Zilveren Kruis | achmea

# Worldpolicy

## Conditions and Benefits

Date of commencement 1 January 2008

# Summary of Benefits

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This conditions and refunds document focuses initially on the general conditions.

Starting on page 7 we describe per article the benefits which you are entitled to. The summary on page 2 shows in diagrammatic form which article and on which page you can check which rights you are entitled to.

Your policy paper states which insurance package you applied for.

# General conditions

## Article 1 Definitions

This article explains the meaning of a number of terms used in the conditions.

**1.1 Supplementary (dental) insurance**
The (dental) insurance which supplements the basic medical costs insurance.

**1.2 Ambulance**
Transportation intended for the transport of patients and accident victims.

**1.3 Pharmacy**
An institution certified in the country of residence to supply medicines.

**1.4 Doctor**
A person who is certified to practice medicine according to the legislation which is applicable in the country of residence.

**1.5 Additional costs**
Medical costs which are directly linked to surgery by a medical specialist or dental surgeon, and which have been incurred during a treatment in a hospital, such as the costs of X-rays, blood transfusions, laboratory costs, medicines, radiotherapy, anaesthetics, dressings and the use of an operating theatre. The additional costs must be charged for by a hospital or laboratory.

**1.6 Day nursing**
Nursing in a hospital bed for less than 24 hours, anticipated as being necessary for the purposes of an examination or treatment by a medical specialist or dental surgeon on the same day.

**1.7 Fraud**
Fraud is the acquisition of a benefit from us, or an insurance agreement with us, under false pretences or on illegitimate grounds and/or in an illegitimate manner.

**1.8 Physiotherapist**
A physiotherapist certified in the country of residence.

**1.9 Medicines**
Medication supplied by a doctor or dispensing doctor, on prescription by the treating GP or specialist.

**1.10 Family**
Two persons who are married or living together in a long-term relationship, plus their unmarried biological children, stepchildren, foster children or adopted children up to 30 years of age.

**1.11 General practitioner**
A GP certified in the country of residence.

**1.12 Medical appliance**
A medical appliance which is included in the Achmea Regulations for Medical Appliances.

**1.13 Calendar year**
The period running from the 1st of January to the 31st of December.

**1.14 Country of residence**
The country in which one has an independent residence, or the country in which one resides for the majority of the year.

**1.15 Speech therapist**
A speech therapist certified in the country of residence.

**1.16 Medical ly necessary treatment**
The necessity for testing and treatment according to generally recognised medical considerations.

**1.17 Medical necessity**
The doctor who gives advice on medical matters.

**1.18 Medical specialist**
A doctor certified as such in the country of residence, without being a dentist, who provides primarily specialist treatment according to generally accepted medical scientific considerations.

**1.19 Remedial therapist**
A remedial therapist certified in the country of residence.

**1.20 Orthodontist**
A dentist or specialist certified to practice dental orthopedics in the country of residence.

**1.21 Premium**
The amount you pay for your insurance is made up of:
***Net premium (medical costs insurance)***
This is the part of the premium which you pay for medical costs insurance and supplementary (dental) insurance.
***Special contributions***
When you reside outside of the Netherlands, you have in some cases to pay extra contributions. The extent of these contributions is determined by the legal regulations or conditions which apply to you.

**1. 22 Psychologist**
A psychologist certified in the country of residence.

**1.23 Convalescence**
Testing, advice and treatment of a specialist medical, paramedical, behavioural or convalescent nature. This care is provided by a multi-disciplinary team of experts, under the supervision of a medical specialist.

**1.24 Dentist**
A dentist certified in the country of residence.

**1.25 Terrorism damage**
Damage as a consequence of terrorism, malicious infection and/or preventive measures, treatments or actions in preparation for possible terrorism.

**1.26 You/your**
The insured persons. These are listed on the insurance certificate.
'You (the insured)' means the person who has taken out the insurance.

**1.27 Obstetrician**
An obstetrician certified in the country of residence.

**1.28 We/Us**
Achmea Zorgverzekeringen N.V.

**1.29 Hospital**
An institution certified in the country of residence for the nursing, examination and treatment of patients.

**1.30 Hospital nursing**
Admission to hospital for longer than 24 hours, when and in as far as, on medical grounds and exclusively in a hospital, with continuous treatment by a medical specialist or dental surgeon being essential.

**1.31 Medical insurance**
The insurance under private law that you have taken out with us against medical expenses for which we bear the risk.

## Article 2 Application

In this article you will find information about the rules which apply to you when applying for the insurance.

**2.1** ou (the insured) are obliged to fill in the application form fully and truthfully, and to sign it.

**2.2** When, during the application procedure, you (the insured) fail to mention any relevant matters, or answer our questions untruthfully or incompletely, then we can invoke our right to annul the insurance agreement.

**2.3** The application form, and the information submitted during any medical examination that might be required are part of the insurance contract.

**2.4** On application for insurance or for financial services, we ask for personal details. We use this information within the Achmea Group for the acceptance of the application, for the implementation of an insurance agreement or of financial services, for the management of contacts, and in the interests of fraud prevention. We may also use this information to inform you about products and services which are relevant to you.
When you do not wish to receive information on products or services, you can state this in writing to Zilveren Kruis Achmea, Postbus 31400, 2200 GS Noordwijk.

**2.5** You (the insured) do not need to fill in an application form for children who are born or legally adopted during the period of the insurance, on the condition that you inform us of the child or children within two months of their birth or adoption. Their inclusion in the insurance then takes place from the date of their birth or adoption. In case of the adoption of a child from another country, the inclusion takes place from the date of the adoption of the child in the foreign country.
Required documents in case of adoption:
- Adoption of a Dutch child: official certificate of inclusion in the family or of handover of the child
- Adoption in a foreign country: certificate of handover from a foreign court, when necessary with a translation by a sworn translator.

**2.6** You (the insured) are obliged to inform of us of all family members to be included in the insurance. After it comes into effect, the insurance must remain applicable to all family members. The foregoing does not apply to family members who are insured under the terms of the Health Insurance Act.

## Article 3 Starting date, duration and termination of your insurance

In this article you will find information about:
- the starting date and the duration of your insurance;
- the termination of your insurance.

### 3.1 Starting date and duration of your insurance

3.1.1 Your insurance begins on the date which is stated as the starting date on your policy certificate.

3.1.2 Your insurance is valid for one calendar year.
When your insurance commences after the 1st of January, then it is valid up to and including the 31st of December of the following year.

3.1.3 Your insurance is automatically and repeatedly extended by one calendar year.

3.1.4 You can add to an existing insurance with us by taking out supplementary insurance. This addition can only take place after we have agreed to it in writing, and only after a medical examination.

### 3.2 Termination of your insurance

3.2.1 You (the insured) can terminate the insurance:
- by cancelling it in writing before the 1st of December. The insurance then ends the 1st of January the following year. Once made, a cancellation is irrevocable;
- by informing us, within 30 days of an amendment having being announced by us, that you do not agree with the increase in the premium rate, and/or a restriction of the conditions, on the grounds of article 9. Once made, a cancellation is irrevocable.

3.2.2 We may terminate your insurance:
- if it turns out in retrospect that you filled in your application untruthfully or incompletely, or failed to mention circumstances which may be of importance to us;
- at a time to be determined by us, when the premium has not been paid within 45 days of its due date;
- in case of proven fraud; we may record this in the notification system agreed between insurers;
- upon decease.

When we terminate your insurance, we will inform you of this in writing.

## Article 4 Obligations of the person insured

In this article you will find information about your obligations when you enter into an insurance agreement with us.

**4.1** You are obliged to do everything possible to provide us, or our medical necessity, with the required information. You are obliged to provide medical information in the Dutch or English language.

**4.2** When costs are incurred because of the actions of a liable third party, you are obliged to assist us as fully as possible in receiving damages from this liable third party. It is not permitted to agree to or accept any settlement with the liable third party without our prior permission in writing.

**4.3** When our interests are prejudiced because you fail to fulfil the above obligation, then you lose your right to the reimbursement of costs.

**4.4** You are obliged to inform us in writing within two months of any changes which are relevant for your entitlements and obligations resulting from the insurance. Such changes include among other, the following:
- a change of address;
- a birth of child;
- the arrival of a stepchild, foster child or adopted child in your family;
- a death;
- divorce/termination of cohabitation;
- a change of bank or postal account number;
- acquiring the rights under the Health Insurance Act.

When you do not inform us of these changes within two months, then the changes will only take effect as of the date that you report them to us, and not retrospectively from the date of the change. We may assume that communications have reached you when they are sent to your last known address.

## Article 5 Benefits

In this article you will find information about:
- the payment of benefits;
- the conditions for the payment of benefits.

### 5.1 Payment of benefits

5.1.1 We reimburse your costs to you, unless an agreement has been made with the care provider.

5.1.2 Care providers with whom an agreement has been made report the care provided to you directly to us. This means that you will no longer receive a bill from your care provider.

5.1.3 We pay the bills as quickly as possible, and in any case within two months of our having received them. Payment is made in Dutch legal currency. We pay bills from foreign care providers to you in Dutch legal tender, in accordance with the exchange rate which is applicable in the month in which the bill is written. We do not reimburse any damages caused by loss due to the exchange value. We do not reimburse any costs which arise from payment to a foreign bank account number.

5.1.4 To allow direct declarations by Dutch care providers to us, we provide your care provider with certain information. This concerns N.A.P (name, address, place of residence) details, date of birth and a description of the type of insurance, including the coverage. The care provider uses the information provided for no other purpose than to be able to establish which insurance company the invoice/invoices should be submitted.

### 5.2 Conditions for payment

5.2.1 We only reimburse costs which are incurred during the period of the insurance agreement.

5.2.2 In case of proven fraud, all rights to reimbursement with regard to the entire claim become invalid, including those over which no untrue statements have been made and/or no misrepresentations have been made. The payment, or payments, which have already been made, and costs, including investigation costs, which have been incurred may be claimed back.

5.2.3 The date on which the care is provided will determine how the reimbursement is calculated.

5.2.4 You are obliged to send us original and clearly specified invoices. The care provider who provides treatment must have issued the invoices under his/her own name. When the care provider is a legal entity, the invoice must state which natural person has provided the treatment.

5.2.5 Invoices which we reimburse, wholly or in part, or adjust according to the deductible amount, remain in our possession.

5.2.6 You are obliged to send us the invoices as soon as possible, but in any case within 12 months of the end of the calendar year in which the treatment has been provided. When you do not do this, we will not reimburse the declared costs.

5.2.7 We will reimburse the medical costs on the basis of the tariff we have agreed with the care provider. If no tariff was agreed, we will reimburse the costs on basis of the legally valid tariff in that country.

5.2.8 We only reimburse the costs of medically necessary treatments, unless determined otherwise.

### 5.3 Concurrence

When you - if the insurance referred to in these conditions did not exist - could make a claim for the reimbursement of damages or costs respectively, on the grounds of any other insurance, whether or not of an earlier date, then this insurance is only applicable in the last place. In such a case, only those damages for reimbursement which exceed the amount for which you could claim elsewhere will be taken into consideration.

## Article 6 Exclusions

In this article you will find information about the costs which we do not reimburse.

**6.1** We do not reimburse any costs that are related to an illness or disorder which you already had, and which you were aware of, or of which you already experienced symptoms, before you entered into an insurance agreement with us, when you did not report them on the application form. This also applies when increasing the insurance level of coverage.

**6.2** We do not reimburse any costs which have been incurred by, or which result from atomic nuclear reactions (unless the radioactive materials are used for medical care), armed conflict, civil war, uprisings, civil commotion, revolt or mutiny.

**6.3** We do not reimburse any costs of cell therapy, chelation therapy, medical check ups or the issuing of medical certificates.

**6.4** We do not reimburse any costs for care which is provided by a specialist in an area in which he/she does not specialise in.

**6.5** We do not reimburse any costs of dental implants or costs connected with implanting them in the jaw.

## Article 7 Terrorism

We only reimburse costs incurred as a result of terrorism up to the extent of the payment as described in the Clauses Sheet on Terrorism Coverage of the Dutch Terrorism Risk Reinsurance Company (NHT). This clause, and its accompanying Protocol, form a part of this policy, which you can download from our website and is also available from us on request.

## Article 8 Deductible excess

In this article you will find information about the regulations concerning the excess.

**8.1** The deductible excess is calculated in Dutch legal currency.

**8.2** An insured person of the age of 18 years old or older may choose whether or not to be liable to pay a deductible excess per calendar year. World Policy International Medical Insurance can be taken out without an excess or, for insured persons as of the age of 18 years old or older, with a deductible excess of € 100.-, € 200.-, € 300.-, € 400.- or € 500.- per calendar year. The selected excess per calendar year is shown on the policy certificate.

**8.3** We only reimburse those medical costs which are above the amount of the excess. The excess also applies to benefits with a maximum limit.

**8.4** When your insurance either begins or ends during the course of a calendar year, the excess for that year will be reduced proportionately.

**8.5** You can change your excess yearly, as of the 1st of January. You must inform us of such a change before the 1st of January of the year when the change is to take effect.

## Article 9 Premium

In this article you will find information about:

- The level of the premium;
- payment of the premium;
- the consequences of late payment/payment arrears;
- what happens to the premium when you alter or terminate your insurance.

### 9.1 Level of the premium

9.1.1 On your policy certificate you will see the level of the premium for the medical insurance and the supplementary (dental) insurance.

9.1.2 We set the level of the premium for the medical insurance and the supplementary (dental) insurance. This depends on the family situation, the level of the excess, your age and the country of residence.

When the premium increases because you exceed an age limit after the 1st of a month, then the premium will change on the first of the following month. When your age changes on the 1st of the month, then the premium changes from the 1st of the month concerned.

### 9.2 Payment of the premium

9.2.1 The policy holder is obliged to pay the premium. In connection with payment of the premium, The word 'you' should be interpreted as you the policyholder.

9.2.2 You must pay the premium in advance.

9.2.3 We always deduct the premium received from the due premium which has been outstanding the longest.

9.2.4 ou are not permitted to deduct any premium against reimbursements to be received from us.

9.2.5 When the insurance is terminated in the interim, premiums which have already been paid will be paid back. An amount may be deducted from the premium for administration costs.

### 9.3 Late payment

9.3.1 When you do not pay the premium on time, you will not be eligible for reimbursements from the medical insurance. You will only regain your right to reimbursements of medical costs when the overdue premium has been paid in full. We are only obliged to reimburse costs which were incurred after the payment of the entire overdue premium, and which could not have been expected.

9.3.2 You continue to be obliged to pay any overdue premium.

9.3.3 When you do not pay your premium on time, we add administration costs and the statutory interest to the amount owed by you.

9.3.4 When we undertake debt collection measures, you are liable to pay the recovery costs of these debts, including the judicial and extrajudicial collection costs.

## Article 10 Changes to premium and/or conditions

In this article you will find information about:

- To whom a change in the premium and/or conditions apply to;
- what you can do when you do not agree with the change;
- when you are not permitted to refuse a change.

**10.1** We have the right to change the conditions and/or the premium of our current insurance en masse, or in groups. Such a change will be implemented on a date to be determined by us.

**10.2** When we raise the premium, or limit the benefits from the insurance conditions, then these changes also apply when you were already insured.

**10.3** When you (the policyholder) do not agree to the increase of the premium or the limitation of the conditions, you can inform us of this in writing within thirty days after we have given notice of the change. We will then terminate your insurance policy as of the date that the change has taken effect.

**10.4** You may not refuse the change when your premium increases are due to the exceeding of an age limit.

## Article 11 Exception for collective medical insurance

This article only applies when your insurance is part of a collective medical expense contract which your employer has agreed with us.

The content of the collective medical expenses agreement is part of the insurance policy. In the event of a conflict between the content of these general conditions and the content of the collective medical expense agreement, the content of the collective agreement will prevail.

## Article 12 Disputes

In this article you will find information about the procedure which you can follow in case of disputes arising from the medical insurance.

Regulations for disputes regarding the medical insurance and the supplementary (dental) insurance.

When you do not agree with a decision relating to the implementation of the insurance policy, you can take up the matter with us in writing, by telephone, via internet or email.
Below we set out the possibilities available to you.

### Step 1: Relevant department

You must always first direct your question to the department from which you received the decision.

### Step 2: Complaints bureau

When you have received a reply from the relevant department and do not agree with it, then you can send a letter to our complaints bureau. This complaints bureau acts on behalf of our directors. Our complaints coordinators will assess your question again, and inform you in writing of our decision.

### Step 3: Medical Insurance Ombudsman:

You can put your question before the Medical Insurance Ombudsman, Postbus 291, 3700 AG Zeist, The Netherlands.
This is an independent, external agency which mediates in disputes between medical insurers and you.

## Article 13 Fraud

Fraud is the acquisition of a benefit from us, or an insurance agreement with us, under false pretences or on illegitimate grounds and/or in an illegitimate manner. All rights to benefits arising from this insurance become invalid when you or an interested party in the benefit, have made a misrepresentation or an untrue statement concerning a claim which has been made, or have failed to mention facts which could be of importance for us in the evaluation of a claim which has been made. In such a case, all rights to benefits with respect to the entire claim become invalid, including those of which no untrue statement and/or misrepresentation has been made.

Furthermore, fraud can have the consequence that we:
a. report the matter to the police;
b. terminate the insurance agreement or agreements;
c. make a registration in the notification system agreed between insurers;
d. claim back benefit(s) which have been paid out and costs, including investigation costs, which have been incurred.

## Article 14 Dutch law

Dutch law is applicable to this insurance agreement.

# Worldpolicy

## Article 1 Hospital nursing and day nursing in a hospital

We reimburse:

- the costs of nursing, on the basis of the third class;
- the costs of day nursing;
- the fee for specialist or dental surgeon care;
- any additional costs of the treating specialist and the hospital where you are treated.

We reimburse the costs of an unbroken admission for a maximum period of 365 days. A new period only commences in case of an interruption of this period by more than 30 days.*

In addition, we reimburse the cost of part-time psychiatric treatment, up to a maximum of 60 days or nights of treatment per calendar year.

*Conditions for coverage*

- You have to inform us of your hospital admission in advance, or within 48 hours at the latest, via the Achmea Alarm Centre, which is operated by EuroCross International. When plastic surgery is involved, you have to apply for approval at least three weeks in advance. We issue the hospital with a guarantee od payment as proof of our approval.
- When you make use of a care provider who is not contracted by us to perform such treatment, in the case of a number of types of treatment in the Netherlands you will be entitled to a compensation of 80% of the average fee agreed on for the relevant treatment. This applies to the following types of treatment:
  - femoral hernias;
  - varicose veins;
  - Gall bladder operation;
  - (Suspicion of) breast cancer;
  - Psoriasis;
  - Pregnancy and childbirth;
  - Incontinence;
  - Removal of tonsils and adenoids;
  - Testing in relation to sleep distorders and treatment of obstructive sleep (apneu) syndrome;
  - Diabetes in children (treatment by paediatrician);
  - Chronic gastroenteritis (Crohn's disease and ulcerative colitis);
  - breast reduction based on a medical recommendation;
  - cataract operations;
  - Arthrosis of hips and knees, including placement of an artificial joint;
  - Meniscus or damage to cruciate ligament;
  - (Suspicion of) hernia to back;
  - Rheumatoid Arthritis;
  - Bechterew disease;
  - Kidney stones and urinary passage stones;
  - Prostate complaints, including (suspicion of) prostate cancer;
  - (Suspicion of) bladder cancer.
- You must authorise your GP or medical specialist to inform our medical necessity of the reason for admission.

*Exclusion*

We do not reimburse the costs of hospitalisation in a psychiatric hospital.

## Article 2 Cosmetic surgery/Plastic surgery

We reimburse the costs of surgical procedures of a cosmetic nature when the treatment is for the correction of:

- an external disorder which is accompanied with a demonstrable physical disorder;
- disfigurements which are a consequence of illness, accident or medical procedures;
- a serious disorder which is present and identified at birth.

*Condition for coverage*

We must have granted you prior written permission.

*Exclusion*

We do not reimburse costs of cosmetic treatments to change the form or aspect of the appearance, whose cause arises from personal desire, necessity or circumstance.

## Article 3 Specialist Medical Care (out-patient clinic)

We reimburse:

- the fee of the medical specialist or dental surgeon;
- any additional costs;
- the costs of medicines and dressings prescribed by the specialist;
- the costs of psychotherapy up to a maximum of 90 treatments per person per calendar year.

You must contact us before you begin a number of the types of treatment in the Netherlands referred to in Article 1. If for any such treatment you make use of a care provider who is not contracted by us to perform such treatment, you will be entitled to a compensation of 80% of the average fee agreed on for the relevant treatment.

*Condition for coverage*

We only reimburse the costs of the medical specialist when you have been referred to him/ her by a GP or other medical specialist. You do not need a referral for an ophthalmologist.

## Article 4 Organ transplants

We reimburse the costs of:

- transplantation of organs and tissues;
- tissue typing in connection with these transplants, declared by Eurotransplant;
- nursing and treatment of the donor on the basis of the class for which he/she is insured;
- medical care of the donor up to a maximum of three months after the date of discharge from the hospital to which the donor has been admitted for the selection or removal of transplantation material.

*Conditions for coverage*

- You must apply for permission in writing in advance.
- We reimburse the costs of the donor, provided that his/ her treatment is as a direct and exclusive consequence of the transplant.

## Article 5 Rehabilitation in a hospital or a rehabilitation centre

We reimburse:

- the fee of the medical specialist;
- any additional costs.

*Conditions for coverage*

- You must apply for permission in writing in advance.
- The treatment must take place according to the treatment plan drawn up by the specialist.

## Article 6 Psychological care

We reimburse 75% of the costs of a psychologist, to a maximum € 500.- per person per calendar year.

*Condition for coverage*

You must have a written referral from a general practitioner or, in case of work-related complaints, from a company doctor.

## Article 7 Kidney dialysis

We reimburse the costs of kidney dialysis in a hospital, kidney dialysis centre or at home. In addition, in the case of home dialysis, we can reimburse:

- the costs of necessary structural adaptations to your home;
- the costs of converting an area in your home into a dialysis room.

*Conditions for coverage*

- You must supply an estimate of the costs.
- We reimburse the structural costs unless you can receive a payment by virtue of a legal regulation.

## Article 8 IVF (In vitro fertilisation)

We reimburse the costs of fertility treatment in accordance with the guidelines of NVOG (the Dutch Society of Obstetrics and Gynaecology), including IVF (in vitro fertilisation) and the medicines used for it. For every attempt to achieve pregnancy, we reimburse the costs of a maximum of three in vitro fertilisation treatments. You receive a payment of a maximum of € 6,850.- for each attempt to achieve pregnancy.

*Conditions for coverage*

- We must have given you prior written approval.
- The IVF treatment must take place in a hospital.
- We reimburse Intracytoplasmic Sperm Injection (ICSI) only up to the amount of the IVF maximum payment.

## Article 9 Audiological centre

We reimburse the costs of care in an audiological centre.

*Condition for coverage*

You must have been referred by a GP, paediatrician or ENT specialist or a child and adolescent health care doctor.

## Article 10 Heredity testing

We reimburse the costs of heredity testing in a clinical genetic centre.

*Conditions for coverage*

- You must have been referred by the treating doctor.
- he seriousness of the (expected) condition or disorder, as well as the absence of other possibilities for reaching a diagnosis, must make this testing necessary.

## Article 11 Home nursing in place of hospital nursing

We reimburse the costs of home nursing for a maximum of 6 weeks every 5 calendar years, per person up to a maximum of 8 hours a day.

*Conditions for coverage*

- We must have given you prior written approval.
- We only reimburse the costs when, through home nursing, a medically necessary hospital stay is shortened or prevented.
- The home care must be provided by a certified nurse or by a patient carer who is a member of a home care organisation.
- We only reimburse the costs when you can make no claim of reimbursement from another insurance.

*Exclusion*

We do not reimburse any costs of blood testing or wound dressing by a nurse at home, when there is no medical necessity for this.

## Article 12 General practitioner

We reimburse:

- the costs of care provided by a GP;
- the costs of X-ray and laboratory testing at the GP's request;
- the costs of medicines and dressings prescribed by the general practitioner.

*Condition for coverage*

We reimburse the laboratory costs only when these are declared by a hospital or laboratory.

## Article 13 Alternative medicine and therapies

We reimburse the costs of: consultations with alternative practitioners;
We reimburse 75% of the costs to a maximum of € 345.- per person per calendar year.

## Article 14 Physiotherapy and remedial therapy

We reimburse:

- the costs of treatment by a physiotherapist;
- the costs of treatment by a remedial therapist.

We reimburse a maximum of € 20.- per treatment in the Netherlands by a physiotherapist or remedial therapist who is not contracted by us.

*Conditions for coverage*

- We only reimburse the costs when you have been referred by a GP or medical specialist.
- After 18 sessions of physiotherapy or remedial therapy you must, in case of continued treatment for the same complaint, have obtained our prior written approval.
- For reimbursement of treatment in the Netherlands by a physiotherapist or remedial therapist who is not contracted by us, we must have granted prior approval in writing.

*Exclusion*

We do not reimburse the costs of treatment on your own or as part of a group, if its sole purpose is to improve your condition through training.

## Article 15 Speech therapy

We reimburse the costs of treatment by a speech therapist.

*Condition for coverage*

We only reimburse the costs when you have been referred by a general practitioner, dentist or medical specialist.

*Exclusion*

Speech therapy does not include the treatment for dyslexia (unless there are indications of a speech problem of a medical nature) or for speech development disorders in speakers of other languages.

## Article 16 Medical appliances

We reimburse the costs of the purchase, adaptation, replacement and repair of medical appliances in accordance with the (maximum) costs as stated the Achmea regulations for Medical Appliances. The Achmea regulations for Medical Appliances is a part of this policy, which you can download from our website and is also available from us on request.

*Condition for coverage*

We must have given you our prior approval, whereby we assess whether the medical aid is necessary, purposeful and not unnecessarily expensive or complicated.

## Article 17 Childbirth and obstetric care

We reimburse the costs of:

- obstetric care by an obstetrician, GP or medical specialist;
- the use of the delivery room, when the delivery takes place in a hospital or maternity home.

For treatment by a obstetrician in the Netherlands with whom we have not entered into a contract we shall reimburse 80% of the average contracted rate.

## Article 18 Maternity care

In case of childbirth, the female insured person receives a contribution for the costs of maternity care. The amount of the contribution will depend on where the maternity care is provided during the first 8 days after giving birth. The contribution will amount to:

- € 1,500.- when you give birth at home;
- € 1,500.- when the lying-in takes place partly in a hospital or maternity home. An amount of € 187.50 will be deducted for each day of lying-in, with the exception of the day of the birth.

For the days that the lying-in takes place with a medical indication in a hospital or obstetric clinic, the nursing and additional costs will be reimbursed in full for the insured mother and the insured child.

Hospital costs that are made during and due to pregnancy can be arranged via the Achmea Alarm Centre, wich is operated by EuroCross International.

## Article 19 Transport of patients

We reimburse the costs of the transport of patients by ambulance, taxi, or personal car, both to and from:

- a hospital or maternity home for intake;
- a hospital for outpatient treatment or examination upon request of a medical specialist;
- the place where the treating medical specialist carries out his/ her practice.

We reimburse the costs of transport by ambulance or taxi in full.
The reimbursement for transport by personal car or hired car amounts to € 0.25 per kilometre.
We reimburse the costs of transport by taxi within the Netherlands, by a taxi company not contracted by us, up to a maximum of € 0.70 per kilometre.

*Conditions for coverage*

- We reimburse the costs of transport of patients when, and in so far as, the use of public transport is not possible on medical grounds.
- The transport must be in connection with care which we reimburse from your medical insurance.
- You must be treated at the nearest location where the required care can be provided.

## Article 20 Abroad

Abroad means any other country than the country of residence.
We reimburse the costs of medically necessary care during stays for the purposes of holiday, study or business. The costs are only reimbursed when they concern care which could not have been foreseen on departure to the foreign country, unless treatment takes place in the Netherlands.

*Conditions for coverage*

- The costs are only reimbursed when they would also be reimbursed in the country of residence;
- You must inform us of a hospital admission immediately via the Achmea Alarm Centre, which is operated by EuroCross International.

## Article 21 Repatriation patiënt/transport of mortal remains to the country of residence or the Netherlands

We reimburse the costs:

- of medically necessary patient transport by ambulance or by aeroplane from a foreign country to a care institution in the Netherlands;
- of transport of mortal remains from the place of death to the country of residence or to the Netherlands.

*Conditions for coverage*

- Patient transportation resulting from emergency care abroad.
- We only reimburse the costs involved after permission has been given beforehand by the Achmea Alarm Centre, which is operated by EuroCross International.

## Article 22 Achmea Alarm Centre

We reimburse the costs of organising the assistance of the Achmea Alarm Centre, operated by EuroCross International, referred to in Articles 20 and 21.

## Article 23 Preventive examinations and vaccinations

We reimburse the costs of testing by a GP or specialist for the purpose of the early detection of:

- cervical cancer (smear);
- breast cancer;
- diseases of the heart and vascular system (a maximum of once per 24 months);
- prostate cancer.

*Condition for coverage*
The test must be in accordance with and accepted by the current legislation.

*Exclusion*
We will not reimburse the cost of the general population screening for which the requisite permit has not been given. Such a permit is necessary for general population screening for breast cancer, cervical cancer and prostrate cancer.
We reimburse the costs of vaccinations:

- against influenza, rabies, tetanus and rubella;
- of newborn babies against hepatitis B, when the mother is a carrier of this virus;
- for children and newborn babies.

*Exclusion*
We do not reimburse any costs of other research and/or consultations in connection with general prevention.

## Article 24 Orthodontics

For insured persons younger than 18 years old, we reimburse the costs of orthodontics (dental regulation) carried out by an orthodontist or dentist. The maximum payment amounts to € 1,135.- per person for the full duration of the insurance.

Condition for coverage
We only reimburse the costs when the treatment is carried out on the advice of a GP or dentist.

*Exclusion*
In the event of loss of, or damage to, existing orthodontic appliances on account of careless use or negligence are excluded.

## Article 25 Dental care - general

We reimburse:

- the costs of treatment by a dentist for insured persons younger than 18 years old. We reimburse 75% of the costs, to a maximum of € 225.- per person per calendar year.
- medicines prescribed by a dentist.

*Condition for coverage*
The treatment must be carried out by a dentist. Preventive treatment/oral hygiene treatment and periodontal treatment may also be carried out by an independent oral hygienist.

## Article 26 Dental care in special cases

We reimburse the costs of dental treatment in cases where a physical disorder, or an innate or acquired dental abnormality, has led to a serious functional dental disorder. This concerns the following abnormalities:

- the non-alignment of multiple dental elements;
- a jaw-joint defect (pain dysfunction syndrome), when it is shown that a first treatment in the dentist's home practice/general practice, for example by grinding and dental prosthesis, has not led to the desired result;
- a defect as a result of an accident, whereby normal prosthetic measures are not adequate;
- a cleft lip, jaw or palate;
- a wide-ranging defect of the mouth, jaw or face, possibly after preparatory surgical treatment;
- total amelogenesis imperfecta.

*Conditions for coverage*

- The treatment must require a team approach and/or special expertise.
- The request for approval must be in writing and accompanied by a medical review. The request for approval must be accompanied by a treatment plan. No approval will be given when the proposed treatment is not purposeful, or is unnecessarily expensive or unnecessarily complicated.

## Article 27 Orthodontics in special cases

We reimburse the costs of orthodontic treatment in case of an orthopedic dental abnormality:

- as a direct result of a cleft lip, jaw or palate;
- in the upper or lower jaw, which can only be corrected by means of surgical treatment (osteotomy), and whereby an orthopedic dental preparatory treatment or after-care is necessary.

*Condition for coverage*

We only reimburse the costs when the treatment is carried out on the advice of a GP or dentist.

## Beter Af Dental Policy

We reimburse the costs of dental treatment to insured persons of 18 years old or older, by a dentist, oral hygienist or a dental prosthetist.

We reimburse 100% of the costs of consultations, oral hygiene, fillings and extractions. We reimburse 100% of the cost of dental consultations (C codes) and second opinion, oral hygiene (M codes), fillings (V codes) and extractions (H codes). Oral hygiene, small fillings and sealing may also be done by an oral hygienist when you have been referred by a dentist.

We reimburse 75% of the cost of other treatments when you have a Beter Af Dental Policy with 1, 2 or 3 stars and 100% when you have a Beter Af Dental Policy with 4 stars. Treatment of gum disorders may also be carried out by an oral hygienist.

The total maximum benefit is dependent on your package.

*Exceptions*
We do not reimburse the costs of:
- examination reports;
- non-attendance at appointments;
- external bleaching of teeth;
- orthodontics.

### Beter Af Dental Policy: 1 star
- consultations, oral hygiene, fillings and extractions: 100%
  other treatments: 75%
- the total maximum benefit is € 225.- per person per calendar year

### Beter Af Dental Policy: 2 star
- consultations, oral hygiene, fillings and extractions: 100%
  other treatments: 75%
- the total maximum benefit is € 450.- per person per calendar year

### Beter Af Dental Policy: 3 star
- consultations, oral hygiene, fillings and extractions: 100%
  other treatments: 75%
- the total maximum benefit is € 900.- per person per calendar year

### Beter Af Dental Policy: 4 stars
- 100%
- the total maximum benefit is € 1,150.- per person per calendar year

## Beter Af Hospital Extra Benefits

We reimburse the extra costs of hospital admission based on the second class.

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