Changes to Basisverzekering, Supplementary Insurance and Dental Insurance policy terms and conditions

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CHANGES TO THE BASISVERZEKERING AS OF 1 JANUARY 2007

(based on situation on 14-9-2006, further changes reserved)

As of 1 January 2007 a number of changes will be made to your Basisverzekering. A summary of changes is given below. Some of these changes have been so recently introduced by the government that we have not had the chance to produce a printed copy of the policy terms and conditions. They are available on our website. We will send a printed copy of the policy terms and conditions on request.

CONCERNING THE BASISVERZEKERING BENEFIT PACKAGE

As of 1 January 2007 the Basisverzekering benefit package will also include:

- Prenatal screening for congenital defects by echoscopy in the second trimester of the pregnancy, should the insured person be less than 36 years of age and there is a medical indication;
- The first in vitro fertilisation attempt per planned pregnancy (in 2006 only the second and third attempts were covered, from 1 January 2007 the first is also covered);
- Abdominoplasty (abdominal reduction by plastic surgery);
- The possibility of a personal budget for medical aids in the case of a serious visual handicap.

Some limitations also come into force as of 1 January 2007:

- Additional suitability requisite: you are only entitled to a form of healthcare in as far as is, in content and scope and with regards for suitability, reasonable;
- Should an invoice be submitted in a foreign language, the translation costs are payable by the insured;
- GGZ: the proposed transfer of the GGZ (Mental Health Care) from the AWBZ (Exceptional Medical Expenses Act) to the Basisverzekering has been postponed for one year, to 1 January 2008. Therefore nothing has changed regarding this issue compared with 2006.

CONCERNING PROCEDURES

- For work-related disorders which are included in the list of chronic disorders, you may approach your company doctor for referral to a physiotherapist/remedial therapist, as well as your general practitioner or specialist;
- Physiotherapy: referral is no longer required for treatment by a physiotherapist included in the list of 'Directly Accessible Physiotherapists'. This list can be found on our website or sent on request;
- The telephone number to register for maternity care has changed: please register on time, preferably before the 20th week of the pregnancy, using the Servicelijn Kraamzorg (Maternity Care Helpline): telephone number 0900 202 50 03;
- Should the policyholder or insured not agree with a decision made by the insurer in connection with the execution of the insurance agreement, he may request that the insurer reconsiders this decision. Such a request should be sent to the insurer's Complaints Department. Should the insurer not react to the request for reconsideration within 30 days, or should the insurer uphold the original decision, then the policyholder or insured may present the dispute to the Health Insurance Disputes Board. The board's judgement is a binding recommendation, in compliance with that determined in the regulations applicable to the board. Should the policyholder or insured have any complaints about the service, he can submit his complaint to the Health Insurance Ombudsman. The address of the Health Insurance Disputes Board and the Health Insurance Ombudsman is: Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ), Postbus 291, 3700 AG, Zeist;
- Authorization policy: in future prior consent is required for Sildenafil. Sildenafil (Viagra) is a drug for heart patients with a lung disorder.

CONCERNING THE INSURANCE

- The policyholder is entitled to end the insurance for all insured persons before the end of the insurance period, as of the last day of employment in connection with new employment, as long as the reason for ending the insurance is a transfer from one employers collective insurance scheme to another employers collective insurance scheme. Policyholder may end old health insurance up to 30 days after commencing new employment. It is not possible to end or begin the insurance retroactively, and both have effect from the first day of the same calendar month;
- Termination date of the insurance when you cancel: if you cancel the insurance due to an increase in premium your insurance will end on the date that the premium increase becomes effective (previously ended on the first day of the next month).

CONCERNING THE PREMIUM

Your new premium can be found on the Health Insurance Policy, enclosed.

CHANGES TO THE SUPPLEMENTARY AND DENTAL INSURANCE AS OF 1 JANUARY 2007

As of 1 January 2007 the policy terms and conditions will change. The changes as of 1 January 2007 are summarised below. This summary is not exhaustive. Textual changes and changes which are of limited effect have not been included. The complete policy terms and conditions, valid from 1 January 2007, can be viewed on the insurer's website and will be sent on request.

CONCERNING THE INSURANCE (ALL PACKAGES)

The following have been added:

- Commencement, duration and termination of the insurance:
  - Termination of insurance due to a move abroad does not apply to insured persons resident in Germany or Belgium;
  - The policyholder is entitled to end the insurance for all insured persons before the end of the insurance period, as of the last day of employment in connection with new employment, as long as the reason for ending the insurance is a transfer from one employers collective insurance scheme to another employers collective insurance scheme. Policyholder may end old health insurance up to 30 days after commencing new employment. It is not possible to end or begin the insurance retroactively, and both have effect from the first day of the same calendar month;
  - The insurance duration is considered continuous should the insured change the insured risk.
- Exclusions: for insured persons resident in Belgium or Germany, the costs for care which, on treatment in the Netherlands, would be compensated by the AWBZ (Exceptional Medical Expenses Act), are excluded;
- Submitting invoices: payment of foreign invoices takes place in legal Dutch tender at the exchange rate valid in Dutch banks on the day on which the invoice is paid;
- Collective insurance: the collective insurance terms and conditions and/or collective premiums no longer apply to the insurance should the conditions specified to take part in a collective scheme no longer be met (e.g. end of employment) or should the collective insurance agreement be ended by the insurer or the policyholder's representative. From that moment the insurance will be continued based on the then applicable insurance terms and conditions and personal premium or, where this is not possible, based on an insurance which has the most similar benefits as the ended insurance, as determined by the insurer;
- Complaints: should the policyholder or insured have any complaints about the service, he can submit his complaint to the Health Insurance Ombudsman. The address of the Health Insurance Ombudsman is: Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ), Postbus 291, 3700 AG, Zeist.

The following changes have been made:

- Commencement, duration and termination of the insurance: the policyholder may end the insurance before 1 November each year with effect from 1 January of the following calendar year. This must be done in writing. When ending the insurance the policyholder should name all insured persons to who this applies, in writing. Should the policyholder request in writing that the insurance be ended simultaneously with the main insurance, the insurer will comply;
- Entitlement to care: Without prejudice to that determined in the compensation list, the insured is only entitled to a form of health care in as far as is, in content and scope and with regards to suitability, reasonable. The decision as to whether an insured person requires a specific form of care or other services will only be made based on care criteria.

Changes:
Sections 4 sub-sections 3 and/or 18 do not apply in 2006. Both sub-sections will be removed as of 1 January 2007.

CONCERNING THE PREMIUM

Your new premium can be found on the Health Insurance Policy, enclosed.

CONCERNING THE EXTRAVERZORGD 1 BENEFIT PACKAGE

As of 1 January 2007 cover will also include:

- Alternative medicines: compensation of food supplements included in the Z-index price list;
- Psoriasis outpatient treatment: compensation of outpatient treatment for psoriasis by Balneo-phototherapy is increased to 30 treatments per insured per calendar year. The condition "Prior consent of the insurer" no longer applies;
- UVB-light therapy: compensation for costs of hiring the light box is increased to 100%;
- Chiropody: maximum of € 50 per insured per calendar year. The insured suffers from rheumatoid arthritis or diabetes mellitus and has a serious foot problem;
- Dietary preparations: the costs of dietary peparations, in fluid or powder form, to a maximum of € 75 per insured per calendar year. In the case of life-threatening malnutrition, or where the effectiveness of medically necessary treatment is seriously reduced as a result of underweight. On prescription from doctor or dietician;
- Spacer devices: maximum of 2 per insured per calendar year, on prescription from general practitioner or medical specialist.

Some limitations also come into force as of 1 January 2007:

- Cesar/Mensendieck physiotherapy and remedial therapy: the costs of medically necessary treatment by a non-contracted (specified) Cesar and/or Mensendieck physiotherapist and/or remedial therapist are no longer eligible for compensation.
- Handicap, holiday and support: use of the services of IHD-Zorg [International Help to the Disabled] in foreign countries is no longer eligible for compensation;
- Podotherapy: podotherapy cover now falls under Alternative medicines.

CONCERNING THE EXTRAVERZORGD 2 BENEFIT PACKAGE

As of 1 January 2007 cover will also include:

- Alternative medicines: compensation of food supplements included in the Z-index price list;

- Maternity care following adoption: compensation is increased to a maximum of 16 hours;
- Maternity care following hospital stay: maximum of 16 hours;
- Depilation: compensation is increased to 75% to a maximum of € 500 per insured for the entire duration of the insurance;
- UVB-light therapy: compensation for costs of hiring the light box is increased to 100%;
- Hospice: maximum of € 35 of the own contribution per day to a maximum of € 1,050 for the entire duration of the insurance;
- Patient organisation:
  - Courses are covered to a maximum of € 50 per insured per calendar year;
  - Therapy cover is increased to € 100 per insured per calendar year.
- Chiropody: maximum of € 100 per insured per calendar year. The insured suffers from rheumatoid arthritis or diabetes mellitus and has a serious foot problem;
- Semen freezing: 100% in the case of medical necessity (men who are at risk of having sperm production damaged as a result of a surgical procedure or therapy);
- Holiday therapy programmes: the cost of accommodation of insured persons under the age of 21 to a maximum of € 150 per insured per calendar year;
- Guest house accommodation costs: compensation for the costs of visiting family members is increased to a maximum of € 120 per calendar year;
- Dietary preparations: the costs of dietary preparations, in fluid or powder form, to a maximum of € 100 per insured per calendar year. In the case of life-threatening malnutrition, or where the effectiveness of medically necessary treatment is seriously reduced as a result of underweight. On prescription from doctor or dietician;
- Spacer devices: maximum of 2 per insured per calendar year, on prescription from general practitioner or medical specialist.

Some limitations also come into force as of 1 January 2007:
- Means of communication prior to delivery: the costs of a call receiver (semaphone) are no longer eligible for compensation;
- Cesar/Mensendieck physiotherapy and remedial therapy: the costs of medically necessary treatment by a non-contracted (specified) Cesar and/or Mensendieck physiotherapist and/or remedial therapist are no longer eligible for compensation;
- Handicap, holiday and support: use of the services of IHD-Zorg [International Help to the Disabled] in foreign countries is no longer eligible for compensation;
- Nursing home: compensation is reduced to € 40 per day to a maximum of € 1,200 per insured per calendar year;
- Podotherapy: podotherapy cover now falls under Alternative medicines;
- Soft braces: compensation is reduced to € 25 per insured per calendar year. However, the splints are now also covered;
- Fertility treatment: the first IVF or ICSI treatment is no longer eligible for compensation (N.B. from 1 January 2007 this is covered under the Basisverzekering).

CONCERNING THE EXTRAVERZORGD 3 BENEFIT PACKAGE

As of 1 January 2007 cover will also include:
- Alternative medicines: compensation of food supplements included in the Z-index price list;
- Depilation: compensation is increased to 75% to a maximum of € 1,000 per insured for the entire duration of the insurance;
- Diabetes starter kit: once-only compensation for the diabetes starter kit. 50 diabetes test strips and 50 lancets, once per insured per calendar year. On prescription from general practitioner, medical specialist or diabetes nurse. Insured suffers from Diabetes Mellitus Type II and is a member of the Diabetes Vereniging Nederland (Diabetes Society of the Netherlands). The diabetes starter kit is delivered by a supplier contracted by the insurer;
- UVB-light therapy: compensation for costs of hiring the light box is increased to 100%;
- Care programmes: the name has changed to Recovery and Balance (group rehabilitation and group therapy for patients with cancer). The cover is increased to a maximum of € 1,000 for the entire duration of the insurance;
- Hospice: maximum of € 35 of the own contribution per day to a maximum of € 1,050 for the entire duration of the insurance;
- Menopause consultant: cover is increased to € 110 per insured for the entire duration of the insurance;
- Patient organisations:
  - Courses are covered to a maximum of € 75 per insured per calendar year;
  - Therapy cover is increased to € 100 per insured per calendar year.
- Chiropody: maximum of € 150 per insured per calendar year. The insured suffers from rheumatoid arthritis or diabetes mellitus and has a serious foot problem;
- Semen freezing: 100% in the case of medical necessity (men who are at risk of having sperm production damaged as a result of a surgical procedure or therapy);
- Stuttering therapy: on participation in the Menzis SpeechEasy programme, compensation for the costs of the SpeechEasy speech therapy device to a maximum of € 700 per insured per calendar year;
- Holiday therapy programmes: the cost of accommodation of insured persons under the age of 21 to a maximum of € 150 per insured per calendar year.
- Guest house accommodation costs:
  - Compensation for the costs of visiting family members is increased to a maximum of € 150 per calendar year;
  - Compensation for accommodation costs of insured persons is increased to a maximum of € 350 per calendar year.
- Dietary preparations: the costs of dietary peparations, in fluid or powder form, to a maximum of € 150 per insured per calendar year. In the case of life-threatening malnutrition, or where the effectiveness of medically necessary treatment is seriously reduced as a result of underweight. On prescription from doctor or dietician;
- Spacer devices: maximum of 2 per insured per calendar year, on prescription from general practitioner or medical specialist.

Some limitations also come into force as of 1 January 2007:
- Means of communication prior to delivery: the costs of a call receiver (semaphone) are no longer eligible for compensation;
- Cesar/Mensendieck physiotherapy and remedial therapy: the costs of medically necessary treatment by a non-contracted (specified) Cesar and/or Mensendieck physiotherapist and/or remedial therapist are no longer eligible for compensation;
- Handicap, holiday and support: use of the services of IHD-Zorg

[International Help to the Disabled] in foreign countries is no longer eligible for compensation;
- Psoriasis outpatient treatment: compensation of outpatient treatment for psoriasis by Balneo-phototherapy is reduced to 30 treatments per insured per calendar year. The condition "Prior consent of the insurer" no longer applies;
- Nursing home: the daily allowance is reduced to € 40 per day;
- Podotherapy: podotherapy cover now falls under Alternative medicines;
- Psychotherapy: the own contribution is no longer eligible for compensation;
- Soft braces: compensation is reduced to € 40 per insured per calendar year. However, the splints are now also covered.
- Hepatitus B vaccinations: the cost of the vaccination is no longer eligible for compensation;
- Fertility treatment: the first IVF or ICSI treatment is no longer eligible for compensation (N.B. from 1 January 2007 this is covered under the Basisverzekering).

CONCERNING THE TANDVERZORGD 1 BENEFIT PACKAGE

As of 1 January 2007 the following benefits will change:
- Prosthetics:
  - Compensation for technique costs is included in the maximum compensation per procedure;
  - Addition of code P45 (Temporary denture) to a maximum of 25%;
  - Addition of code P78 (Extending partial denture with tooth/teeth to complete denture, including cast) to a maximum of 25%.

CONCERNING THE TANDVERZORGD 2 BENEFIT PACKAGE

As of 1 January 2007 the following benefits will change:
- Crowns and bridges:
  - Compensation for technique costs is included in the maximum compensation per procedure.
- Prosthetics:
  - Compensation for technique costs is included in the maximum compensation per procedure;
  - Addition of code P45 (Temporary denture) to a maximum of 25%;
  - Addition of code P78 (Extending partial denture with tooth/teeth to complete denture, including cast) to a maximum of 25%.

CONCERNING THE TANDVERZORGD 3 BENEFIT PACKAGE

As of 1 January 2007 the following benefits will change:
- Crowns and bridges:
  - Compensation for technique costs is included in the maximum compensation per procedure;
  - Addition of code P31 (Root cap with post (only in combination with P21, P25 or P30), including technique costs) to a maximum of € 200;
  - Addition of code P32 (Extra per precision anchor slot i.e. per bar attachment (only in combination with P21, P25 or P30), including technique costs) to a maximum of € 125.
- Prosthetics:
  - Compensation for technique costs is included in the maximum compensation per procedure;
  - Addition of code P45 (Temporary denture) to a maximum of 25%;
  - Addition of code P78 (Extending partial denture with tooth/teeth to complete denture, including cast) to a maximum of 25%.
- Periodontics: compensation for aftercare consultation (T51 to T56) is increased to once per insured per calendar year;
- Orthodontics from a dentist/orthodontist: compensation of monthly treatment fees is increased to 100%;
- Oral implants: partial compensation, excluding implants and technique costs, included.

The original Dutch Terms and Conditions of this insurance agreement are not affected by this English translation. In the case of any dispute, the original Dutch text shall prevail.

statutaire naam	: Onderlinge Waarborgmaatschappij Menzis Zorgverzekeraar U.A.
adres	: Lawickse Allee 130, 6709 DZ Wageningen
handelsnaam	: Onderlinge Waarborgmaatschappij Menzis Zorgverzekeraar U.A.
aard van de dienstverlening	: aanbieden schadeverzekeringen
AFM registratienummer	: 12001016

statutaire naam	: Onderlinge Waarborgmaatschappij Menzis U.A.
adres	: Winschoterdiep 70, 9723 AB Groningen
handelsnaam	: Onderlinge Waarborgmaatschappij Menzis U.A.
aard van de dienstverlening	: aanbieden schadeverzekeringen
AFM registratienummer	: 12000575

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