs will be reimbursed if a claim can be made under the health insurance.
- The combined test must be carried out by a certified echoscopist.

#### Explanation

- A combined test consists of:
  - a blood test in the 9th to the 14th week of pregnancy;

- a nuchal translucency measurement using ultrasound in the 11th to the 14th week of pregnancy;
- assessment of both tests to determine whether there is a high risk of a child with Down, Edwards or Patau syndrome.
- A combined test, the results of which show that the risk of a child with Down, Edwards , Patau syndrome is higher than 1:200, provides access to the Non-Invasive Prenatal Test (NIPT) under the health insurance.

### 3.11 Dietetics

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	A maximum of 2 hours per calendar year	A maximum of 4 hours per calendar year

#### Conditions

- The first 3 hours of treatment will be reimbursed under your health insurance policy.
- Reimbursement for information and advice regarding your eating habits by a dietician from the fourth treatment hour.
- Treatment must have a medical objective.

### 3.12 Eczema treatment

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €500 per calendar year for an IR cabin at home.	100%, up to a maximum of €1,000 per calendar year for an IR cabin at home.

#### Conditions

- You require a referral from the doctor providing the treatment.
- You must submit a prior application for the IR cabin to the Care for Care Department.

### 3.13 Epilation

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal

-	100%, up to a maximum of €250 per calendar year	100%, up to a maximum of €250 per calendar year	100%, up to a maximum of €350 per calendar year	100%, up to a maximum of €500 per calendar year
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Conditions

- Excessive hair growth in unusual places on the face and/or neck.
- You require a referral from the doctor treating you.
- The treatment must be provided by a skin therapist or a beauty therapist.

### 3.14 Occupational therapy

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%	100%

Conditions

- Reimbursement from the 11th treatment hour for advice, instructions, training or treatment by a recognised occupational therapist at his or her practice or at your home.
- The objective is to increase your independence and self-sufficiency.
- The first 10 hours of treatment will be reimbursed under your health insurance policy.

### 3.15 Pharmaceutical care (medicines and contraceptives)

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
Cover for contraceptives only: 100%, up to a maximum of €30 per calendar year	100%, up to a maximum of €100 per calendar year for all provisions combined	100%, up to a maximum of €150 per calendar year for all provisions combined	100%, up to a maximum of €250 per calendar year for all provisions combined	100%, up to a maximum of €500 per calendar year for all provisions combined

Conditions

- Reimbursement for:
  - Statutory personal contribution for registered medicines
    - We only reimburse the personal contribution for registered medicines to which a reimbursement limit applies under the Pharmaceutical Care Regulations, and are reimbursed under your health insurance.
  - Alternative medicines and other registered medicines
    - We only reimburse alternative medicines registered as ‘homeopathic’ or ‘anthroposophic’ listed in the Z-index G-Standaard database.



- We only reimburse registered medicines that are not reimbursed under your health insurance.
- They must be prescribed by a general practitioner, company doctor, sports physician, youth healthcare physician, dentist, medical specialist, nurse, obstetrician or alternative healer.
- Provided by a dispensing practitioner.
- Contraceptive pills, diaphragm and copper IUD
  - Placement of a copper IUD in hospital is covered by your healthcare insurance, but may be subject to policy excess.
- We do not reimburse:
  - Non-prescription medicines
  - Nutritional products and food supplements
  - Vitamins
  - Experimental medicines

Explanation

- Information about the reimbursement of medicines can be obtained from [www.medicijnkosten.nl](http://www.medicijnkosten.nl). For information about non-registered medicines, please contact the Care Claims Handling Department, telephone number: +31 (0)33 464 20 61.

### 3.16 Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck), incl. screening

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
9 treatments per calendar year	12 treatments per calendar year	18 treatments per calendar year	21 treatments per calendar year	36 treatments per calendar year

Conditions

- Treatment and screening must be performed by a (paediatric) physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic therapist, oedema therapist, manual therapist or geriatric physiotherapist contracted by De Amersfoortse.
- If you use a non-contracted care provider, the amount of the reimbursement will not exceed the prevailing market rate as determined by us.
- The treatment must be for medical purposes.
- 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.
- Screening does not count towards the number of treatment sessions.

Explanation

- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the health insurance commencing from the 21st treatment.
- Appendix 1 to the Healthcare Insurance Decree and the list of contracted care providers are published on [www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg) under 'Voorwaarden en dekkingen' [Conditions and cover].

### 3.17 GeboorteTENS

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

Conditions

- Reimbursement for the purchase of a TENS childbirth device from GeboorteTENS.
- The delivery is not intended to take place in a clinical setting (hospital, outpatients' clinic or maternity clinic).

Explanation

For more information, visit [www.geboortetens.nl](http://www.geboortetens.nl),

### 3.18 Convalescent homes and hospices

What will be reimbursed?				
Compact	Budget	Basis	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

- You require a referral from the doctor providing the treatment.
- The convalescent home for somatic diseases or the hospice 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 a stay in a convalescent home or a hospice combined.

### 3.19 Medical aids

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €100 per calendar year	100%, up to a maximum of €250 per calendar year	100%, up to a maximum of €400 per calendar year	100%, up to a maximum of €550 per calendar year

Conditions

- The maximum amount covered by the insurance is for all provisions combined.
- You will only be reimbursed for the statutory personal contributions for medical aids that are reimbursed under our 2016 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 health insurance.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100% up to the age of 18; from the age of 18, 100% up to a maximum of €250 per calendar year	100% up to the age of 18; from the age of 18, maximum 100% €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 health insurance for the medical aids listed in our 2016 Medical Aids Regulations.

Explanation

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

### 3.20 Childcare in the event of parents' hospitalisation

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	€15 per day, up to a maximum of 30 days per calendar year for children up to the age of 12	€25 per day, up to a maximum of 60 days per calendar year for children up to the age of 12

#### Conditions

- In the event of one parent or one of the carers, who is also insured by De Amersfoortse, is admitted to hospital.
- We reimburse you up to and including the calendar year in which your youngest child reaches the age of 12. He or she must also be insured by De Amersfoortse.
- You must present a statement from the hospital regarding the number of days in hospital.

### 3.21 Maternity package

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	Yes	Yes	Yes

#### Conditions

- You will receive a maternity package from us prior to delivery of your baby if you were insured by De Amersfoortse between the 5th and 7th month of pregnancy.
- We will send you the package once you have applied for maternity care. To do so, please go to our website ([www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg)) or call (033) 464 20 61.

### 3.22 Health resort trips

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €500 per calendar year	100%, up to a maximum of €1,000 per calendar year

#### Conditions

- You suffer from Bechterew's disease, 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 to and from the airport.

#### Explanation

- For more information, visit [www.stichtingkuurreizen.nl](http://www.stichtingkuurreizen.nl) and [www.fontana-travel.nl](http://www.fontana-travel.nl).

### 3.23 Lactation consultancy

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €80 per delivery	100%, up to a maximum of €80 per delivery

#### Conditions

- Reimbursement for breastfeeding assistance provided by a lactation consultant.

### 3.24 Laser treatment or lens implants

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	-	100%, up to a maximum of €625 per eye

#### Conditions

- A defect of four dioptries or higher per eye.
- Maximum once 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.
- We calculate the number of dioptries per eye as follows:
  - If the spherical and cylindrical values were both positive or both negative, the two values are added up (e.g. spherical -0.5 and cylindrical -4.0 = -4.5 dioptries or spherical +0.5 and cylindrical +4.0 = +4.5 dioptries).
  - If the spherical value is positive and the cylindrical value is negative or vice versa, the

highest value applies (e.g. spherical +0.5 and cylindrical -4.0 = -4.0 dioptrres or spherical -0.5 and cylindrical 4.0 = +4.0 dioptrres).

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €250 per insured party per calendar year	100%, 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.

### 3.26 MammaPrint

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%	100%	100%	100%	100%

#### Conditions

- The MammaPrint must be carried out by Laboratorium Agendia.
- The application must be submitted by the medical specialist treating you.
- 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 and indicates how aggressive a breast tumour is and whether chemotherapy is effective after removal of the tumour.
- For more information on MammaPrint and Laboratorium Agendia, visit [www.mammaprint.nl](http://www.mammaprint.nl).

### 3.27 Informal care (alternative arrangement)

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	7 days per insured party per calendar year via Handen in Huis	14 days per insured party per calendar year via Handen in Huis	21 days per insured party per calendar year via Handen in Huis

#### Conditions

- Reimbursement of the costs of alternative care for the person in need of care in the absence of their regular informal carers.
- The care must be provided by Handen in Huis (the Netherlands Informal Care Alternative Arrangements Organisation [*Stichting Mantelzorgvervangende Nederland*]) in Bunnik. They will determine whether you are eligible for an alternative care arrangement.

#### Explanation

- For more information, visit [www.handeninhuis.nl](http://www.handeninhuis.nl).

### 3.28 Broker for informal care

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100%, up to a maximum of €350 per insured party per calendar year	100%, up to a maximum of €500 per insured party per calendar year	100%, 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, go to [www.bmzm.nl/leden](http://www.bmzm.nl/leden).

#### Explanation

- For more details regarding informal care and the broker for informal care, visit [www.bmzm.nl](http://www.bmzm.nl).

### 3.29 Orthodontics

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	Up to the age of 18, 80% up to a maximum of €1,000 during the period you were insured by De Amersfoortse under this insurance policy.	Up to the age of 18, 80% up to a maximum of €2,000 during the period you were insured by De Amersfoortse under this insurance policy. From the age of 18, 80% up to a maximum of €1,000 during the period you were insured by De Amersfoortse under this insurance policy.	Up to the age of 18, up to a maximum of €2,500 during the period you were insured by De Amersfoortse under this insurance policy. From the age of 18, 80% up to a maximum of €1,500 during the period you were insured by De Amersfoortse under this insurance policy.

#### Conditions

- The treatment must be provided by an orthodontist or dentist.
- A qualifying period of 12 months applies. The costs of orthodontics up to 12 months after taking out this insurance will therefore not be reimbursed by us.
- Any reimbursement already granted under another supplementary health insurance will be deducted from the maximum reimbursement.
- If you had already taken out the consecutive orthodontics insurance cover, the qualifying period does not apply.
- If you reach the age of 18 during the treatment period, the reimbursement granted for reaching the age of 18 will subsequently be deducted from the reimbursement.

### 3.30 Orthoptics

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

#### Conditions

- The treatment must be performed by an orthoptist.



### 3.31 Menopause consultant

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €500 during the period you were insured by De Amersfoortse under this insurance policy.	100%, up to a maximum of €500 during the period you were insured by De Amersfoortse under this insurance policy.

#### Conditions

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

#### Explanation

- A menopause consultant is a nurse specialising in all menopause-related matters. For more information, visit [www.careforwomen.nl](http://www.careforwomen.nl).

### 3.32 Chiropody

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

#### Conditions

- You suffer from diabetes or rheumatism.
- You are receiving treatment from a chiropodist.

### 3.33 Adhesive strips for breast prostheses

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	50%	100%	100%	100%

#### Conditions

- You received a reimbursement from De Amersfoortse or another health insurer for a breast prosthesis.

### 3.34 Plastic surgery

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100% for the correction of protruding ears and treatments of a plastic surgical nature	100% for the 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 are mutilated.
- The treatment will not be reimbursed under your health insurance.
- You require our prior consent.
- For the purpose of assessment, we require:
  - A written application from the specialist who is treating you, including photos.
  - Your written statement explaining 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 Incontinence alarm

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% for purchasing the device, or a maximum of 3 months' rent	100% for purchasing the device, or a maximum of 3 months' rent	100% for purchasing the device, or a maximum of 3 months' rent	100% for purchasing the device, or a maximum of 3 months' rent

#### Conditions

- You have received a referral from the doctor providing the treatment.

### 3.36 Podotherapy/podiatry/podopostural therapy

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

Conditions

- You are receiving treatment from a podotherapist, a podiatrist or a podopostural therapist.

### 3.37 Sterilisation reversal

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%	100%

Conditions

- 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 patients (for co-insured parties)

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	€0.30 per kilometre from the 15th day of hospitalisation	€0.30 per kilometre from the 15th day of hospitalisation	€0.30 per kilometre from the 15th day of hospitalisation	€0.30 per kilometre from the 5th day of hospitalisation

Conditions

- You and the family member who has been admitted to hospital must both be insured under the De Amersfoortse supplementary insurance policy.
- The co-insured family member has been admitted to a hospital or rehabilitation centre in the Netherlands.
- We reimburse the outbound journey 1x per day per family and the return journey 1x per day per family for the shortest possible route. We calculate this distance via [www.routenet.nl](http://www.routenet.nl).
- 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 purpose of mental healthcare.

### 3.39 Sterilisation

What will be reimbursed?				
Compact	Budget	Basis	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?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% for 1 pair per calendar year	100% for 1 pair per calendar year	100% for 1 pair per calendar year	100% for 1 pair per calendar year

#### Conditions

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

### 3.41 Stuttering therapy

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €500 per calendar year	100%, up to a maximum of €1,000 per calendar year

#### Conditions

- Reimbursement for the Del Ferro, Hausdorfer, BOMA methods of treatment or the McGuire programme.
- We do not reimburse:

- The costs of accommodation.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100% for treatment and personal contributions not reimbursed under the health insurance	100% for treatment and personal contributions not reimbursed under the health insurance	100% for treatment and personal contributions not reimbursed under the health insurance	100% for treatment and personal contributions not reimbursed under the health insurance

#### Conditions

- You are receiving treatment from a dentist or oral hygienist.
- We do not reimburse:
  - Orthodontics. For more information about the reimbursement for orthodontics, see Article 3.29.

#### Explanation

- A list of procedures (codes) and rates can be viewed on [www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg), see *Voorwaarden en dekkingen* [Terms and Conditions and cover].

### 3.43 Therapy camps

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €250, 1x per 12 months	100%, 1x per 12 months	100%, 1x per 12 months	100%, 1x per 12 months

#### Conditions

- You suffer from asthma, an oncological disorder or diabetes and are under the age of 21.
- Reimbursement of the participation costs for staying at an asthma, oncological or diabetes camp in the Netherlands.
- Organised by:
  - Stichting Heppie
  - Stichting Kinderoncologische Vakantiekampen
  - The 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?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100%	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 health insurance.
- We do not reimburse:
  - the difference between the statutory rate and the contracted rate if the care was provided by a non-contracted care provider.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100% for the personal contribution up to a maximum of €16.50 per admission day	100% for the personal contribution up to a maximum of €16.50 per admission day	100% for the personal contribution up to a maximum of €16.50 per admission day

#### Explanation

- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the health insurance.
- We do not reimburse:
  - the difference between the statutory rate and the contracted rate if the care was provided by a non-contracted care provider.

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100% for the personal contribution up to a maximum of €4.20 per hour of	100% for the personal contribution up to a maximum of €4.20 per hour of	100% for the personal contribution up to a maximum of €4.20 per hour of

		care provided	care provided	care provided
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Explanation

- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the health insurance.
- We do not reimburse:
  - the difference between the statutory rate and the contracted rate if the care was provided by a non-contracted care provider.

*Delayed maternity care and neonatal incubator care*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100%, up to a maximum of 4 hours per delivery	100%, up to a maximum of 8 hours per delivery	100%, up to a maximum of 8 hours per delivery

Conditions

- You require a referral from a medical specialist, general practitioner or obstetrician.
- Maternity care must be provided by a qualified maternity nurse.

*Maternity care in the event of adoption*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100%, up to a maximum of 4 hours for a child younger than 6 months	100%, up to a maximum of 8 hours for a child younger than 6 months	100%, up to a maximum of 8 hours for a child younger than 6 months

Conditions

- Maternity care must be provided by a qualified maternity nurse affiliated with a hospital, maternity centre or maternity hotel.

### 3.45 Wildcard

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
100%, up to a maximum of €1,000 per accident	100%, up to a maximum of €1,000 per accident	100%, up to a maximum of €1,000 per accident	100%, up to a maximum of €1,000 per accident	100%, up to a maximum of €1,000 per accident

### Conditions

- Reimbursement of the costs of care following an accident which are not reimbursed, or not reimbursed in full, under your healthcare or supplementary insurance.
- The accident happened to you in the current or preceding calendar year.
- The Wildcard may only be used if you were covered by a De Amersfoortse health insurance and a supplementary insurance at the time of the accident.
- Only valid for the costs of care incurred in the Netherlands or abroad. Medical care was provided by professional care providers.
- You are entitled to use the Wildcard for one accident per calendar year. If, in the event of an accident, the total amount is not used, the remaining amount may not be used for a second accident in the same calendar year.
- We do not reimburse:
  - Costs falling under policy excess.
  - Glasses and contact lenses.

### 3.46 Wound care

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €50 per calendar year	100%, up to a maximum of €100 per calendar year

### Conditions

- Reimbursement for wound self-care products.
- The products must be supplied by a dispensing practitioner.

### 3.47 Patient transport within the Netherlands

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100% for transport by a Transvision taxi; 100% for a personal contribution towards seated patient transport; €0.30 per kilometre for transport using	100% for transport by a Transvision taxi; 100% for a personal contribution towards seated patient transport; €0.30 per kilometre for transport using



			your own car; €0.70 per kilometre for transport by a non- contracted taxi operator.	your own car; €0.70 per kilometre for transport by a non-contracted taxi operator.
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#### Conditions

- We only reimburse the costs of transport by taxi or your own car. We do not reimburse the costs of public transportation.
- You have a referral from your general practitioner or the medical specialist treating you indicating medical grounds.
- You require our prior consent.
- The treatment must be reimbursed under your health insurance or supplementary insurance under physiotherapy and remedial therapy, occupational therapy, Rehabilitation & Balance [*Herstel & Balans*] or a convalescent home. The personal contribution towards patient transport relates only to seated patient transport that is reimbursed under the health insurance.
- With the exception of the personal contribution towards patient transport, reimbursement will only be made if no claim can be made under the health insurance.
- We reimburse patient transport on the basis of the shortest possible outward and return journey between your home address and the healthcare institution We calculate this distance via [www.routenet.nl](http://www.routenet.nl).

#### Explanation

- Transvision is a transport coordinator who arranges a taxi for you to and from the healthcare institution. If you would like to know whether you are entitled to Transvision taxi transport, call: 0900-33 33 33 0 (€0.15 p/m; within the Netherlands).

## 4. Scope of Prevention cover

### 4.1 Exercise programmes

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	100%, up to a maximum of €100 per calendar year	100%, up to a maximum of €200 per calendar year	100%, up to a maximum of €350 per calendar year

#### Conditions

- You take 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, an oncological disorder, 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 Association 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](http://www.voedingscentrum.nl), telephone number: +31 (0)70 306 88 88.

## 4.2 Baby massage course

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €50 per calendar year	100%, up to a maximum of €100 per calendar year	100%, up to a maximum of €150 per calendar year	100%, 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 Patient's Association

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	-	100%

#### Conditions

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

## 4.4 Mindfulness

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €100 per calendar year	100%, up to a maximum of €100 per calendar year	100%, up to a maximum of €100 per calendar year	100%, 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 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 (V.M.B.N).
- If a training programme commences in a given calendar year and continues in the following calendar year reimbursement will be granted once only.

## 4.5 Obesity treatment

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%, up to a maximum of €500 during the period you were insured by De Amersfoortse under this insurance policy.	100%, up to a maximum of €1,000 during the period you were insured by De Amersfoortse under this insurance policy.

#### Conditions

- You have a BMI of >40.
- You require prior consent from our Care for Care Department.
- Treatment must take place at the Dutch Obesity Clinic [*Nederlandse Obesitas Kliniek*, NOK] in Hilversum.
- Reimbursement will be made retroactively, after you have completed the programme.

#### Explanation

- For further information on NOK, visit [www.obesitaskliniek.nl](http://www.obesitaskliniek.nl).

## 4.6 Preventive courses

What will be reimbursed?
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Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%, up to a maximum of €250 per calendar year	100%, up to a maximum of €500 per calendar year	100%	100%

#### 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 better cope with your illness. The courses included are:
  - General courses provided by a home-care organisation or patients' association.
  - First Aid in the case of accidents involving children
  - First Aid
  - Heart Problems
  - Resuscitation
  - Rheumatoid Arthritis, Arthrosis or Bechterew's Disease
  - Self-Management of Lymphatic Oedema
  - A prenatal course, prenatal gym or 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 Bechterew's Disease' 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 provided by the Dutch Lymphology Foundation [*Stichting Lymfologie Centrum Nederland, SLCN*].
- The prenatal course, prenatal gym or yoga must be provided by a home-care organisation, a patients' association affiliated to a regional patients' and consumer platform, a Cesar/Mensendieck or pelvic physiotherapist, by *Bevallen en Opstarten* [Delivery and Starting Up], *Kraamzus* [Maternity Care Nurse] or *Samen Bevallen* [Giving birth together].

## 4.7 Preventive medicine

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

Conditions

- The preventive examinations must be performed by a general practitioner or Meditel.

Explanation

- For further information, visit [www.meditel.nl](http://www.meditel.nl).

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

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	100%	100%	100%	100%

Conditions

- The vaccinations must be administered by a general practitioner or Meditel.

Explanation

- For further information, visit [www.meditel.nl](http://www.meditel.nl).

*Vaccinations and preventive medicines for a temporary stay abroad*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100%	100%

Conditions

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

Explanation

- Vaccinations may be administered by the GGD Municipal Health Service and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie.
- For further information, visit
  - [www.LCR.nl](http://www.LCR.nl)
  - [www.ggdreisvaccinaties.nl](http://www.ggdreisvaccinaties.nl)
  - [www.meditelopreis.nl](http://www.meditelopreis.nl)
  - [www.thuisvaccinatie.nl](http://www.thuisvaccinatie.nl)

*Preventive basic medical examination*

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal

-	-	-	100%, 1x per 24 months	100%, 1x per 12 months
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Conditions

- Reimbursement for the Meditel 'Basic Preventive Medical Examination', which involves general screening, including a lung function test and an ElectroCardioGram (ECG) that records the heart's activity.

Explanation

- For further information, visit [www.meditel.nl](http://www.meditel.nl).

## 4.8 Sport medical examination and sports injury consultations

What will be reimbursed?				
Compact	Budget	Basis	Uitgebreid	Optimaal
-	-	-	100% for sports injury consultations 100%, 1x per 24 months for a sport medical examination	100% for sports injury consultations 100%, 1x per 12 months for a sport medical examination

Conditions

- The sport medical examination and the sports injury consultations must be performed by, a Sports Medical Institute (SMI), a Sports Medical Centre (SMC) or a Sports Medical Advice Centre (SMA).
- The SMA, SMI and SMC must all must 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*].
- Sport medical examinations also include physical examinations for participation in sports.

## 5. Scope of dental cover

### 5.1 Dental treatment

\* = This is the maximum amount we reimburse per calendar year for the categories 'Regular treatment', 'Specialist treatment' and 'Emergency dental care abroad' combined.

*Regular treatment*

What will be reimbursed?			
Tandarts Basis	Tandarts Extra	Tandarts Uitgebreid	Tandarts Optimaal
100%, up to a maximum of €250* per calendar year	100%, up to a maximum of €500* per calendar year	100%, up to a maximum of €750* per calendar year	100%, up to a maximum of €1,500* per calendar year

#### Conditions

- Reimbursement for:
  - Consultations and diagnosis: C codes
  - Surgical procedures: H codes
  - Taking and assessing X-ray images: 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. Dental surgery performed by a dental surgeon that cannot be performed by a conventional dentist is not covered by the dental insurance, but by the health insurance, to which policy excess applies.
- We do not reimburse:
  - Orthodontics, nor the associated costs and treatment;  
For more information about the reimbursement for orthodontics, see Article 3.29;
  - Facings (code V15) in the absence of medical grounds;
  - Treatment for children up to the age of 18;
  - Regular treatment on the basis of a dental pass.

#### Explanation

- A list of procedures (codes) and rates can be viewed on [www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg), see *Voorwaarden en dekkingen* [Terms and Conditions and cover].

#### *Specialist treatment*

What will be reimbursed?			
Tandarts Basis	Tandarts Extra	Tandarts Uitgebreid	Tandarts Optimaal
75 %, up to a maximum of €250* per calendar year	75 %, up to a maximum of €500* per calendar year	75 %, up to a maximum of €750* per calendar year	75 %, up to a maximum of €1,500* per calendar year

#### Conditions

- Reimbursement for:
  - A light anaesthetic: B codes
  - General anaesthesia (A20)

- Root canal treatment: E codes
- Dental crowns and bridges: R codes
- Temporomandibular treatment: G codes
- Dentures (partial dentures): P codes
- Gum treatment (paradontology): T codes
- Dental implants: J codes
- You are receiving treatment from a dentist, prosthodontist or oral hygienist.
- Dental surgery performed by a dental surgeon that cannot be performed by a conventional dentist is not covered by the dental insurance, but by the health insurance, to which policy excess applies.
- We do not reimburse:
  - Orthodontics, nor the associated costs and treatment. For more information about the reimbursement for orthodontics, see Article 3.29;
  - Bleaching (codes E97 and E98) in the absence of medical grounds;
  - Facing (codes R72, R73, R78 and R79) in the absence of medical grounds;
  - Treatment for children up to the age of 18;
  - Regular treatment on the basis of a dental pass;
  - Dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the health insurance, to which policy excess may apply.

#### Explanation

- A list of procedure codes and rates can be viewed on [www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg).

#### *Emergency dental treatment abroad*

What will be reimbursed?			
Tandarts Basis	Tandarts Extra	Tandarts Uitgebreid	Tandarts Optimaal
100 %, up to a maximum of €250* per calendar year	100 %, up to a maximum of €500* per calendar year	100 %, up to a maximum of €750* per calendar year	100 %, up to a maximum of €1,500* per calendar year

#### Conditions

- Applicable to 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) insurance policy, whether it pre-dates the present insurance policy or otherwise, or 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:
  - a legally regulated insurance policy;
  - government regulations;
  - any subsidy scheme;
  - or another agreement.

In such a case, 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 which, 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;
- Missing appointments: charges incurred as a result of missing appointments;
- Preventive medicine: the costs of medical examinations and the issue of certificates, with the exception of the provisions of Articles 4.7 and 4.8.
- 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 training and medical fitness training, under the supervision of a physiotherapist or otherwise;
- Treatment for a family: the costs of consultations, treatment, medicines or medical aids given, prescribed or provided by an insured party for him or herself or a family member, or vice versa, without obtaining the prior permission of De Amersfoortse;
- Cover: the costs incurred in the period during which this insurance was not in force, whereby the date of treatment or provision is the determining factor;
- Acts of war: the damage 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 insurer receives as a result of its entitlement to claim compensation from the Dutch Terrorism Risk Reinsurance Company [*Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade, NHT*]; see the terrorism cover clause;
- Nuclear reactions: the damage caused by or relating to nuclear reactions, irrespective of how they originated.

## 7. Care for Care services

For care mediation, the insured party may contact the experienced nursing staff of the Care for Care Department. Care Mediation involves nursing staff actively searching in order to find high-quality care for the insured party within a reasonable period. The insured party can also contact the department for waiting list mediation (quicker treatment in another hospital, possibly abroad or in an independent treatment centre), arranging the provision of medical aids and general information on health, disease and prevention. The Care for Care Department can be contacted during office hours on +31 (0)33 464 20 61 or via [zorgadvies@amersfoortse.nl](mailto:zorgadvies@amersfoortse.nl).

## 8. General

### Reflection time

The policyholder has the right 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 time, 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 insurer 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 16 years of age.

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 insurer has disclosed its definitive decision as to whether or not to provide cover for the risk requested, must be reported to the health insurer by the policyholder and/or the insured party in the event that they fall within the scope of the questions asked in the above statements and declarations.

Failure on the part of the policyholder and/or the insured party to (fully) satisfy this duty of disclosure 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 insurer or the health insurer would not have entered into the insurance contract had it been in full possession of the true facts, the health insurer is entitled to terminate the insurance.

### Commencement and termination of the payment

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 insurer will ask the applicant for personal details and other information. The insurer 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 further details, see the privacy statement on [www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg).

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

If the insurer has noted reprehensible or unlawful behaviour the insurer 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 insurer via the central databank of Stichting CIS.

The goal behind processing personal data at Stichting CIS is to enable insurers to manage risks and combat fraud. For further information, visit [www.stichtingcis.nl](http://www.stichtingcis.nl), where you can also find the applicable privacy regulations.

### **Authorisation**

An authorisation issued by the health insurer 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.

### **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 Health 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 indication?
- Does the insured party reasonably require the relevant care (suitability and quality of care)?

### **DBC Care Product**

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

## **9. 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. 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 insurer on account of the deliberate misleading of the health insurer.

## **10. Payment of premium and arrears in payment**

### **Payment of premium**

The policyholder is obliged to pay the premium as well as the contributions arising from (foreign) 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 insurer is entitled to (re)calculate or refund the premium. The insured party is not permitted to offset the premium due against a payment to be claimed from the health insurer. Have you authorised us to automatically debit your insurance premium from the account number you provided us? If so, 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 insurer 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.

#### **Payment arrears**

If the policyholder fails to meet his obligation to ensure timely payment of the premium, the insurer will be entitled to issue the policyholder a written warning after the premium due date urging him to effect payment within 14 days, counting from the day of the warning. If no payment is forthcoming within this period, the insurer 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) health insurance 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 next year.

#### **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.

## **11. 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 insurer, he or she is obliged to report this incident to the health insurer as soon as is reasonably possible.

#### **Duty to report damage**

The policyholder and the person entitled to payment are obliged to provide the health insurer with all the information and documents that may be of importance to the health insurer 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 which may prejudice the interests of the health insurer.

#### **Original invoices**

The policyholder/insured party must submit the original invoices to the insurer within three years of the date of treatment. These invoices must be itemised in such a way that the amount payable by the health insurer 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 insurer**

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 insurer.

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 insurer.

## **12. Payment of premium and suspension of cover**

#### **Claims paid directly**

The health insurer has the right to pay the claims of healthcare providers, which have been submitted by the healthcare provider to the health insurer, 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 insurer to the healthcare provider, even if the claim is not eligible for full reimbursement, for example due to an outstanding policy excess or a limited payment scheme. The policyholder must pay the health insurer the policy 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 insurer 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 insurer.

#### **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 insurer 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 insurer. During suspension of cover, the health insurer 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 in payment as referred to in Article 10 (Arrears in payment) that which

pertains to termination of the supplementary insurance policy 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.

### **13. Recourse**

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

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

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, which would prejudice the rights of the health insurer, without the written consent of the health insurer.

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

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

### **14. Fraud**

If you commit fraud, your right to care or the costs of care will lapse. We will claim back any reimbursements paid. You are also obliged to pay the costs arising from the fraud investigation.

Should you commit fraud, we will register your personal data as well as those of your accessory or co-perpetrator in our Incident Register, which is managed by our Security Affairs Department. The incidents recorded in the Incident Register are reported to the Dutch Data Protection Authority [*College bescherming persoonsgegevens*].

Your personal data and those of your accessory or co-perpetrator may also be registered with:

- the Insurance Fraud Bureau [*Centrum Bestrijding Verzekeringsfraude*] of the Dutch Association of Insurers;
- the external referral register held by Stichting CIS.

We also report fraud to the police, the Ministry of Justice and Security, the Dutch Healthcare Authority (NZa) and/or the Social Affairs and Employment Inspectorate.

As a consequence of fraud relating to an insurance taken out with our company, we will terminate your health insurance(s) and may refuse to conclude a new health insurance for a period of five years. Your supplementary insurance(s) may similarly be terminated. In that case you may not conclude any supplementary insurances with any of the a.s.r. insurance companies for a period of eight years.

## **15. Notification of relevant events**

### **Notification**

The policyholder is obliged to notify the insurer 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 insurer 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 which supplementary insurance he or she wishes to choose 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 insurer 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.

## **16. Revision of premium or conditions**

### **Revision**

The health insurer is entitled to revise the policy conditions and the premiums of its health insurance policies collectively or according to groups. Such a revision will be effected for each insurance policy on a date to be determined by the health insurer. The health insurer will give notice in writing of the intended revision.

### **Expiry of the deadline for terminating the contract**

In the event that the health insurer does not receive notice in writing from the policyholder within 30 days of the review date, the insurance will be continued under the new conditions and/or subject to the new premium.

## **17. Term of the insurance**

### **Commencement of the insurance**

The insurance policy will take effect on the date that the health care insurer 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

It is expressly determined that the health insurer has no right to terminate the insurance, except in the event of written notice of termination by the health insurer 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 10 (Payment of premium), the health insurer is entitled to terminate the insurance with due observance of the procedure referred to in Article 10 (Arrears in payment);
- In the event that within two months after discovering that the policyholder has committed fraud, as referred to in Article 14, or 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 insurer, or the health insurer would not have entered into the insurance contract had it been in full possession of the true facts. The insurance will end on the date stated in the notice of termination.

The insurance policy may be terminated in the following manner:

- the policyholder terminates the policy in writing no later than 31 December;
- the policyholder makes use of the transfer system.

If the policyholder takes out a supplementary insurance policy for the following year no later than 31 December, the new insurer will cancel the old policy automatically. If the policyholder does not wish the new insurer 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 16 (Revision). The policyholder must terminate the insurance within one month of receipt of the written notice from the health insurer referred to in Article 16 (Revision). The insurance ends on the date upon which the changes stated in the written notice from the health insurer enter into force. The premium paid for that part of the insurance period which has not yet lapsed will in this case be refunded. The policyholder will not have the option to terminate the insurance 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 insurer 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 ends 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 health insurance taken out with the health insurer ends, the policyholder may also terminate the supplementary insurance. In this case, the supplementary insurance ends at the same time as the health insurance. The supplementary insurance must be terminated in writing and may be terminated up to the date upon which the health insurance ends.

The insurance ends in the following cases:

- In the event that the insured party dies, the insurance will end on the day following the date of death. The health insurer must be notified of this death within two months of the date of death;
- The insurance ends (unless otherwise agreed in writing with the health insurer) for each insured party at the moment upon which 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.

## 18. Reconsideration and complaint

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](mailto: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 (033) 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 Health Insurances Complaints and Disputes Organisation: *Stichting Klachten en Geschillen Zorgverzekeringen* (SKGZ). The SKGZ offers mediation services in order to solve the problem. 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 a competent court.

### Complaints

If you have a complaint, please contact your insurance adviser first, who will seek the most suitable solution for your problem, in consultation with De Amersfoortse if necessary.

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](http://www.amersfoortse.nl), or by sending a

letter to De Amersfoortse Complaints Office, PO Box 2072, 3500 AA Amersfoort. Alternatively, you may call us on (033) 464 20 61.

If you are dissatisfied with the way your complaint was handled, you may consider submitting your complaint to the SKGZ.

You can also bring your complaint before a competent court.

## **19. Provisions in relation to group insurance**

*The provisions of Article 19 only apply to policies which have been concluded under a group insurance contract.*

### **Termination of employment**

In the event that the 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 insurer prior to the date of termination of the old contract of employment.

Special agreements which 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 cease to apply on 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 his or her previous employment in connection with entering into a new contract of employment, in the event that the reason for cancellation concerns a changeover from the one employment-related group insurance policy to the other 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 insurer 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.

### **Children co-insured under an employer's group insurance policy**

A child that is co-insured under a parent's employer's group insurance policy is required to take out insurance independently from the first day of the month following the month in which the child reaches the age of 27. This does not apply to group insurance taken out via an association or a middleman group insurance policy. The insurer will inform the policyholder six weeks before that date.

## 20. Terrorism cover clause

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

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

## 21. Important information

### De Amersfoortse Verzekeringen

[www.amersfoortse.nl/zorg](http://www.amersfoortse.nl/zorg)

Telephone number: +31 (0)33 464 20 61

Acceptance Department

Email: [zorg.polis@amersfoortse.nl](mailto:zorg.polis@amersfoortse.nl)

Claims Handling Department:

Email: [zorg.declaraties@amersfoortse.nl](mailto:zorg.declaraties@amersfoortse.nl)

Care for Care Department

Email: [zorgadvies@amersfoortse.nl](mailto:zorgadvies@amersfoortse.nl)

**These English policy conditions are a translation of the Dutch policy conditions. No rights may be derived from this translation. In the event of an irregularity between the Dutch and the English version of the policy conditions, the Dutch version is leading.**