

HollandZorg

This overview is an abbreviated version of all important changes. You cannot derive any rights from this overview. This is only possible under our insurance conditions.



Changes to the public healthcare insurance

Artificial respiration and home oxygen equipment

The contribution you receive for the electricity costs will increase. You can download the claim form for a contribution towards the electricity costs for artificial respiration at your home at hollandzorg.com/conditions. You will receive the contribution towards the electricity costs for the use of oxygen equipment at home through your supplier.

CGM (continuous glucose monitoring)

When you are prescribed CGM for the first time, it is necessary to request an authorisation.

Electrostimulator (TENS)

An external electrostimulator for chronic pain (TENS) is made available to you on loan (if you are dependent on it), rather than being sold to you. This means you must return the TENS when you no longer need it. Renting the TENS does not fall under compulsory excess.

Foot care in the case of diabetes

You are not only entitled to preventive foot care if you have diabetes mellitus type I or II, but also if you have an increased risk of developing foot ulcers due to another disease or medical treatment. Your general practitioner or podiatrist will determine what care you need. Read more about it in the policy conditions.

Giving up smoking

The maximum period of three months lapses for the right to nicotine replacement (medicinal) products.

Increase home dialysis contribution

The reimbursement you receive for various forms of home dialysis is intended for the use of energy, water and maintenance. The contribution for electricity costs will be increased. The claim form for the home dialysis contribution can be found at hollandzorg.com/conditions.

Infusion pump

In addition to the attending physician, the specialist nurse may also prescribe an infusion pump (not for insulin).

Long-term stay in Medical Mental Healthcare Institution (GGGZ)

In the event of a medically necessary stay at a GGGZ institution, you no longer need to ask for an authorisation for the second and third years. The GGGZ is governed by the new nationally established referral agreements.

Medical need medicine

Within a number of groups of mutually replaceable medicines, we have designated a preferred medicine (see hollandzorg.com/conditions). If you are entitled to a preferred medicine, you are not entitled to another medicine, unless you have a 'medical need' or a 'logistical need'. Your prescriber may only note 'medical need' on the prescription if he can substantiate that need. The pharmacist will check the existence of a medical need. In case of doubt, the pharmacist will contact the prescriber for consultation and coordination about the medical need.

Medicine rolls

Medicine rolls, i.e., medicines packed in a bag for each use, will be subject to a subscription fee. This is in lieu of a fee per medicine.

Non-invasive prenatal test (NIPT)

The mandatory or voluntary excess for performing the non-invasive prenatal test (NIPT) has been abandoned for women with a medical indication. This means the NIPT is available free of charge on the basis of a medical indication. The cover for the combination test will therefore expire.

Physiotherapy and remedial therapy at home or in an institution

You no longer need a referral for physiotherapy or remedial therapy treatment at home or in an institution. The attending therapist decides whether treatment at home or in an institution is necessary.

Rates for non-contracted care

The maximum rates for non-contracted care change every year. The rates lists can be found at hollandzorg.com/rates.

Statutory personal contributions

The statutory personal contributions are indexed annually. This is usually for maternity care, patient transport (including maximum reimbursement per overnight stay), pharmaceutical care, dental care and certain medical aids. The amount of the statutory personal contribution is given in the policy conditions.

Vitamin D

Vitamin D has been removed from the public healthcare insurance.

Wake-up and warning system

In addition to the ENT doctor or an expert from an audiological centre, a hearing specialist may also prescribe a wake-up and warning system.

Changes to supplementary and dental insurance policies

From 1 January 2023, it will be possible to take out or change supplementary (dental) insurance. The best choice of supplementary insurance depends on your personal situation. An overview of the supplementary and dental insurance policies can be found on our website: hollandzorg.com/supplementary.

Breastfeeding support

The Association of Breastfeeding and Baby Support Specialists (VSBB) will be added as one of the recognised professional associations to which a lactation expert must be affiliated. An IBCLC lactation expert who is affiliated with the Netherlands Association of Lactation Experts (Nederlandse Vereniging van Lactatiekundigen (NVL)) or an NLG-certified lactation expert may also provide this care.

Cosmetic oral care

Cosmetic oral care is no longer reimbursed. Cosmetic oral care concerns non-medically necessary dental treatment that is purely intended to beautify the appearance of your teeth. In the supplementary insurance policies TandExtra, TandPlus and TandTop, the cover for the external whitening of teeth and molars will lapse. In addition, the reimbursement for the non-medically necessary dental treatments 'placement of facings' and 'external whitening of teeth and molars' will lapse.

Ear correction

If you need an ear correction, you can go to non-contracted as well as hospitals and independent treatment centres specifically contracted for this purpose. The reimbursement in the Top supplementary insurance for an ear correction with contracted care is 100%. For non-contracted care, the reimbursement is € 1,250 for the total treatment of both ears together.

Facial care

You no longer need a referral from your general practitioner for treatment from a facial care specialist. You need our prior written consent for the reimbursement of facial care.

Reimbursement for glasses

The Specsavers reimbursement for glasses in the Plus and Top supplementary insurance policies will be cancelled. You can purchase glasses from any optician, the reimbursement is the same for every optician, namely:

- Plus: maximum reimbursement for glasses € 75 per 2 calendar years:
- Top: maximum reimbursement for glasses € 150 per 2 calendar years.

Sterilisation

For sterilisation, you can go to non-contracted hospitals and independent treatment centres as well as hospitals and independent treatment centres specifically contracted for this purpose. The reimbursement in the Top supplementary insurance for sterilisation with contracted care is 100%. For non-contracted care, the reimbursement is € 500 for the total treatment.