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MODEL AGREEMENT HEALTH INSURANCE ENO ZORGVERZEKERAAAR N.V. 2012

These insurance conditions take effect on 1 January 2012.

Eno Zorgverzekeraar N.V. (Chamber of Commerce 08147983)

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GENERAL PROVISIONS

Clause 1 Definitions

Words with definitions are printed in bold.

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

- Supplementary insurance** _____ : The agreement for non-life insurance concluded or to be concluded with Eno Aanvullende Verzekeringen N.V. This non-life insurance covers a risk for the need of **care** or other services, in addition to the cover provided by the **public healthcare insurance**.
- AWBZ** _____ : The Exceptional Medical Expenses Act.
- Dispensing general practitioner** _____ : A **general practitioner** who, pursuant to article 61, paragraph 10 or 11 of the Medicines Act has been granted a licence to dispense medicines.
- Dispensing chemist** _____ : A chemist who is entered in the register of established dispensing chemists as defined in article 61, paragraph 5 of the Medicines Act.
- Doctor** _____ : A doctor registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Doctor for the mentally disabled** _____ : A **doctor** registered as a doctor for the mentally disabled in the **KNMG's** Board of Registration of general practitioners, specialist geriatric doctors and doctors for the mentally disabled.
- Audiological centre** _____ : A centre that provides audiological care and that qualifies as such, where required, pursuant to the law.
- Public Healthcare Insurance** _____ : The HollandZorg public health insurance, which is a **health insurance**.
- Respiratory centre** _____ : A centre that provides artificial respiration and that qualifies as such, where required, pursuant to the law. A **respiratory centre** may be affiliated with a **hospital**, but not necessarily so.
- Company doctor** _____ : A **doctor** who is entered as a company doctor in the **KNMG's** Board of Registration of Doctors of Social Medicine register and acts on behalf of the employer or the Working Conditions Service (*Arbodienst*) with which the employer is affiliated.
- Pelvic physiotherapist** _____ : A **physiotherapist** who is entered as a pelvic therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Youth welfare agency** _____ : An agency as defined in article 4 of the Youth Care Act (*Wet op de Jeugdzorg*).
- Centre for special dentistry** _____ : A university or other centre equated by us for providing dental care in special cases where treatment in a team situation or special skills are required.
- Centre for genetic advice** _____ : A centre with a permit pursuant to the Special Medical Procedures Act (*Wet op bijzondere medische verrichtingen*) for the application of clinical genetic research and genetic advice and that qualifies as such, where required, by or pursuant to the Healthcare Institutions Eligibility Act (*Wet toelating zorginstellingen*).
- Collectivity** _____ : An agreement between us and an employer or legal entity that is not an employer and that looks after the interests of a group of people. The employees or the persons of that group gain from the benefits under the agreement if they meet the conditions under the agreement. **We** refer to such employees or persons as participants.
- CVZ** _____ : Healthcare Insurance Board

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- DBC (-care product)** _____ : The description by means of a **DBC** or **DBC-care product** performance code of the closed, validated procedure of (medical) specialist care that includes the care requirement, type of care, diagnosis and treatment as defined in the Dutch Healthcare Authority's decrees. The **DBC** procedure commences when the **insured party** reports his care requirement and is completed at the end of the treatment or, if the treatment has not been completed yet at that time, after 365 days.
- Diagnosis** _____ : The examination into the nature, cause and seriousness of a disorder.
- Dialysis centre** _____ : A centre that provides dialysis care and that qualifies as such, where required, pursuant to the law. A **dialysis centre** may be affiliated with a **hospital**, but not necessarily so.
- Dietician** _____ : A dietician who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- Echoscopic centre** _____ : An **institution** for prenatal screening, which holds a licence pursuant to the Population Screening Act (*Wet op het bevolkingsonderzoek*).
- EEA country** _____ : A country party to the Agreement on the European Economic Area: Liechtenstein, Norway and Iceland.
- Occupational therapist** _____ : An occupational therapist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- EU country** _____ : A country that is a member of the European Union: Austria, Belgium, Bulgaria, the Czech Republic, Cyprus (Greek part), Denmark, Estonia, Finland, France (including Guadeloupe, French Guyana, Martinique, Reunion, St. Pierre and Miquelon), Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Norway, Poland, Portugal (including Madeira and Azores), Romania, Slovenia, Slovakia, Spain (including Ceuta, Melilla and the Canaries), Sweden and the United Kingdom (including Gibraltar).
- Fraud** _____ : To commit, to attempt to commit or to instruct others to commit forgery of documents, fraud, deceit or prejudice to us, aimed at obtaining (a reimbursement of the costs of) care to which no right exists, or to conclude or terminate an insurance contract or to obtain insurance cover under false pretences.
- Physiotherapist** _____ : A physiotherapist registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**. **Physiotherapist** is also given to mean a remedial gymnastics masseur as defined in article 108 of the **Wet BIG**.
- Contracted care provider** _____ : A **care provider** with whom **we** have concluded an agreement. This agreement outlines arrangements, such as a direct claim for the **care** provided and the quality of the **care**. The **contracted care providers** can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.
- Registered medicine** _____ : A medicine for which a trade licence or a parallel trade licence has been granted pursuant to the Medicines Act (*Geneesmiddelenwet*) or pursuant to regulation 726/2004/EC, OJ EC L136.
- Geriatrics physiotherapist** _____ : A **physiotherapist** who is entered as a geriatrics therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Healthcare psychologist** _____ : A healthcare psychologist registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- HollandZorg** _____ : Eno Zorgverzekeraar N.V. In the event of references to **supplementary insurance**, 'HollandZorg' is taken to mean: Eno Aanvullende Verzekeringen N.V.
- Skin therapist** _____ : A skin therapist who complies with the requirements of the Skin therapist training requirements and area of expertise decree (*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*) and is affiliated with the Dutch Association of Skin Therapists (NVH).

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General Practitioner (GP) _____ : A **doctor** registered as a general practitioner in the **KNMG**'s Board of Registration of general practitioners, specialist geriatric doctors and doctors for the mentally disabled.

General practitioner services

structure _____ : An organisational association of **general practitioners** with a corporate personality. The association is set up to provide general practitioner's care in the evening, at night and at the weekends and charges a legally valid rate.

GP centre _____ : An **institution** for the provision of general practitioner care.

Institution _____ : 1. an institution in the sense of the Healthcare Institutions Eligibility Act (*Wet toelating zorginstellingen*);
2. a legal entity established outside the Netherlands that provides care in the country in question within the framework of the social security system of that country, or specialises in providing care to specific groups of public functionaries.

IVF attempt (in-vitro fertilisation

attempt) _____ : Care in accordance with the in-vitro fertilisation method, entailing:
1. stimulating the maturation of egg cells in the woman's body by means of hormone treatment;
2. the follicle puncture (obtaining mature egg cells);
3. fertilising egg cells and growing embryos in the laboratory;
4. implanting one or two embryos, kept frozen or not, once or several times in the uterus to achieve a pregnancy.

Youth healthcare doctor _____ : A **doctor** who:

- is registered as a Public Health doctor in the Public Health register of the Commission for the Registration of Social Medicine of the **KNMG** (Royal Netherlands Medical Society); or
 - is registered as a youth healthcare doctor in the youth healthcare profile register of the Commission for the Registration of Social Medicine of the **KNMG** (Royal Netherlands Medical Society);
- and who provides youth healthcare as referred to in the Public Health (Preventive Measures) Act.

Dental surgeon _____ : A specialist dentist who is entered as a dental surgeon in the Board of Registration for Medical Specialists' register for oral diseases and dental surgery of the Dutch Dental Association (NMT).

Calendar year _____ : The period from 1 January to 31 December inclusive.

Integrated care _____ : **Care** that is financed under application of the policy rule for performance-related financing of multidisciplinary care provision for chronic disorders, laid down pursuant to the Healthcare Market Regulation Act (*Wet marktordening gezondheidszorg*). Integrated care comprises a care programme, set up for a particular disorder, that involves different **care providers**. There is only one rate for that entire care programme. The objective is for **care providers** to work together more closely and to improve coordination of the patient's care.

Children's physiotherapist _____ : A **physiotherapist** who is entered as a children's therapist in the **KNGF**'s Register for Specialist Physiotherapists.

Children's remedial therapist _____ : A **remedial therapist** who is entered as a children's remedial therapist in the Association of Cesar and Mensendiek Remedial Therapists' children's remedial therapy register.

Clinical psychologist _____ : A **healthcare psychologist** registered as such in accordance with the conditions defined in article 14 of the **Wet BIG**.

KNGF _____ : The Royal Dutch Society for Physiotherapists.

KNMG _____ : The Royal Dutch Medical Association.

Maternity centre _____ : A centre that provides maternity care and that qualifies as such, where required, pursuant to the law.

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- Maternity carer** _____ : A trained assistant who provides maternity care to the new mother and her family after childbirth. A maternity carer looks after the wellbeing of mother and child, and reports to the obstetrician or doctor if necessary.
- Medical aids supplier** _____ : An organisation that provides (medical) aids and which is registered in the General Care Providers Database (AGB database). This database records data on care providers in the Netherlands. This data is given a unique code, the AGB code. As such, the care providers are provided with a uniform registration of care provider data.
- Speech therapist** _____ : A speech therapist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- Manual therapist** _____ : A **physiotherapist** who is entered as a manual therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Medical advisor** _____ : One of our employees who is entered in the registers in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Medical specialist** _____ : A **doctor** who is entered in the **KNMG's** Board of Registration's Medical Specialists register.
- Oral hygienist** _____ : A oral hygienist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is listed in the Paramedics Quality Register.
- Invoice** _____ : Written proof of costs incurred by a **care provider** for care, containing at least the following information: name, address and profession of the **care provider**, invoice date, date on which the care was provided and description of that care, name, date of birth and citizen's service number (BSN) or, failing that, the national insurance number of the **insured party**.
- Oedema therapist** _____ : A **physiotherapist** who is entered as an oedema therapist in the **KNGF's** Register for Specialist Physiotherapists.
- Remedial therapist** _____ : A Cesar or Mensendiek remedial therapist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is entered in the Paramedics Quality Register.
- Non-contracted care provider** _____ : A **care provider** with whom we have not concluded an agreement.
- Public transport** _____ : Passenger transport open to everyone in accordance with a timetable by car, bus, train, underground train, tram or a vehicle propelled by a guidance system as defined in the Passenger Transport Act (*Wet personenvervoer*) 2000, and passenger transport open to everyone in accordance with a timetable for a permanent ferry service.
- Orthodontist** _____ : A specialist dentist who is entered in the register for dentomaxillary orthopaedics of the Dutch Dental Association's (NMT) Board of Registration for Medical Specialists.
- Remedial educationalist** _____ : A remedial educationalist who is entered in the register of the Dutch Society of Educational Psychologists (*Nederlandse vereniging van pedagogen en onderwijskundigen* (NVO)) as an NVO Remedial Educationalist-Generalist.
- Chiropodist** _____ : A chiropodist who is listed in the Chiropodists Quality Register with the specialisation diabetic foot or medical chiropodist.
- Podotherapist** _____ : A podotherapist who complies with the requirements of the Dieticians, Occupational Therapists, Speech Therapists, Oral Hygienists, Remedial Therapists, Orthoptists and Podotherapists Decree and is listed in the Paramedics Quality Register.

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- Psychiatrist** _____ : A **doctor** who is entered in the **KNMG's** Board of Registration's Medical Specialists register for psychiatrists.
- Psychiatric hospital** _____ : An **institution** that is permitted as psychiatric hospital.
- Psychotherapist** _____ : A psychotherapist registered in accordance with the conditions defined in article 3 of the **WET BIG**.
- Rational pharmacotherapy** _____ : Treatment with a medicine in a form that suits **you**. The effectiveness of the medicine must be evidenced by scientific literature. Furthermore, treatment with that medicine must be the most economical treatment.
- Rehabilitation centre** _____ : A centre that provides rehabilitation care and that qualifies as such, where required, pursuant to the law. A multidisciplinary team of experts, under the management of a **medical specialist**, is employed at the centre.
- Geriatrics specialist** _____ : A **doctor** entered as a geriatrics specialist (nursing home doctor) in the **KNMG's** Board of Registration of general practitioners, specialist geriatric doctors and doctors for the mentally disabled.
- Sports doctor** _____ : A **doctor** registered as a doctor of Society and Health in the **KNMG's** Board of Registration of Doctors of Social Medicine register of Society and Health Doctors, designated as a sports doctor.
- Dentist** _____ : A dentist registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Dental prosthesis maker** _____ : A dental prosthesis maker who complies with the requirements of the dental prosthesis maker training requirements and area of expertise.
- Thrombosis service** _____ : A centre that provides thrombosis care and that qualifies as such, where required, pursuant to the law.
- You** _____ : Whenever these **insurance conditions** refer to 'you', they refer to the **insured party**. Whenever these **insurance conditions** refer to '**you (policyholder)**', they refer to the **policyholder**. Whenever these **insurance conditions** refer to '**you (insured party/policyholder)**', they refer to both the **insured party** and the **policyholder**.
- Stay** _____ : Admission with a duration of 24 hours or longer.
- Treaty country** _____ : A country that is not an **EU** or **EEA country** with which the Netherlands has made agreements concerning the provision of medical care and the reimbursement of the costs of such care: Australia (only for temporary stays of less than one year), Bosnia-Herzegovina, Cape Verdi, Croatia, Macedonia, Montenegro, Morocco, Serbia, Switzerland, Tunisia and Turkey.
- Obstetrician** _____ : An obstetrician registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Nurse** _____ : A nurse registered as such in accordance with the conditions defined in article 3 of the **Wet BIG**.
- Compulsory excess** _____ : The sum of costs for **care** that remains payable by **you**.
- Referral** _____ : The written advice and explanations **you** receive from a **care provider** who provides **you** with **care**, about the **care provider** who can provide **you** with further **care** and which **you** need on medical grounds. The **care provider** giving the **referral** is the referrer. A referrer cannot refer **you** to himself.
- Policyholder** _____ : The person who has taken out **public healthcare insurance** with us. If this person takes out the **public healthcare insurance** for himself, he is also the **insured party**.
- Insured party** _____ : The party whose risk of requiring **care** is covered by the **public healthcare insurance** and who is listed on the policy as the **insured party**.
- Insurance conditions** _____ : The rights and obligations as they apply to **you (insured party/policyholder)** and us, and which form the **public healthcare insurance**.

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- Prescription** _____ : The written indication and explanations **you** receive from a **care provider** for **care** to be provided to **you**, which **you** need on medical grounds. This may be a certain medicine or aid. The **care provider** issuing the **prescription** is the prescribing party.
- Voluntary excess** _____ : An amount of costs for **care**, agreed by **you (policyholder)** and **HollandZorg** as part of the **public healthcare insurance**, which is payable by the **insured party**.
- Wet BIG** _____ : The Individual Healthcare Professions Act.
- Statutory personal contribution** _____ : That share of the costs for **care** that are covered by the **public healthcare insurance** that remains payable by you. The minister has determined which costs this relates to. The **statutory personal contribution** is in place in addition to the compulsory and, if applicable, **voluntary excess**.
- We** _____ : Whenever these **insurance conditions** refer to 'we' or 'us', it refers to 'Eno Zorgverzekeraar N.V.'.
- Independent treatment centre** _____ : An **institution** for medical specialist care.
- Neurologist** _____ : A **doctor** who is entered as neurologist in the **KNMG's** Board of Registration's Medical Specialists register.
- Hospital** _____ : An **institution** where the sick are examined, treated and nursed.
- Care** _____ : The care and other services as defined in the Healthcare Insurance Act (*Zorgverzekeringswet*).
- Care provider** _____ : A (natural) person or legal entity that is permitted to provide care.
- Care group** _____ : A **care provider** who provides **integrated care** as a principal contractor. The **care provider** can provide the care with or without the use of other **care providers** who, on the instruction of the principal contractor, provide coherent and collaborative **integrated care**. In principle, the care is invoiced by the principal contractor.
- Health insurance** _____ : Health insurance as defined in the Healthcare Insurance Act (*Zorgverzekeringswet*).

Clause 2 Application

- 2.1 These **insurance conditions** are designed to be presented to all persons living in the Netherlands or abroad and who are obliged to take out **health insurance**.
- 2.2 **We** are not obliged to provide **basic health insurance**:
- if **you** already have **health insurance**;
 - if **we** cancelled your previous **basic health insurance** in the five years preceding the request to conclude the new **basic health insurance** on account of non-payment of premiums or deliberate deceit by **you (insured party/policyholder)**.

Clause 3 Basis of the public healthcare insurance

- 3.1 The **public healthcare insurance** is based on the Healthcare Insurance Act (*Zorgverzekeringswet*), the Healthcare Insurance Decree (*Besluit zorgverzekering*) and the Healthcare Insurance Regulations (*Regeling zorgverzekering*). The **public healthcare insurance** is also based on the application form completed by **you (policyholder)**.
- 3.2 The **public healthcare insurance** should be interpreted and applied in accordance with the Healthcare Insurance Act (*Zorgverzekeringswet*), the Healthcare Insurance Decree (*Besluit zorgverzekering*) and the Healthcare Insurance Regulations (*Regeling zorgverzekering*).
- 3.3 If a provision in the **policy conditions** partly or fully contradicts a provision in the Healthcare Insurance Act, the Healthcare Insurance Decree or the Healthcare Insurance Regulations, that provision or that part of the provision in the **policy conditions** does not apply. The provision in the Healthcare Insurance Act, the Healthcare Insurance Decree or the Healthcare Insurance Regulations applies instead.
- 3.4 All ministerial regulations, schemes or other appendixes referred to in these **insurance conditions** form part of the **public healthcare insurance**.
- 3.5 The **public healthcare insurance** is governed by the laws of the Netherlands.

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Clause 4 Duty of disclosure

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

Clause 5 Another party is liable (recovery of healthcare costs)

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

Clause 6 Limitation of liability

- 6.1 **We** are not liable for damage or losses **you (insured party/policyholder)** suffer as a result of the actions or omissions of a **care provider** who has or should have provided **you** with **care**.
- 6.2 Any liability on the part of ourselves for damage or losses suffered as the result of our own shortcomings in the execution of the **public healthcare insurance** is limited to the amount of the costs that would have been borne by us in the event of the correct execution of the **public healthcare insurance**.

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Clause 7 Privacy

- 7.1 **We** record the personal data and execution data **we** receive from **you (insured party/policyholder)** in our register of personal data.
- 7.2 **We** use this data for the following purposes:
- to take out and execute the **public healthcare insurance**;
 - scientific and statistical analyses;
 - to increase our customer portfolio and provide information about our products;
 - to comply with statutory obligations;
 - monitoring the safety and integrity of the financial sector, including avoiding and combating **fraud**;
 - study of the quality and **care** perceived by you.
- 7.3 The processing of personal data is governed by the HollandZorg Privacy Regulations. **You (insured party/policyholder)** can view and download these regulations on www.hollandzorg.com. Alternatively, **we** can send them to you on request.
- 7.4 In relation to a responsible acceptance, risk and fraud policy, **we** can access your data at Stichting CIS, Bordewijklaan 2, 2591 XR The Hague, c/o Postbus 124, 3700 AC Zeist. The objective of processing personal data at Stichting CIS is to manage risks for insurers and to combat **fraud**. More information about this and the Stichting CIS privacy regulations is available on www.stichtingcis.nl.
- 7.5 If relevant arrangements have been made with your **care provider**, the latter can consult your address details and policy details that **we** have registered via the national Internet portal VECOZO (*Veilige Communicatie in de Zorg*). This is necessary for the **care provider** in order to claim the costs for the **care** provided to **you** directly from us.
- 7.6 Sometimes your personal data may need additional protection, because **you** are staying at a shelter for instance. If **you** feel **you** need that additional protection, please let us know. If **we** feel your notification is justified, **we** will take additional measures to protect your personal data.

Clause 8 Fraud

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

Clause 9 Complaints and disputes

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

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Clause 10 Complaints about forms

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

Clause 11 Membership of Coöperatie Eno U.A.

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

INCEPTION AND TERM OF THE PUBLIC HEALTHCARE INSURANCE

Clause 12 Inception of the public healthcare insurance

- 12.1 **You (insured party/policyholder)** can make a request to take out **public healthcare insurance** by sending us a fully completed and signed request form. **You** can also use the request form on www.hollandzorg.com. **We** can send a request form to **you** if you wish.
- 12.2 The **public healthcare insurance** incepts on the day **we** have received your request to take out **public healthcare insurance**. **We** will send **you (policyholder)** and the person to be insured a confirmation of receipt for the request, stating the date on which **we** received it.
- 12.3 If **we** are unable to establish whether or not the person to be insured is obliged to take out **public healthcare insurance**, **we** will ask **you (policyholder)** for additional information. In that case, the **public healthcare insurance** for that person to be insured incepts on the day that **we** have received the additional information and that information demonstrates the obligation to take out insurance. **We** will send **you (policyholder)** and the person to be insured a confirmation of receipt for the additional information, stating the date on which **we** received it.
- 12.4 If the **public healthcare insurance** incepts within four months of the obligation to take out healthcare insurance coming into force, the **public healthcare insurance** will be backdated up to and including the date on which that obligation to take out healthcare insurance arose.
- 12.5 If, on the day of the request, the person to be insured already has a health insurance contract, the **public healthcare insurance** incepts on the later date on which **you (policyholder)** wish the **public healthcare insurance** to incept.
- 12.6 If the **public healthcare insurance** incepts within a month of an earlier **health insurance** contract being terminated through cancellation as of 1 January of a **calendar year** or due to changes to the conditions subject to application of article 7:940, paragraph 4 of the Dutch Civil Code, the **public healthcare insurance** will be backdated up to and including the day on which the earlier **health insurance** contract was terminated.
- 12.7 **We** will provide **you (insured party/policyholder)** with a policy document as soon as possible after the **public healthcare insurance** is taken out and subsequently at the start of each new **calendar year**.
- 12.8 If **you (insured party/policyholder)** have given us your consent to send the policy document electronically, **you (insured party/policyholder)** are entitled to withdraw that consent. **You** can do so as follows:
- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
 - by sending an e-mail to info@hollandzorg.com;
 - by completing the change form on www.hollandzorg.com.

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Clause 13 Term of the public healthcare insurance

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

Clause 14 Cooling-off period

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

Clause 15 Automatic termination of the public healthcare insurance

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

Clause 16 Cancellation by you (insured party/policyholder)

- 16.1 **You (policyholder)** can cancel the **public healthcare insurance** no later than 31 December of any year as of 1 January of the following **calendar year**.
- 16.2 **You (policyholder)** can cancel the **public healthcare insurance** of another person you have insured, and who is insured by virtue of a different **health insurance**. If **we** have received the notice of cancellation before the inception date of the other **health insurance**, the **public healthcare insurance** of that other person ends on the inception date of the other **health insurance**. In other cases, the **public healthcare insurance** of that other person ends on the first day of the second **calendar month** following the day on which **you (policyholder)** have cancelled.
- 16.3 **You (policyholder)** can cancel the **public healthcare insurance** if **we** change the **insurance conditions** to your disadvantage. This does not apply if the change is the direct result of a change to a statutory regulation. **We** must have received the notice of cancellation before the effective date of the change, or within one month of us having announced the change. The **public healthcare insurance** terminates on the day on which the changes takes effect.
- 16.4 **You (policyholder)** can cancel the **public healthcare insurance** if your participation in a **collectivity** ends through termination of your employment, and **you (policyholder)** take out new **health insurance** and participate in a **collectivity** through your new job immediately after that. This also applies to members of your family. **We** must have received the notice of cancellation within 30 days of termination of employment. If **we** have received the notice of cancellation before the inception date of the new **health insurance**, the **public healthcare insurance** ends on the inception date of the new **health insurance**. In other cases, the **public healthcare insurance** ends on the first day of the second **calendar month** following the day on which **you (policyholder)** have cancelled.
- 16.5 These cancellation options do not apply if the outstanding premium and collection costs have not been paid and **we** have demanded payment from **you (policyholder)** of one or more outstanding instalments for the premium payable, unless **we** have suspended cover of the public **healthcare insurance**, or unless **we** have confirmed the cancellation to **you (policyholder)** within two weeks.
- 16.6 **You (policyholder)** must cancel in one of the following ways:
- in writing. Written requests must be addressed to HollandZorg, Verzekerenadministratie, Antwoordnummer 30, 7400 VB Deventer (no stamp required);
 - by sending an e-mail to info@hollandzorg.com;
 - by completing the change form on www.hollandzorg.com.
- Oral cancellations are not accepted.

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Clause 17 Insured through the CVZ

- 17.1 If **you** are insured by the **CVZ** within the framework of measures against the uninsured, you can terminate the **basic health insurance**. That is possible only in the two-week period from the date that the **CVZ** has notified you that **you** are insured. In addition, you must demonstrate that you have been given another **health insurance** in the three-month period from the date of dispatch by the **CVZ** of the second administrative penalty on account of being uninsured and the instruction of **you** taking out insurance (or arrange for this) on the basis of healthcare insurance.
- 17.2 If **you** are insured by the **CVZ** within the framework of measures against the uninsured, **you** cannot cancel the **basic health insurance** during the first twelve months of its term. During this period, the cancellation options of article 16 do not apply.
- 17.3 If **you** are insured by the **CVZ** within the framework of measures against the uninsured, we can terminate the **basic health insurance** on account of an error if, in retrospect, it appears that **you** were not obliged to take out insurance. In that instance, the **basic health insurance** is deemed not to have accepted.

Clause 18 Cancellation or suspension by us

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

Clause 19 Detention

- 19.1 The cover and obligation to pay premiums from the **public healthcare insurance** are suspended during the time **you** are detained. **We** cannot cancel or dissolve your **public healthcare insurance** as long as **you** are detained.

CHANGES TO THE PUBLIC HEALTHCARE INSURANCE

Clause 20 Changes to the insurance conditions

- 20.1 **We** can change the **insurance conditions** with effect from a date to be set by us. A change in the premium calculation basis comes into force only six weeks after the date on which **we** have informed **you (policyholder)** of that change.
- 20.2 A ministerial regulation referred to in these **insurance conditions** may change during the course of a year. In that case, the **public healthcare insurance** changes with effect from the date on which the change to the ministerial regulation comes into force.

PREMIUM

Clause 21 Premium

- 21.1 **You (policyholder)** must pay us premiums, except in the following cases:
- no premium is due by **you (policyholder)** for an **insured party** until the first day of the calendar month following the calendar month in which the **insured party** reaches the age of 18;
 - you (policyholder)** do not have to pay us premiums during the period that **you** have to pay the Health Insurance Board (*College voor zorgverzekering*) an administrative premium. In that case you will have premium arrears of more than six months. The administrative premium is 130% of the standard premium referred to in the Care Allowance Act (*Wet op de zorgtoeslag*).
- 21.2 The premium is equal to the premium calculation basis, minus any discounts on account of a **voluntary excess** for example, or on account of participation in a **collectivity**.

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- 21.3 The premium calculation basis is included in the Premium Appendix to these **insurance conditions**.
- 21.4 In the event of the death of the **insured party**, any premium already paid relating to the period commencing on the day after death is refunded.

Clause 22 Premium payments

- 22.1 **You (policyholder)** must pay your premiums in advance. Payment must be made before the day on which the period that the premium relates to starts. **We** determine whether **you** can pay per month, per half year or per year, and which form of payment is possible.
- 22.2 If **you** fail to pay the premium or other amounts payable to us in time, **we** can charge **you (insured party/policyholder)** the statutory interest rate, collection costs and administration costs.
- 22.3 **You (insured party/policyholder)** are not entitled to set off the premium payable or other amounts payable to us against any amounts **we** owe you. Neither are **you (insured party/policyholder)** permitted to suspend payment if **you (insured party/policyholder)** feel that **we owe you (insured party/policyholder)** an amount of money.

Clause 23 Payment arrears

- 23.1 No more than ten working days after our records indicate arrears of two month's premium in the payment of the basic health insurance **we** will make **you (policyholder)** an offer to come to a repayment arrangement. The repayment arrangement entails at least the following:
- you (policyholder)** authorise us to collect future premiums automatically or a party from who **you (policyholder)** periodically receive payment is instructed to pay us the amount of the future premiums on your behalf and to deduct this from the payments made to you;
 - arrangements with regard to repaying your debts, including interests and collection costs, in connection with the **basic health insurance** and the instalments for repayment;
 - our promise that **we** will not terminate or suspend the **basic health insurance** during the term of the repayment arrangement on account of the existence of debts, including interest and collection costs, in connection with the **basic health insurance**. This promise is withdrawn if **you (policyholder)** revoke the authorisation or instruction or fail to honour the agreement.
- 23.2 If **you (policyholder)** took out the **basic health insurance** for another party, then our offer includes our willingness to accept the cancellation of the **basic health insurance** of that other party, with effect from the date on which the repayment arrangement commences, subject to the following conditions:
- the **insured party** has taken out other **health insurance** on the day on which the repayment arrangement commences; and,
 - if the **insured party** has taken out the **health insurance** with us (**basic health insurance**) and has authorised us to automatically collect future premiums each month or has instructed a party from who the **insured party** receives periodic payments (e.g. the employer), to pay us the amount of the future premiums on behalf of the **insured party** and to deduct this from the payments made to the insured party; In that instance, we will send a copy of our offer to the **insured party**.
- 23.3 Together with the offer referred to in 23.1, **we** will notify **you (policyholder)**, in writing, that **you (policyholder)**, have four weeks to accept our offer, as part of which we explain the consequences if the offer is not accepted and the premium debt, exclusive of interest and collection costs, has run up to six monthly premiums or more. **We** will also remind you of the option of debt counselling.
- 23.4 Once the premium debt, exclusive of interest and collection costs, has run up to four monthly premiums or more, **we** will notify you (**insured party/policyholder**) of our intention to make a notification as referred to in 23.7, if the premium debt, exclusive of interest and collection costs, has run up to six monthly premiums or more. **We** will refrain from making the notification if **you (insured party/policyholder)** have disputed the premium arrears with us within four weeks of having been notified by us.
- 23.5 If **you (insured party/policyholder)** have timely disputed the premium arrears with us, yet your complaint is not upheld, **we** will notify you (**insured/policyholder**) that **we** will make the notification referred to in 23.7 if the premium debt, exclusive of interest and collection costs, has run up to six monthly premiums or more. **We** will refrain from making the notification if **you (insured party/policyholder)**, within four weeks of having been notified by us, have submitted a dispute in respect of the premium arrears to SKGZ, Postbus 291, 3700 AG Zeist, www.skgz.nl, or the civil court.
- 23.6 If the repayment arrangement commences if the premium arrears, exclusive of interest and collection costs, have run up to four monthly premiums, **we** will refrain from making the notification referred to in 23.7, for as long as the future premiums are paid.
- 23.7 Once the premium debt, exclusive of interest and collection costs, has run to six monthly premiums or more, we will notify the CVZ and **you (insured party/policyholder)** accordingly. As part thereof, **we** include the personal details required by the CVZ for the execution of article 34a of the Health Insurance Act. **We** will further state that **we** have acted in accordance with the procedure referred to 23.4 to 23.7. **We** will refrain from making the notification referred to in the first sentence of 23.7:
- if the premium arrears have been timely disputed as referred to in 23.4, yet **we** have not yet received a response;
 - for a period of four weeks as referred to in 23.5;
 - if a dispute in respect of the premium arrears has been timely submitted to the SKGZ or the civil court as referred to in 23.5 and no final and conclusive decision has been made as yet;
 - if **you (policyholder)** have applied to a debt counsellor as referred to in article 48 of the Consumer Credit Act, such as municipalities and municipal credit institutions and demonstrate that, within that framework, a written agreement has been concluded in order to service your debt.

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- 23.8 We will immediately notify the CVZ and **you (insured party/policyholder)** of the date on which:
- the debts by virtue of the basic health insurance have been repaid or cancelled;
 - the debt management scheme for natural persons referred to in the Bankruptcy Act is declared applicable;
 - the written agreement referred to in 23.7, under d, has been concluded or a debt settlement has been agreed in which at least you (policyholder) and **we** are participants.

EXCESS

Clause 24 Compulsory excess

- 24.1 If **you** are eighteen or older, **you** have a **compulsory excess**. The extent of this **compulsory excess** is included in the Premium Appendix to these **insurance conditions**.
- 24.2 The following are excluded from the **compulsory excess**:
- the costs of obstetric and maternity care;
 - the cost of general practitioner care. The following are included in the **compulsory excess**:
 - the costs of examinations which the **care providers** appointed by us for general practitioner care ask others to carry out, and which are invoiced separately, such as laboratory tests;
 - the costs of registering with a **general practitioner** or with a **GP centre**;
 - the costs of **integrated care**;
 - if **you** are the donor, the costs of follow-up checks on **you** after the period has lapsed during which the costs of **care** provided to you in connection with the admission for the selection and removal of the transplant material referred to in article 37e are payable under the **health insurance** of the recipient of the transplant material;
 - the costs of medicines or aids designated by us and the costs of **care** provided to **you** by a **care provider** appointed by us in that respect. The designated medicines, aids and **care providers** are included in the overview *Designated Care Not Applicable to the Compulsory Excess*. The updated overview can be viewed and downloaded via www.hollandzorg.com. **We** can also send it to **you** if you wish.
 - the costs of **care** provided to **you** if **you** have followed a programme, designated by us, for diabetes, depression, cardiovascular diseases, chronic obstructive lung disease or obesity. In that case, the costs must relate to the disease for which **you** followed that programme. The designated programmes are included in the overview *Designated Care Not Applicable to the Compulsory Excess*. The updated overview can be viewed and downloaded via www.hollandzorg.com. **We** can also send it to **you** if you wish.
- 24.3 The **compulsory excess** is indexed on an annual basis, in the manner prescribed by the Healthcare Insurance Act (*Zorgverzekeringswet*). The basic principle is the indexation of the minimum wage referred to in article 8.1.a of the Minimum Wage and Minimum Holiday Allowance Act (*Wet minimumloon en minimumvakantiebijslag*). The amount calculated is rounded down to a multiple of € 5.

Clause 25 Voluntary excess

- 25.1 For **insured parties** of 18 or older, **you (policyholder)** can opt for a **voluntary excess**. The higher the **voluntary excess**, the lower the premium. The **voluntary excess** to be selected and associated premiums are included in the Premium Appendix to these **insurance conditions**. The selected **voluntary excess** is stated on the policy document.
- 25.2 The following are excluded from the **voluntary excess**:
- the costs of obstetric and maternity care;
 - the cost of general practitioner care. The following are included in the **compulsory excess**:
 - the costs of examinations which the **care providers** appointed by us for general practitioner care ask others to carry out, and which are invoiced separately, such as laboratory tests;
 - the costs of registering with a **general practitioner** or with a **GP centre**;
 - the costs of **integrated care**;
 - if **you** are the donor, the costs of follow-up checks on **you** after the period has lapsed during which the costs of **care** provided to you in connection with the admission for the selection and removal of the transplant material referred to in article 37e are payable under the **health insurance** of the recipient of the transplant material;
- 25.3 **We** may decide to drop one or more of the **voluntary excesses** offered by us. If **you (policyholder)** have taken out **public healthcare insurance** with such a **voluntary excess**, **you (policyholder)** can opt for **public healthcare insurance** with a lower **voluntary excess** or without **voluntary excess**.

Clause 26 Application of the compulsory and voluntary excess

- 26.1 Per **calendar year**, the costs of **care** remain payable by **you**, until the extent of the compulsory and possible **voluntary excess** in that **calendar year** is reached. **Statutory personal contributions** and other costs of **care** that remain payable by **you**, do not count when establishing whether the limit of the excess is reached, unless the Minister has stipulated otherwise.

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- 26.2 If **we** have paid the costs of **care** to a **care provider** directly, without deducting the **compulsory excess** or any **voluntary excess** from that payment, **you (insured party/policyholder)** must pay us this excess yourself.
- 26.3 Healthcare costs are primarily charged against the **compulsory excess**. The healthcare costs are then charged against any **voluntary excess**.
- 26.4 If your **public healthcare insurance** does not incept or end on 1 January of a **calendar year**, the **compulsory excess** and any **voluntary excess** in that **calendar year** are set lower, in proportion to the number of days insured. The calculated amount is rounded off to whole Euros.
- 26.5 It may be possible that **you (policyholder)** have taken out **public healthcare insurance** with a **voluntary excess**, and that the amount of the **voluntary excess** changes during the course of the **calendar year**. In that case, the final **voluntary excess** for that **calendar year** is established as follows: the extent of each of the **voluntary excesses** is stipulated in proportion to the number of days insured in the year which that **voluntary excess** relates to. These stipulated excesses are all added up and divided by the total number of days insured in that **calendar year**. The calculated amount is rounded off to whole Euros.

INSURANCE COVER

Clause 27 The insured performances

- 27.1 **You** are entitled to:
- reimbursement of the costs of **care** (refund). This applies to all types of care mentioned in these **insurance conditions**, with the exception of medical aids (clause 61).
 - medical aids (care in kind). Whenever the general clauses (the clauses that do not form part of the section Insurance claims per type of care) in these **insurance conditions** refer to 'reimbursement of the costs of **care**', for medical aids this should read 'entitlement to **care**'.
 - provision of information and mediation by us in order to obtain **care**, if **you** ask us to do so. **You** can do so via www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.
- 27.2 If **you** are entitled to **care**, but the **care** provided by a **contracted care provider** is not available, not available in time or only at a great distance from your place of residence or temporary place of residence abroad, **you** are still entitled to a reimbursement of the costs of that **care**. The extent of the reimbursement is subject to a maximum of the competitive rate that applies to that **care** in the Netherlands. As for **care** provided in another EU country or an EEA country or Treaty country, **you** can also choose between **care** and reimbursement of the costs of the **care**, in accordance with the statutory rules of the social health insurance of that country.
- 27.3 The content and scope of the **care** is partially determined by the state of the art and practice. If there is no such benchmark, it is determined by that which is regarded as responsible and adequate **care** in the discipline in question.
- 27.4 **You** are only entitled to reimbursement of the costs of **care**, if **you** reasonably rely on that **care** in terms of content and scope. The **care** to be provided should be effective and not unnecessarily expensive or unnecessarily complicated.

Clause 28 Limitations of the insurance cover

- 28.1 **You** are not entitled to reimbursement of the costs of **care** in the event of **fraud**, abuse or improper use of your **public healthcare insurance**. That also applies if **you** attempt to mislead us by submitting false statements or withholding facts or circumstances from us that could be important for assessing the costs or the entitlement to reimbursement.
- 28.2 **You** are not entitled to reimbursement of the costs of **care** if the injury is caused by, occurred during or ensues from armed conflict, civil war, uprising, domestic riots, revolt and mutiny as referred to in article 3:38 of the Financial Supervision Act (*Wet op het financieel toezicht*). For the definitions of these terms, please refer to the text filed by the Netherlands Association of Insurers (*Verbond van Verzekeraars in Nederland*) on 2 November 1981 at the Registry of the court in The Hague.
- 28.3 If the Minister of Finance makes use of the authority set out in article 18b, paragraph 1 of the Emergency Act on Financial Transactions (*Noodwet financieel verkeer*) and the need for **care** has come about due to any terrorist acts referred to in that act, **you** are entitled only to one or more performances as long as the costs thereof are no higher than established by the Minister of Finance. If the injury is caused by terrorism, the cover is limited to the amount of payment **we** receive subject to the claim to compensation from the Dutch Terrorism Risk Reinsurance Company (*Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschade*). A description of the definitions and the Clauses Sheet Terrorism Cover can be consulted on www.hollandzorg.com. **We** can also send them to **you** if you wish. If **we** receive an additional contribution by virtue of article 33 of the Healthcare Insurance Act (*Zorgverzekeringswet*) or article 3.23 of the Healthcare Insurance Decree (*Besluit zorgverzekering*), **you** are also entitled to the additional reimbursement by virtue of these regulations.

GENERAL PROVISIONS

COVER AND REIMBURSEMENT IN THE NETHERLANDS

Clause 29 Insurance cover in the Netherlands

- 29.1 **You** are entitled to reimbursement of the costs of **care** in the Netherlands if:
- all conditions in connection with that **care** have been met before **you** receive that **care**. Many types of care are subject to conditions for the entitlement to reimbursement of the costs of **care**. This could relate to having a **referral** or a **prescription** or our prior written consent. The conditions per type of **care** are listed in the **insurance conditions**; and
 - the **care provider** from whom **you** receive the **care** has been appointed by us. The **insurance conditions** stipulate which **care providers** they are per type of **care**. It is often a group of **care providers** with a certain licence, registration or training. Sometimes it is a specific **care provider**. **You** are entitled to reimbursement of the costs of **care** given by a **care provider** not appointed by us, if **we** have given our written consent before **you** receive the **care**; and
 - you** receive the **care** in a location that can be regarded as normal, given the nature of the **care** and the circumstances.
- 29.2 If **we** require **you** to obtain prior written consent, **we** try to prevent problems at a later stage. In that case, **you** will know if and how much reimbursement **you** will receive for the **care** in advance. If **we** give our consent, it is valid for one year, counting from the date on which the written consent is granted. This consent may be valid for a shorter or longer period of time, if **we** explicitly mentioned that fact when **we** granted the consent. Please send requests for consent to: The Medical Advisor, HollandZorg, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your **care provider** submits the request on your behalf, please let us know that **you** agree with this, by signing the request for example.

Clause 30 Extent of the reimbursement in the Netherlands

- 30.1 **You** are entitled to reimbursement of the costs of **care** provided by a **contracted care provider** in the Netherlands subject to a maximum of the rate **we** have agreed with that **care provider**. Sometimes, the agreement between us and the **care provider** ends the moment **you** receive **care** from that **care provider**. In that case, **you** are entitled to reimbursement of the costs of the remaining **care** to be provided by this **care provider** subject to a maximum of the competitive rate that applies for that **care** in the Netherlands.

The **contracted care providers** can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.

- 30.2 **You** are entitled to reimbursement of the costs of **care** provided by a **non-contracted care provider** in the Netherlands:
- if **we** apply a maximum rate for that **care**, subject to a maximum of the rate **we** have stipulated. The **insurance conditions** mention whether or not **we** apply a maximum reimbursement for non-contracted **care**, per type of **care**. The rate lists can be viewed and downloaded via www.hollandzorg.com. **We** can also send them to **you** if you wish;
 - if **we** do not apply a maximum rate for that **care**, subject to a maximum of the competitive rate that applies to that **care** in the Netherlands. The competitive Dutch rate does in any case include the costs of **care** that correspond with the maximum rate applicable to that **care** at that time, stipulated by virtue of the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*).
- The reimbursement referred to under (a) does not apply if the **contracted care provider** cannot provide the **care**, cannot provide it in time or only at a great distance from your place of residence. In that case, you are entitled to the reimbursement referred to under (b).

COVER AND REIMBURSEMENT ABROAD

Clause 31 Insurance cover abroad

- 31.1 **You** are entitled to reimbursement of the costs of **care** abroad if:
- all conditions in connection with that **care** have been met before **you** receive that **care**. The right to reimbursement of the costs of **care** abroad is subject to the same conditions as those for the right to reimbursement of the costs of that **care** in the Netherlands. This includes having a **referral** or a **prescription** or our prior written consent. The conditions per type of care are listed in the **insurance conditions**; and
 - we** have granted **you** our written consent before **you** receive the **care** if it concerns **care** with hospitalisation of at least one night. This does not apply if it concerns medically necessary **care**. In this case, medically necessary **care** is given to mean unforeseen **care** that cannot reasonably be postponed until after returning to the Netherlands; and
 - the **care provider** giving the care holds qualifications, under the laws of the country where the **care provider** has his business address, that are equal to qualifications that apply to the **care providers** **we** appoint in the Netherlands. **Care providers** abroad often have received different training than **care providers** in the Netherlands. Qualifications that meet Directive 2001/19/EC, OJ EC L206 for physicians, dentists, obstetricians, nurses and dispensing chemists who are trained in one of the **EU** countries, are expected to comply with this.
- 31.2 If **you** need **care** when abroad, please contact our emergency centre. **You** should always contact them if you need urgent medical assistance. Our emergency centre will help **you** find **care**. They can also give **you** information about the reimbursement of the **care**.
Our emergency centre can be reached by telephone on +31 (0)570 687 112;
The fax number is +31 (0)570 687 113;
The emergency centre's e-mail address is emergency@hollandzorg.com.

INSURANCE ENTITLEMENTS

Clause 32 Extent of the reimbursement abroad

- 32.1 If **you** reside or are temporarily staying in an **EU, EEA or Treaty country** other than the Netherlands, **you** are for **care** provided by a **non-contracted care provider** in that country or another **EU, EEA or Treaty country** at your discretion entitled:
- to reimbursement of the costs of the **care** **you** would have received from us if this **care** was provided by a **non-contracted care provider** in the Netherlands, namely:
 - if **we** apply a maximum rate for that **care**, subject to a maximum of the rate **we** have stipulated. The **insurance conditions** mention whether or not **we** apply a maximum reimbursement for non-contracted **care**, per type of **care**. The rate lists can be viewed and downloaded via www.hollandzorg.com. **We** can also send them to **you** if you wish;
 - if **we** do not apply a maximum rate for that **care**, subject to a maximum of the competitive rate that applies to that **care** in the Netherlands. The competitive Dutch rate does in any case include the costs of **care** that correspond with the maximum rate applicable to that **care** at that time, stipulated by virtue of the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*).
 - to **care** or reimbursement of the costs of **care** in accordance with the statutory regulations of the social healthcare insurance of that country.
- The reimbursement referred to under i) does not apply if the **contracted care provider** cannot provide the **care**, cannot provide it in time or only at a great distance from your place of residence or your temporary place of residence abroad. In that case, **you** are entitled to the reimbursement referred to under ii) or (b).

- 32.2 If **you** reside or are temporarily staying in an **EU, EEA or Treaty country** other than the Netherlands, **you** are for **care** provided by a **contracted care provider** in that country or another **EU, EEA or Treaty country** at your discretion entitled:
- to reimbursement of the costs of **care** provided by a **contracted care provider** subject to a maximum of the rate **we** have agreed with that **care provider**. Sometimes, the agreement between us and the **care provider** ends the moment **you** receive **care** from that **care provider**. In that case, **you** are entitled to reimbursement of the costs of the remaining **care** to be provided by this **care provider** subject to a maximum of the competitive rate that applies for that **care** in the Netherlands. The competitive Dutch rate does in any case include the costs of **care** that correspond with the maximum rate applicable to that **care** at that time, stipulated by virtue of the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*);
 - to **care** or reimbursement of the costs of **care** in accordance with the statutory regulations of the social healthcare insurance of that country.

The **contracted care providers** can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.

- 32.3 If **you** reside or are temporarily staying in a country that is not an **EU, EEA or Treaty country**, **you** are entitled to reimbursement of the costs of **care** in that country:
- if **we** apply a maximum rate for that **care**, subject to a maximum of the rate **we** have stipulated. The **insurance conditions** mention whether or not **we** apply a maximum reimbursement for non-contracted **care**, per type of **care**. The rate lists can be viewed and downloaded via www.hollandzorg.com. **We** can also send them to **you** if you wish;
 - if **we** do not apply a maximum rate for that **care**, subject to a maximum of the competitive rate that applies to that **care** in the Netherlands. The competitive Dutch rate does in any case include the costs of **care** that correspond with the maximum rate applicable to that **care** at that time, stipulated by virtue of the Healthcare (Market Regulation) Act (*Wet marktordening gezondheidszorg*).
- The reimbursement referred to under (a) does not apply if the **contracted care provider** cannot provide the **care**, cannot provide it in time or only at a great distance from your place of residence or your temporary place of residence abroad. In that case, **you** are entitled to the reimbursement referred to under b.

- 32.4 The costs of **care** are reimbursed in Euros. In order to translate foreign currency, **we** do our best to use the exchange rate that applied on the date on which the **care** was provided.

- 32.5 The submission process for **invoices** for **care** abroad is subject to the same conditions as those for submitting **invoices** for **care** in the Netherlands. For instance, the **invoice** must be drawn up in Dutch, English, French, German, Spanish or Turkish and contain a description of the **care** provided. If the **invoice** is drawn up in a different language, **you** must also enclose a certified translation of the **invoice**.

INVOICES AND PAYMENT

Clause 33 Allocation of healthcare costs

- 33.1 The costs of **care** are allocated to the **calendar year** in which **you** received the **care**. If **you** received the **care** in two consecutive calendar years, but the **care** is invoiced as a single amount, the **care** is allocated to the **calendar year** during which the **care** started.
- 33.2 The costs of a **DBC** are allocated to the **calendar year** in which the **DBC** or **DBC-care** product is commenced.

INSURANCE ENTITLEMENTS

Clause 34 Submitting an invoice

- 34.1 **We** will process an **invoice** if the following conditions have been met:
- the **invoice** is submitted in one of the following ways:
 - the original **invoice** has been submitted; or
 - the **invoice** is submitted in the form of a computer print-out. In that case, the **invoice** must be signed by or on behalf of the **care provider** and bear proof of authenticity; or
 - as soon as that option is explicitly offered, the (scanned) **invoice** is submitted via www.hollandzorg.com. In that case, you must - for verification purposes - keep the original **invoice** for a period of two years after having submitted the copy. **We** may ask **you** to send us the original **invoice** after all. If **we** do not receive the original **invoice**, the right to reimbursement of that **invoice** lapses. In that case, **we** will claim back any money reimbursed incorrectly;
 - the **invoice** is drawn up in Dutch, English, French, German, Spanish or Turkish. If the **invoice** is drawn up in a different language, **we** may not process the **invoice**, unless **you** enclose a certified translation of the **invoice**;
 - you** enclose a completed and signed claim form with the **invoice**. Claim forms can be downloaded via www.hollandzorg.com. **We** can send a form to **you** if you wish.
- 34.2 Care-related **invoices** must be submitted within 12 months of the end of the **calendar year** in which **you** received the **care**. This means the treatment or delivery date and not the date on which the **invoice** is written out. If the **care** is described as **DBC** (-care product), **you** must submit the **invoice** within 12 months of the moment the **DBC** or **DBC**-care product is terminated.
- 34.3 If **you** submit an **invoice** after the 12-month period, **we** may decide to reimburse the **invoice** partially or not at all. **Invoices** submitted three years after the treatment or delivery or the date on which the **DBC** or **DBC**-care product terminates are never eligible for reimbursement.
- 34.4 **You** are not supposed to receive an **invoice** for **care** provided by a **contracted care provider**. A **contracted care provider** will send the **invoice** directly to us.
- 34.5 **You** are not permitted to transfer any current or future claims against us to a third party. This is regardless of whether the other party is a natural or legal person.

Clause 35 Payment and settlement

- 35.1 **We** are entitled to pay the costs of **care** directly to the **care provider** who has provided the **care**. Your entitlement to reimbursement is nullified by that payment.
- 35.2 If **we** pay a **care provider** more than **we** are obliged to by virtue of the **public healthcare insurance**, **you** are deemed to have authorised us to collect these additional costs. **We** may also charge **you** (**insured party/policyholder**) for the amount paid in excess. **You** (**insured party/policyholder**) must pay us the amount paid in excess.
- 35.3 **We** pay the reimbursement of costs for **care** and other amounts payable to **you** (**insured party/policyholder**) by transferring the money into the **policyholder's** bank account held on our records. If **you** do not want this, please let us know in writing in good time. Your entitlement to reimbursement is nullified by the payment to the **policyholder**.
- 35.4 **We** can set off the reimbursement of costs for **care** and other amounts payable to **you** (**insured party/policyholder**) against premiums, interest, costs or other amounts owed to us.
- 35.5 **We** deduct the **statutory personal contribution** from the reimbursement for the costs of **care** provided to **you**, unless the **statutory personal contribution** has already been settled with the **care provider**.
- 35.6 The costs of **care** are reimbursed in Euros. In order to translate foreign currency, **we** do our best to use the exchange rate that applied on the date on which the **care** was provided.

INSURANCE ENTITLEMENTS PER TYPE OF CARE

Clause 36 General practitioner care

- description** **You** are entitled to reimbursement of the costs of general practitioner care. General practitioner care is care such as general practitioners generally provide. This type of care does not include the preventive flu jab.
- General practitioner care includes preventive foot care if **you** suffer from diabetes.
- appointed care providers** The following **care providers** can provide this type of care:
- general practitioners**, established independently or as part of a HOED ('*huisartsen onder één dak*' (general practitioners under one roof)) or GOED ('*gezondheidszorg onder één dak*' (healthcare under one roof));

INSURANCE ENTITLEMENTS

- **general practitioner services structures;**
- **general practitioner centres;**
- another person under the responsibility of the aforementioned **care providers**.

If you suffer from diabetes and are at (some or high) risk of contracting ulcers (Simm's classification 1 to 3), preventive foot care may also be provided by a chiropodist or a podotherapist. When screening the feet of diabetes sufferers, the Simm's classification is used in order to express the risk of the feet being affected.

referral	You need a referral from a general practitioner or medical specialist in order to receive foot care by a chiropodist or podotherapist . The referral must state the type of diabetes and the Simm's classification.
excess	The costs of general practitioner care do not count towards the compulsory and, if applicable, voluntary excess. The following are included in the excess: <ul style="list-style-type: none">• the costs of examinations which the care providers appointed by us for general practitioner care ask others to carry out, and which are invoiced separately, such as laboratory tests.

Clause 37 Medical specialist care

description You are entitled to reimbursement of the costs of medical specialist care. Medical specialist care is care such as medical specialists generally provide.

Plastic surgery (treatment of a plastic surgical nature) is only included under medical specialist care if it is carried out to correct:

- a) defects in your appearance related to demonstrable physical functional disorders;
- b) mutilation resulting from a disease, accident or medical operation;
- c) paralysed or slack upper eyelids resulting from a birth defect or a chronic disorder present at birth;
- d) the following congenital defects: cleft lip, jaw and palate, malformation of the facial bone structure, benign morbid growth of blood vessels, lymphatic vessels or connecting tissue, birth marks or malformation of the urinary organs and genitals;
- e) primary sexual characteristics in the event of established transsexuality.

Medical specialist care does not include:

- a) The fourth or subsequent **IVF attempt** per ongoing pregnancy to be realised. An **IVF attempt** is regarded as an attempt only when a follicle puncture is successful. Only attempts that are subsequently abandoned count towards the number of attempts. Within the meaning of this document, ongoing pregnancy is:
 - i a pregnancy of at least ten weeks, counting from the moment that a follicle puncture succeeded;
 - ii In the event that frozen embryos are re-implanted, a pregnancy of at least nine weeks and three days, counting from the moment that the frozen embryos are re-implanted;
 - iii a spontaneous pregnancy of twelve weeks after the date of the last menstruation.An **IVF attempt** after an ongoing pregnancy is regarded as a new, first attempt, even if that pregnancy was terminated prematurely;
- b) paralysed or slack upper eyelids other than resulting from a birth defect or a chronic disorder present at birth;
- c) liposuction of the stomach;
- d) the operative placement and operative replacement of a breast prosthesis other than after a full or partial breast amputation;
- e) the operative removal of a breast prosthesis without medical grounds;
- f) treatment for snoring with uvuloplasty;
- g) treatment aimed at reversing the sterilisation of the **insured party** (either man or woman);
- h) treatments aimed at the circumcision of a male **insured party**;
- i) an abdominal wall correction (abdominal plastic surgery), except in the case of mutilation or serious function limitation.

The care includes medical aids and medicines you receive within the framework of an admission or medical specialist treatment, provided they (should) form part of that admission or treatment.

The care further includes treatment of chronic, non-specific, lower back trouble using radiofrequency denervation. The condition is that your indication and treatment are in accordance with the conditions included in the research proposal financed by the ZonMw. ZonMw is an organisation that finances health research and that stimulates the use of newly developed knowledge in order to further improve care and health.

appointed care providers Hospitals, medical specialists who works outside a hospital, and independent treatment centres can provide this type of care.

The **contracted care providers** can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.

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

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consent required When applying for this type of care, you must enclose the following details: a report from the doctor in attendance, including the medical diagnosis/diagnoses, a description of the current problem, the proposed treatment plan and, if possible, appropriate photographs. In order to be reimbursed for treatments on the Pre-Authorisation List, you must have received written consent from us before receiving the care. The Pre-Authorisation List can be viewed and downloaded via www.hollandzorg.com. Alternatively, we can send it to you on request.

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

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

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

Clause 38 Second opinion

description You are entitled to reimbursement of the costs of a second opinion. A second opinion is a **diagnosis** by or advice about medical care to be provided by a **care provider** other than the **care provider** who made the initial **diagnosis** or gave the initial advice. The other **care provider** has to operate in the same discipline as the original **care provider**. **You** have to present the second opinion to the original **care provider**, who remains in control of your treatment.

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

Clause 39 Transplantation care

description You are entitled to reimbursement of the costs of transplantation care. Transplantation care comprises:

- Transplants of tissue and organs, if the transplant is carried out in an **EU or EEA country**. If the transplant is carried out in a country other than an **EU or EEA country**, the donor must reside in that country and be your spouse, registered partner or a blood relation of the first, second or third degree;
- specialist medical care in relation to selection of the donor;
- specialist medical care in relation to the operative removal of the transplant material from the chosen donor;
- examination, preservation, removal and transport of the postmortal transplant material in relation to the aforementioned transplant;
- the **care** received by the donor during a period of no more than thirteen weeks after being discharged from the **institution** where the donor was admitted for selection or removal of the transplant material. This only applies if the **care** is related to that admission. In the case of a liver transplant, a six-month instead of a thirteen-week period applies;
- transport of the donor by the lowest class of public transport within the Netherlands or, if and insofar as medically necessary, transport by car within the Netherlands, related to the selection, admission and discharge from the **hospital** and to the care referred to in subparagraph e;
- transport to and from the Netherlands of a donor who resides abroad, in connection with the transplant of a kidney, bone marrow or liver on an **insured party** in the Netherlands;
- other costs of the transplant if they relate to the donor residing abroad. This does not include the accommodation expenses in the Netherlands and loss of income.

appointed care providers **Hospitals** can provide this type of care.

referral You need a **referral** from a **medical specialist**. This condition does not apply in the case of unforeseen care that cannot reasonably be postponed.

excess If **you** are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

If **you** are the donor, the costs of care for **you** are payable by the **health insurance** of the recipient of the transplant material referred to in article 39, subparagraph e. If the period stated therein has expired, the costs of follow-up checks **you** are submitted to are payable by your **basic health insurance**. In that case, they are excluded from compulsory and, if applicable, **voluntary excess**.

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Clause 40 Rehabilitation care

description	You are entitled to reimbursement of the costs of rehabilitation care. Rehabilitation care comprises examinations, advice and treatment provided by a medical specialist, paramedical, behavioural science and rehabilitational nature. You must need the care in order to prevent, reduce or overcome a handicap. It must concern a handicap that is the result of disorders or restrictions in the locomotor apparatus or a disorder of the central nerve system that leads to restrictions in communication, intellect or behaviour. A multidisciplinary team of experts, under the management of a medical specialist , provides this type of care.
appointed care providers	Hospitals and rehabilitation centres can provide this type of care.
referral	You need a referral from a general practitioner, medical specialist, doctor for the mentally disabled or specialist geriatrics doctor .
excess	If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess .
maximum rates for non-contracted care	We apply maximum reimbursement for rehabilitation care provided by a non-contracted care provider . In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . Alternatively, we can send it to you on request.

Clause 41 Dialysis care

description	You are entitled to reimbursement of the costs of dialysis care. Dialysis care comprises non-clinical blood dialysis (haemodialysis) and abdominal irrigation (peritoneal dialysis). The dialysis care is provided in a dialysis centre or at home, on the advice and under the responsibility of a dialysis centre . If the dialysis care is provided at home, you are entitled to (care in kind): a) home dialysis equipment. Home dialysis equipment falls under medical aids. For that reason, the provision of home dialysis equipment is subject to the conditions for medical aids. Those conditions can be found elsewhere in these insurance conditions ; b) the regular inspection and maintenance of the dialysis equipment and the chemicals and liquids required for the dialysis. If the dialysis care is provided at home, you are also entitled to: a) a reimbursement of the costs for the reasonable adjustments to be made in and around the home, and the costs of restoring the house to its original condition. This is subject to the condition that no reimbursement is given by virtue of other statutory regulations; b) reimbursement of the other reasonable costs directly related to home dialysis. This is subject to the condition that no reimbursement is given by virtue of other statutory regulations; c) the other consumables reasonably necessary for the home dialysis; d) a reimbursement of the costs related to training by the dialysis centre of those carrying out or assisting with the home dialysis; e) a reimbursement of the costs of the dialysis centre's necessary expert assistance.
appointed care providers	Dialysis centres can provide this type of care. The contracted dialysis centres can be found at www.hollandzorg.com . You can also contact our Care Advice Line on +31 (0)570 687 470.
excess	If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess .
maximum rates for non-contracted care	We apply a maximum reimbursement for dialysis care provided by a non-contracted care provider . In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . We can also send it to you if you wish.

Clause 42 Artificial respiration

description	You are entitled to reimbursement of the costs of artificial respiration. The artificial respiration can be carried out at a respiratory centre or at home, on the advice and under the responsibility of a respiratory centre . If the artificial respiration is carried out at a respiratory centre , this type of care comprises: a) the necessary artificial respiration; b) the medical specialist care, the medicinal care and the nursing and caring related to the artificial respiration.
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INSURANCE ENTITLEMENTS

If the artificial respiration is carried out at home, this type of care comprises:

- a) the medical specialist and medicinal care related to the artificial respiration;
- b) the equipment needed for artificial respiration. This is made available to **you** by the **respiratory centre** for each treatment, and is ready to use.

appointed care providers **Respiratory centres** can provide this type of care.

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

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

Clause 43 Oncological examination in children

description **Insured parties** up to the age of 18 are entitled to reimbursement of the costs of central (reference) **diagnostics**, coordination and registration of body material sent in.

appointed care providers Stichting Kinderoncologie Nederland (Skion) can provide this type of care.

referral You need a **referral** from a **general practitioner, medical specialist** or **doctor for the mentally disabled**.

Clause 44 Thrombosis care

description You are entitled to reimbursement of the costs of thrombosis care. Thrombosis care comprises:

- a) regular blood tests for **you**;
- b) the necessary laboratory tests to determine the coagulation time of your blood under the responsibility of a **thrombosis service**;
- c) supplying **you** with equipment and accessories with which **you** can measure the coagulation time of your blood;
- d) your training for measuring the coagulation time of your blood and using the appropriate equipment, and the assistance **you** receive when taking these measurements;
- e) giving **you** advice regarding the use of medicines to influence the coagulation.

appointed care providers **Thrombosis services** can provide this type of care.

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

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

Clause 45 Genetic advice

description You are entitled to reimbursement of the costs of genetic advice. Genetic advice comprises:

- a) the investigation into and of hereditary defects by means of genealogical research, chromosome tests, biochemical **diagnosis**, ultrasound examinations and DNA tests;
- b) giving **you** advice about the heredity of disorders/defects or an apparent higher risk thereof;
- c) the psychosocial guidance in connection with the advice about the heredity of disorders/defects;
- d) the examination of persons other than yourself, should this be required for the advice to be given to **you**. In that case, the other persons may also be given advice.

appointed care providers **Centres for genetic advice** can provide this type of care.

referral You need a **referral** from a **general practitioner, medical specialist, doctor for the mentally disabled** or **specialist geriatrics doctor**.

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

INSURANCE ENTITLEMENTS

Clause 46 Audiological care

description	<p>You are entitled to reimbursement of the costs of audiological care. Audiological care comprises:</p> <ol style="list-style-type: none">testing the hearing function;advising on the hearing aid to be purchased;information on the use of the aid;psychosocial care, if necessary, related to problems with the impaired hearing;assistance in establishing a diagnosis in the event of speech and language disorders in children.
appointed care providers	<p>Audiological centres can provide this type of care.</p>
referral	<p>You need a referral from a general practitioner, medical specialist, doctor for the mentally disabled or specialist geriatrics doctor.</p>
excess	<p>If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess.</p>

Clause 47 Obstetric care

description	<p>You are entitled to reimbursement of the costs of obstetric care. Obstetric care includes care such as obstetricians generally provide. This type of care also comprises:</p> <ol style="list-style-type: none">providing information about the prenatal screening into congenital defects when you are pregnant (counselling);a structural echoscopic examination in the second term of pregnancy;the combination test (neck fold measurement and serum test) if you are 36 or older;the combination test if you are younger than 36 and there are medical grounds.
appointed care providers	<p>The following care providers can provide this type of care:</p> <ul style="list-style-type: none">- obstetricians;- general practitioners;- hospitals;- echoscopic centres, for echoscopic examinations only. <p>If there are no medical grounds, only a care provider with a licence pursuant to the Population Screening Act (<i>Wet op het bevolkingsonderzoek</i>) or a collaboration agreement with a Regional Centre with a licence pursuant to the Population Screening Act (<i>Wet op het bevolkingsonderzoek</i>) is authorised to provide counselling, the structural echoscopic examination and the combination test (neck fold measurement and serum test).</p>
referral	<p>For obstetric care in a hospital, you need a referral from a general practitioner, medical specialist or obstetrician.</p>
statutory personal contribution	<p>The use of a hospital delivery room, if there are no medical grounds, is subject to a statutory personal contribution. For the calculation of the statutory personal contribution, the use of the delivery room is deemed to fall under maternity care.</p>
supplementary insurance	<p>The supplementary Long Stay Insurance of HollandZorg offers a reimbursement for the statutory personal contribution.</p>

Clause 48 Maternity care

description	<p>You are entitled to reimbursement of the costs of maternity care. Maternity care is care such as maternity carers generally provide to mother and child in connection with childbirth. The care only comprises the care during the first ten days after the day the child is born.</p> <p>The actual number of hours of maternity care are established by the care provider in consultation with the obstetrician and ourselves. In order to determine the number of hours and days, the National Maternity Care Indication Protocol (<i>Landelijk Indicatieprotocol Kraamzorg</i>) serves as guiding principle. The number of hours and days partly depend on the family composition and the presence of volunteer aid. The protocol can be viewed and downloaded via www.hollandzorg.com. We can also send it to you if you wish.</p>
appointed care providers	<p>Maternity carers can provide this type of care.</p> <p>The contracted maternity carers can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.</p>

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registration	In order for you to be able to receive maternity care, you must register with us. If you register before the fifth month of pregnancy, we will have ample time to arrange sufficient care. You can register via our Care Advice Line by calling +31 (0)570 687 470, or by completing the registration form on www.hollandzorg.com .
statutory personal contribution	Maternity care at home is subject to a statutory personal contribution of € 4.00 per hour. Maternity care at an institution , for both mother and child, is subject to a statutory personal contribution of € 16.00 per day, plus the sum of the rate of the institution in excess of € 112.50 per day. This does not apply if there are medical grounds.
maximum rates for non-contracted care	We apply a maximum reimbursement for maternity care provided by a non-contracted care provider . In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . We can also send it to you if you wish.
supplementary insurance	The supplementary Long Stay Insurance of HollandZorg offers a reimbursement for the statutory personal contribution.

Clause 49 Dyslexia care

description	<p>You are entitled to reimbursement of the costs of dyslexia care. Dyslexia care includes care in relation to serious dyslexia in insured parties aged seven or over in primary education. Serious dyslexia is a reading and spelling disorder as a result of a neurological function disorder that is genetically determined. Reading and spelling disorders with other causes do not fall under this.</p> <p>Diagnosis and treatment must take place in accordance with the applicable Dyslexia Diagnosis and Treatment Protocol (hereinafter: the Dyslexia Protocol). The Dyslexia Protocol can be viewed and downloaded via www.hollandzorg.com. We can also send it to you if you wish.</p> <p>In order to qualify for dyslexia care, the school of the insured party must have drawn up a school medical history report. This must demonstrate that the school has done everything that needs to be done at school on the basis of the Dyslexia Protocol.</p> <p>The care must start when the insured party is older than six and younger than 12 years.</p>
appointed care providers	<p>The following care providers can provide this type of care, provided they are entered in the quality register for qualified dyslexia treatment providers of the Dutch Psychological Association (<i>Nederlands instituut van psychologen</i> (NIP)) or the Dutch Society of Educational Psychologists (<i>Nederlandse vereniging van pedagogen en onderwijskundigen</i> (NVO)):</p> <ul style="list-style-type: none">- healthcare psychologists;- clinical psychologists;- remedial educationalists;- psychologists who are entered in the NIP association register as an NIP children's and youth psychologist. <p>The condition to be entered in the quality register does not apply to the following care providers:</p> <ul style="list-style-type: none">- care providers with a B-connection to the National Dyslexia Reference Centre (<i>Nationaal Referentiecentrum Dyslexie</i> (NRD) or a Dyslexia Quality Institute Database Membership with the Dyslexia Quality Institute (<i>Kwaliteitsinstituut Dyslexie</i> (KD)). In that case, a healthcare psychologist or a remedial educationalist at the level of a healthcare psychologist must be ultimately responsible for the care.- contracted care providers for the provision of dyslexia care. <p>The contracted care providers can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.</p>
consent required	<p>You do not need our consent for the care provided by a contracted care provider.</p> <p>For care provided by a non-contracted care provider, you need our written consent before the insured party receives the care.</p> <p>When asking for a diagnosis, you must enclose the following:</p> <ul style="list-style-type: none">- a fully completed and signed HollandZorg Dyslexia Care request form. This request form can be downloaded via www.hollandzorg.com. We can also send it to you if you wish;- a school report pursuant to the Dyslexia Protocol, which demonstrates the suspicion of serious dyslexia. <p>A request for treatment can be submitted only after the diagnosis has been made. When asking for treatment, you must enclose the following:</p> <ul style="list-style-type: none">- a fully completed and signed HollandZorg Dyslexia Care request form. This request form can be downloaded via www.hollandzorg.com. We can also send it to you if you wish;- a treatment plan in accordance with the Dyslexia Protocol.

INSURANCE ENTITLEMENTS

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

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

Clause 50 Physiotherapy and remedial therapy

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

18 or older If **you** are 18 or older, **you** are entitled to a reimbursement of the costs of:

a) physiotherapy or remedial therapy for a disorder on a list stipulated by the Minister (Appendix 1 to the Health Insurance Decree (*Besluit zorgverzekering*)), the List of disorders for long-term physiotherapy and remedial therapy. The right to reimbursement starts after the 13th treatment. Some disorders on the List are subject to a maximum treatment term. If **you** receive physiotherapy or remedial therapy for a disorder and that therapy is subject to a maximum term, **you** are entitled to a reimbursement of the costs of care until the end of the maximum term;

Transitional arrangement
If on or before 31 December 2011 you have received twelve physiotherapy treatments for a disorder included on the List of Chronic disorders physiotherapy and remedial therapy, you are entitled to direct reimbursement of treatment costs for that disorder. In that case, you do not need to pay for eight treatments yourself first or claim them under supplementary insurance;

b) pelvic physiotherapy in connection with incontinence, subject to a maximum of nine treatments.

Younger than 18 If the **insured party** is younger than 18, the **insured party** is entitled to reimbursement of the costs of physiotherapy or remedial therapy for a disorder on a list stipulated by the Minister (Appendix 1 to the Health Insurance Decree (*Besluit zorgverzekering*)), the List of disorders for long-term physiotherapy and remedial therapy. Some disorders on the List are subject to a maximum treatment term. If the **insured party** receives physiotherapy or remedial therapy for a disorder and that therapy is subject to a maximum term, the **insured party** is entitled to a reimbursement of the costs of care until the end of the maximum term.

If the **insured party** is younger than 18, the **insured party** is, in cases other than those mentioned above, also entitled to a reimbursement of the costs for physiotherapy and remedial therapy for disorders that are not on the List of disorders for long-term physiotherapy and remedial therapy. In those cases, the **insured party** is entitled to reimbursement of a maximum of nine treatments. If those treatment do not give the desired result, the **insured party** is entitled to reimbursement of another maximum of nine treatments.

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

List of chronic disorders for physiotherapy and remedial therapy The List of chronic disorders for physiotherapy and remedial therapy can be consulted on www.hollandzorg.com. We can also send it to **you** if you wish.

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

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

The **contracted care providers** can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.

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

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

INSURANCE ENTITLEMENTS

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

supplementary insurance Some of the costs for physiotherapy and remedial therapy are not eligible for reimbursement pursuant to the **public healthcare insurance**. This applies to, for instance, the first twenty treatments if **you** are 18 or older (unless it concerns nine pelvic physiotherapy treatments in connection with incontinence). The **supplementary Long Stay Insurance of HollandZorg** offers a supplementary reimbursement for the costs of physiotherapy and remedial therapy.

Clause 51 Speech therapy

description You are entitled to reimbursement of the costs of speech therapy. Speech therapy is care such as speech therapists generally provide, as long as the care has a medical objective and recovery or improvement of the speech function or power of speech can be expected from the treatment. This type of care also comprises stuttering therapy. It does not include treatment of language development disorders related to dialect or another native language.

appointed care providers The following **care providers** can provide stutter therapy:

- **speech therapists**;
- instituut Del Ferro;
- instituut De Pauw.

A **speech therapist** can also provides the other types of care.

The contracted **speech therapists** can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.

referral You need a **referral** from a **general practitioner, medical specialist, remedial educationalist or youth healthcare doctor**.

excess If **you** are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

maximum rates for non-contracted care We apply maximum reimbursement for speech therapy provided by a **non-contracted care provider**. In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com. Alternatively, we can send it to **you** on request.

Clause 52 Occupational therapy

description You are entitled to reimbursement of the costs of occupational therapy, subject to a maximum of ten hours of treatment per calendar year. Occupational therapy includes care such as occupational therapists generally provide. The objective is to improve and restore the self help and independence of the **insured party**.

appointed care providers **Occupational therapists** can provide this type of care.

referral You need a **referral** from a **general practitioner, medical specialist, youth healthcare doctor or a company doctor**.

excess If **you** are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

maximum rates for non-contracted care We apply maximum reimbursement for occupational therapy provided by a **non-contracted care provider**. In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com. Alternatively, we can send it to you on request.

Clause 53 Dietary advice

description You are entitled to reimbursement of the costs of dietary advice, subject to a maximum of four hours of treatment per calendar year. The right to reimbursement applies only if the dietary advice forms part of the coordinated multidisciplinary care for **you** if **you** suffer from Chronic Obstructive Pulmonary Disease (COPD), diabetes, or if **you** are exposed to a vascular risk. Dietary advice includes advice on nutrition and eating habits given for a medical purpose, such as dieticians generally provide.

appointed care providers **Dieticians** can provide this type of care.

The contracted **dieticians** can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.

INSURANCE ENTITLEMENTS

referral You need a **referral** from a **general practitioner, medical specialist or medical specialist**.

maximum rates for non-contracted care We apply a maximum reimbursement for **dietary advice** given by a **non-contracted care provider**. In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com. We can also send it to **you** if you wish.

Clause 54 Integrated care

description You are entitled to reimbursement of the costs of integrated care. **Integrated care** is provided within the framework of vascular risk management, chronic obstructive pulmonary disease (COPD) and for persons aged 18 and older suffering from Diabetes Mellitus type 2.

designated care providers A contracted **care group** is authorised to provide the care.

Contracted care groups can be found at www.hollandzorg.com. Alternatively, **you** can also contact our Care Advice Line on +31 (0)570 68 74 70.

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

Clause 55 Dental care

description You are entitled to reimbursement of the costs of dental care. Dental care (oral care) includes care such as dentists generally provide.

All ages You are entitled to reimbursement of the costs of dental care if:

a) **you** have a serious development disorder, growth disorder or acquired deformation of the dental and oral system. The disorder or deformation must be of such a serious nature, that without that care **you** are unable to retain or acquire any dental function equal to that which **you** would have had if the disorder or deformation had not occurred.

This also includes the fitting of a dental implant and the fitting of the permanent part of the suprastructure. **You** must have a seriously shrunken edentate jaw, and the implant and permanent part of the suprastructure must constitute a requirement in order to secure a removable prosthesis.

b) **you** suffer from a non-dental physical or mental disorder. The disorder must be of such a nature, that without that care **you** are unable to retain or acquire any dental function equal to that which **you** would have had if the disorder had not occurred.

c) medical treatment will demonstrably fail to have an adequate result without that care and without that other care **you** cannot retain or acquire any dental function equal to that which **you** would have had if such disorder had not occurred.

Younger than 18 If the **insured party** is younger than 18, the **insured party**, in addition to all-ages dental care, is also entitled to reimbursement of the costs of:

a) periodic preventive dental check-up once a year. The **insured party** is entitled to a reimbursement of the costs several times a year only if this is necessary from a dental point of view;

b) occasional dental examination;

c) plaque removal;

d) a maximum of two fluoride applications per year, if the **insured party** is six or older. The **insured party** is entitled to a reimbursement of the costs several times a year only if this is desirable from a dental point of view;

e) sealing;

f) periodontal care;

g) anaesthesia;

h) endodontic care;

i) restoration of the dental elements with plastic materials;

j) gnathological care;

k) removable prostheses;

l) tooth replacement with non-plastic materials and fitting dental implants if this concerns the replacement of one or more missing permanent incisors or canines which have not grown or a tooth or teeth missing as the direct result of an accident;

m) dental surgery with the exception of fitting dental implants;

n) x-rays, with the exception of x-rays for orthodontic care.

From the age of 18 If **you** are 18 or older, **you** are, in addition to all-age dental care, entitled to a reimbursement of the costs of:

a) dental surgery of a specialist nature and the accompanying x-rays, with the exception of periodontal surgery and fitting a dental implant and uncomplicated extractions;

b) removable full prostheses for the upper and/or lower jaw.

INSURANCE ENTITLEMENTS

appointed care providers	<p>Dentists, dental surgeons and centres for special dentistry can provide this type of care.</p> <p>Removable (full) prostheses can also be made and fitted by a dental prosthesis maker.</p> <p>Oral hygienists can also remove plaque, give fluoride treatments, provide sealing and periodontal assistance.</p>
referral	<p>For the care provided by a non-contracted oral hygienist you need a referral from a dentist.</p> <p>For the care provided by a dental surgeon you need a referral from a general practitioner or dentist.</p>
consent required	<p>The reimbursement of the costs for a number of forms of dental care provided by a non-contracted care provider, is subject to our written consent before you receive the care. They are:</p> <ul style="list-style-type: none">- periodontal surgery;- extractions under anaesthetic;- osteotomy;- fitting a dental implant;- the manufacture and fitting of a removable prosthesis;- gnathological care;- tooth replacement with non-plastic materials;- care provided by a non-contracted oral hygienist with his or her own practice. <p>The reimbursement of costs for the following forms of care is subject to our written consent before you receive the care:</p> <ul style="list-style-type: none">- care provided by a centre for special dentistry;- surgical dental assistance of a specialist nature if it requires hospitalisation. When applying for this type of care, you must enclose the following details: A written and reasoned treatment plan from the care provider and a report from the care provider, including the medical diagnosis/diagnoses, a description of the current problem. <p>When asking for consent, you must enclose a written and reasoned treatment plan from the referrer.</p> <p>Please send requests for consent to: The Medical Advisor, HollandZorg, Antwoordnummer 30, 7400 VB Deventer (no stamp required). If your care provider submits the request on your behalf, please let us know that you agree with this, by signing the request for example.</p>
excess	<p>If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess.</p>
statutory personal contribution	<p>Regardless of your age, you must pay a statutory personal contribution: for care that falls under the heading 'All ages' if it concerns a removable full dental prosthesis or a removable full dental prosthesis on dental implants. In that case, the extent of the statutory personal contribution is € 125 per full dental prosthesis (per jaw).</p> <p>If you are 18 or older, you must pay a statutory personal contribution:</p> <ul style="list-style-type: none">- for a removable full prosthesis for the upper and/or lower jaw. In that case, the statutory personal contribution amounts to 25% of the costs. This does not apply if your right to reimbursement of the costs for this care falls under the heading 'All ages';- for care that falls under the heading 'All ages', if it concerns care that is not directly related to the indication for specialist dental care. The extent of the statutory personal contribution is the maximum amount that the care provider could have charged if there was no right to reimbursement of the costs under the heading 'All ages', under a) or b). This means that you are in fact entitled to a reimbursement of just the additional costs involved in that type of care.
maximum rates for non-contracted care	<p>We apply a maximum reimbursement for dental care provided by a non-contracted care provider. In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollanzorg.com. Alternatively, we can send it to you on request.</p>
supplementary insurance	<p>The supplementary Long Stay Insurance of HollandZorg offers a supplementary reimbursement for dental care.</p>

Clause 56 Orthodontia in special cases

description	<p>Orthodontia is care of an orthodontic nature such as dentists generally provide. You are entitled to reimbursement of the costs of orthodontia if you have a serious development or growth disorder of the dental and oral system. Orthodontia must be required in order to retain or acquire any dental function equal to that which you would have had if the disorder had not occurred. The disorder or deformation must be of such a nature, that additional diagnosis or additional treatment from disciplines other than dentistry is required.</p>
appointed care providers	<p>Dentists and orthodontists can provide this type of care.</p>
referral	<p>For the care provided by an orthodontist you need a referral from a dentist.</p>

INSURANCE ENTITLEMENTS

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

maximum rates for non-contracted care We apply maximum reimbursement for orthodontics provided by a **non-contracted care provider**. In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com. Alternatively, we can send it to you on request.

Clause 57 Medicinal care

description You are entitled to reimbursement of the costs of medicinal care. Medicinal care (pharmaceutical care) includes the provision of:

- the **registered medicines** contained in appendix 1 (not those in appendix 2) of the Healthcare Insurance Regulations (*Regeling zorgverzekering*);
- the **registered medicines** contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*). Appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*) contains additional conditions per medicine for the provision of that medicine. You are only entitled to reimbursement of the costs of these medicines, if the conditions contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*) for the medicine in question have been met;
- the following non-registered medicines, if it concerns **rational pharmacotherapy**:
 - medicines that are prepared on a small scale at a dispensing chemist's pharmacy by or on behalf of that **dispensing chemist** (magistral preparations);
 - medicines that are sold following an order on the initiative of a **doctor**, which are intended to be used by you under his supervision, if:
 - these medicines have been prepared in the Netherlands by a manufacturer with a licence for preparing medicines pursuant to the Medicines Act (*Geneesmiddelenwet*), and prepared in accordance with the specifications of that **doctor**; or
 - these medicines are sold in another **EU or EEA country** or in a third country, and are imported into Dutch territory at the request of that **doctor** if you suffer from an illness suffered by no more than 1 in 150,000 inhabitants in the Netherlands;
- polymer, oligomer, monomer and modular dietary preparations as referred to in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*). You are only entitled to reimbursement of the costs of the dietary preparations contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*) if the relevant conditions contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*) have been met.

Medicinal care also includes the advice and support **dispensing chemists** generally provide for the assessment and responsible use of prescribed medicines.

Medicinal care does not include:

- medicines that prevent travel sickness;
- medicines for research (medicines as defined in article 40, paragraph 3, subparagraph b of the Medicines Act (*Geneesmiddelenwet*));
- medicines that are (virtually) equal to a **registered medicine** not contained in appendix 1 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*);
- medicines that are still being used for clinical testing and which are made available for distressing cases (medicines as defined in article 40, paragraph 3, subparagraph f of the Medicines Act (*Geneesmiddelenwet*)).
- medicines you receive within the framework of an admission or medical specialist treatment, provided they (should) form part of that admission or treatment. In that case, those medicines form part of that care.

Appendixes 1 and 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*) can be viewed and downloaded via www.hollandzorg.com. We can also send them to you if you wish.

Quantities We do not reimburse medicines in unlimited quantities. Per **prescription**, the costs of the medicines are reimbursed for a maximum period of:

- fifteen days, if it concerns a new type of medicine for you;
- fifteen days, if it concerns antibiotics or chemotherapy to combat acute conditions;
- three months, if it concerns medicines for the treatment of chronic disorders, with the exception of hypnotic drugs and anxiolytic drugs. The **care provider** issuing the **prescription** determines whether it concerns a chronic disorder.
- twelve months, if it concerns the contraceptive pill (oral contraceptives);
- one month in all other cases.

appointed care providers **Dispensing chemists** and **dispensing general practitioners** can provide this type of care.

Only **care providers** with whom we have made arrangements about issuance via the Internet are authorised to provide care you have requested via the Internet. The **contracted care providers** for Internet issuance can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.

prescription You need a **prescription** in order to qualify for reimbursement of medicines.

INSURANCE ENTITLEMENTS

The following **care providers** can issue a **prescription** for most medicines:

- **dentists, dental surgeons, orthodontists, medical specialists, dentists, obstetricians, doctors for the mentally disabled or geriatrics specialists.**

This is subject to the condition that the prescribed medicine is related to the care that the prescribing party generally provides.

Separate rules apply to the medicines contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*). The **care providers** that can issue **prescriptions** for these medicines are listed in the Pharmacy Regulations (*Reglement Farmacie*), per medicine. The Pharmacy Regulations (*Reglement Farmacie*) can be viewed and downloaded via www.hollandzorg.com. **We** can also send them to **you** if you wish.

consent or dispensing chemist's instruction

For the reimbursement of some medicines contained in appendix 2 of the Healthcare Insurance Regulations (*Regeling zorgverzekering*), **you** must have received our written consent before receiving the **care**. **You** must enclose a copy of the prescription with your request.

For the reimbursement of other medicines contained in appendix 2, the **dispensing chemist** or **dispensing general practitioner** must determine the right to reimbursement pursuant to a doctor's note or dispensing chemist's instruction.

These conditions are outlined in the Pharmacy Regulations (*Reglement Farmacie*) per medicine. The Pharmacy Regulations (*Reglement Farmacie*) can be viewed and downloaded via www.hollandzorg.com. **We** can also send them to **you** if you wish.

excess

If **you** are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

statutory personal contribution

You must pay a **statutory personal contribution** for a medicine classified into a group of interchangeable medicines if the purchase price is higher than the reimbursement limit. A **statutory personal contribution** is also due when a medicine is prepared from a medicine for which a **statutory personal contribution** is due. The Healthcare Insurance Regulations (*Regeling zorgverzekering*) stipulate how the personal contribution is calculated.

maximum rates for non-contracted care

We apply maximum reimbursement for medicinal care provided by a **non-contracted care provider**. In that case, the maximum reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzoeg.com. Alternatively, **we** can send it to **you** on request.

supplementary insurance

The **supplementary** Long Stay Insurance of **HollandZorg** offers a reimbursement for the **statutory personal contribution** for medicines.

Clause 58

Stay

description

You are entitled to reimbursement of the costs for a stay and the corresponding nursing, caring or paramedic care. A stay is an admission for an uninterrupted period of no more than 365 days. The admission must be required on medical grounds in connection with medical specialist care general, plastic surgery, rehabilitation care, transplantation care, artificial respiration, obstetric care, specialist medical mental care, genetic advice or surgical dental care of a specialist nature.

The admission being interrupted for a maximum period of thirty days is not regarded as an interruption of the uninterrupted period. However, these interrupting days do not count in the calculation of the days, except when it concerns weekend and holiday leave. Interruptions for weekend and holiday leave are included in the calculation of the 365 days.

appointed care providers

The following **care providers** can provide accommodation for your stay:

- **hospitals**, if **you** receive medical specialist care, rehabilitation care, transplantation care, artificial respiration, obstetric care, specialist medical mental care or surgical dental care of a specialist nature;
- **rehabilitation centres**, if **you** receive rehabilitation care;
- **psychiatric hospitals**, if **you** receive specialist medical mental care;
- **respiratory centres**, if **you** receive artificial respiration;
- **centres for genetic advice**, to give **you** genetic advice.

referral

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

statutory personal contribution

If **you** are 18 or older, a **statutory personal contribution** applies for stays required in connection with specialist medical mental healthcare. This amounts to € 145 per month for day thirty-two of the stay.

An interruption in the admission for a maximum of seven days is not regarded as an interruption of the stay. However, these days of interruption are not included in the calculation of the number of days that the stay lasted.

A reduced **statutory personal contribution** is paid for any part of a month. The calculation is as follows: (145 x the number of admission days in the relevant month for which the contribution is payable x 12) / 365 days.

INSURANCE ENTITLEMENTS

consent required The reimbursement of your stay for the following types of admission is subject to our written consent before **you** are admitted:

- plastic surgery;
- surgical dental care of a specialist nature.

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

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

Clause 59 Nursing not accompanied by a stay

description Nursing includes care such as nurses generally provide. Apart from your right to nursing during your **stay**, **you** are entitled to reimbursement of the costs of nursing that is not accompanied by a **stay**. **You** are only entitled to reimbursement of the costs of nursing not accompanied by a **stay**, if the nursing is required for medical specialist care provided to **you**. The care does not include nursing necessary in relation to home artificial respiration or necessary in relation to palliative terminal care.

appointed care providers The following **care providers** are authorised to provide outpatient care under the responsibility of a **medical specialist**:

- **hospitals**;
- **institutions** that provide nursing or care at home (extramural). A homecare agency may form part of that;
- **nurses**.

The **contracted care providers** can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.

prescription **You** need a **prescription** from a medical specialist, or a needs assessment or terms of reference from the **medical specialist** responsible, explaining the nature, scope, frequency and duration of the necessary nursing not accompanied by a stay.

excess If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

maximum rates for non-contracted care **We** apply a maximum reimbursement for **nursing** not accompanied by a stay, given by a **non-contracted care provider**. In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com. **We** can also send it to **you** if you wish.

Clause 60 Ambulance transport

description **You** are entitled to reimbursement of the costs for ambulance transport. Ambulance transport is patient transport by ambulance, as defined in article 1, paragraph 1 of the Ambulance Transport Act (*Wet ambulancevervoer*) over a maximum distance of 200 kilometres;

- to a **care provider** who will give **you** care that is (partially) at the cost of your **public healthcare insurance**;
- to an **institution** where **you** will be staying, which stay is (partially) at the cost of the **AWBZ**. Transport for care received at an **institution** for part of the day is not included in this;
- from an **institution** defined in subparagraph b, to:
 - a person or **institution** where **you** are given an examination or receive care, the costs of which are fully or partially borne by the **AWBZ**;
 - a person or **institution** for measuring and fitting a prosthesis that is fully or partially provided at the cost of the **AWBZ**;
- to your home or another home if **you** cannot reasonably receive the necessary care at your home, if **you** are coming from the **care providers** defined in subparagraphs a, b or c.

A distance of more than 200 kilometres also falls under ambulance transport, if **we** have given our written consent for that.

Transport by a mode of transport other than an ambulance may also fall under ambulance transport. This is the case if transport by ambulance is not possible, and **we** have given our written consent for transport by a different mode of transport, designated by us.

appointed care providers **Ambulance transport providers** can provide this type of care.

consent required In two cases, the reimbursement of ambulance transport is subject to our written consent before **you** are transported: They are:

- transport over a distance of more than 200 km;
- transport by a mode of transport other than an ambulance.

Consent is not required in the case of unforeseen care that cannot reasonably be postponed.

INSURANCE ENTITLEMENTS

When requesting transport, **you** must enclose the following details: a report from the **doctor** in attendance, including the medical diagnosis/diagnoses, a description of the current problem and substantiation of the request.

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

excess If **you** are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**.

Clause 61 Seated patient transport

description **You** are entitled to reimbursement of the costs of seated patient transport. Seated patient transport is transport by car or **public transport**, over a maximum single travel distance of 200 kilometres:

- a. to a **care provider** who will give **you** care that is (partially) at the cost of your **public healthcare insurance**;
 - b. to an **institution** where **you** will be staying, which stay is (partially) at the cost of the **AWBZ**. Transport for care received at an **institution** for part of the day is not included in this;
 - c. from an **institution** defined in subparagraph b, to:
 1. a person or **institution** where **you** are given an examination or receive care, the costs of which are fully or partially borne by the **AWBZ**;
 2. a person or **institution** for measuring and fitting a prosthesis that is fully or partially provided at the cost of the **AWBZ**;
 - d. to your home or another home if **you** cannot reasonably receive the necessary care at your home, if **you** are coming from the **care providers** defined in subparagraphs a, b or c;
- on the condition that one of the following reasons is involved:
- a. **you** have to undergo dialysis;
 - b. **you** have to undergo oncological treatment with chemotherapy or radiotherapy;
 - c. **you** are only able to move about in a wheelchair;
 - d. your eyesight is so poor that **you** cannot move about unaided.

The reimbursement for seated patient transport by car is € 0.30 per kilometre. The reimbursement for the use of **public transport** applies only to the lowest class of the mode of public transport.

Hardship clause Seated patient transport also includes transport in other cases if, because of the treatment of a long-term illness or disorder, **you** rely on transport for a long period of time and that transport not being reimbursed would be extremely unreasonable to **you**. **We** use various data in order to determine if **you** are entitled to reimbursement of transport after all. To that end, **we** use the following formula: (the number of weeks the treatment takes) x (the number of times you need transport, per week, for the treatment) x (the single travel distance in kilometres for transport to the **care provider**) x 0.25. If the sum of this calculation is 250 or higher, **you** are entitled to a reimbursement.

Seated patient transport also includes the transport of a companion. The accompaniment must be necessary, or it must concern the accompaniment of an **insured party** under the age of sixteen. In special cases, **we** can give our written consent for the transport of two companions.

Transport by a mode of transport other than a car or **public transport** may also fall under seated patient transport. This is the case if transport by car or **public transport** is not possible, and **we** have given our written consent for transport by a different mode of transport, designated by us.

A distance of more than 200 kilometres also falls under ambulance transport, if **we** have given our written consent for that.

appointed care providers For this type of transport, **you** can use your own car or that of someone else. **You** can also use a taxi firm or public transport provider.

The contracted taxi firms can be found at www.hollandzorg.com. **You** can also contact our Care Advice Line on +31 (0)570 687 470.

prescription For the reimbursement of seated patient transport, **you** need a **prescription** from a **general practitioner** or a **medical specialist**.

consent required The reimbursement of transport is subject to our written consent before **you** are transported.

When requesting transport, **you** must give the reason for your request and enclose the **prescription**.

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

statutory personal contribution	Seated patient transport is subject to a maximum statutory personal contribution of € 93 per calendar year . The statutory personal contribution does not apply: <ul style="list-style-type: none"> a. to transport from an institution where you are admitted at the cost of the public healthcare insurance or the AWBZ to another institution where you are admitted at the cost of the public healthcare insurance or the AWBZ where you will undergo a specialist examination or specialist treatment that cannot be provided at the former institution; b. for transport from an institution as referred to in subparagraph a to a person or institution where you will undergo a specialist examination or specialist treatment, at the cost of the public healthcare insurance, that cannot be provided at the former institution, and transport back to that institution; c. for transport from an institution where you have been admitted at the cost of the AWBZ, to a person or institution where you will undergo dental treatment, at the cost of the AWBZ, that cannot be provided at the former institution, and transport back to that institution.
excess	If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess .
maximum rates for non-contracted care	We apply a maximum reimbursement for patient transport provided by a non-contracted taxi firm. In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . We can also send it to you if you wish.

Clause 62 First-line psychological care

description	<p>You are entitled to reimbursement of the costs of first-line psychological care. First-line psychological care is non-specialist medical mental healthcare such as clinical psychologists generally provide.</p> <p>First-line psychological care does not include treatment of post-traumatic disorders. A post-traumatic disorder is understood to mean ongoing psychological symptoms that impede everyday functioning at home or at work after a traumatic event or change (a stressful situation).</p> <p>You are entitled to reimbursement of the costs of a maximum of eight sessions per calendar year. A session is calculated as follows:</p> <table> <tr> <td>- individual first-line psychological consultation:</td> <td>1 session</td> </tr> <tr> <td>- double individual first-line psychological consultation (applies to the EMDR treatment method and diagnoses in children and young persons):</td> <td>2 sessions</td> </tr> <tr> <td>- individual short first-line psychological consultation:</td> <td>1/2 session</td> </tr> <tr> <td>- telephone and e-mail consultation:</td> <td>1/4 session</td> </tr> <tr> <td>- relationship therapy consultation:</td> <td>1/2 session per partner</td> </tr> <tr> <td>- double relationship therapy consultation:</td> <td>1 session per partner</td> </tr> <tr> <td>- single-parent family therapy consultation:</td> <td>1 session</td> </tr> <tr> <td>- double single-parent family therapy consultation:</td> <td>2 sessions</td> </tr> <tr> <td>- two-parent family therapy consultation:</td> <td>1/2 session per parent</td> </tr> <tr> <td>- double two-parent family therapy consultation:</td> <td>1 session per parent</td> </tr> <tr> <td>- group therapy consultation 4 to 8 persons:</td> <td>1/4 session per participant</td> </tr> <tr> <td>- double group therapy consultation 4 to 8 persons:</td> <td>1/2 session per participant</td> </tr> <tr> <td>- group therapy consultation 9 to 12 persons:</td> <td>1/5 session per participant</td> </tr> <tr> <td>- internet treatment process:</td> <td>depending on the costs of the process.</td> </tr> </table> <p>The number of sessions of an Internet treatment process is calculated by dividing the costs of the process (including the statutory personal contribution) by € 60. The result (rounded down to a whole number) is the number of sessions.</p> <p>Care provision at home does not affect the calculation of the session.</p>	- individual first-line psychological consultation:	1 session	- double individual first-line psychological consultation (applies to the EMDR treatment method and diagnoses in children and young persons):	2 sessions	- individual short first-line psychological consultation:	1/2 session	- telephone and e-mail consultation:	1/4 session	- relationship therapy consultation:	1/2 session per partner	- double relationship therapy consultation:	1 session per partner	- single-parent family therapy consultation:	1 session	- double single-parent family therapy consultation:	2 sessions	- two-parent family therapy consultation:	1/2 session per parent	- double two-parent family therapy consultation:	1 session per parent	- group therapy consultation 4 to 8 persons:	1/4 session per participant	- double group therapy consultation 4 to 8 persons:	1/2 session per participant	- group therapy consultation 9 to 12 persons:	1/5 session per participant	- internet treatment process:	depending on the costs of the process.
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- group therapy consultation 9 to 12 persons:	1/5 session per participant																												
- internet treatment process:	depending on the costs of the process.																												
appointed care providers	<p>The following care providers can provide this type of care:</p> <ul style="list-style-type: none"> - a healthcare psychologists; - first-line psychologists; - remedial educationalists; - care providers entered in the register of the Dutch Psychological Association (<i>Nederlands instituut van psychologen (NIP)</i>) as an NIP child and youth psychologist; - other care providers, if we and those care providers have agreed that those care providers can provide first-line psychological care. <p>Contrary to this, an Internet treatment process may only be provided by a care provider contracted by us for providing that process.</p> <p>The contracted care providers can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.</p>																												

referral	<p>You need a referral from a general practitioner, medical specialist or youth healthcare doctor. This condition does not apply in the case of unforeseen care that cannot reasonably be postponed.</p> <p>If the insured party is a young person within the meaning of the Youth Care Act (<i>Wet op de jeugdzorg</i>), the insured party needs a special needs decision from a Bureau Jeugdzorg or, if it concerns care as described in article 9b, paragraph 5 of the AWBZ, a referral by a doctor or other professional in attendance defined in article 10 of the Youth Care Act Implementation Decree (<i>Uitvoeringsbesluit Wet op de jeugdzorg</i>). If the insured party is younger than 18 and has a referral from the general practitioner, these conditions have at least been met.</p>
statutory personal contribution	First-line psychological care is subject to a statutory personal contribution of € 20 per session. An Internet treatment process is subject to a statutory personal contribution of € 50.
excess	If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess .
maximum rates for non-contracted care	We apply a maximum reimbursement for first-line psychological care provided by a non-contracted care provider . In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . We can also send it to you if you wish.

Clause 63 Specialist medical mental healthcare

description	<p>You are entitled to reimbursement of the costs of specialist medical mental healthcare. Specialist medical mental healthcare includes specialist medical mental healthcare such as psychiatrists/neurologists and clinical psychologists generally provide.</p> <p>Specialist medical mental healthcare does not include treatment of post-traumatic disorders. A post-traumatic disorder is understood to mean ongoing psychological symptoms that impede everyday functioning at home or at work after a traumatic event or change (a stressful situation).</p>
appointed care providers	<p>The following care providers can offer specialist medical mental healthcare:</p> <ul style="list-style-type: none"> - clinical psychologists; - psychiatrists or neurologists; - psychotherapists; - institutions that provide specialist medical mental healthcare, such as psychiatric hospitals, hospitals (PAAZ, PAAZ or PUK) or institutions for ambulant mental healthcare. <p>The contracted care providers can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.</p>
referral	<p>You need a referral from a general practitioner, medical specialist or youth healthcare doctor. This condition does not apply in the case of unforeseen care that cannot reasonably be postponed.</p> <p>If the insured party is a young person within the meaning of the Youth Care Act (<i>Wet op de jeugdzorg</i>), the insured party needs a special needs decision from a Bureau Jeugdzorg or, if it concerns care as described in article 9b, paragraph 5 of the AWBZ, a referral by a doctor or other professional in attendance defined in article 10 of the Youth Care Act Implementation Decree (<i>Uitvoeringsbesluit Wet op de jeugdzorg</i>). If the insured party is younger than 18 and has a referral from the general practitioner, these conditions have at least been met.</p>
statutory personal contribution	<p>If you are aged 18 or older, specialist medical mental healthcare is subject to a statutory personal contribution of € 200 per Diagnosis Treatment Combination (DBC) which includes treatment of 100 minutes or more.</p> <p>If you are aged 18 or older, specialist medical mental healthcare is subject to a statutory personal contribution of € 100 per Diagnosis Treatment Combination (DBC) which includes treatment of less than 100 minutes.</p> <p>Contrary to this, no statutory personal contribution applies:</p> <ul style="list-style-type: none"> - for the DBCs “indirect time” and “crisis”; - if you have been admitted under the Psychiatric Hospitals (Compulsory Admissions) Act. <p>The maximum statutory personal contribution is € 200 per calendar year.</p> <p>If you are institutionalised in order to receive the care, you must also pay a statutory personal contribution for the stay. The conditions and extent are described in article 58 Stay.</p>
excess	If you are 18 or older, the costs count towards the compulsory and, if applicable, voluntary excess .
maximum rates for non-contracted care	We apply a maximum reimbursement for specialist medical healthcare provided by a non-contracted care provider . In that case, the reimbursement is limited to the rates in accordance with the rate list for non-contracted care. The rate list can be viewed and downloaded via www.hollandzorg.com . We can also send it to you if you wish.

Clause 64

Medical aids

description

You are entitled to medical aids (care in kind). Medical aids means functioning aids and dressings designated in the Medical Devices Regulations (*Reglement Hulpmiddelen*). These regulations stipulate the scope of this type of care. The regulations also stipulate whether you become the owner of the medical aids or are given them on loan. Other conditions for the right to care and the use of the medical aids are also contained in the regulations.

The Medical Devices Regulations (*Reglement Hulpmiddelen*) can be viewed and downloaded via www.hollandzorg.com. We can also send them to you if you wish.

Medical aids do not include:

- medical aids and dressings you receive within the framework of a admission or medical specialist treatment if they (should) form part of that admission or treatment. In that case, those medical aids form part of that care. In the case of transmural care at home, the dressings are included in the medical aids;
- medical aids and dressings you are entitled to pursuant to the **AWBZ**, the Social Support Act (*Wet maatschappelijke ondersteuning*), the Work and Income (Capacity for Work) Act (*Wet inkomen naar arbeidsvermogen (WIA)*) and the Personal Budgets (Special Needs) Act (*Wet op de leerlinggebonden financiering*, also referred to as *rugzakje*);
- the costs of normal use of medical aids such as energy consumption and batteries, unless stipulated otherwise in these **insurance conditions**.

appointed care providers

In principle, you must use the care provided by **contracted care providers**. The **contracted care providers** can be found at www.hollandzorg.com. You can also contact our Care Advice Line on +31 (0)570 687 470.

You can also opt for care provided by a **non-contracted care provider**. The Medical Devices Regulations (*Reglement hulpmiddelen*) outline which **care providers** can provide the care in that case.

prescription

You need a **prescription** in order to qualify for medical aids. The Medical Devices Regulations (*Reglement hulpmiddelen*) outline, per category of medical aids, which **care provider** can issue the **prescription**.

consent

The Medical Devices Regulations (*Reglement hulpmiddelen*) outline in which cases you need our written consent before you receive the care, and which conditions the request must meet.

statutory personal contribution

Some medical aids are subject to a **statutory personal contribution**. This is defined in the Medical Devices Regulations (*Reglement hulpmiddelen*). Some medical aids are subject to a statutory maximum reimbursement. The **statutory personal contribution** also includes the costs that exceed that statutory maximum reimbursement and which therefore remain payable by you.

excess

If you are 18 or older, the costs count towards the compulsory and, if applicable, **voluntary excess**. This does not apply to medical aids you are given on loan, with the exception of the consumer goods or costs of use that form part of those medical aids.

maximum rates for non-contracted care

If the medical aids are available from a **contracted care provider** in a timely fashion, but you buy or hire the medical aid or dressing from a **non-contracted care provider**, we will apply a maximum reimbursement.

In that case, a medical aid or dressing that we would normally sell to you is reimbursed up to a maximum of 80% of the costs we would incur if you would have received the care from a **contracted care provider**. In that case, we also reimburse a maximum of 80% of any repair costs in connection with the medical aid.

The costs of a medical aid that we would normally give on loan are in that case reimbursed per **calendar year**. We will reimburse a maximum of 80% of the costs we would incur for providing that care on loan in that **calendar year**. The reimbursement is in proportion to the number of days you are entitled to that care and actually have the medical aid at your disposal in that **calendar year**.

Clause 65

Giving up smoking

description

You are entitled to reimbursement of the costs of counselling received when giving up smoking. The care includes counselling aimed at a change in behaviour with the objective of giving up smoking. It involves a series of at least four ten-minute (at least) sessions in a period of one to a few months. Counselling can either be individual or in groups.

The care does not include medicines and nicotine replacement equipment aimed at giving up smoking.

Counselling for giving up smoking can also form part of general practitioner care, medical specialist care, obstetric care or first-line psychological care. In that case, the right to reimbursement of the costs of counselling when giving up smoking is also subject to the conditions for reimbursement of costs of those types of care. Those conditions are referred to in the articles for that care, viz.: article 36 (general practitioner care), article 37 (medical specialist care), article 47 (obstetric care) and article 62 (first-line psychological care).

designated care providers The **care providers** included on the Giving up smoking counselling list are authorised to provide this type of care. The Giving up smoking counselling list can be viewed and downloaded via www.hollandzorg.com. Alternatively, **we** can send it to **you** on request.

Care providers designated in the articles for those types of care are authorised to provide counselling for giving up smoking as part of general practitioner care, medical specialist care, obstetric care or first-line psychological care.

excess If **you** are aged 18 or older, the costs count towards compulsory and, if applicable, **voluntary excess**. Counselling for giving up smoking as part of general practitioner care, medical specialist care, obstetric care or first-line psychological care is subject to the provisions in respect of the excess (in the articles) for those types of care.

Clause 66 Conditional care

description **You** are entitled to reimbursement of the costs of conditional care and services designated by ministerial regulation subject to the applicable conditions, insofar as it concerns responsible care and services.

This includes treatment of chronic, non-specific, lower back trouble using radiofrequency denervation. This treatment forms part of **medical specialist care**. Hence the conditions to qualify for reimbursement of the costs of this treatment have been included in article 37 (medical specialist care).

If expensive and orphan drugs or other types of care are allowed conditionally, the right to reimbursement of the costs thereof is subject to the conditions included in the relevant ministerial regulation. In that case, the conditions can be viewed and downloaded via www.hollandzorg.com. Alternatively, **we** can send it to **you** on request.

excess If **you** are aged 18 or older, the costs count towards compulsory and, if applicable, **voluntary excess**. This does not apply if the care forms part of the care referred to in articles 24.2 and 25.2.