Groene Land | achmea

Beter Af Policy

Conditions, entitlements and compensations



Collective

Date of commencement: 1 January 2010

This is the booklet of conditions and entitlements (reimbursements) for the Beter Af Policy.
The booklet describes the conditions and entitlements in detail. Your policy and the associated Beter Af Policy conditions and entitlements ultimately serve as the foundation for your healthcare insurance. The guide explains how to use the booklet.

Booklet layout

The booklet is laid out as follows:

- Guide to conditions and entitlements
- Alphabetical overview of reimbursements
- Definition of terms for healthcare insurance
- General conditions for healthcare insurance
- Entitlements for healthcare insurance (Beter Af Policy)
- Definition of terms for supplementary insurances
- General conditions for supplementary insurances
- Entitlements for supplementary insurances (Beter Af Plus Policy and Beter Af Extra Benefits)
- Entitlements for supplementary dental insurance (Beter Af Dental Policy)
- Entitlements for upgrade insurance (Beter Af Hospital Extra Benefits)

Guide

Conditions and Entitlements

The general conditions provide general information on taking out the healthcare insurance, the premium and any excess, the commencement date and the term of the healthcare insurance. In the entitlements you can read which reimbursements you are entitled to and under which conditions.

How does the booklet work?

We will show you how to use this booklet based on the example of 'dietary advice':

1. Look up dietary advice under 'd' in the alphabetical list of reimbursements.
2. In the second column, 'Beter Af Policy', you will find the clause and page number where you can find the coverage provided by the basic insurance. In clause 27 of the Beter Af Policy you will see that you are entitled to reimbursement up to a maximum of 4 hours per calendar year. In clause 27 you will find the conditions that have to be fulfilled, namely that you need a written referral.
3. In the third column, you will find the clause and page number where you can find the coverage provided by the 'Beter Af Plus Policy' supplementary insurance. **NB:** The reimbursement from the supplementary insurance is in addition to the reimbursement from the basic insurance. In clause 16 of the Beter Af Plus Policy, you will see that you are not entitled to any extra reimbursement with a 1 or 2 star policy. There is therefore no further reimbursement for dietary advice and you are only entitled to reimbursement for a maximum of 4 hours from the basic insurance.
   If you have a 3 or 4 star Beter Af Plus Policy then the hours in addition to the first 4 hours are reimbursed up to a maximum of € 115.- per calendar year.

Is consent necessary?

For a number of reimbursements you need prior consent. You can request this consent from us by telephone, post or e-mail. You can find more information on requesting consent at our website. You can also download the request forms from the site.

Contracted care

As we have contracted a large number of care providers, you can often benefit from more attractive reimbursements.
You can see which care providers are contracted by us on our website, using the Care Seeker. In some cases, if you visit a care provider who is not contracted by us, the reimbursement is lower. If this is the case, you can see this in the relevant clause in this booklet.

In addition to the reimbursements in the Beter Af Policy you are entitled to many other benefits. These benefits are listed in the overview of reimbursements.

Alphabetical list of entitlements

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy Beter Af Extra Benefits	
Benefits	**Article**	**Page**	**Article**	**Page**
Acne treatment			34	34
Adhesive mammary prostheses			17.2.2	29
Adoption maternity care or medical screening upon adoption			23	31
Alternative medicine			10	27
Alternative treatments and therapies			9	27
Antenatal screening	29	20		
Arch supports			32	34
Asthma Centre (Dutch) in Davos (Switzerland)	16	17		
Audiological centre	19	18		
Biofeedback equipment (FemiScan)			17.9	30
Camouflage therapy			34	34
Cesar/Mensendieck remedial therapy	24	19	12	28
ChildbirthTENS			18	30
Childbirth (excess)	30	21	19	30
Chiropody			33	34
Circumcision			5	26
Combination test (measure of folds in neck with blood test)	29.3	20		
Contraceptives	23	18		
Convalescence and Balance, post-treatment care of former cancer patients			30	33
Convalescence homes			28	33
Cosmetic surgery			3	26
Counseling	29.1	21		
Day care for children during hospitalisation of parent(s)			47	36
Day treatment	1	14		
Dental treatment over 22 years of age: general Beter Af Dental Policy	35	22		 37
Dental treatment over 22 years of age: complete, removal prostheses (excess) Beter Af Dental Policy	36	22	46	36 37
Dental treatment to 22 years of age	34	22		
Dental treatment to 18 years of age: crowns, bridges, inlays and implants			45	36
Dental treatment: disabled persons	38	23		
Dental treatment: implants	37	22		
Dental treatment: in special circumstances	39	23		
Depilation			34	34
Dietary advice	27	20	16	28
Dyslexiccare	9	16		
Exercise in extra-heated water			14	28
Exercise programmes			13	28
Fertility-treatments to increase	14.2	17		

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy Beter Af Extra Benefits	
Benefits	**Article**	**Page**	**Article**	**Page**
First-line psychological care (excess)	12	16	6	26
General practitioner	22	18		
Glasses, contact lenses and eye laser surgery			17.7	29
Guest house: accommodation and transport costs for family member where the insured is hospitalised			1	26
Guest house: overnight stays in the vicinity of a hospital (in the case of outpatient treatment)			2	26
Haemodialysis	13	17		
Hearing aids (excess)			17.1.1	29
Hereditary examination and advice	20	18		
Holiday hotels and sailing holidays for disabled persons and the chronically ill			36	34
Hospital treatment Beter Af Hospital Extra Benefits	1	14		37
IVF (In vitro fertilisation)	14.1	17		
Incontinence alarms			17.6	29
Independent treatment centres	2	14		
International	17	17	7.2, 25, 26	25, 32
International: vaccinations and medication			27	33
Kidney dialysis	13	17		
Lactation – expert advice			22	31
Lifestyle training			40	35
Manual lymph drainage	24	19	12	28
Maternity care	31	21	20	30
Maternity package			21	31
Mechanical respiration	17	17		
Medical aids	28	20	17	29
Melatonin			11.2	27
Menopause consultant			39	35
Monitoring equipment to prevent cot death			17.10	30
Monitoring equipment			17.10.1	30
Neuromodulator (BioStim)			17.9	30
Nursing care (extramural)	32	21		
Nutrition education			16	28
Obesity treatment			43	36
Obstetrical care (excess)	30	21	19	30
Occupational therapy	25	19		
Oncological examination of children	15	17		
Oral surgery	1	14		
Organ transplants	7	15		
Orthodontics in special circumstances	40	23		
Orthodontics: to 18 years of age			44	36

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy Beter Af Extra Benefits	
Benefits	**Article**	**Page**	**Article**	**Page**
Orthopaedic medicine			8	27
Patient transport (excess)	33	21	24	31
Peritoneal dialysis	13	17		
Personal alarm			17.3, 17.4	29
Pessaries			17.8	30
Pharmaceutical care (excess)	23	18	11.1	27
Physiotherapy	24	19	12	28
Physiotherapy, exercise programmes			13	28
Plastic surgery	3	14	3	26
Podiatric therapy/podology			31	33
Prevention courses			38	35
Preventive examinations			37	34
Psoriasis: day treatment			7	27
Psoriasis: UV-B light treatment at home	21	18		
Psychiatric hospitalisation	10	16		
Psychological help	12	16		
Psychotherapy	11	16		
Rehabilitation	8	15		
Scooter, CPM	28.2	20		
Second opinion Beter Af Dental Policy	6	15		37
Sensor mat			17.10.2	30
Skin care			34	34
Specialist medical care: clinical	1	14		
Specialist medical care: extramural	5	15		
Specialist medical care: outpatients	4	15		
Speech and language therapy	26	20	15	28
Sports doctor			42	35
Sports medical examinations			41	35
Sterilisation			4	26
Structural echoscopic testing	29.2	20		
Telemonitoring	28.2	20		
Therapeutic mental health care, non-clinical	11	16		
Therapeutic holiday camps			29	33
Thrombosis service	18	18		
Trans-therapy by neurostimulator (BioStim) and biofeedback equipment (FemiScan)			17.9	30
VAC pumps	28.2	20		
Volunteer aide replacement for disabled persons and the chronically ill			35	34
Wigs (excess)			17.2	29

General conditions Beter Af Policy

Article 1 Definitions

The following definitions apply for the purposes of this insurance agreement.

Pharmacy-accommodating

By pharmacy-accommodating is understood: (internet) pharmacies, pharmacy chains, hospital pharmacies, out-patient pharmacies or GPs with pharmacies.

AWBZ

The Algemene Wet Bijzondere Ziektekosten (Exceptional Medical Expenses Compensation Act).

Centre for hereditary testing

An organisation which holds a licence under the terms of the Wet op bijzondere medische verrichtingen voor de toepassing van klinisch genetisch onderzoek en erfelijkheidsadvisering (Specialist Medical Practice (Clinical Genetic Research and Hereditary Advice) Act).

Centre for Special Dental treatment

A university or similar centre that has been approved by us for the provision of dental care in special cases requiring treatment by a team and/or a specialist expertise.

Child and adolescent psychology

A psychologist who is qualified in the area of child and adolescent psychology by means of a university study, training and work experience, and is registered as such at the Dutch Institute for Psychologists (NIP).

Company doctor

A doctor who is registered as company doctor in the register set up by the Sociaal Geneeskundigen Registratie Commissie (SGRC) (National registration commission of medical practitioners) in the register maintained by the Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst (Royal Dutch Medical Association), and who acts on behalf of an employer or the Arbodienst (Workplace Health and Safety Department), to which such employer is affiliated.

Contract with preference policy

By this we mean an agreement between us and the pharmacy-accommodating business in which specific arrangements have been made concerning the preference policy and/or delivery and payment of pharmaceutical care.

Day treatment

Admission for less than 24 hours.

Diagnose Behandeling Combinatie (Combined Diagnosis and Treatment) (DBC)

Using a DBC performance code a DBC refers to an agreed, validated process of specialist medical and specialist (second-line) care determined by the established Dutch Zorgautoriteit (Health Care Authority). This covers the demand for and type of care provided, the diagnosis and the treatment. The DBC process commences at such time as you submit a request for care, and terminates at the end of your treatment or after 365 days.

Dietician

A dietician who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing dieticians, occupational therapists, speech and language therapists, oral hygienists, remedial therapists, orthoptists and podiatrists).

Doctor

Any person who is entitled to practice medicine under Dutch law and who is registered as such with a competent public body in accordance with the provisions of the Wet BIG. Doctor for youth health care. Doctor as specified in the Youth Care Act.

Dyslexia care

A reading and spelling disorder resulting from a neurobiological function disorder that is genetically-determined and can be distinguished from other reading and spelling problems.

Educationist-generalist

An educationist-generalist, who is registered in the Register NVO (Educationist-generalist of the Dutch Association of educationists and teachers (NVO).

EU or EEA state

This is deemed to refer to the following countries within the European Union with the exception of the Netherlands: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Austria, Poland, Portugal, Rumania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden. Switzerland enjoys the same status pursuant to the relevant treaty provisions. The EEA states (those states which are party to the Agreement on the European Economic Area) are Lichtenstein, Norway and Iceland.

First-line psychologist

A health care psychologist who is registered according to the conditions as referred to in Section 3 of the BIG law and who complies with the educational and qualifying requirements such as is included in the Kwalificatieregeling Eerstelijnspsychologen van het Nederlands Instituut van Psychologen (NIP) (Regulation for qualification of first-line psychologists of the Dutch Institute for Psychologists).

General practitioner with pharmacy

A general practitioner who is licensed to distribute medicine according to Section 61, clause ten or eleven of the Regulations for medicine.

IDEA-contract

The agreement (Integral Efficiency Excellent Pharmacies) between us and a pharmacy-accommodating business in which specific agreements concerning pharmaceutical care have been made.

Multidisciplinary cooperation

Integrated (sequential) care which is provided by several care providers with different disciplinary backgrounds in cooperation with one another and whereby supervision is necessary in order to provide the proper care process for the insured.

Occupational therapist

An occupational therapist who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing dieticians, occupational therapists, speech and lanquage therapists, oral hygienist, remedial therapists, orthoptists and podiatrists)

Office for child and adolescent welfare

An office as referred to in Section 4 of the Law for child welfare.

Pharmaceutical care

The supply of medicine and dietary preparations listed in this insurance policy, subject to any further regulations stipulated by us. The insurance policy is based on the Health Care Act, the Decree health care and the Regulations which apply thereto.

Pharmacist

A pharmacist who is registered in the register of established pharmacists, referred to in Section 61, fifth clause of the Regulation for medicine.

Physiotherapist

A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Wet BIG. A physiotherapy masseur referred to in Section 108 of the Wet BIG is also deemed to be a physiotherapist.

Family
One adult, or two people who are married or who cohabit with each other on a permanent basis, and any unmarried child of their own or a step, foster or adopted child of up to 30 years of age, in respect of whom they are entitled to family support or an allowance under the terms of the Wet studiefinanciering (Student Finance Act) 2000, the Wet tegemoetkoming studiekosten (Study Costs Allowances Act) or the extraordinary expenditure deduction pursuant to the relevant tax legislation.

Health care psychologist
A health care psychologist who is registered according to the conditions as referred in Section 3 of the BIG law.

GGZ (Mental Health Care) agency
An agency which delivers health care related to a psychiatric condition and is authorized as such.

Skin Therapist
A skin therapist, who is trained in accordance with the Provisions for educational requirements and professionalism of skin therapists (Stb. 2002, no. 626). This provision is based on Section 34 of the BIG law.

General practitioner
A doctor who is registered in the register of accredited general practitioners of the Royal Dutch Society for the Advancement of Medicine, established by the Registration Commission for general practitioners, specialist in geriatric practitioners and doctors for the mentally handicapped (HVRC).

Medical provisioning
The provision of the need for functioning medical aids and bandaging designated as such by means of a statutory instrument subject to Regulations drawn up by us regarding the requirements for consent, period of use and volume.

Child and adolescent health care physician
The physician practising as referred to in the Law for child and adolescent care.

Dental surgeon
A dental specialist who is registered in the register of persons specialising in mouth disease and dental surgery maintained by the Nederlandse Maatschappij tot bevordering der Tandheelkunde (Royal Dutch Dental Association).

Calendar year
The period which runs from 1 January to 31 December.

Clinical psychologist
A health care psychologist who is registered in accordance with the conditions as referred to in Section 14 of the BIG law.

Maternity centre
An institution that offers childbirth and/or maternity care and that complies with the requirements as determined by law.

Maternity care
The care provided by a certified maternity nurse or a registered nurse who performs such duties.

Laboratory analysis
Analysis conducted by a laboratory provided for in law.

Speech and language therapist
A speech and language therapist who satisfies the requirements of the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing dieticians, occupational therapists, speech and lanquage therapists, oral hygienist, remedial therapists, orthoptists and podiatrists).

Medical adviser
A doctor who advises us on medical matters.

Medical specialist
A doctor who is registered in the Specialistenregister (Register of Specialists) established by the Medisch Specialisten Registratie Commissie (Registration Commission of Medical Specialists), maintained by the Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst (Royal Dutch Medical Association).

Oral hygienist
An oral hygienist who has been trained in accordance with the educational requirements for oral hygienist, as stipulated in the so-called "Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree of dieticians, ergotherapist, speech and language therapist, oral hygienist, remedial therapist, orthopaedist, podotherapist) and of 'Besluit functionele zelfstandigheid (Stb. 1997,553) (Decree of functional self-employment (Stb. 1997, 553).

Remedial therapist
A remedial therapist who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing dieticians, occupational therapists, speech and lanquage therapists, oral hygienist, remedial therapists, orthoptists and podiatrists).

Admission
Admission into a (psychiatric) hospital, psychiatric ward of a hospital or rehabilitation institution when and as long as nursing, examinations and treatment can only be offered in a hospital or rehabilitation institution.

Orthodontist
A dental specialist who is registered in the specialist register for mouth rehabilitation orthopaedics maintained by the Nederlandse Maatschappij tot bevordering der Tandheelkunde (royal Dutch Dental Association).

Insurance policy certificate
A healthcare policy (deed) containing the provisions of the health insurance agreement entered into by you (policyholder) and the health insurance company.

PharmaPrice
This is a public price list in which pharmaceutical manufacturers publish the prices of their medicine.

Preferred medicine
Medicine specified by us, belonging to the same group and interchangeable.

Psychiatrist/neurologist
A doctor who is registered as psychiatrist/neurologist in the Specialistenregister van de Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst (Register of Specialists of the Dutch Society for Advancement of Medicine), established by the Medisch Specialisten Registratie Commissie (MSRC), (Registration Commission of Medical Specialists). Where 'psychiatrist' is stated 'neurologist' can be in lieu.

Psychotherapist
A psychotherapist who is registered in accordance with the conditions as referred to in Section 3 of the BIG law.

Rehabilitation
Examinations, advice and treatment of a medical specialist, paramedical, behavioural science and rehabilitory nature. This care is provided by a multi-disciplinary team of experts headed by a medical specialist affiliated to a rehabilitation institution accredited in accordance with regulations drawn up by law.

Specialist mental health care
Diagnosis and specialist treatment of complex psychiatric disorders: the involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is requisite.

Dentist
A dentist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Wet BIG.

You/your
The insured person concerned. The name of this person is stated on the relevant insurance policy certificate. The reference to 'you (the policyholder)' is deemed to mean the person who agrees to the health insurance with us.

Stay
Admission for a period of 24 hours or longer.

Treaty country
Any state with which the Netherlands has entered into a treaty concerning social insurance, which includes rules governing the provision of health care. Countries included are Australia (only temporary stay), Bosnia-Herzegovina, Cape Verde, Croatia, Macedonia, Morocco, Serbia-Montenegro, Tunisia and Turkey.

Obstetrician
An obstetrician who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Wet BIG.

Insured
Any person who is designated as such on an insurance policy certificate.

Policyholder
A person who enters into an insurance agreement with us.

Prosthodontist
A prosthodontist who has been trained in accordance with the so-called 'Besluit opleidingseisen en deskundigheidsgebied tandprotheticus' (Decree Governing the Educational Requirements and Discipline of Prosthodontics).

Wet BIG
Wet op de beroepen in de individuele gezondheidszorg (Private Health Care Professional Providers Act). This legislation sets out the expertise and powers of the various health care providers. The relevant registers list the names of the health care providers who satisfy the legal requirements.

We/us
Zilveren Kruis Achmea Zorgverzekeringen N.V., is the insurer of Groene Land Achmea Zorgverzekeringen.

Independent treatment centre
A centre for specialist medical care (examinations and treatment, which has been accredited as such in accordance with regulations drawn up by law.

Hospital
An institution for nursing, examining and treating sick people which has been accredited as a hospital in accordance with regulations drawn up by or pursuant to the law.

Health care provider
A health care provider or institution which provides health care.

Health insurance company
An insurance company which has been accredited as such and which provides insurance as defined in the Zorgverzekeringswet. For the purposes of executing this insurance agreement this is Zilveren Kruis Achmea Zorgverzekeringen N.V.
Zilveren Kruis Achmea Zorgverzekeringen N.V. which is registered with the AFM (Financial Markets Authority) under the number 12001027.

Health insurance
The health insurance referred to in the Zorgverzekeringswet (Zvw).

Article 2 Underlying premise of the health insurance

2.1 This insurance agreement is based on the Zorgverzekeringswet, the Besluit zorgverzekering along with the relevant health insurance Regulations, including the explanatory notes concerning the same. The application form is also based on the application which you (the policyholder) have completed. The insurance agreement is set out in the insurance policy certificate. The latter is provided to you (the policyholder) each year.

2.2 In addition to the insurance policy certificate we will provide you with a health care card. When requesting assistance, you will be required to show your insurance policy certificate or health care card to the relevant health care provider.

2.3 Apart from any excess, the care and/or costs of care, on the basis of this health insurance, claims can be directly submitted to us by the insured unless there is a different agreement between the health care provider and us, whereby the claim is directly submitted to us by the health care provider. You can download a list of contracted care providers from out website or request it from us.

2.4 The nature and extent of any entitlement to care or the reimbursement of the cost of care as set out in the relevant health insurance, will partly be determined by science and practice, or in the absence of such criteria, by what is considered to constitute prudent, appropriate care and service in the relevant field of expertise.

2.5 You are only entitled to any care in so far as you have reasonably been designated for it based on its nature and extent.

Article 3 Application and registration

3.1 You (insured) may apply for health insurance from us by filling in an application form (as described in article 2.1) completely, signing it and sending it to us, or by filling in the application on our website.

3.2 When you apply, we will ascertain whether you have fulfilled the conditions for registration in accordance with the Zorgverzekeringswet. When you have, you will be issued with an insurance policy certificate, after which you will be entitled to care in accordance with this legislation.

3.3 We are legally obligated to register your citizen's service number (BSN) in our administration. As is stipulated in the Health Care Act your health care provider and other service providers are legally obligated to use your BSN in every form of communication. We shall use your BSN when communicating with these parties.

Article 4 Date on which your health insurance commences, its term and termination

4.1 Date on which your health insurance commences and its term

4.1.1 Your health insurance will commence on the date stipulated as the date of commencement on your insurance policy certificate. The date of commencement is the date on which we receive an application from you (the policyholder) to enter into a health insurance agreement. Thereafter, on 1 January of every year it will be tacitly renewed for a term of one calendar year.

4.1.2 In the event that the person for whose benefit this health insurance has been agreed, already has health insurance on the date on which we receive the application referred to in Clause 4.1.1, and you (the policyholder) indicate that you wish this health insurance to commence on a date specified by you, and which is later than that referred to in Clause 4.1.1 and 4.1.2, this health insurance will commence on such later date.

4.1.3 In the event that this health insurance commences within four months after it is obligatory to be insured comes into effect, the day that the insurance is mandatory will be the starting date.

4.1.4 In the event that the provision of health insurance commences within a month after another health insurance is terminated as of January 1st or by means of alteration of the conditions with application of Section 940, fourth clause, of Vol. 7 of the Civil Code, is terminated by cancellation, this is valid, if necessary differing from Section 925, first clause of Vol. 7 of the Civil Code, back to and including the day on which the previous health insurance ended.

4.1.5 Except as provided for in Clause 4.1.1, you will be entitled to amend any current health insurance policy that you have with us, on 1 January of the next calendar year but only after we have confirmed this in writing.

4.1.6 The collective health insurance includes your family. In the event that within the collective agreement there are conditions concerning the age limit at which your children are allowed to make use of your collective discount, then your children will be informed in writing about this.

4.2 Termination of your health insurance

4.2.1 You (the policyholder) can repeal a health insurance policy which has just been taken out. You can terminate you policy in writing, within 14 days after receiving it, without further explanation. The health insurance is regarded as never having commenced. We shall reimburse any premiums paid and you must return payment for reimbursement of claims made by you.

4.2.2 You (the policyholder) may terminate this health insurance:

- by cancelling it in writing, to be received by us no later than 31 December. The health insurance will expire the next day, on 1 January. Once effected, cancellation is irrevocable;
- if you (policyholder) have insured someone other than yourself and this insured person is insured by another health insurance company. If we receive your cancellation before the new health insurance commences, this health insurance policy may be terminated as of the date on which the insured obtains a new health insurance policy. In any other case termination will occur on the first day of the second calendar month following the date on which you cancel this policy;
- upon termination of the previous employment with relation to the start of new employment, when the reason of the cancellation concerns a change from one collective health insurance to another collective health insurance related to employment circumstances.

You (policyholder) can cancel the former health insurance within 30 days after the previous employment has ended. The cancellation will not be retroactive and starts on the 1st of the following month;

- upon termination of a collective health insurance via a social security or welfare office, in the event that the reason for termination concerns participation in a collective health insurance via a social security or welfare office in a different municipality or participation in a collective health insurance as a result of a new employer. You (policyholder) may terminate the former health insurance up to 30 days after participation in the former collective health insurance via the social security/welfare office has ended. The termination is not retroactive and commences as of the 1st of the following month.

4.2.3 This health insurance will cease:

- on the day following the date on which you no longer satisfy the requirements for registration;
- at such time as you are no longer insured under the terms of the AWBZ or are actually serving as a member of the armed forces;
- at such time as we decide in the event that any sums that are payable, are not paid within 45 days following the date on which they fall due;
- if it can be shown that fraud has occurred as set out in article 18;
- in the event of your death;
- if we are no longer able to offer or provide health insurance following an amendment or the revocation of our licence to conduct non-life insurance operations. We will give you no less than two months' notice of this, citing the reasons for it and the date on which your health insurance will terminate.

4.2.4 We will notify you in writing as to when your health insurance terminates.

Article 5 Duties of the insured

5.1 You have a duty to:

a. identify yourself with one of the following valid documents: driver's licence, a passport, Dutch or alien identity card when seeking care in a hospital or outpatients department;
b. ask the doctor or medical specialist who is treating you to notify the medical adviser of the reason for your admission, when the medical advisor requests same;
c. help us, our medical adviser or any other person who is responsible for monitoring the situation, to obtain all information that may be required, respecting laws of privacy;
d. help us seek coverage from any third party who is liable;
e. notify us within two months after you are detained, the commencing date and the length of detention;
f. notify us within two months after you have been released, giving the date you have been released.

The obligations in e. and f. are required of you with relation to the legislation concerning the suspension of coverage and the obligations concerning the payment of premiums during the time of detention.

5.2 In any event you are obligated to submit the original bills to us within 12 months following the end of the calendar year in which treatment was provided. What is decisive in this respect is the date of treatment and/or that on which care was provided, and not the date of the bill concerned.
Where a bill relates to a DBC which commences before the date on which this health insurance terminates, the costs involved will be deemed to have been incurred in the period during which this health insurance applies.
In the event that you send in your bills to us later than 12 months after the end of the calendar year in which the treatment was provided, we retain the right to allocate compensation to a lesser amount than to what you originally were allotted. On the basis of Article 942 of book 7 of the Civil Code bills which are received by us later than 3 years after the treatment date and/or date of health care, will not be handled.

5.3 When you receive bills from the health care provider, you must send the original and clearly-specified bills to us. The health care provider in question must have written the bills in his name. If the health care provider is an office where several people offer their services, the bill must state specifically which person performed the treatment. The compensation to which you are entitled will always be paid to you (insured), to be transferred to the bank account which is registered with us.

5.4 You (the policyholder) have a duty to notify us within one month of any occurrence which may be relevant to the proper implementation of this insurance, such as the termination of the duty to obtain or provide insurance, relocation, divorce, birth, death and the like. Any notice sent to you (the policyholder) at your last known address will be deemed to have reached you (the policyholder).

5.5 In the event that our interests are prejudiced by your failure to comply with the aforementioned duties, you will not be entitled to health care or we will not be required to reimburse you for any expenses incurred.

Article 6 Unlawful registration

6.1 In the event that an insurance agreement is taken out for your benefit under the terms of the Zorgverzekeringswet and it later becomes evident that you did not have an obligation to obtain insurance, then that insurance agreement shall lapse with retrospective effect until such time as such an obligation did not or no longer exists.

6.2 We will take any premiums which you paid as of the date on which your obligation to obtain insurance did not or no longer exists, and set them off against any care received on your account since then, and will pay you the balance or charge you for it. We consider a month to be 30 days.

Article 7 Compulsory excess

7.1 For every policyholder who owes a premium for health insurance, excess is applicable. The amount of the compulsory excess amounts to € 165.- per insured per calendar year.

7.2 The compulsory excess is deducted from the compensation which is requested of the health insurance company.

7.3 With compensation of care the mandatory € 165.- is kept back from the costs which are made by the health insurance company in the course of the calendar year. Compulsory excess will not be deducted from:

- the costs of the use of care such as general practitioners who offer care, with the exception of the costs of tests related to this care and that are carried out elsewhere and are invoiced separately, on the condition that the relevant person or institution is legally qualified to invoice according to the tarifs set by the NZa;
- the direct costs of care by pregnancy and childbirth;
- the costs of registration with a general practitioner or with an institution that provides general practitioner care. What is understood by costs of registration are:
  a. an amount with relation to the registration as patient, up to the rate which has been set on the basis of the Wet marktordening gezondheidszorg (Health care fees act) as available rate;
  b. reimbursements which are related to the manner in which the medical care is provided at the doctor's practice or at the institution in question, with the details of the patient's charts or of the location of the practice or institution, in as much as this reimbursements may be invoiced as in accordance with the general practitioner or institution;
- the costs of dental care as defined in article 2.7, paragraph four of the Healthcare Insurance Decree, with the exception of surgical dentistry of a specialist nature and the accompanying radiological examination and the removable full prosthesis.

7.4 Dispensation of Compulsory excess

7.4.1 For a number of medical specialist hospital treatments in article 1, 2, 4 and 5 of the claims in the Beter Af Policy, you have the right to dispensation of compulsory excess for the following medical specialist treatments:

- Cataract surgery;
- Femoral hernia operation;
- Operation for arthrosis of hip;
- Operation for arthrosis of knee;
- Gall bladder operation;
- Operation for incontinence for women;
- Operation for meniscus – or front cruciate ligament injury;
- Treatment of breast cancer (with exception of follow-up check-ups);
- Operation of back or neck hernia.

7.4.2 In order to be eligible for dispensation of compulsory excess, you must contact our Care negotiation department for advice without engagement immediately upon referral and you must also have us make the appointment for the treatment with a specialist. This can be done by filling in an application form on our website or by contacting us by telephone. Directly following the first consultation we will contact you by telephone; as per this telephone conversation it will be determined if you will be granted dispensation for the compulsory excess as per the conditions of the premium. Dispensation will only be granted if the treatment is being performed.

7.5 The costs of care which are compensated by the health insurance, are initially deducted from the compulsory excess and thereafter deducted from the voluntary excess, as referred to in article 8.

7.6 When you have reached the age of 18 in the course of a calendar year, the compulsory excess is valid from the first of the following month. The compulsory excess is reduced in relation to the number of months for which it must be paid.

7.7 When your health care commences after January 1 of a calendar year, the compulsory excess for that calendar year is reduced in relation to the number of months for which it must be paid.

7.8 Upon termination of your health insurance in the course of a calendar year the compulsory excess will be reduced in relation to the number of months for which it must be paid.

7.9 In the cases where, on the basis of the entitlements, or in this case reimbursements from the health insurance, an amount remains in your favour, this amount does not count for payment of the compulsory excess.

7.10 When a treatment in the form of a DBC- rate is declared, the moment the treatment starts determines when the compulsory excess is applicable.

7.11 When we have directly compensated the health care provider, if necessary the remaining compulsory excess be taken into account, which can also mean that you (insured) must pay the remainder. You are expected to grant us the authority to make automatic withdrawals for the compulsory excess. In the case of untimely payments we reserve the right to charge administration costs.

Article 8 Voluntarily chosen excess

8.1 Any insured person of 18 years or older may opt for a voluntary excess in any calendar year. A health insurance agreement may be taken out without a voluntary excess or, where the insured is 18 years or older, with a voluntary excess of € 100.-, € 200.-, € 300.-, € 400.- or € 500.- per calendar year. Premium discounts will apply if a voluntary excess has been taken out. The list specifying the relevant premium discounts constitutes part of this policy.

8.2 The voluntary excess applying to each insured person will be deducted from any benefit which can be claimed under this health insurance.

8.3 The following do not apply to voluntarily chosen excess:

- the costs of the use of care such as general practitioners who offer care, with the exception of the costs of tests related to this care and that are carried out elsewhere and are invoiced separately, on the condition that the relevant person or institution is legally qualified to invoice according to the tariffs set by the NZa;
- the direct costs of care with relation to pregnancy and childbirth;
- the charges for registering with a general practitioner or an organisation which provides the care given by general practitioners. These registration charges refer to:
  a. a sum payable for registration as a patient amounting to no more than the fee designated as an availability fee under the terms of the Wet marktordening gezondheidszorg (Health Care Fees Act);
  b. reimbursements which are related to the manner in which the medical care is provided at the doctor's practice or at the institution in question, with the details of the patient's charts or of the location of the practice or institution, in as much as this reimbursements may be invoiced as in accordance with the general practitioner or institution;
- the costs of dental care as defined in article 2.7, paragraph four of the Healthcare Insurance Decree, with the exception of surgical dentistry of a specialist nature and the accompanying radiological examination and the removable full prosthesis.

8.4 Any health care fees which are paid under the terms of this health insurance will first be deducted from the compulsory excess referred to in Section 7 and will then be set off against any voluntary excess.

8.5 The situation prevailing when the insurance commences or on 1 January of any year will be decisive for the purposes of determining any voluntary excess. When the health insurance is arranged or terminates in the course of a calendar year, any voluntarily chosen excess will be reduced proportionately.

8.6 In the event that you are liable for an amount based on an entitlement or benefit under this health insurance, this amount will not be considered for the purposes of setoff against any voluntarily chosen excess.

8.7 When treatment is declared in the form of a DBC fee, the time when treatment commences will be decisive for the purpose of applying any voluntarily chosen excess.

8.8 When we pay a health care provider for the cost of any assistance which has been provided, if necessary any outstanding voluntarily chosen excess will be set off against this or reclamation will be sought from you (the policyholder). You are expected to grant us authority for withdrawal of the voluntarily chosen excess. In the case of untimely payments we reserve the right to charge administration costs.

8.9 You may alter your voluntarily chosen excess on 1 January of the coming calendar year subject to the provisions of Clause 4.1.5.

Article 9 Premiums

9.1 Determination and levy of premiums

9.1.1 We determine the amount payable by way of health insurance premiums. The premiums that are payable, are equal to the basic premiums less a discount for any voluntarily chosen excess, which is directly settled with the basic premium or any group discount, which is also directly settled with the basic premium. We levy premiums for insured persons of 18 years or older.

9.1.2 Upon the age of 18 years premiums are payable as of the first day of the month following the calendar month in which this age is reached.

9.1.3 You (the policyholder) have a duty to pay premiums in advance.

9.2 The payment of premiums

9.2.1 You (the policyholder) will pay premiums in advance.

9.2.2 You are not permitted to set off any premiums that are to be paid against any claim for care or payment of the costs of care to be received from us.

9.2.3 If the health insurance is terminated prematurely, any premiums that have already been paid will be refunded pro rata. We calculate this on the basis of a 30-day month. We may deduct a fee to cover administration costs from any premiums that are to be refunded.

9.3 Late payment

9.3.1 You are required to comply with any rules that have been set, when paying your premiums. This duty also applies when these premiums are paid by a third party. We will set off any premiums in arrears, which you are still required to pay us, against any interest claim which you declare and which we are required to pay you. If payment is not timely, we will be entitled to charge you for the relevant administrative and collection costs, and any legally permitted interest.

9.3.2 In addition to Clause 9.3.1 the coverage of the health insurance can be cancelled if the premium has not been paid within the stipulated term of payment from the third written reminder (formal notice) sent by us. The coverage of the health insurance can be cancelled from the first day of the month after the termination of the payment period. The obligation for payment remains in effect. We reserve the right to terminate the health insurance after the payment period stipulated by us per notice has lapsed. Should we terminate your coverage, you will receive notification of this in writing. The health insurance can not be terminated retroactively.

9.3.3 After we have given you notice of one or more expired payment periods of premium due, you (policyholder) may not terminate the health care insurance during the time that the premium owed to us and any additional payments have not been paid, unless the coverage has been suspended by us.

9.3.4 Article 9.3.3 does not apply if we inform you (policyholder) within two weeks that the cancellation has been confirmed.

9.3.5 Premiums for two months must be paid in advance in the event of registration or registration following failure to effect payment.

9.3.6 In the Health Care Law it has been determined that in the event that a premium has not been paid for six months, the College for Health Care (CVZ) will deduct a 'judicial premium' from the income of the person in default. This premium is of a higher amount that the original premium. For more information we refer you to www.wanbetalerszorgpremie.nl.

Article 10 Automatic Payment

Payments of the premium, compulsory and voluntary excess, legally compulsory excess, personal payments and any other outstanding debts are preferably completed per automatic payment. In the event that you choose for a different method of payment than automatic payment we reserve the right to charge administration costs.

Article 11 Alteration of premiums and/or terms and conditions

11.1 Any alteration of the basic premiums will come into effect no sooner than six weeks after the day on which you (policyholder) have been informed hereof. You (policyholder) may cancel the health insurance on the day on which the alteration takes effect, in any case in the course of one month after you have been informed of the alteration.

11.2 In the event that any alteration of entitlements or benefits is unfavourable for you, you (the policyholder) may cancel this health insurance, unless such alteration is a direct result of the amendment of any provision of the law. You (the policyholder) may cancel this health insurance on the date on which such alteration is due to come into effect, but you (policyholder) will at any rate be entitled to do this within 30 days after we have given notice of such alteration.

Article 12 Entitlements

12.1 This health insurance policy agreement contains entitlements to care and reimbursements of the costs of care and may be entered into with or for the benefit of any resident of the Netherlands who has a duty to obtain such insurance, or with or for the benefit of any person who has such a duty and is resident abroad.

12.2 You are entitled to care under the terms of the Zorgverzekeringswet, the Besluit zorgverzekering and the Regeling zorgverzekering. Their nature and extent of this care are set out in this legislation. What is decisive is the date of treatment and/or that of any supply and not that on which the relevant bill is issued. When any treatment is declared in the form of a DBC fee, the time on which the relevant treatment commenced, will be decisive.

Exclusion:

12.3 You do not have any entitlement to or, alternatively, we will not reimburse any costs which are caused by or which arise due to a nuclear reaction (unless any relevant radioactive substance is used for the provision of medical care), armed conflict, civil war, insurrection, domestic disorder, rioting or rebellion as defined in Section 3:38 of the Wet op het financieel toezicht (Wft) (Financial inspection act).

12.4 You do not have any entitlement to or, alternatively, we will not pay for any costs involved in medical examinations, flu vaccinations, treatment of snoring (uvuloplastic procedure), treatment to perform sterilisation or to reverse same or the issue of a doctor's certificate, unless it has been specifically stated in one of the insurance policies that we will reimburse this.

12.5 You are not entitled to reimbursement of costs if appointments are not kept.

12.6 Terrorism

12.6.1 If the need for care are caused by one or more terrorist activity(ies) and the total injury in any given calendar year is claimed upon injury, life, or in kind funeral insurers whereby the Wet op het financieel toezicht (Financial inspection act) is applicable, is claimed and is expected by the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade N.V. (NHT) (Dutch Reinsurance Company for Injury caused by Terrorism) to be higher than the maximum amount reinsured per calendar year claimed by said company, you only have the right to care or reimbursements of costs thereof to be determined by the NHT, for all of the insurances equal percentage of the costs or value of the care or other services. The precise definitions and specifications with regard to claims made for this are included in the Volume document terrorism coverage of the NHT. This Volume and the relevant Protocol are part of the policy, which can be requested from us and can also be downloaded form our website.

12.6.2 In the event that following an act of terrorism on grounds of Section 33 of the Health Insurance Act or Section 3.16 of the Decree health insurance an additional contribution is made available to us, you are entitled to compensation for feats in addition to feats listed in Section 11.6.1 of one of the regulations, as meant in Section 33 of the Health Insurance Act or Section 3.16, to be determined by this decree.

Article 13 Exercising health care entitlements

13.1 If you require care which is covered by this health insurance, you may choose any person or organisation in the Netherlands that has entered into an agreement with us. We will provide information about those people and organisations with whom/with which we have entered into such an agreement.

13.2 If you would like to receive care from a person or organisation with whom or with which we have not entered into an agreement, and we have procured sufficient care which can be provided on time, you will be entitled to all or part of the payment of the costs involved. This payment may be less than in the case of a care provider contracted by us. When applicable, we will extend such lesser payment and/or the amount which you owe in the case of each entitlement or benefit. If no such lesser compensation is applicable or you still owe a payment, you are entitled to compensation of costs to a maximum of:

- the (maximum) amount determined on the basis of the Wet tarieven marktordening gezondheidszorg (Rates of Health Care Insurance Act), valid at that moment;
- in the event that when there is no (maximum) rate determined on the basis of the Wet tarieven gezondheidszorg (Rates of Health Care Insurance Act), the compensation will be to a maximum in conformity with the current Dutch market amount.

You can contact us by telephone concerning information with regard to the amount of the compensation. You can download a list with contracted health care providers and a list with the amount of compensation for health care providers that are not contracted by us from our website or request the information from us.

13.3 When and in so far as we pay more than we are required to do so because of the terms of this agreement, you are deemed to have authorised us in our name to collect any excess which you have paid to the health care provider.

13.4 You have the right to conciliation in health care.

Article 14 Liability of the health insurance company

If a health care provider does or fails to do any thing as a result of which you suffer injury, we will not be liable for this, even if the care or assistance provided by this health care provider is covered by this health insurance.

Article 15 Liability of third party

15.1 If a third party is liable for any costs incurred as a result of sickness, an accident or any injury you sustain, you must provide us with as much information, free of charge, that may be required to obtain information from the person responsible. The right of recovery is based on provisions of the law. This does not apply to any liability arising pursuant to any legally permitted insurance, health insurance governed by public law, or an agreement entered into by you and another natural or legal person.

15.2 If you are affected by sickness, an accident or injury and a third party is involved in this, you must notify us accordingly and as soon as possible and report it to the police.

15.3 You may not enter into any settlement which is detrimental to our rights. You may only enter into a settlement with a third party or anyone acting on his behalf, if you receive written consent from us to do so.

Article 16 Disputes

16.1 This agreement shall be governed by and construed in accordance with the law of the Netherlands.

16.2 If you do not agree with a decision taken by us or you are not satisfied with our service you can submit a complaint within six months after a decision has been communicated to you or the service has been rendered to you to be directed at the Central Complaints Coordination Department. You can submit your complaint by letter, e-mail, telephone, internet or fax message.

16.3 After receipt of your complaint it will be submitted to our Complaint Registration system, of which you will receive confirmation. You will receive a response within three weeks. Should more time be needed to handle your complaint, the person handling your complaint or the Central Complaints Coordination Department will inform you hereof.

16.4 If you do not agree with the manner in which your complaint has been handled, you may request a revision from us. You may send your request for revision to us by letter, e-mail, telephone, internet or fax; to be sent to the Central Complaints Coordination Department. After receiving your confirmation you shall be informed thereof, and a reaction regarding the content will be sent to you within 3 weeks. In the event that we require more time to handle your complaint, the Central Complaint Coordinator will inform you hereof.

16.5 Any deviation of the previous article, or in the event that the revision does not fulfil your expectations, you can have your complaint assessed by Stichting Klachten en Geschillen Zorgverzekeringen, Postbus 291, 3700 AG Zeist (www.skgz.nl) (Foundation for Disputes and Differences Health Insurance Act).

16.6 The Foundation for Disputes and Differences Health Insurance Act is not able to handle your complaint if a judicial office is handling your case and has passed judgment on it. You are at all times at liberty to go to the civil judge concerning your case, even after the Complaints Commission has issued a binding opinion.

16.7 Regardless of what has been stated in the other subsections of this article, consumers, care providers and healthcare insurers have the right to submit a complaint to the Nederlandse Zorgautoriteit (Dutch Health Authority) at all times concerning the forms used by us. Such a complaint has reference to forms which are excessive or too complicated in the opinion of the complainant. A decision by the Nederlandse Zorgautoriteit (Dutch Health Authority) extends a final recommendation to the care provider, healthcare insurer and consumer.

For more information about how to submit a complaint to us, how we subsequently handle the complaint and about the procedure followed by the Stichting Klachten en Geschillen Zorgverzekeringen (Foundation for Disputes and Differences Health Insurance Act) we refer you to the brochure 'Klachtenbehandeling bij zorgverzekeringen' (Handling Healthcare Insurance Complaints). You can download this brochure from our website or request it from us.

Article 17 Personal details

17.1 We request your personal details when an application is made for insurance or a financial service. We use this information at Achmea with regard to and compilation of agreements, in order to inform you about relevant products and/or services for the guarantee of safety and integrity of the financial sector, for statistical analysis, management of relations and in order to comply with legal obligations. The 'Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars' (Code of Behaviour regarding processing of personal details for Health Insurance Companies) applies here. In addition the Code of Behaviour 'Verwerking Persoonsgegevens Financiële Instellingen' (Processing Personal Details of Financial Institutions) applies to this.

17.2 In the event that you do not wish to receive information about products and/or services, or do you want to relinquish your permission to use your e-mail address? Please inform us of this in writing at Groene Land Achmea, PO Box 631, 8000 AP Zwolle.

17.3 With regard to a justified acceptance policy, as Achmea we can consult your information at the Stichting Centraal Informatie Systeem (CIS) (Foundation Central Information System) in Zeist. Within this framework we are able to exchange information with other participants of CIS. The objective of this is to decrease risks and to deter fraud. The privacy regulation of CIS is applicable. You can find more information at www.stichtingcis.nl

17.4 From the moment that the health insurance goes into effect, we are at liberty to request and extend information from and to third parties (care providers, suppliers, etc.) as is necessary in order to fulfil the responsibilities as health care insurer. What is meant by information in this case is your address and policy information. If there are circumstances under which the care providers or suppliers may not have access to your address information, then you must communicate this to us in writing.

Article 18 Fraud

18.1 Obtaining any entitlement or benefit from the health insurance company or under the terms of an insurance agreement entered into with us under false pretences or on unlawful grounds and/or in an unlawful manner constitutes fraud.

18.2 Any right to any entitlement or benefit pursuant to this insurance will lapse, in the event that you and/or any party who has an interest in such entitlement or benefit, misrepresent your/his situation, submit false or misleading documents, make an untrue statement in relation to any claim you/he submits, or withhold any information which could be of interest to us when assessing a claim that you/he have/has filed. In such a case any right to an entitlement or benefit in relation to the entire claim concerned shall lapse, also that in respect of which an untrue statement has been made and/or the situation has been misrepresented.

18.3 Fraud may also mean that we will:

a. Report it to the police;
b. cancel any relevant insurance agreement;
c. record the matter in a detection system used by the various insurance companies;
d. recover any benefits that have been paid and or expenses (for an investigation or otherwise) incurred.

Article 19 Abroad

19.1 Residence

19.1.1 The insured who resides in The Netherlands is entitled to his/her choice of:

- care by a health care provider that is contracted by us in a foreign country;
- compensation of the costs of care by a care provider or health care institution that is not contracted by us according to the claims of the Beter Af Policy to a maximum of:
  - the lower compensation or the excess which you owe, if this is mentioned in an entitlement;
  - the current maximum rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
  - when and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.

19.1.2 The insured who resides in another EC/EEA country or treaty state other than The Netherlands is entitled to his/her choice of:

- care according to the legal regulation of the country on grounds of the provisions of the EC social security regulation or like treaty;
- care by a health care provider that is contracted by us in the country of residence;
- compensation of the costs of care by a care provider that is not contracted by us conform the claims of the Beter Af Policy to a maximum of:
  - when this is mentioned in an entitlement, the lower compensation or the excess that you owe;
  - the current rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
  - in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.

19.1.3 The insured who resides in a country that is not a member of the EC/EEA or treaty state, has a choice of the entitlements for compensation of the costs of care by care provider or health care institution not contracted by us conform the claims of the Beter Af Policy to a maximum of:

- when this is mentioned in a claim, the lower compensation or the excess that you owe;
- the current (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
- in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount in accordance with the Dutch market.

19.1.4 In the cases which fall under the previous sections, when we give Permission in advance for the invocation of care in another country than the one in which one resides, compensation can be given, which can amount to more than specified in Section 19.1. This higher amount is only possible if we have given permission in advance.

19.2 Care by temporary stay in a foreign country

19.2.1 For insured persons who live in the Netherlands, another EC/EEA or treaty state, and is temporarily staying in another EC/EEA or Treaty state than his/her country of residence, and seeks care which is medically necessary, he/she is entitled to a choice of:

- care by a health care provider that is contracted by us in that country;
- compensation of the costs of care by a health care provider not contracted by us conform the claims of the Beter Af Policy to a maximum of:
  - when this is mentioned in a claim, the lower compensation or the excess that you owe;
  - the current (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
  - in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount conform the Dutch market;
  - when applicable, care according to the legal regulations of the country on grounds of the specifications of the EC social security regulation or like treaty.

19.2.2 For medically necessary care to the insured person who resides in The Netherlands or another EC/EEA state or treaty country, and is temporarily staying in another country that is not an EC/EES state or treaty country, Section 19.1.3 applies.

19.2.3 For care to the insured who does not reside in The Netherlands or another EC/EEA state or treaty country, and is temporarily staying in another country than the home country, Section 19.1.3 applies.

19.3 Exchange rate foreign currency

We reimburse the costs of care by a care provider that is not contacted by us in Euros, with consideration of the exchange rate as is determined by the College of health insurance companies. In the event that the particular exchange rate is not listed, the monthly exchange rate of the Nederlandsche Bank (Dutch Bank) applies. In that case we use the exchange rate from the month in which the treatment took place. The compensation to which you are entitled will always be paid to you (insured), to be transferred into the bank account number which is known to us at a bank established in the Netherlands.

19.4 Bills from abroad

The bills must preferably be written in Dutch, French, English or Spanish. If necessary, we can request that you have a bill translated by a certified translator. We do not reimburse the costs of the translation.

Entitlements Beter Af Policy

Article 1 Nursing and day treatment in a hospital

We reimburse the costs of the care listed below for a continuous period of no more than 365 days in the case of day treatment or admission to hospital. For the calculation of the 365 days the period of admission necessary for rehabilitation in a hospital or rehabilitation centre and admission to a psychiatric hospital are included. An interruption of no more than 30 days is not considered to be an interruption, although such an interruption will not be considered for the purposes of counting the 365 days. Any interruption on account of a weekend or holiday leave is considered for the purposes of counting the 365 days.

We reimburse the costs of:

- hospital stay, including nursing and care based on third class facilities;
- specialist medical care or dental surgery;
- any paramedical care, medication, aids and bandaging that are part of the treatment, throughout the period of admission.

The extent of the care provided is subject to what the relevant medical specialists tend to provide in the way of care.

If you make use of a care provider who is not contracted by us to perform such treatment, for the types of treatment listed below you will be entitled to a compensation that is lower than the compensation for a contracted care provider:

- Femoral hernias; umbilical hernia or scar hernia;
- Varicose veins;
- Gall bladder operation;
- (Suspicion of) breast cancer;
- Psoriasis;
- Ulcus cruris (Open leg ulcer)
- (Suspicion of) skin cancer;
- Pregnancy and childbirth;
- Incontinence;
- Removal of tonsils and adenoids;
- Testing in relation to sleep disturbances and treatment of obstructive sleep (apnea) syndrome;
- Diabetes, including examination of the retina by the ophthalmologist and treatment of diabetes-related defects of the retina;
- Diabetes in children (treatment by paediatrician);
- Chronic gastroenteritis (Crohn's disease and ulcerative colitis);
- Breast reduction based on a medical recommendation;
- Cataract operations;
- Examination/treatment by an ophthalmologist for refraction defects (glasses/contact lenses) and glaucoma;
- Arthrosis of hips and knees, including placement;
- Meniscus or damage to cruciate ligament;
- (Suspicion of) slipped disc in back or neck, and other spinal column surgery by orthopaedist or neurosurgeon;
- Pain control measures by anaesthetist for back complaints;
- Rheumatoid arthritis;
- Bechterew disease;
- Kidney stones and urinary passage stones;
- Prostate complaints, inclusion (suspicion of) prostate cancer;
- (Suspicion of) bladder cancer.
- Examination or treatment by a cardiologist for chest pains or irregular heartbeat;
- Chronic heart failure.

You can download or request a list of contracted hospitals as well as a list with the amount of compensation for hospitals which are not contracted by us.

Terms and conditions

- You must be referred by a general practitioner, midwife in the case of pregnancy/childbirth care or other medical specialist.
- In the case of plastic or dental surgery you will need to apply to us for permission no less than three weeks before you are admitted into hospital. We will provide the hospital with a letter of guarantee as evidence of our permission.
- You must authorise your general practitioner or medical specialist to notify our medical adviser of the reason for your admission.

Exclusion

This section is not applicable for mental health care (GGZ). For the GGZ article 10 are applicable.

Article 2 Independent treatment centre

If treated in an independent treatment centre we reimburse:

- nursing and care;
- specialist medical care;
- any paramedical care, medication, aids and bandaging that are part of the treatment, throughout the period of admission.

The extent of the care provided is subject to what the relevant medical specialists tend to provide in the way of care.

If you make use of an independent treatment centre that is not contracted by us, you will be entitled to a compensation which is lower than the compensation which you receive if treatment is performed at an independent treatment centre that is contracted by us. You can download or request a list with contracted independent treatment centres and a list with the amount of the compensations for independent treatment centres not contracted by us.

Terms and conditions

- You must be referred by a general practitioner or other medical specialist.
- When it concerns plastic surgery or oral surgery you are required to request our permission for hospitalisation no later than three weeks beforehand. As proof of our permission we give the hospital a statement of guarantee.
- You must authorize your general practitioner or medical specialist to notify our medical advisor of the reason for hospitalisation.

Article 3 Plastic surgery

You are entitled to surgery of plastic surgery nature, performed by a medical specialist when this treatment results in the correction of:

- any alteration of your looks which is linked to demonstrably defective bodily functions;
- disfigurement due to sickness, an accident or a medical procedure;
- any of the following congenital disfigurements: clef lip, jaw or palate; disfigurement of the bony part of the face, benign tumours in blood vessels, lymphatic vessels or connective tissue, birthmarks or the disfigurement of the urinary tract or sex organs;
- upper eyelids which are paralysed or weak other than where this is due to a congenital defect or chronic disorder when birth occurred;
- the abdominal wall (abdominoplastic), if there is injury which is considered as serious as a third degree burn, of untreated infection in the skin folds or of a very serious impediment of movement (this in the event the abdominal skin covers at least a quarter of the thigh);
- primary sexual features of a person who has been determined to be transsexual (including depilation of pubic area and beard) by a care provider contracted by us.

For treatments such as listed in the list in article 1 you must contact us in advance. For these treatments applies that if you make use of a care provider that is not contracted by us you have the right to reimbursement which is lower than that if done by a care provider contracted by us.

Terms and conditions

We will need to give you written consent beforehand.

Exclusion

You cannot claim the cost/we do not reimburse the cost of treatment for having breast implants put in or having breast prosthesis operatively remove, other than the status after a (partial) breast amputation, the removal of a breast prosthesis by operation without medical indication, liposuction of the belly, treatment of upper eyelids that are paralyzed or stretched out, other than as a result of a congenital defect or a chronic condition present at birth.

Article 4 Specialist medical care (outpatients)

We reimburse the costs of:

- specialist medical care or dental surgery;
- any paramedical care, medication, aids and bandaging that are part of the treatment, throughout the period of admission.

The extent of the care provided is subject to what the relevant medical specialists tend to provide in the way of care.

You must contact us before you receive the types of treatment referred to in article 1. If you make use of a care provider who is not contracted by us to perform such treatment, you will be entitled to a compensation which is lower than the compensation reimbursed in the event that you make use of a care provider who is contracted by us.

Terms and conditions

You must have been referred by a general practitioner, an obstetrician where the latter is providing the care concerned, or another medical specialist. No referral is required for an ophthalmologist.

Exclusion

This section is not applicable for mental health care (GGZ). For the GGZ article 11 are applicable.

Article 5 Specialist medical care (extramural)

We reimburse the cost of treatment by a medical specialist who performs extramural work. This is a medical specialist who does not work in a hospital or an independent treatment centre.

We reimburse the cost of:

- specialist medical care or dental surgery;
- any medication, aids and bandaging that are part of the treatment, throughout the period of admission.

The extent of the care provided is subject to what the relevant medical specialists tend to provide in the way of care.

You must contact us before you receive the types of treatment referred to in article 1. If treated by an extramurally working medical specialist whom is not contracted by us you are entitled to compensation which is lower than the compensation you would receive if treated by an extramurally-working specialist contracted by us.
You can download or request a list of contracted extramurally-working medical specialists and a list with the amount of the compensations for extramurally-working medical specialists whom are not contracted by us.

Terms and conditions

You must be referred by a general practitioner, a doctor who treats children and adolescents, an obstetrician where the latter is providing the care concerned, or another medical specialist.

Exclusion

This section is not applicable for mental health care (GGZ). For the GGZ article 11 are applicable.

Article 6 Second opinion

We reimburse the costs for a second opinion of a medical specialist other than the one by whom you are being treated. The opinion or advice can be requested by you or by the primary doctor.

Terms and conditions

- You must be referred by a general practitioner or medical specialist.
- We reimburse the costs only if the diagnosis or treatment satisfies the terms and conditions of this health insurance.

Article 7 Organ transplants

You are entitled to:

- a transplant in a hospital of tissue and organs in the event that the transplant is performed in a member state of the EU, in a country that is a member of the Agreement concerning the European Economic Area (EEA) or in another state if the donor resides in the state and is the spouse, registered partner or a blood relative in the first, second or third degree of the policyholder;
- any specialist care provided in relation to the selection of a donor and in connection with the operative removal of the transplant parts from the selected donor, any examinations, their preservation, removal and transport of the post-mortal transplant part in connection with the scheduled transplant;
- transplantation in an independent treatment centre is allowed if this is permitted on the grounds of the law and legislation.

The donor is entitled to reimbursement for the cost of:

- any care to which you are entitled pursuant to this policy, for no more than 13 weeks, with the exception of 6 months for a liver transplant, following the date of his discharge from hospital, where the donor was admitted for the purposes of his selection or the removal of the transplant part, and only when the care provided is related to this admission;
- transport subject to the lowest class of public transport or – when and in so far as this is necessary for medical purposes – by car in connection with his admission into and discharge from hospital, and the care referred to in the foregoing clause;
- transport from and to the Netherlands of any donor who resides abroad, in connection with the transplant of a kidney, bone marrow or liver into an insured person in the Netherlands, and any other costs relating to the transplant in so far as they pertain to the donor's residence abroad. The latter expenditure at any rate does not include the cost of his stay in the Netherlands and any loss of earnings.

In the event of transplantation in an independent treatment centre that is not contracted by us you are entitled to a reimbursement which is lower that the reimbursement from an independent treatment centre contracted by us. You can download a list of contracted, independent treatment centres and a list with the amount of the reimbursement from an independent treatment centre not contracted by us from our website or request it from us.

Terms and conditions

We must grant you written permission in advance if it concerns a hospital that has not been contracted by us. You can download or request a list of contracted hospitals from us.

Article 8 Rehabilitation in a hospital or a rehabilitation centre

You are entitled to rehabilitation but only if:

- this type of care has been designated as the most effective for you to prevent, lessen or overcome a disability which is due to deficient or limited mobility, or a disability which is the result of a central nervous system condition which places limitations on your communicative, cognitive or behavioural functions;
- this care will enable you to attain or retain a certain degree of independence which is reasonably possible in the light of your limitations.

Rehabilitation may be effected in:

- a clinical situation involving admission for more than one day, if better results are anticipated more quickly than if rehabilitation were to occur without your admission. You are entitled to reimbursement of the cost of rehabilitation in a clinical situation for a period of maximum 365 days. To calculate the 365 days other days of admission in (psychiatric) hospitals are included. An interval of no more than 30 days is not regarded as interval; however such an interval does not count towards the calculation of the 365 days. Intervals due to weekend and holiday releases do count towards the calculation of the 365 days;
- a non-clinical situation (part-time or day treatment).

Article 9 Dyslexiccare

We reimburse the costs of diagnosis and treatment of severe dyslexic children who attend grammar school and for whom the care begins at the age of seven, eight or nine. The care must be performed by a specialised institution for assistance of dyslexia whereby the work method is based on multidisciplinary cooperation with the final responsibility being at the level of a health care psychologist, child and adolescent psychologist or educationist-generalist who, on the grounds of the valid and explicit standards which apply to their profession, are capable of diagnosis and treatment of severe dyslexics in health care. The Guidelines for multidisciplinary cooperation Diagnostics and treatment of severe dyslexia, as compiled by the professional organizations NIP, NVO, LBRT and NVLF must be followed in this multidisciplinary cooperation.

If treatment is performed by a care provider that is not contracted by us, the compensation will be lower than if the treatment is performed by a care provider contracted by us. You can download or request a list of contracted care providers and a list of the amount of compensation for care providers not contracted by us.

Terms and conditions

- We reimburse the costs of diagnosis only if you have been referred by a school which has followed the Protocol for Reading Problems and Dyslexia with the insured and on the basis of this suspects that there is talk of severe dyslexia, without there being talk of other reading and spelling problems for which there is an existing treatment trajectory via the GGZ (Dept. of Mental Health Care).
- In addition, in order to be able to receive compensation for the treatments a diagnostic examination for severe dyslexia must be performed, not a part of complex problems, to be laid down according to the criteria of the Protocol Dyslexia Diagnosis and Treatment and the treatments must be carried out according to this protocol. The Protocol Dyslexia Diagnosis and Treatment can be downloaded from our website or can be requested from us.

Article 10 Psychiatric hospitalisation

We reimburse the costs of hospitalisation in a GGZ institution (Mental Health Care) (psychiatric hospital or on a psychiatric ward of a hospital) for a stay up to a maximum of 365 days. For the calculation of the 365 days the admission for the purpose of rehabilitation in a hospital or rehabilitation centre count, the admission to a psychiatric hospital does not count in this calculation. A temporary release of maximum thirty days is not regarded as interruption, but such a release does not count toward the 365 days. Releases because of weekend or vacation do count toward the 365 days.

We reimburse the costs of:

- the specialist mental health care;
- the stay, exclusive of nursing and other care;
- paramedical care and medicine, devices and bandages which are part of the treatment during the hospitalisation period.

The scope of the care provided is limited to that which psychiatrists/ neurologists and clinical psychologists attempt to offer as care.

If treatment is received by a (GGZ) Mental Health Care institution which is not contracted by us we reimburse an amount with is lower than the compensation of a (GGZ) Mental Health Care institution which is contracted by us. A list of contracted (GGZ) Mental Health Care institutions and a list of the amount of the compensation for (GGZ) Mental Health Care institutions not contracted by us can be downloaded from our website or can be requested from us.

Terms and conditions

- You must be referred by a general practitioner, company doctor or child and adolescent health care doctor.
- For the youth as referred to in the Wet op de jeugdzorg (Law for child and adolescent welfare) a decree of indication from an Office for Child and Adolescent Welfare is necessary or a recommendation from a doctor or other caretaker mentioned in section 10 of the uitvoeringsbesluit Wet op de jeugdzorg (Order of Pursuance Law of child and adolescent welfare) when the care concerns that as described in section 9b fifth clause of the AWBZ.

Article 11 Non-clinical therapeutic mental health care

We reimburse the costs of treatment by GGZ-institution, psychiatrist/ neurologist or clinical psychologist.

We reimburse the costs of:

- the specialist mental health care;
- the nursing care which is part of the treatment;
- the medicine, apparatus and bandages which are part of the treatment.

The scope of care to be provided is limited to that which psychiatrists/ neurologists and clinical psychologists offer as care.

For treatment by a GGZ-institution, psychiatrist/neurologist or clinical psychologist who are not contracted by us we reimburse an amount which is lower than the compensation for a GGZ-institution, psychiatrist/neurologist or clinical psychologist who are contracted by us.
You can download or request a list of care providers contracted with us and a list of the amounts of the compensations for care providers who are not contracted by us.

Terms and conditions

- For the specialist mental health care you must be referred by a general practitioner, company doctor or child and adolescent health doctor.
- For the youth as referred to in the Wet op de jeugdzorg (Law for child and adolescent welfare) a decree of indication from an Office for Child and Adolescent Welfare is necessary or a recommendation from a doctor or other caretaker mentioned in section 10 of the uitvoeringsbesluit Wet op de jeugdzorg (Order of Pursuance Law of child and adolescent welfare) when the care concerns that as described in section 9b fifth clause of the AWBZ.

Article 12 First-line psychological care

We reimburse the costs of diagnostic en short-term, general treatment of non-complex psychological conditions by a health care psychologist and/or a first-line psychologist and/or a clinical psychologist and/or educationist-generalist. The scope of the care to be provided is limited to that which the clinical psychologists tend to offer. The care includes a maximum of eight sessions (of one hour maximum) with a first-line psychologist per calendar year. There is a legal contribution of € 10.- per session.
The care can also be given in half or quarter sessions, whereby the legal excess remains pro rata. A maximum of one completed allotment per day will be reimbursed.

When treated by a clinical psychologist, health care psychologist, first-line psychologist or educationist-generalist who is not contracted by us, we reimburse an amount which is lower than the compensation reimbursed for a care provider who is contracted by us. A list of care providers contracted by us and a list with the amount of compensation for care providers not listed with us can be downloaded from our website or can be requested from us.

Terms and conditions

- You must have a referral from a general practitioner, a company doctor or a doctor who works for child and adolescent health doctor.
- For the youth as referred to in the Wet op de jeugdzorg (Law for child and adolescent welfare) a decree of indication from an Office for Child and Adolescent Welfare is necessary or a recommendation from a doctor or other caretaker stated in section 10 of the uitvoeringsbesluit Wet op de jeugdzorg (Order of Pursuance Law of child and adolescent welfare) when the care concerns that as described in section 9b fifth clause of the AWBZ.

Exclusion

We do not reimburse the costs of educationist's help, examinations and courses of a social character.

Article 13 Non-clinical haemodialysis and peritoneal dialysis

You are entitled to kidney dialysis treatment in a hospital, dialysis centre or in your home, and this may be accompanied by examinations, treatment, nursing, any pharmaceutical care required for the treatment and psychological assistance for you and any person who assists with the performance of the dialysis treatment in any place other than a dialysis centre.

Apart from this, in the case of dialysis treatment at home you are entitled to payment of:

- the costs involved in the training provided by the dialysis centre for those who conduct the dialysis treatment or who assist with this;
- the costs of borrowing dialysis equipment and accessories, of regularly monitoring and maintaining it (including replacement), and of the chemicals and fluids required for the performance of this dialysis treatment;
- the costs of making any alterations in and to your home and to restore it to its original condition in so far as we deem these expenses to be reasonable and no provision is made for them in any other legislation;
- any other costs which are directly related to home dialysis treatment in so far as we deem such costs to be reasonable and no provision is made for them in any other legislation;
- the costs of requisite expert assistance provided by the dialysis centre for the purposes of dialysis treatment.

Terms and conditions

In the case of home dialysis you must present an estimate of the costs involved in advance.

Article 14 IVF (in vitro fertilisation) and other forms of fertility treatment

14.1 IVF

You are entitled to a first, second and third attempt to realise successful pregnancy using in vitro fertilisation (IVF) or intracytoplasmic sperm injections, including any medication taken for this purpose.

An attempt includes at the very most going through the four phases in sequence:

a. ripening of ova through hormone treatment in the woman's body;
b. follicle puncture (extracting ripened ova);
c. fertilisation of ova and the breeding of embryos in the laboratory;
d. the return of one or two embryos created in the womb for the purpose of initiating a pregnancy.

An attempt is considered to be an attempt in the event that a successful follicle puncture has taken place. Only attempts which have been ceased before there is a successful pregnancy count towards the number of attempts. A new attempt after a successful pregnancy count as the first attempt. Putting back frozen embryos is included in the IVF attempt through which they have been extracted.

Terms and conditions

- The IVF treatment must take place in a licensed hospital.
- We will need to have given you written consent beforehand for treatment in a hospital abroad.
- An ICSI treatment (intracytoplasmatic sperm injection) equals an IVF attempt.
- In the case of women who are insured IVF can be claimed up to and including age 40. After the age of 40 for IVF is considered, if the objective of the treatment in the individual case is assessed and established.
- A physiological (spontaneous) pregnancy is one which is ongoing. That is to say a pregnancy of no shorter than 12 weeks, calculated from the first day after the last menstruation.
- A pregnancy following an IVF procedure an ongoing pregnancy is: a pregnancy no shorter than 10 weeks, to be calculated from the follicle puncture or, in the event that IVF has taken place by means of putting back the frozen embryos, a pregnancy of no shorter than 9 weeks and 3 days, to be calculated from the implantation.
- The Geneesmiddelenvergoedingensysteem (Medication Allowance System) (GVS) will apply. We will reimburse the costs involved subject to the maximum amounts stipulated by the government.

14.2 Further treatments to increase fertility

You are entitled to other treatments to increase fertility.

Terms and conditions

- We must provide written permission in advance for treatment in a hospital abroad.
- You are only entitled to reimbursement of the applied medications, if the medication is intended for a different fertility-increasing treatment than the fourth and subsequent IVF treatment.

Article 15 Oncological examination of children

You are entitled to centralised (referential) diagnosis, coordination and registration of body tissue submitted, carried out by Skion (Stichting Kinderoncologie Nederland (Dutch Child Oncology Group).

Article 16 Asthma Centre (Dutch) in Davos (Switzerland)

You are entitled to treatment in the Dutch Asthma Centre in Davos.

Terms and conditions

- A similar type of treatment has been carried out in the Netherlands without success and we consider treatment in Davos to be effective.
- You must be referred by a pneumonologist or paediatrician.
- You must obtain written permission from us in advance.

Article 17 Mechanical respiration

You are entitled to mechanical respiration as required and the accompanying specialist medical care in a respiration centre. If respiration occurs at your home at the behest and under the supervision of a respiration centre, the care will entail the following:

- the supply by the respiration centre of the equipment necessary and ready to use for each treatment;
- the specialist medical care required in connection with this mechanical respiration and the pharmaceutical care provided by or at the behest of the respiration centre in connection with it.

Article 18 Thrombosis service

You are entitled to care provided by a thrombosis service. This care will comprise:

- regularly taking blood samples;
- the performance by or under the supervision of the thrombosis service of laboratory analysis to determine the time required for blood to coagulate;
- the supply of equipment and accessories to you to enable you to measure the time it takes for your blood to coagulate;
- training to enable you to use the equipment referred to in the previous clause, and assistance with your monitoring activities;
- the provision of advice to you concerning the use of medication affecting blood coagulation.

Terms and conditions

You must be referred by a general practitioner or medical specialist.

Article 19 Audiological centre

You are entitled to care in an audiological centre. This care comprises:

- an examination of your hearing;
- advice about any hearing aids that are to be obtained;
- information about the use of this equipment;
- psychosocial care when required in connection with problems associated with deficient hearing;
- assistance in making a diagnosis in the case of speech and language deficiencies amongst children, by an audiological centre contracted by us for this purpose. A list of audiological centres contracted by us can be downloaded from our website or can be requested from us.

Terms and conditions

You must be referred by a general practitioner, paediatrician, otolaryngologist or a child and adolescent health care doctor.

Article 20 Hereditary examination and advice

You are entitled to a hereditary examination and advice in a centre for hereditary studies. This includes:

- an examination into and of hereditary conditions with the aid of a genealogy study;
- a chromosome study;
- biochemical diagnostics;
- an ultrasound and DNA study;
- advice on hereditary conditions and psychosocial assistance in relation to this care.

When it is necessary to do so for the purposes of providing advice, people other than yourself will also be examined. In this case they may also be given advice.

Terms and conditions

You must be referred by the doctor treating you.

Article 21 Treatment of psoriasis

You are entitled to treatment of psoriasis using UV-B light treatment at home.

Terms and conditions

- You will need to submit a statement from your general practitioner to us beforehand.
- We must give you our written consent.

Article 22 Care provided by a general practitioner

You are entitled to therapeutic care provided by a general practitioner or a doctor or health care provider of similar standing who acts under the supervision of a general practitioner.

The entitlement also includes X-ray and laboratory analysis at a general practitioner's request.

The extent of the care provided is subject to what general practitioners tend to provide in the way of care.

Article 23 Pharmaceutical care

We reimburse the cost of pharmaceutical care, according to the terms and conditions as described in the Achmea Reglement Farmaceutische Zorg (Achmea Regulations Governing Pharmaceutical Care). The following is understood to be pharmaceutical care:

- all medicine registered and designated by the ministry regulation in the event that this is done by a pharmacist whom has entered an IDEA contract with us;
- medicine which has been designated and registered by ministry regulation in as much as these have been designated by us and have been included in the Achmea Reglement Farmaceutische Zorg. In the event that this takes place by a pharmacist without a contract or a pharmacist who has a contract with us including off-label use;
- medicine other than that registered under the terms of the Geneesmiddelenwet (Medicines Act) in the Netherlands, may be supplied when rational pharmacotherapy is involved; these are medications which:
  - are made or made by order of a pharmacist in his pharmacy on a small scale;
  - in accordance with section 40, third clause, under c of the Geneesmiddelenwet (Medicines Act), which upon request from a doctor is referred to in the stipulations are prepared in the Netherlands by a manufacturer as referred to in section 1, first clause, under mm, of the law, or
  - in accordance with section 40, third clause, under c of the Geneesmiddelenwet (Medicines Act), which are on the market in another member country or in a third country and upon request of a doctor as referred to in the stipulation, are brought within the borders of the Netherlands and are intended for one of his patients who suffers from a disease which does not occur by more than 1 of the 150.000 inhabitants;
- polymer, oligomeric, monomeric and modular diet preparations.

For provision of pharmaceutical care by a pharmacist who does not have a contract we reimburse 80% of the cost of the pharmaceutical care provided. This concerns the costs of medication or dietary preparations, the delivery costs and if applicable costs of preparation.

A list of care providers contracted by us with an IDEA contract or a contract with off-label use and a list with the amount of compensation for care providers not listed by us can be downloaded from our website or can be requested from us.

Terms and conditions

- The pharmaceutical care must be prescribed by a general practitioner, medical specialist, dentist, obstetrician or on the basis of nurses appointed by ministerial regulations.
- The pharmaceutical care must be provided by a pharmacist, dietary preparations may also be provided by other suppliers who are specialised in medical care.
- With identical, interexchangeable medicine you exclusively have the right to compensation of the original i.e. non-preferential medicine if your doctor considers this to be of medical necessity. The doctor must indicate this on the prescription.
- We reimburse the costs of dietary preparations and medication which are governed by supplementary terms and conditions only when the terms and conditions that we stipulate in appendix 1 'Further terms and conditions of compensation' of the reglement Farmaceutische Zorg (Achmea regulation governing Pharmaceutical Care).

Exclusion

The following are not reimbursed:

- the costs of any medicine for the prevention of sickness in relation to travel;
- the costs of pharmaceutical care in those cases stipulated in the Regeling zorgverzekering (health Insurance Regulation);
- the costs of any medicine for research as referred to in section 40, third clause, under b, of the Geneesmiddelenwet (Medicines Act);
- the costs of medicine as referred to in section 40, third clause, under e, of the Geneesmiddelenwet (Medicines Act);
- the costs of any medicine which is or which is almost therapeutically the equivalent of any registered medication that has not been designated;
- any other self-help products other than those listed in the Regeling zorgverzekering (products that are available without a prescription);
- homeopathic, anthroposophic and/or other alternative products (medicine).

The Achmea Reglement Farmaceutische Zorg (Achmea regulation governing Pharmaceutical Care) is a part of this policy and you can download it from our website or request it from us.

Article 24 Physiotherapy and remedial therapy

24.1 Disorders which are not chronic

For insured persons up to 18 years of age we reimburse the costs of 9 treatments by a physiotherapist or a remedial therapist for each condition every calendar year, which may be increased by a further nine treatments in the case of insufficient results.

We will reimburse a maximum of € 20.- for each session of treatment provided by a physiotherapist or remedial therapist whom we have not contracted. A list with care providers contracted by us can be downloaded from our website or can be requested from us.

In the case of any other treatment provided by a physiotherapist or remedial therapist whom we have not contracted, we will provide a benefit in accordance with the Overzicht Vergoedingen Basisprestaties Paramedische Zorg (Schedule of benefits for Basic Paramedical Treatment). This schedule constitutes part of the policy and is included in the brochure 'Paramedische Zorg' (Paramedical Care) which you can also download from our website or you can request a copy of it from us.

Terms and conditions

- You must be referred by a general practitioner, a company doctor or a medical specialist. Exceptions to this are physical therapists and remedial therapists with whom we have made agreements concerning direct availability. We have made agreements with these physical therapists and remedial therapists that they are allowed to treat you without referral by a doctor. A list of care providers contracted by us can be downloaded from our website or can be requested from us.
- To obtain payment for the costs of treatment by a physiotherapist or remedial therapist whom we have not contracted, we will need to give you with written permission beforehand.
- The scope of the care to be provided is limited to that which physical therapists and remedial therapist respectively tend to offer.
- Manual lymph drainage in relation to a serious lymph oedema may also be treated by a skin therapist. In the event the treatment is performed by a skin therapist who is not contracted by us we reimburse an amount which is lower than that performed by a skin therapist who is contracted by us. You can download a list of contracted care providers from our website or request a list from us.

Exclusion

We do not reimburse the cost of individual or group treatment which has as only objective to improve one's condition by means of training.

24.2 Chronic disorders

We reimburse the costs of the 10th and any subsequent session of treatment by a physiotherapist or remedial therapist, if you have any of the specific disorders referred to in Schedule 1 to the Besluit zorgverzekering (Health Insurance Decree). The list included in Schedule 1 of the Besluit zorgverzekering (Health Insurance Decree) constitutes part of the brochure 'Paramedische Zorg' (Paramedical Care). You can download a copy from our website or request a copy from us.

For insured persons younger than 18 years of age we reimburse the costs of the first 9 treatments as well.

We will reimburse a maximum of € 20.- for each session of treatment provided by a physiotherapist or a remedial therapist whom we have not contracted. A list of care providers contracted by us can be downloaded from our website or can be requested from us. In the case of any other treatment provided by a physiotherapist or remedial therapist whom we have not contracted, we will provide a benefit in accordance with the Overzicht Vergoedingen Basisprestaties Paramedische Zorg (Schedule of Benefits for Basic Paramedic Care). This schedule constitutes part of this policy and is included in the brochure 'Paramedische Zorg' (Paramedical Care) which you can download from our website or request a copy from us.

Terms and conditions

- You must be referred by a general practitioner, a company doctor or a medical specialist. This referral is necessary in order to be entitled to compensation for the costs of physical and remedial therapy from the health insurance.
- In order to receive compensation for the costs of a treatment by a physiotherapist or remedial therapist with whom we have not entered into a contract, we will need to provide you with written permission beforehand.
- The scope of care to be provided is limited to that which physical therapists and remedial therapists respectively tend to provide.
- Manual lymph drainage in relation to a serious lymph oedema may also be treated by a skin therapist. If treatment is performed by a skin therapist who is not contracted by us we reimburse an amount which is lower than the amount reimbursed for a contracted skin therapist. You can download a list of contracted skin therapists from our website or request one from us.

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 25 Occupational therapy

We reimburse the cost of 10 hours of advice, instruction, training or treatment by an occupational therapist each calendar year with the aim of improving or restoring self-sufficiency.

The extent of the care to be provided in this case is subject to that which occupational therapists tend to provide.

For treatment by an occupational therapist who is not contracted by us, we reimburse an amount that is lower than the compensation for an occupational therapist who is contracted by us. A list of contracted care providers can be downloaded from our website or can be requested from us.

For sessions carried out by an occupational therapist who is not contracted by us we reimburse according to the Overzicht Vergoedingen Basisprestaties Paramedische Zorg (Schedule of Benefits for Basic Paramedical Care). This schedule is part of the insurance policy and is included in the brochure "Paramedische Zorg" (Paramedical Care) and can be downloaded from our website or can be requested from us.

Terms and conditions

You must be referred by a general practitioner, a company doctor or a medical specialist.

Article 26 Speech and language therapy

We reimburse the costs of treatment by a speech and language therapist in so far as this care seeks to achieve a medical goal and it is anticipated that this treatment will improve your power of speech and ability to speak.
The extent of the care to be provided in this case is subject to that which speech and language therapists tend to provide.

For treatment by a speech and language therapist who is not contracted by us we reimburse an amount that is lower than the compensation for a speech and language therapist who is contracted with us. A list of care providers whom are contracted by us can be downloaded from our website or can be requested from us.
For sessions performed by a speech and language therapist who is not contracted by us we reimburse according to the Overzicht Vergoeding Basisprestaties Paramedische Zorg (Schedule of Benefits for Basic Paramedical Care). This schedule is a part of the policy and is included in the brochure 'Paramedische Zorg' (Paramedical Care) which can be downloaded from our website or can be requested from us.

Terms and conditions
You must be referred by a general practitioner, a medical specialist or a dentist.

Exclusion
Speech and language therapy does not include the treatment of dyslexia or linguistic difficulties associated with a dialect or other language.

Article 27 Dietary advice

We reimburse the costs of four hours of dietary advice by a dietician each calendar year. Dietary advice includes the provision of information and advice concerning nutrition and eating habits for a medical purpose.
The extent of the care to be provided in this case is subject to that which dieticians tend to provide.

For treatment by a dietician whom is not contracted by us we reimburse an amount which is lower the reimbursement for a dietician whom is contracted by us. A list of contracted care providers can be downloaded from our website or can be requested from us.
For sessions performed by a dietician whom is not contracted by us we reimburse according to the Overzicht Vergoeding Basisprestaties Paramedische Zorg (Schedule of Benefits for Basic Paramedical Care). This schedule is a part of the policy and is included in the brochure 'Paramedische Zorg' (Paramedical Care) which can be downloaded from our website or can be requested from us.

Terms and conditions
You must be referred by a general practitioner, a medical specialist or a dentist.

Article 28 Medical aids

28.1 General

We reimburse the costs of:
- the delivery of working medical aids and bandaging to keep. In this respect a legally compulsory excess applies in some cases or maximum benefit;
- having any medical aids modified, replaced or repaired;
- spare aids.

This applies in accordance with the Achmea Reglement Hulpmiddelen (Achmea Medical Aids Regulations), which constitutes part of this policy, which you can download from our website or you can request it from us.

If you obtain any medical aids from a supplier whom we have not contracted, the benefit may be less than in the case of a contracted medical aids supplier. In this case you will need to take into account that you will be required to make a contribution. Information about the medical aid, a list of suppliers contracted by us and a list with the amount of compensation for a supplier not contracted by us can be downloaded from our website or requested from us.

In accordance with the Achmea Reglement Hulpmiddelen (Achmea Medical Aids Regulations), contrary to clause 12.1 and the above, in certain cases the entitlement includes providing medical aids on loan.

Terms and conditions
You do not require any prior consent for the delivery, modification, replacement or repair of a large number of medical aids, and you may contact a supplier directly. A schedule to the Achmea Reglement Hulpmiddelen (Achmea Medical Aids Regulations) stipulates the medical aids in respect of which this applies. However, our prior consent is required for the delivery, modification, replacement or repair for a number of medical aids, which involves us assessing whether the relevant aid is required, is effective and is not unnecessarily expensive or complicated.

28.2 Other medical aids as part of the medical specialist care

Medical aids listed below can be included as part of the medical specialist care, as intended in article 1 up to and including article 5. The use of these medical aids is only possible under the supervision of the medical specialist, regardless of the place of treatment. This means that the treatment can also be given at home or continued if the medical specialist considers this appropriate and responsible.

CPM scooter

The use of a CPM scooter for post-op treatment of knee or ankle joint injury is included in medical specialist care.

Telemonitoring

The use of equipment for telemonitoring and any necessary assistance for insured with chronic heart failure is included in medical specialist care.

Terms and conditions
The equipment must be made by Philips and the assistance must be given under supervision of your cardiologist.

VAC (Vacuum Assisted Closure) System

The use of a vacuum pump system for the treatment of large open wounds (infected or otherwise) over a protracted period of time is included in medical specialist care.

Article 29 Antenatal Screening

For all stages of antenatal screening named below it is required that the care provider who performs it must have a WBO (Clinical Survey Law) license or must be connected to a regional centre with a WBO (Clinical Survey Law) license, unless it is based on medical grounds.

29.1 Counselling

The insured female is entitled to counselling which explains what antenatal screening entails.

29.2 Structural Echoscopic Examination (SEO)

The insured female in entitled to the structural echoscopic examination, also known as the 20-week ultra-sound scan.

29.3 Combination Test

The insured female is entitled to the combination test (neck measurement in combination with a blood test) for congenital birth defects in the first trimester of the pregnancy. The entitlement is for the insured female:
- who is 36 years of age or older;
- who is younger than 36 years of age and has been referred by the general practitioner, the midwife or the medical specialist.

For treatment by a care provider whom we have not contracted we shall reimburse an amount which is lower than the compensation for a care provider whom is contracted by us. A list of obstetricians who are contracted by us to provide antenatal screening, a list of hospitals and independent treatment centres contracted by us and a list with the amount of compensation for care providers who are not contracted with us can be downloaded from our website or can be requested from us.

Article 30 Childbirth and obstetrical care

30.1 Required for medical purposes

We reimburse the costs of the following for the insured female:

- care provided by an obstetrician or, if the latter is not available, a general practitioner. In the event that an obstetrician provides care in a hospital, this must occur under the supervision of a medical specialist;
- the use of a delivery room, when the birth occurs in a hospital (in the hospital itself or the outpatient clinic).

The extent of the care to be provided by an obstetrician is subject to that which obstetricians tend to provide.

For treatment by a midwife whom is not contracted by us we shall reimburse an amount that is lower than the compensation for a midwife whom is contracted by us. A list of midwives whom are contracted by us and a list of the amount of compensation for midwives whom are not contracted by us can be downloaded from our website or can be requested from us.

30.2 Not required for medical purposes

We reimburse the costs of the following for the insured female:

- the use of a delivery room, if there is no medical reason for the birth to occur in a hospital or maternity home. There is a legally compulsory excess for use of a delivery room;
- care provided by an obstetrician or, if the latter is not available, a general practitioner.

The extent of the care to be provided in this case is subject to that which obstetricians tend to provide.

For treatment by a midwife whom is not contracted by us we shall reimburse an amount which is lower than the compensation for a midwife whom is contracted by us. A list of midwives whom are contracted by us and a list with the amount of compensation for midwives whom are not contracted by us can be downloaded from our website or can be requested from us.

Article 31 Maternity care

We reimburse the costs of maternity care for the insured female:

- **at home.** A legally compulsory excess of € 3.90 per hour. In the event you do not wish to have us arrange the maternity care, and arrange to hire maternity care through a centre not contracted by us, an additional cost of € 5.- per hour. A list of maternity centres that are contracted by us can be downloaded from our website or can be requested from us.
- The extent of any maternity care will be in line with your personal situation after the birth and will be determined by the maternity centre in close consultation with you in accordance with the Landelijk Indicatie protocol Kraamzorg (National Advisory Protocol for Maternity Care). Information about this Protocol can be downloaded from our website or can be requested from us.
- **in hospital.** If you give birth in hospital without medical grounds, a legally compulsory excess of € 15.50 will apply to both the mother and child for each day plus the hospital fee to the extent that it exceeds € 110.50 per day. You will receive maternity care for a maximum of 10 days to be counted from the date of the birth.

You can obtain information about our maternity care service in the brochure entitled Bevalling en Kraamzorg (Childbirth and Maternity Care), which you can download from our website of request from us.

Article 32 Nursing Care (extramural)

In the place of nursing care in an intramural institution, as described in article 1, 2, 10, 11 and 13, you are also entitled to nursing care in the home, such as nurses can offer, and which is necessary with relation to medical specialist care.

This includes allocated treatments, which are performed at the request of a medical specialist, and activities which are supervised by the specialist and/or necessary instructions and information that is connected to the medical specialist's treatment.

Terms and conditions

- You must be in the care of a medical specialist.
- We must give you permission in writing prior to receiving above treatment.

Exclusion

You are not entitled to nursing care which is necessary in relation to home respirators or which is necessary in relation to palliative care.

Article 33 Patient transport

We reimburse the costs of patient transport:

- from and to a health provider or a care-providing organisation, all or part of whose care is covered by this health insurance;
- to an organisation where you will be staying under the terms of the AWBZ (not in the case of care provided for only part of a day);
- from an AWBZ organisation to a health care provider or an organisation where you are required to undergo an examination or treatment which is fully or partly covered by the AWBZ;
- from an AWBZ organisation to a health care provider or an organisation to be measured and to try on any prosthesis which is supplied partly or entirely under the terms of the AWBZ;
- from any of the above-mentioned health care providers or organisations to your home or some other home when you cannot reasonably be expected to receive care in your own home.

We reimburse the costs of the following types of transport:

- by ambulance;
- seated public transport (lowest class) for patients, by taxi or using your own vehicle at the rate of € 0.25 per kilometre, if you are an insured person who:
  - is undergoing haemodialysis;
  - is undergoing oncological treatment in the form of radiation or chemotherapy;
  - is visually impaired and cannot move without assistance;
  - is dependent on a wheelchair.
- Transport of a supervisor when supervision is required or in order to accompany an insured person of up to 16 years of age.

In the case of seated patient transport (public transport, taxi or your own vehicle), a legally compulsory excess of € 91.- per person applies each calendar year. If the taxi company is not contracted by us, a maximum of € 0.70 per kilometre will be paid. If you want to know which taxi companies are contracted by us, please contact our transport line, telephone number 0900-2302340.

In addition to the criteria referred to above, a hardship clause applies. In this case you will need to have been assigned seated patient transport for a protracted period of time in connection with treatment of an ongoing illness or condition, and failure to provide such transport would be disproportionately unfair to you. We shall determine if you qualify for this or not.

Terms and conditions

- We only reimburse the cost of transport by ambulance, if seated patient transport is not wise for medical reasons.
- In the case of seated patient transport we will need to give you permission through our Transport Centre beforehand. The Transport Centre will determine whether you are entitled to compensation for the cost of transport and to which type. Information about patient transport can be found in the brochure "Vervoer" (Transportation) which you can download from our website or request from us.
- Any transport must be related to care which we reimburse based on your health insurance or the AWBZ.
- In the event that the use of public facilities, a taxi, your own car or ambulance is impossible for patient transport, you must request permission from us in advance to use a different means of transport.
- In special circumstances where supervision by two supervisors is required, you must be given permission by us beforehand.
- To qualify for a benefit the distance may not exceed 200 kilometres to the care provider, unless we agree otherwise with you.

Dental care articles 34 to 40

You are entitled to any dental care that is required, such as dentists, prosthodontists, dental surgeons, dental hygienists and orthodontists, who tend to offer what is set out in articles 34 to 40.

Article 34 Dental treatment to 22 years of age

You are entitled to the following types of dental treatment:

- periodical preventive dental examinations once every year, unless this care has been assigned to you multiple times a year for dental reasons;
- incidental dental consultations;
- the removal of plaque;
- the application of fluoride to any insured person of six years or older no more than twice a year, unless this care has been assigned to you multiple times a year for dental reasons. We must give you permission in advance;
- sealing;
- parodontal assistance;
- anaesthetics;
- endodontic assistance;
- the repair of parts of your teeth using plastic materials;
- gnathologic assistance;
- removable prosthetic devices;
- assistance in the form of replacement teeth using non-plastic materials, and the insertion of dental implants where this concerns the replacement of one or more missing permanent incisors or canine teeth which have not developed or because the absence of the relevant tooth or teeth is the direct result of an accident;
- dental surgery with the exclusion of the application of dental implants;
- X-ray examinations, with the exception of any for the purpose of providing orthodontic assistance.

Terms and conditions

The treatment must be carried out by a dental surgeon, a dentist, an oral hygienist or a prosthodontist. They must be qualified to provide the relevant treatment. For treatment by a prosthodontist whom is not contracted by us we reimburse an amount that is lower than the compensation for a prosthodontist whom is contracted by us. A list of prosthodontists whom are contracted by us and a list of the amount of compensation for the prosthodontists whom are not contracted by us can be downloaded from our website or requested from us.

Article 35 Dental treatment over 22 years of age: general

You are entitled to dental care in the form of surgery of a specialist nature along with the relevant X-ray examination with the exception of parodontal surgery and the insertion of dental implants.

Terms and conditions

- We must have given you permission in advance for all osteotomy (oral surgery) treatments and implants which serve to support a removable complete prosthesis.
- The treatment must be carried out by a dental surgeon.

Article 36 Dental treatment over 22 years of age: removable, complete prosthesis

We reimburse the costs involved in the construction and placement of:

- a removable, complete prosthesis for upper and/or lower jaw;
- a removable, complete immediate prosthesis;
- a removable, complete replacement prosthesis;
- a removable, complete full crown prosthesis.

We reimburse 75% of the costs if you have the prosthesis made and claimed by a dentist or by a prosthodontist contracted with us. If you have the prosthesis made by a prosthodontist who is not contracted with us, then we shall reimburse an amount that is lower than the compensation for a prosthodontist who is contracted with us.

We reimburse 100% of the costs involved if you have the repair work and rebasing of an existing removable comprehensive or full crown prosthesis done by and claimed by a dentist or by a prosthodontist whom is contracted by us. If you have the prosthesis repaired or rebased by a prosthodontist whom is not contracted by us, then we shall reimburse an amount which is lower than the compensation for a prosthodontist whom is contracted by us.

A list of prosthodontists whom are contracted by us and a list with the amount of the compensation for prosthodontists whom are not contracted by us can be downloaded from our website or requested from us.

Terms and conditions

- If a prosthesis needs to be replaced within five years, we must give you permission for this in advance.
- In the event that the total cost of the prosthetic application inclusive of technical costs of making it and placing it by a dentist are higher that € 600.- per under or upper jaw then we must first give our permission for this.

Article 37 Implants

37.1 Implants

You are entitled to dental implants for the purpose of a removable complete prosthesis if you have developmental defects, growth defects or acquired defects to the tooth-jaw-mouth area which are so serious that you cannot achieve or maintain any dental function similar to that which you would have had if the disorder had not occurred.

Terms and conditions

- We need to give you permission beforehand. The application must be submitted by a dental surgeon, a dentist, or a centre for special dental treatment.
- In our opinion your jaw must have shrunk drastically and be without teeth.

37.2 Removable complete prosthesis on implants

You are entitled to a removable complete prosthesis on implants if you have serious developmental defects, growth defects or acquired defects to the tooth-jaw-mouth area, which are so serious that you cannot achieve or maintain any dental function similar to that which you would have had if the disorder had not occurred.
There is a legally compulsory excess of € 125.- per upper or lower jaw.

In the event that treatment has been performed by a dental technician whom is not contracted by us we reimburse an amount that is lower than the reimbursement for a contracted dental technician.

You can download a list of contracted dental technicians and also a list with the amount of reimbursement for dental technicians not contracted by us from our website or request one from us.

Terms and conditions

- Permission must be given by us beforehand. The application must be submitted by a dentist, a prosthodontist or a centre for special dental treatment.
- The prosthesis must be made and implanted by a dentist, a prosthodontist or a centre for special dental treatment.
- The request for permission to undergo such treatment must be accompanied by a treatment plan.
- There must be a drastically shrunken, toothless jaw.

Article 38 Dental care for insured persons with a disability

Any insured person with a non-dental physical and/or mental disability who, without care, could not maintain or acquire dental functions which are equal to those which he or she would have had without the physical and/or mental handicap is entitled to treatment by a dentist, dental surgeon or centre for special dental treatment.

Terms and conditions

- Any insured person with a non-dental physical and/or mental disability is only entitled to benefits if he cannot claim any dental benefits under the terms of the AWBZ.
- We must give you our permission in advance and will send you an application form upon request. The application for consent must be accompanied by a treatment plan compiled by your care provider.
- You must have been referred by a general practitioner, dentist or dental specialist.

Article 39 Dental care in special circumstances

You are entitled to dental treatment in any case in which:

- you have a development or growth disorder, or an acquired deficiency of your tooth, jaw and mouth system which is so serious that you cannot achieve or maintain any dental function similar to that which you would have had if the disorder had not occurred;
- it can be shown that any medical treatment provided without this care will produce an inadequate outcome and you cannot achieve or maintain any dental function similar to that which you would have had if the disorder had not occurred;
- you have an extreme fear of dental treatment, validated on the fear scale as in accordance with the centre for special dental treatment. For extremely fearful (insured) persons and the insured with a severe developmental disorder, growth disorder or acquired disability of the tooth-jaw-mouth area, for preventive examination, incidental consultation, extraction, periodontal help, endodontal help, restoration of dental elements with plastic materials and removable (albeit not complete) prosthetic provisions a legally compulsory excess equal to the highest amount that may be invoiced for these types of treatment if this article has not been applied.

Terms and conditions

- The treatment must be carried out by a dentist, a dental surgeon or a centre for special dental treatment.
- We need to give you consent beforehand and will send you an application form upon request. The application for consent must be accompanied by a treatment plan, which has been compiled by your care provider.
- You must have been referred by a general practitioner, a dentist or a dental specialist.

Article 40 Orthodontics in special circumstances

You are entitled to receive orthodontic treatment by an orthodontist, if you have a development or growth disorder affecting your tooth, jaw and mouth system.

Terms and conditions

- You are only entitled if you have a development or growth disorder or an acquired deficiency of your teeth, jaw and mouth system which is so serious that you cannot achieve or maintain any dental function without this treatment, similar to that which you would have had if the disorder had not occurred.
- The treatment must also require the involvement of disciplines other than dentistry for the purposes of diagnosis and treatment.
- We need to give you permission beforehand and will send you an application form upon request. The application for consent must be accompanied by a treatment plan, which has been compiled by your care provider.

Supplementary insurance Policies: Terms and Conditions, Entitlements and Benefits

Supplementary insurance general terms and conditions

Articles 1 to 18 of the general terms and conditions governing the Beter Af Policy also apply to the supplementary (dental) insurance policies, with the exception of the first sentence of article 2.1. In addition to these articles, several specific provisions apply to these supplementary (dental) insurance policies. They are set out below.

Article 1 Definitions

The following definitions apply for the purpose of any supplementary (dental) insurance policies.

Supplementary insurance

The (dental) insurance policies which supplement the Beter Af Policy.

Podology therapist

A podology therapist who falls under Section 34 of the law BIG.

We/us

Achmea Zorgverzekeringen N.V.

Health insurance company

For the purposes of administering the supplementary insurance this is Achmea Zorgverzekeringen N.V. The latter is registered with the AFM under the number 12000647.

Article 2 Application and registration

2.1 Any person who is entitled to a Beter Af Policy, may apply for supplementary insurance at his own request. You can apply for this supplementary insurance by filling in the application form completely, signing it and sending it in, or by filling in the application online, which can be found on our website (this is only possible if you apply simultaneously for the Beter Af Policy).

2.2 We may deny an application to be registered for this supplementary insurance if:

a. you (the policyholder) are still required to pay premiums for any insurance which was previously taken out with us;
b. you have been guilty of fraud as defined in article 18 of the Beter Af Policy;
c. your health constitutes grounds for doing so.

2.3 For children younger than 18 years of age it is not possible to enter into a supplementary insurance that is more comprehensive than the supplementary insurance of one of the parents.

2.4 Everyone who is collectively insured and has taken out a Beter Af Plus Policy, automatically receives the Beter Af Extra Benefits. This supplementary package is listed, when applicable, on the policy leaflet and the reimbursements are described in these terms and conditions.

Article 3 Date on which your supplementary insurance commences, its term and termination

3.1 Date on which your supplementary insurance commences and its term

You (policyholder) can add supplementary insurance to a policy that you already have with us. This addition will only occur per 1 January and once we have agreed to it in writing. It is possible that a medical examination is carried out.

3.2 Termination of your supplementary insurance

3.2.1 You (policyholder) may terminate this insurance by ensuring that the cancellation hereof is received by us in writing no later than 31 December. The supplementary insurance will subsequently expire on 1 January (the following day). Once this has been carried out and effected, cancellation is irrevocable.

3.2.2 We shall terminate your supplementary insurance:

- at a time that we determine, if any amount owed is not paid within the established term of payment of the second written reminder sent by us. We will terminate the supplementary insurance for both you and those persons who are insured with you;
- with immediate effect:
  - in the event you fail to ensure timely compliance with a request for information (in writing if required) which is required to ensure the proper administration of the supplementary insurance;
  - in the event it subsequently appears that you had incorrectly or incompletely filled in the application form, or if you have withheld any facts which could be relevant to us;
  - in the event of proven fraud.

Article 4 Compulsory and voluntarily chosen excess

- The compulsory excess only applies to the Beter Af Policy and not to the supplementary insurance.
- The voluntarily chosen excess per policyholder will be deducted from the compensation to which there is entitlement according to the Beter Af Policy. The voluntarily chosen excess does not apply to the supplementary insurance.

Article 5 Premium

5.1 Amount of premium

5.1.1 The amount of the premium is dependent on your age. For the Beter Af Hospital Extra Benefits the premium is also dependent on the region in which you live. If your premium increases because you have crossed an age barrier, the premium will be increased per the first of the following month during the month in which the change takes place.

5.1.2 If one of the parents has taken out a Beter Af Plus Policy with our health insurance company, then the insured person younger than 18 years of age does not have to pay a premium for the Beter Af Plus Policy.

5.2 Payment in arrears

As a supplement to articles 9.3.1 and 9.3.2 of the Beter Af Policy the supplementary insurance must be terminated if the premiums are not paid within the term of payment of the second notice in writing sent by us. These entitlements will then lapse automatically on the first day of the month after the expiration of the term of payment in question. The obligation to effect payment will continue to apply. When the premiums in arrears have been paid, it is possible to re-open the same supplementary insurance. It is possible that a medical examination will be required before doing so. Once the application has been approved, the supplementary insurance will be arranged on the first day of the month following the month in which the application was submitted.

Article 6 Amendment of premium and/or terms and conditions

6.1 We have the right to alter the terms and conditions and/or the premium of the current supplementary insurance policies taken out with us, completely or per group. Such an alteration will be made on a date which is yet to be determined by us.

6.2 When we raise the premium or limit the compensation from the terms and conditions of the insurance policy, these alterations apply to you even if you are already insured.

6.3 When you do not agree with the increase in premium or the limitations of the terms and conditions, you can express your grievances in writing within 30 days after the alterations have been made known to you. We shall then terminate your insurance policy on the day on which the alterations go into effect.

6.4 You are not allowed to refuse the alterations when:

- the increase in premium and/or limitations of the compensations are a result of legal regulations;
- your premium will be higher because of your age or because you have moved to another region of the country.

Article 7 Entitlements

7.1 Based on the supplementary insurance you are entitled to payment of any costs in so far as they were incurred during the period within which this supplementary insurance applied. What are decisive in this respect are the date of treatment and/or the date on which care was provided, and not the date of the bill in question. In the event that treatment is declared in the form of a DBC rate, the date on which this treatment commenced, is decisive.

7.2 Entitlements whilst abroad

The compensation will be awarded with regard to the terms and conditions and exceptions that are listed in the correlating articles of the supplementary insurance. In this case the foreign care provider or institution must be recognised by the local government and they both must meet the requirements which Dutch care providers and institutions are required to meet in accordance with the terms and conditions of this insurance policy. In the scope of this stipulation the articles 19.3 and 19.4 which apply for the Beter Af Policy can be applied in agreement with one another. Where 100% compensation is mentioned in these terms and conditions, this means that compensation to a maximum of 100% of the price that is charged in the Netherlands for a similar treatment in the framework of this article.
This article does not apply to the terms and conditions of the articles in the insurance policy that correlate specifically to the situation as it is in the Netherlands. This article does also not apply to article 25 of these terms and conditions. As far as the costs made abroad are concerned, they will only be reimbursed if they would also be reimbursed in the Netherlands, compliant with the supplementary insurance.

7.3 Concurrence

7.3.1 You can only claim those benefits from us which you receive pursuant to the supplementary insurance, which are not or are only partly provided under the terms of any legal provisions and which fall under the coverage of the supplementary insurance.
No compensation will be awarded pursuant the supplementary insurance for the following:

- as per the Beter Af Policy lower compensation awarded with regard to use of care which is not contracted by us;
- costs which have been deducted with the excess of the Beter Af Policy, unless the compulsory or voluntary excess is reimbursed as per the collective supplementary insurance;
- legally compulsory excesses and amounts which are higher than the legal maximal compensation, unless explicit coverage has been taken out in the supplementary insurance.

7.3.2 If you have taken out travel insurance in addition to the supplementary insurance and have medical costs during a trip whereby this travel insurance covers the initial costs, this supplementary insurance does not cover those medical costs. The coverage of this supplementary insurance cannot be considered if the coverage of the travel insurance is parallel to it. This exemption from compensation has been determined with regard to a possible surplus stipulation on account of medical costs in the terms and conditions of said travel insurance. The exemption from compensation does not apply to medical costs which are not covered by this travel insurance, which are included in a list of medical costs for which compensation is granted. The exemption from compensation does also not apply in the case of a voluntarily chosen excess clause or a compensation maximum, when medical costs for this reason completely or partially do not apply for compensation by the travel insurance. Only in these situations does the supplementary insurance offer compensation according to valid policy terms and conditions.

7.4 We will only reimburse any costs incurred as a result of terrorism pursuant to the supplementary insurance subject to the payout stipulated in the terrorism provisions of the Nederlandse Herverzekeringsmaatschappij voor Terrorisme-schaden N.V. (Dutch Reinsurance Company for injury caused by Terrorism). These provisions and the relevant protocol constitute part of this policy and you can download it from our website or request a copy of it from us.

7.5 If you have taken out multiple insurance policies with us, the claims you file, will be debited to the following policies in the order that they are mentioned:

- the Beter Af Policy;
- the Beter Af Dental Policy;
- the Beter Af Plus Policy;
- the Beter Af Extra Benefits.

Article 8 Validating entitlements to care

Article 13.2 of the Beter Af Policy does not apply to the supplementary insurance.

Article 9 Material control and fraud

We make inquiries into the legitimacy (is the care provider actually performing reliably) and efficiency (is the service the best suited to the situation of the insured) of declarations which are sent in to evaluate if they are in accordance with what has been set down in the Beter Af Policy or is pursuant of the Zorgverzekeringswet (Law for health insurance).

Beter Af Plus Policy and Beter Af Extra Benefits

Terms and conditions supplementary insurance: Your insurance policy certificate states which insurance policies you have taken out with us. We reimburse the costs of:

Article 1 Overnight stays in guest house and transport of family members in the case of admission to hospital

If you are admitted into a hospital in the Netherlands that is situated more than 50 kilometres from your home, and spend more than 14 days there in any given calendar year, we will reimburse you for the following as of the 15th day:

- the cost of overnight stays for your family members in a Ronald McDonald house or other guest house that is situated in the vicinity of the hospital;
- payment of the transport costs of your family members using their own vehicle from their own residence to and from the hospital or guest house and that of the distance between the guest house and the hospital. We will reimburse € 0.25 per kilometre;
- the costs of public transportation (economy class) from their own residence to and from the hospital or guest house and that of the distance between the guest house and the hospital.

Terms and conditions

You must submit a statement to us of the costs incurred.

Exclusion

We do not reimburse these costs if admitted to a psychiatric hospital.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 35.- per day to a maximum of € 500.- per calendar year for all family members together
3 stars	maximum of € 35.- per day to a maximum of € 500.- per calendar year for all family members together
4 stars	maximum of € 35.- per day for all family members together

Article 2 Overnight stays in a guest house in the case of an outpatient treatment cycle

We will reimburse the cost of overnight stays in a Ronald McDonald house or other guest house situated in the vicinity of the hospital, whilst you are undergoing an outpatient treatment cycle.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 35.- per day
3 stars	maximum of € 35.- per day
4 stars	maximum of € 35.- per day

Article 3 Plastic surgery / Cosmetic surgery

3.1 Plastic surgery (based on a medical recommendation)

We will reimburse the cost of correction of upper eyelids by plastic surgery if it is associated with demonstrable physical impediment.

Terms and conditions

The treatment must be carried out by a care provider contracted by us to perform above treatments. A list of care providers whom are contracted by us can be downloaded from our website or requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	100%
3 stars	100%
4 stars	100%

3.2 Cosmetic surgery (not based on a medical recommendation)

We will reimburse the cost of surgical intervention of a cosmetic nature, which is motivated by personal requirements, necessity or circumstances.

Terms and conditions

A correction of the position of the ear must be performed by a care provider whom is contracted by us. A list of care providers whom are contracted by us can be downloaded from our website or requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	100% for the correction of the position of the ear for children up to 18 years of age, other treatments no coverage
3 stars	100% for the correction of the position of the ear for children up to 18 years of age, other treatments no coverage
4 stars	100% for the correction of the position of the ear for children up to 18 years of age, other treatments maximum of € 250.- per person every three calendar years

Article 4 Sterilisation

We will reimburse the cost of sterilisation, outpatient or one-day stay in a hospital or an independent treatment centre. The treatment must be performed by a care provider contracted by us, of which a list can be downloaded from our website or requested from us.

Exclusion

We will not reimburse the cost of an operation to reverse the process.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

Article 5 Circumcision

We will reimburse the cost of circumcising a male on religious grounds.

Terms and conditions

Circumcisions must be carried out by a care provider in an independent treatment centre or in a circumcision clinic contracted for this purpose. A list of care providers whom are contracted by us can be downloaded from our website or requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

Article 6 Excess first-line psychological care

We shall reimburse the legally compulsory excess which you owe as compensation of first-line psychological care from the Beter Af Policy.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 80.- per person per calendar year
4 stars	maximum of € 80.- per person per calendar year

Article 7 Treatment of psoriasis

We will reimburse the cost of treating psoriasis in a psoriasis day treatment centre contracted by us. A list of psoriasis treatment centres that are contracted by us can be downloaded from our website or requested from us.

Terms and conditions

- You will need to submit a referral from a skin doctor to the psoriasis day treatment centre beforehand.
- The psoriasis day treatment centre must give you written permission beforehand.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 750.- per person each calendar year
3 stars	maximum of € 1,000.- per person each calendar year
4 stars	maximum of € 1,250.- per person each calendar year

Article 8 Orthopaedic medicine

We give compensation for consultations by an orthopaedic physician. The consultations are to consist of the diagnostic and the treatment of conditions of the kinetic system whereby no operation takes place.

Terms and conditions

- You must have been referred by a general practitioner.
- The orthopaedic physician must be affiliated with the Vereniging van Artsen voor Orthopedische Geneeskunde (VAOG) (Association of Orthopaedic Physicians) or satisfy the quality criteria of this association.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 150.- per person per calendar year
3 stars	maximum of € 300.- per person per calendar year
4 stars	maximum of € 500.- per person per calendar year

Article 9 Alternative medicine and therapies

We will reimburse the costs of consultations by alternative healers or therapists.

Terms and conditions

- The alternative healer or therapist must satisfy quality requirements which we have drawn up for alternative healers and therapists. A list of the professional associations which satisfy these quality requirements constitutes part of this policy and you can download it from our website or request a copy of it from us.
- The consultation must occur as part of the medical treatment. We will decide whether this is the case.
- The consultation will be provided on an individual basis.

Exclusion

- We will not reimburse the costs if the alternative healer or therapist is also the general practitioner.
- We will not reimburse the cost of treatments, examinations and courses of a social nature which focus on health and/or prevention.
- We will not reimburse the cost of courses of treatment and travel.
- We will not reimburse the cost of ASR therapy, cell therapy and chelation therapy.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 35.- per day subject to a maximum of € 175.- per person each calendar year
3 stars	maximum of € 35.- per day subject to a maximum of € 350.- per person each calendar year
4 stars	maximum of € 50.- per day subject to a maximum of € 500.- per person each calendar year

Beter Af Extra Benefits

Upon reaching the maximum compensation per calendar year from the Beter Af Plus Policy we will reimburse as supplement a maximum of € 35.- per day to a maximum of € 125.- per person per calendar year

Article 10 Alternative medicines

We will reimburse the cost of homeopathic and of anthroposophic medicines.

Terms and conditions

- The homeopathic or anthroposophic medicines must have been prescribed by a doctor.
- The homeopathic or anthroposophic medicines must be registered as such in the list of medicines of the Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie (KNMP) (Royal Dutch Society for the advancement of Pharmacists) as homeopathic or anthroposophic medicine.
- The homeopathic or anthroposophic medicines must be supplied by a pharmacy-accommodating whom has been contracted by us. A list of practitioners pharmacy-accommodating whom are contracted by us can be downloaded from our website or can be requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 100.- per person each calendar year
3 stars	maximum of € 200.- per person each calendar year
4 stars	maximum of € 300.- per person each calendar year

Beter Af Extra Benefits

Upon reaching the maximum compensation per calendar year from the Beter Af Plus Policy, we will reimburse up to a maximum of € 100.- per person per calendar year.

Article 11 Pharmaceutical care

11.1 Excess (ceiling price GVS)

We will reimburse the excess (ceiling price) which you are required to pay under the Beter Af Policy.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	maximum of € 500.- per person per calendar year

11.2 Melatonin

We reimburse the cost of the generic medicine melatonin in tablet form.

Terms and conditions

- The melatonin tablets must be prescribed by a (child) psychologist, paediatrician or (child) neurologist who is connected through an institution contracted by us.
- The melatonin tablets must be provided by the internet pharmacy eFarma.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

Article 12 Physiotherapy and remedial therapy

We will reimburse the cost of treatment provided by a physiotherapist and/or a remedial therapist. In connection with serious lymphoedema a skin therapist may also perform lymph drainage manually. For treatment by a skin therapist who is not contracted by us we reimburse an amount which is lower than the reimbursement for a skin therapist who is contracted by us. Where the insured is entitled to physiotherapy or remedial therapist under the Beter Af Policy, this benefit will serve as a supplement to his entitlement based on that policy.

For treatments performed by a physiotherapist or remedial therapist with whom we do not have a contract we will reimburse to a maximum of € 20.- per session. A list of care providers who are contracted by us can be downloaded from our website or requested from us.
Other work done by a physiotherapist or remedial therapist with whom we do not have a contract we will reimburse according to the Overzicht Vergoedingen Basisprestaties Paramedische Zorg (Overview of Compensation of Basic Work of Paramedical Care). This overview is part of the policy and is included in the brochure 'Paramedische Zorg' (Paramedical Care) and you can download it from our website or request a copy of it from us.

Terms and conditions

- You must have been referred by a general practitioner, a company doctor or a medical specialist. Exceptions to this are the physiotherapists and remedial therapists with whom we have made an agreement concerning direct availability. We have agreed with these physiotherapists and remedial therapists that they are allowed to treat you without referral by a doctor. A list of care providers whom are contracted by us can be downloaded from our website or requested from us.
- To obtain compensation for treatment by a physiotherapist or remedial therapist with whom we have not entered into a contract, we will need to provide you with written permission beforehand.

Exclusion

- We will not reimburse the cost of treatment on your own or as part of the group, if its sole purpose is to improve your condition through training.
- We will not reimburse the cost of individual treatment if you are eligible for exercise programmes as described in article 13.

Beter Af Plus Policy

1 star	maximum of 6 treatments per person each calendar year
2 stars	maximum of 9 treatments per person each calendar year
3 stars	maximum of 27 treatments per person per calendar year, of which 9 treatments per person per calendar year by a care provider not contracted by us
4 stars	100% for treatments by a care provider contracted with us. Maximum of 9 treatments per person per calendar year for treatment by a care provider not contracted by us

Article 13 Exercise programmes

We will reimburse the cost of exercise programmes from a physiotherapist and/or remedial therapist with whom we have a contract. A list of care providers who are contracted by us can be downloaded from our website or requested from us. The compensation applies to insured persons with obesity (BMI>30), insured persons in rehabilitation with former heart failure, patients with diabetes type 2 and patients with COPD in the stages Gold 1 and 2 with a lung function of FEV1/VC>60%.

Terms and conditions

You must have been referred by a general practitioner, a company doctor or a medical specialist.

Beter Af Plus Policy

1 star	maximum of € 100.- per person per calendar year
2 stars	maximum of € 175.- per person per calendar year
3 stars	maximum of € 350.- per person per calendar year
4 stars	maximum of € 350.- per person per calendar year

Article 14 Exercise in extra-heated water

We will reimburse the cost of remedial therapy in heated water in a swimming pool for any insured person suffering from rheumatism.

Terms and conditions

- You must provide us with a medical recommendation from a general practitioner or medical specialist wherein it states that remedial therapy in extra-heated water is necessary with regard to rheumatism.
- The remedial therapy must be provided to a group under the supervision of a physiotherapist or remedial therapist.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 150.- per person each calendar year
4 stars	maximum of € 200.- per person each calendar year

Article 15 Speech and language therapy

We will reimburse the cost of speech and language therapy employing the:

- method used by the Del Ferro Institute in Amsterdam;
- Hausdörfer method used by Instituut Natuurlijk Spreken (Institute of Natural Speech) in Deurningen;
- BOMA method used by the institute, De Pauw, in Harlingen.

Terms and conditions

You must have been referred by a general practitioner, medical specialist or dentist.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 225.- per person for the entire term of the supplementary insurance
3 stars	maximum of € 450.- per person for the entire term of the supplementary insurance
4 stars	maximum of € 900.- per person for the entire term of the supplementary insurance

Article 16 Dietary advice/nutrition education

We will reimburse the cost of:

- dietary advice provided by a dietician with whom we are contracted. Dietary advice consists in the provision of information and advice about nutrition and eating habits for a medical purpose. For insured persons who, on the basis of the Beter Af Policy, are entitled to dietary advice, the compensation is a supplement to the entitlement from that insurance policy;
- nutrition education by a weight management consultant or a dietician with whom we have a contract. Nutrition education includes education and advice.

A list of care providers whom are contracted by us can be downloaded from our website or requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 115.- per person each calendar year
4 stars	maximum of € 115.- per person each calendar year

Article 17 Medical aids

17.1 Excess hearing aids with remote control

We reimburse the excess of a hearing aid with remote control.

Terms and conditions

- You have the right to compensation from the Beter Af Policy (article 28, medical aids).
- The remote control must be issued upon medical necessity.
- We must have given you permission beforehand.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 185.- per hearing aid
4 stars	maximum of € 230.- per hearing aid

17.2 Excess wigs

We reimburse the excess for wigs.

Terms and conditions

You must be entitled to compensation from the Beter Af Policy (article 28, medical aids).

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 75.50
4 stars	maximum of € 190.50

17.3 Personal alarm via Achmea Alarm Centre

We will reimburse the cost of the use of an alert system in the event of medical indication via the Achmea Alarm Centre, operated by Eurocross Assistance.

Terms and conditions

You must be entitled to a personal alert terminal from the Beter Af Policy (article 28, medical aids).

Beter Af Plus Policy	
1 star	100%
2 stars	100%
3 stars	100%
4 stars	100%

17.4 Subscription cost of use of an alarm system.

We reimburse the subscription cost of the use of an alarm system in the event of medical indication via an Alarm Centre which is not contracted by us.

Terms and conditions

- You must be entitled to compensation of the cost of alarm equipment from the Beter Af Policy (article 28, medical aids).
- We must have given you permission beforehand.

Beter Af Plus Policy	
1 star	maximum of € 35.- per calendar year
2 stars	maximum of € 35.- per calendar year
3 stars	maximum of € 35.- per calendar year
4 stars	maximum of € 35.- per calendar year

17.5 Adhesive mammary prostheses

We will reimburse the cost of adhesive strips to hold breast prostheses worn externally following the amputation of a breast.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

17.6 Incontinence alarms

We will reimburse the cost of purchase or rent of an incontinence alarm. In addition we will reimburse the accompanying pants.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 100.- per family for the entire term of the supplementary insurance
4 stars	maximum of € 100.- per family for the entire term of the supplementary insurance

17.7 Glasses, contact lenses and eye laser surgery

17.7.1 Contracted opticians and eye laser surgery clinics

We will reimburse the cost of prescription contact lenses and prescription eyeglasses with lenses from Pearle Opticians, Eye Wish and eye laser surgery by VisionClinics.

Terms and conditions

- Upon purchase of the eyeglasses, contact lenses or before undergoing eye laser surgery, you must inform the store that you will be claiming them on your insurance.
- This compensation will be settled directly between Pearle Opticians, Eye Wish, VisionClinics and us.
- The compensation for eye laser surgery does not apply in combination with temporary offers from VisionClinics.

Beter Af Plus Policy	
1 star	eyeglasses: complete single vision lenses € 50.-; or complete multifocal lenses € 100.- per person per 3 calendar years or contact lenses: 10% discount on contact lenses and solution or eye laser surgery: maximum of € 200.- per person per 3 calendar years
2 stars	eyeglasses: complete single vision lenses € 50.-; or complete multifocal lenses € 100.- per person per 3 calendar years or contact lenses: 10% discount on contact lenses and solution or eye laser surgery: maximum of € 200.- per person per 3 calendar years
3 stars	eyeglasses: complete single vision lenses € 100.-; or complete multifocal lenses € 150.- per person per 3 calendar years or contact lenses: 15% discount on contact lenses and solution and a compensation to a maximum of € 45.- per person per 3 calendar years or eye laser surgery: maximum of € 350.- per person per 3 calendar years
4 stars	eyeglasses: complete single vision lenses € 200.-; or complete multifocal lenses € 250.- per person per 3 calendar years or contact lenses: 20% discount on contact lenses and solutions and a compensation to a maximum of € 95.- per person per 3 calendar years or eye laser surgery: maximum of € 400.- per person per 3 calendar years

Or

17.7.2 Opticians and eye laser clinics not contracted by us

We provide compensation for the cost of prescription contact lenses and prescription eyeglasses with lenses, prescription contact lenses and an eye laser treatment.

Terms and conditions

- The eyeglasses and contact lenses must be provided by an optician or optical company.
- The ophthalmologist who performs the eye laser treatment must be registered as refraction surgeon at the Nederlands Oogheelkundig Genootschap (NOG) (Dutch Association for Ophthalmology).

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 45.- per person per 3 calendar years for eyeglasses, contact lenses and eye laser surgery combined
4 stars	maximum of € 95.- per person per 3 calendar years for eyeglasses, contact lenses and eye laser surgery combined

17.8 Pessaries

We will reimburse the cost of a pessary supplied by a general practitioner to prevent or alleviate a prolapse of the womb.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

17.9 Trans-therapy by neuromodulator (BioStim) and biofeedback equipment (FemiScan)

We will reimburse the cost of rent of the neuromodulator and of the biofeedback equipment for treatment of incontinence.

Terms and conditions

We must have given you permission beforehand.

Beter Af Plus Policy	
1 star	no coverage
2 stars	100%
3 stars	100%
4 stars	100%

17.10 Monitoring equipment to prevent cot death

17.10.1 Monitoring equipment

We will reimburse the cost of renting a security monitor for a maximum of 12 months.

Terms and conditions

- You must have a referral from a paediatrician.
- We must give you permission beforehand for the cost of renting a security monitor.

Beter Af Plus Policy	
1 star	no coverage
2 stars	100%
3 stars	100%
4 stars	100%

17.10.2 Sensor mat

We will reimburse the complete amount of the purchasing cost of the Nanny Care sensor mat upon ownership.

Terms and conditions

- You must have been referred by a doctor.
- You may contact Nanny Care directly.

Beter Af Plus Policy	
1 star	no coverage
2 stars	100%
3 stars	100%
4 stars	100%

Article 18 ChildbirthTENS

We will reimburse the cost of the loan of a ChildbirthTENS for pain management during childbirth, if carried out by a midwife or general practitioner who is also active as birth attendant.

Terms and conditions

- The request for the apparatus must be made by your midwife or general practitioner who is also active as birth attendant.
- The apparatus must be provided by a supplier with which we have a contract and is temporarily made available to you.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	100%
4 stars	100%

Article 19 Excess childbirth and obstetrical care

We will reimburse the cost to insured females of any legally compulsory excess charged under the term of the Beter Af Policy in the case of outpatient childbirth without any medical reason and directed by an obstetrician or by a general practitioner.

Beter Af Plus Policy	
1 star	no coverage
2 stars	payment of 50% of the legally compulsory excess
3 stars	payment of 50% of the legally compulsory excess
4 stars	payment of 100% of the legally compulsory excess

Article 20 Maternity care

20.1 Maternity care excess

We will reimburse the cost to insured females of any legally prescribed excess charged for maternity care based on the Beter Af Policy.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	100%

20.2 Delayed maternity care

We will reimburse the costs incurred by an insured female person for delayed maternity care provided by a contracted maternity centre, contracted by us for that reason. A list of maternity centres that are contracted by us can be downloaded from our website or requested from us.

Terms and conditions

The contracted maternity centre deems the delayed maternity care to be medically necessary.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	maximum of 15 hours, to be paid by you: € 3.90 per hour
4 stars	maximum of 15 hours, 100%

Article 21 Maternity package

You will receive a maternity package from us at your home well before the anticipated date of the birth.

Terms and conditions

You must apply to us for the maternity package no less than two months before the anticipated date of the birth.

Beter Af Plus Policy	
1 star	no coverage
2 stars	100%
3 stars	100%
4 stars	100%

Article 22 Lactation expert advice

We will reimburse female policyholders with problems concerning breastfeeding for costs of help and advice by someone who can teach the skills of breastfeeding.

Terms and conditions

The lactation expert must be affiliated with the Nederlandse Vereniging van Lactatiekundigen (NVL) (Dutch Association of Lactation Experts) or satisfy the relevant quality requirements of the professional organisation NVL or be employed by a maternity centre with which we have a contract. A list of maternity centres that are contracted by us can be downloaded from our website or requested from us.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	75% to a maximum of € 115.- per person per calendar year
4 stars	100% to a maximum of € 115.- per person per calendar year

Article 23 Adoption maternity care or medical screening upon adoption

After one or more children have been legally adopted while you have health insurance with us and you are also registered with us for the Beter Af Policy, we will reimburse the cost of:

- adoption maternity care by a maternity centre with which we have a contract or
- medical screening (preventive examination) of a child who has been adopted in a foreign country.

A list of maternity centres that are contracted by us can be downloaded from our website or requested by us.

Terms and conditions

- For maternity care the adopted child must be younger than 12 months old at the moment of adoption and is not already a part of the relevant family.
- The medical screening must be done by a paediatrician.
- The medical screening must form a mandatory part of the adoption process.

Exclusion

We do not reimburse the cost of medical screening of the adopted child after the adoption has taken place.

Beter Af Plus Policy	
1 star	no coverage
2 stars	adoption maternity care: a maximum of 3 days for 3 hours per day or medical screening upon adoption: a maximum of € 300.- per adopted child
3 stars	adoption maternity care: a maximum of 3 days for 3 hours per day or medical screening upon adoption: a maximum of € 300.- per adopted child
4 stars	adoption maternity care: a maximum of 3 days for 3 hours per day or medical screening upon adoption: a maximum of € 300.- per adopted child

Article 24 Patient transport

24.1 Transportation costs

We will reimburse the cost of seated patient transport when and in so far as it is not possible to use public transport for medical reasons. This benefit applies to any insured person who is not entitled to compensation for transport based on the Beter Af Policy.

We will pay the cost of transport by taxi or the use of your own vehicle both to and from:

- a hospital or maternity institution for admission;
- a hospital for outpatient treatment or examination upon request of a medical specialist;
- the place where the medical specialist providing the treatment has his practice;
- an orthopaedic tool manufacturer to have a prosthesis fitted;
- an institution to which you are admitted and/or in which you are treated under the AWBZ.

You will only receive a partial benefit in the case of transport using a taxi operated by a transport company with which we do not have a contract. Should you want to know which taxi companies are contracted by us, please contact our Transportation line; telephone number 0900-230 23 40.

Terms and conditions

- We need to give you permission through the Transport Centre beforehand. The Transport Centre will determine whether you are entitled to the compensation of the cost of transport and the type that you can claim. Information about patient transport can be found in our brochure on the subject, "Transport" which you can download from our website or request it from us.
- Any transport must be related to care provided under your Beter Af Policy or the AWBZ, if it is to be covered by your supplementary insurance.
- You will have to obtain treatment in the closest centre which can provide the necessary care, unless we agree otherwise with you.
- In order to be eligible for compensation the distance to the health care provider cannot be more than 200 kilometres, unless we have agreed otherwise with you.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	own transport: € 0.25 per km; contracted transportation by taxi: 100%; not contracted: maximum of € 0.70 per km. After a payment of € 91.- per person per calendar year a maximum of € 1,000.- per person per calendar year
4 stars	own transport: € 0.25 per km; contracted transportation by taxi: 100%; not contracted: maximum of € 0.70 per km. A maximum of € 2,000.- per person per calendar year

24.2 Excess transportation costs

We will reimburse the legally compulsory excess which you owe if you claim it on the Beter Af Policy.

Beter Af Plus Policy	
1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	100%

Article 25 International

25.1 Urgent care

We will reimburse the cost of any medical care required during your stay in a country other than that where you are resident, for holiday, study or business purposes. We will reimburse the costs only when the care could not be foreseen when you went abroad, and it could not be postponed until your return to your country of residence. The circumstances must be of an acute nature as a result of an accident or illness whereby medical care is urgently required. For insured persons who on the basis of the Beter Af Policy are entitled to urgent care abroad the compensation is an addition to the entitlement from the policy.

Terms and conditions

- The relevant costs will only be paid, if they would also have been covered in the Netherlands under the Beter Af Policy.
- If you are hospitalised, you will need to report this immediately through the Achmea Alarmcentrale [Emergency Centre] operated by Eurocross Assistance.
- We will only reimburse any dental care for policyholders from the age of 18, if you have a Beter Af Dental Policy. The costs involved are covered by this dental insurance.

Beter Af Plus Policy

1 star	supplement up to cost price, in the case of a stay of no more than 6 months
2 stars	supplement up to cost price, in the case of a stay of no more than 6 months
3 stars	supplement up to cost price, in the case of a stay of no more than 6 months
4 stars	supplement up to cost price, in the case of a stay of no more than 6 months

Beter Af Extra Benefits

Supplement up to cost price, in the case of a stay of no more than 12 months

25.2 Non-urgent care

We reimburse the costs of hospital care or day treatment in a hospital as stated in article 1 in the Beter Af Policy, the cost of non-urgent care by a non-urgent care provider abroad that is not contracted with us. For insured persons who on the basis of the Beter Af Policy are entitled to non-urgent care abroad the compensation is an addition to the entitlement from the policy.

Exclusion

We will not reimburse the costs which are applicable as supplement to the particular treatment as listed in article 1 of the Beter Af Policy for which a lower compensation applies than that received from a contracted care provider.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	25% of the Dutch rate

25.3 Transport costs in the event of care mediation to a foreign country

We will reimburse the costs of transport from the Netherlands in the event of hospitalisation via our care mediator in a care institution in Belgium or Germany and the return transport to the Netherlands. We will reimburse the cost of taxi transport which has been contracted by us, transportation with your own automobile and public transportation.

Terms and conditions

- You must present us with a statement of the costs incurred.
- There must be evidence of a shorter waiting list.
- We must have given you permission beforehand via the Transport Centre.

The Transport Centre will determine if you are entitled to compensation of the cost of transport and to which form of transport you are entitled. The telephone number of the Transport Centre is 0900-230 23 40. Information concerning transport can be found in the brochure 'Transport' and can be downloaded from our website or requested from us.

Beter Af Plus Policy

1 star	no coverage
2 stars	contracted taxi transport: 100%; public transportation (economy class) 100%; own transport: € 0.25 per km
3 stars	contracted taxi transport: 100%; public transportation (economy class) 100%; own transport: € 0.25 per km
4 stars	contracted taxi transport: 100%; public transportation (economy class) 100%; own transport: € 0.25 per km

25.4 Overnight care and transport costs for family members in the event of care arbitration abroad

We will reimburse you for care when you are transported from the Netherlands to be admitted into a foreign health care institution on the basis of article 25.3, for the members of your family in the event of a stay exceeding 14 days in any calendar year, commencing on the 15th day:

- the cost of overnight accommodation in a guest house situated in the vicinity of the hospital;
- allowance per kilometre covered with your own car to and from hospital.

Terms and conditions

You must present us with a statement of the costs incurred.

Beter Af Plus Policy

1 star	no coverage
2 stars	cost of overnight accommodation: maximum of € 35.- per day for all family members together; own transport: € 0.25 per kilometre subject to a maximum of 700 kilometres in the case of each admission
3 stars	cost of overnight accommodation: maximum of € 35.- per day for all family members together; own transport: € 0.25 per kilometre subject to a maximum of 700 kilometres in the case of each admission
4 stars	cost of overnight accommodation: maximum of € 35.- per day for all family members together; own transport: € 0.25 per kilometre subject to a maximum of 700 kilometres in the case of each admission

Article 26 Repatriation insured person and transport of corpse to the Netherlands

We will reimburse the cost of:

- medically necessary patient transport by ambulance or aircraft from a foreign country to a care institution in the Netherlands;
- transporting a corpse from the place of death to your place of residence in the Netherlands.

Terms and conditions

- Ambulance transportation resulting from emergency care abroad.
- The Achmea Alarmcentrale, operated by Eurocross Assistance, must have given permission beforehand.

Beter Af Plus Policy

1 star	100%
2 stars	100%
3 stars	100%
4 stars	100%

Article 27 Vaccinations and medication in connection with travel abroad

We will reimburse the cost of consultations, medicine and vaccinations for the prevention of the following diseases in the event of a trip abroad:

- malaria;
- diphtheria, tetanus and poliomyelitis (DTP);
- jaundice;
- typhus;
- cholera;
- hepatitis A/B.

If the consultation, medicine and/or vaccinations are obtained from an institution with which we do not have a contract you must pay for it yourself.

Beter Af Plus Policy

1 star	consultations and vaccinations at offices of Meditel and the Achmea Vitale Travel Clinics: 100%; at other health care providers: 75%. Medicine for the prevention of malaria which has been supplied by eFarma: 100%; from other care providers: 75%
2 stars	consultations and vaccinations at offices of Meditel and the Achmea Vitale Travel Clinics: 100%; at other health care providers: 75%. Medicine for the prevention of malaria which has been supplied by eFarma: 100%; from other care providers: 75%
3 stars	consultations and vaccination at offices of Meditel and the Achmea Vitale Travel Clinics: 100%; at other health care providers: 75%. Medicine for the prevention of malaria which has been supplied by eFarma: 100%; from other care providers: 75%
4 stars	consultations and vaccinations at offices of Meditel and the Achmea Vitale Travel Clinics: 100%; at other health care providers: 75%. Medicine for the prevention of malaria which has been supplied by eFarma: 100%; from other care providers: 75%

Article 28 Convalescence homes

We will reimburse the cost of admission into a convalescent home contracted by us for somatic health care. A list of convalescent homes that are contracted by us can be downloaded from our website or requested by us.

Terms and conditions

We need to give you written consent in advance.

Exclusion

We do not reimburse the costs of treatment provided as part of psychosomatic health care.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	maximum of € 50.- per day subject to a maximum of 28 days per calendar year

Article 29 Therapeutic holiday camps

29.1 Therapeutic holiday camps for children

We will reimburse the costs involved in having children up to the age of 18 stay in a therapeutic holiday camp organised by:

- Fat Friends Camp;
- Foundation the Air balloon for asthmatic children;
- Youth association for Diabetes in the Netherlands;
- Foundation Children's Holiday camp for children with cancer;
- Foundation the Star (Star camp and Moon camp);
- Dutch Heart Foundation (Heart Ark).

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 10.- per day subject to a maximum of 42 days per person each calendar year
4 stars	maximum of € 10.- per day subject to a maximum of 42 days per person each calendar year

29.2 Therapeutic holiday camps for the disabled

We will reimburse the costs involved in having any insured person who is disabled stay in a therapeutic holiday camp.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 10.- per day subject to a maximum of 14 days per person each calendar year
4 stars	maximum of € 10.- per day subject to a maximum of 14 days per person each calendar year

Article 30 Convalescence and balance

We will reimburse the cost of participation in the Programma Herstel en Balans (Convalescence and Balance Programme) run for former cancer patients by institutions under licence from Stichting Herstel en Balans.

Terms and conditions

You must be referred by a general practitioner, a company doctor or a medical specialist.

Beter Af Plus Policy

1 star	no coverage
2 stars	maximum of € 600.- per person per calendar year
3 stars	maximum of € 700.- per person per calendar year
4 stars	maximum of € 800.- per person per calendar year

Article 31 Podiatric therapy

We will reimburse the cost of treatment provided by a podiatrist or podologist. Apart from the consultations, this treatment is also deemed to include the cost of measuring, manufacturing and supplying orthopaedic or podiatric soles and orthoses.

Terms and conditions

- We reimburse the costs of a podologist only when you have been referred by a physician.
- The podologist who provides treatment must be registered as Registered Podologist B with the Stichting Landelijk Overkoepelend Orgaan voor de Podologie (LOOP) (Foundation National Umbrella Consultative Committee for Podology) or must fulfil the requirements of the Foundation LOOP.

Exclusion

We do not reimburse the costs of shoes and shoe alterations.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 100.- per person each calendar year
4 stars	maximum of € 135.- per person each calendar year

Article 32 Arch supports

We will reimburse the cost of a pair of arch supports.

Terms and conditions

The arch supports must be supplied by a supplier who is affiliated to a Dutch professional association of arch support suppliers or who satisfies the quality requirements of the relevant professional association.

Exclusion

We will not reimburse the cost of podotherapeutic or of podological arch supports from a podologist.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 35.- per person per calendar year
4 stars	maximum of € 50.- per person per calendar year

Article 33 Chiropody

We will cover the cost of chiropody by a chiropodist for any insured person who suffers from rheumatism or diabetes.

Terms and conditions

- The chiropodist must be certified to treat 'Diabetic foot' and/or 'Rheumatoid foot'.
- You must relay a medical indication from the GP, medical specialist or diabetes nurse one time only which indicates that foot care is necessary with relation to diabetes or rheumatism.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 21.- per treatment subject to a maximum of € 126.- per person each calendar year
4 stars	maximum of € 21.- per treatment subject to a maximum of € 210.- per person each calendar year

Article 34 Skin Care

We will reimburse the cost of:

- acne treatment provided by a beautician or skin therapist, including the costs of any remedies which are used for this process;
- camouflage therapy provided by a beautician or skin therapist, including the costs of any remedies which are used for this process;
- electric or depilation treatment provided by a beautician or skin therapist or laser depilation by a skin therapist for women with unsightly facial hair.

Terms and conditions

- You must have been referred by a general practitioner or medical specialist.
- The beautician must be registered at the Algemene Nederlandse Branche Organisation Schoonheidsverzorging (ANBOS) (General Dutch Beauty Care Professional Organization) or satisfy the requirements of the ANBOS.
- Laser depilation must be provided by a skin therapist.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	a maximum of € 300.- per person per calendar year
4 stars	a maximum of € 600.- per person per calendar year

Article 35 Volunteer aid replacement for disabled persons and the chronically ill

We will reimburse the cost of replacement care for any insured person who is disabled or chronically ill and receives volunteer care, if the latter is unavailable.

Terms and conditions

This care must be provided by Handen-in-huis (Stichting Mantelzorg-vervanging Nederland in Bunnik). Handen-in-huis also processes the applications.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of 21 days per person each calendar year
4 stars	maximum of 21 days per person each calendar year

Article 36 Holiday hotels and sailing holidays for disabled persons and the chronically ill

We will pay part of the cost of a holiday hotel or sailing holiday organised by the Dutch Red Cross or Zonnebloem for any insured person who is disabled or chronically ill.

Terms and conditions

- The holiday coordinator of the Dutch Red Cross or Zonnebloem must conduct an intake interview with the chronically ill or disabled person and determine whether he is eligible based on his illness or disability.
- For the sailing holidays the Dutch Red Cross' ship J. Henry Dunant or the Zonnebloem ship.
- A Dutch Red Cross hotel must be used for any hotel holiday.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	25% contribution to the cost of a hotel or sailing holiday based on the rates of the Dutch Red Cross or the Zonnebloem
4 stars	25% contribution to the cost of a hotel or sailing holiday based on the rates of the Dutch Red Cross or the Zonnebloem

Article 37 Preventive examinations

We will reimburse the cost of any examination conducted by a general practitioner or medical specialist for the timely discovery of:

- cervical cancer (pap smear);
- breast cancer;
- heart and vascular disease;
- prostrate cancer.

Terms and conditions

- The test must be done by a general practitioner or medical specialist whom is employed with a hospital or independent treatment centre which is contracted by us. A list of care providers contracted by us can be downloaded from our website or requested from us.
- The test must be in accordance with and accepted by the valid 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.

Beter Af Plus Policy

1 star	100%
2 stars	100%
3 stars	100%
4 stars	100%

Article 38 Preventive courses

We will cover a portion of the cost of the following preventive courses:

- heart problems, course which has as objective to teach the patients how to live with heart problems, organised by a home care institution;
- lymph oedema, consciousness-raising and/or self-management courses which have as objective to provide an active contribution to the prevention, signalling and/or treatment of lymph oedema. The course must be organised by a qualified instructor who has completed his education as instructor self-management for lymph oedema at the Stichting Lymfologie Centrum Nederland (SLCN) (Foundation Lymphology Centre the Netherlands). A list of qualified instructors can be downloaded from our website or requested from us;
- rheumatoid arthritis, arthrosis or Bechterew's disease, courses which are intended to teach patients how to live with their illness, organised by the patient association for rheumatism or a home care institution;
- diabetes type 2 patients, basic or follow-up educative course, organised by the Diabetesvereniging Nederland (DVN) (Diabetes Association of the Netherlands) or by a home care institution;
- losing weight, organised by a home care institution, one of the written and online programmes organised by Happy Weight or the programme 'Slim Healthy', organised by our health centres;
- giving up smoking organised by Allen Carr, I Quit Smoking or a home care institution and laser therapists who have been contracted by us for this purpose, Prostop Lasertherapie, Laser centre SMOKE FREE and Laser centres North and East Netherlands;
- 'free of alcohol' training organised by De Helderheid;
- a basic resuscitation course provided by the Nederlandse Hartstichting (Dutch Heart Foundation);
- first aid organised by the local first aid society or through an internet course First Aid at Home, which leads to the first aid certificate issued by the Oranje Kruis (Orange Cross);
- first aid in accidents involving children organised by a home care institution or the local first aid society, or the internet course first aid for children by First Aid at Home;
- baby massage organised by a home care institution;
- sleep therapy, organised by Somnio. This online sleep course offers online professional advice and practical solutions in order to sleep better.

We can notify you of the locations at which you can attend these courses.

Terms and conditions

You must submit original proof of enrolment and payment.

Beter Af Plus Policy

1 star	no coverage
2 stars	75% subject to a maximum of € 115.- per course per person each calendar year
3 stars	75% subject to a maximum of € 115.- per course per person each calendar year
4 stars	75% subject to a maximum of € 115.- per course per person each calendar year

Article 39 Menopause consultant

We will reimburse the fee charged for a menopause consultation.

Terms and conditions

The menopause consultant must be affiliated with Care for Women or the Vereniging Verpleegkundig Overgangsconsulenten (VVOC) (Association Menopause consultants) or satisfy the requirements of one of these organizations.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	75% of the consultation fee subject to a maximum of € 115.- per person each calendar year
4 stars	75% of the consultation fee subject to a maximum of € 115.- per person each calendar year

Article 40 Lifestyle training

Each calendar year we will reimburse the cost of no more than one lifestyle training course organised by Leefstijl Training & Coaching (Lifestyle Training and Coaching Centre) in Dalfsen. The following basic courses qualify for coverage:

- training for heart patients;
- training for whiplash patients;
- training for people suffering burnout;
- training to reduce stress.

Terms and conditions

You must be referred by a general practitioner, company doctor, medical specialist or speech and language therapist (stuttering).

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 1,000.- per person each calendar year
4 stars	maximum of € 1,250.- per person each calendar year

Article 41 Sports medical examinations

We will reimburse the cost of a sports medical examination in a Sports Medical Centre.

Terms and conditions

The Sports Medical Centre must be recognized by the Federatie van Sportmedische Instellingen (FSMI) (Federation of Sports Medical Institutions)

Exclusion

We will not reimburse the cost of a (mandatory) sports examination or sports medical examination that is provided by a sports doctor for checking of the individual health and ability of the insured person in order to practice a specific sport or to be accepted by a school that offer sport education.

Beter Af Plus Policy

1 star	sports medical examination per person 1 x per 2 calendar years: Basis: a maximum of € 85.-, Basis Plus: a maximum of € 100.-, Large: a maximum of € 135.-
2 stars	sports medical examination per person 1 x per 2 calendar years: Basis: a maximum of € 85.-, Basis Plus: a maximum of € 100.-, Large: a maximum of € 135.-
3 stars	sports medical examination per person 1 x per 2 calendar years: Basis: a maximum of € 85.-, Basis Plus: a maximum of € 100.-, Large: a maximum of € 135.-
4 stars	sports medical examination per person 1 x per 2 calendar years: Basis: a maximum of € 85.-, Basis Plus: a maximum of € 100.-, Large: a maximum of € 135.-

Article 42 Sports Doctor

We will reimburse the cost of an injury or subsequent consultation by a sports doctor in a Sport Medical Institution.

Terms and conditions

The Sport Medical Institution must be recognized by the Federatie van Sportmedische Instellingen (FSMI) (Federation of Sports Medical Insitutions).

Beter Af Plus Policy

1 star	a maximum of 2x per person per calendar year
2 stars	a maximum of 2x per person per calendar year
3 stars	a maximum of 2x per person per calendar year
4 stars	a maximum of 2x per person per calendar year

Article 43 Treatment of Obesity

We reimburse the costs of participation in a part-time day-treatment programme for obese patients in the Nederlandse Obesitas Kliniek (NOK) (Dutch Clinic for Obesity) in Hilversum. The programme is aimed at habit change by means of a non-operative, multi-disciplinary treatment.

Terms and conditions

- There must be a presence of obesity, to grade 3. This is the case if your Body Mass Index is 40 or higher.
- We must have given you written permission beforehand.
- You must have completed the whole programme.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	maximum of € 750.- per person for the duration of the supplementary insurance
4 stars	maximum of € 1,000.- per person for the duration of the supplementary insurance

Article 44 Orthodontics: up to 18 years of age

We will reimburse the cost of orthodontics (teeth straightening) for any insured person up to 18 years of age.

Terms and conditions

The treatment must be provided by an orthodontist or dentist.

Exclusion

We will not reimburse the cost of repairing or replacing any existing orthodontic device which is lost or damaged due to one's own fault or negligence.

Beter Af Plus Policy

1 star	no coverage
2 stars	50% subject to a maximum of € 500.- per person per calendar year up to the age of 18
3 stars	75% subject to a maximum of € 700.- per person per calendar year up to the age of 18
4 stars	75% subject to a maximum of € 900.- per person per calendar year up to the age of 18

Beter Af Extra Benefits

15% subject to a maximum of € 100.- per person per calendar year up to the age of 18

Article 45 Dental treatment to 18 years of age: crowns, bridges, inlays and implants

We will reimburse the cost of crowns, bridges, inlays and implants, including the technological expenses involved, for any insured person up to 18 years of age.

Terms and conditions

The treatment must be performed by a dentist or a dental surgeon.

Beter Af Plus Policy

1 star	no coverage
2 stars	a maximum of € 225.- per person each calendar year
3 stars	a maximum of € 450.- per person each calendar year
4 stars	a maximum of € 900.- per person each calendar year

Article 46 Dental treatment: excess prostheses

We will reimburse the costs charged for any legally compulsory excess and your own costs for dental prostheses based on the Beter Af Policy.

Beter Af Plus Policy

1 star	no coverage
2 stars	no coverage
3 stars	no coverage
4 stars	100%

Article 47 Day Care for children during hospitalisation of parent(s)

If a parent who is insured with us is admitted to hospital we can arrange home Day Care for children who live at home up to the age of 12 from the third day after the hospitalisation. The amount of care is dependent on the age of your youngest child.

Terms and conditions

- We must have given you permission beforehand.
- The Day Care must be arranged and provided by an institution which we have contracted to do this. In the event that you wish to make use of day care, please contact our customer service department.

Exclusion

We will not reimburse these costs when admitted to a psychiatric hospital.

Beter Af Extra Benefits

Maximum of 50 hours per week

Beter Af Dental Policy

We will reimburse the cost of dental treatment by a dentist, oral hygienist or a prosthodontist contracted by us. A list of prosthodontists whom are contracted by us can be downloaded from our website or requested from us. For persons insured between the ages of 18 -22 the compensation from the Beter Af Dental Policy is a supplement to the compensation from the Beter Af Policy.

We will reimburse 100% of the cost of dental consultations (C codes), 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.
A dental hygienist can declare, depending on the treatment you receive, M-codes as well as T-codes (parodontal treatments). If a dental hygienist declares T-codes, you will receive a reimbursement of 75% with a Beter Af Dental Policy with 1, 2, or 3 stars, taking into consideration the total maximum reimbursement.

We will reimburse 75% of the cost of further treatments when you have a Beter Af Dental Policy with 1, 3 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 compensation depends on your package.

Exclusion
We will not reimburse any costs associated with the following codes:
- C70 and C75 (inspection reports) and C90 (missed appointment);
- E97, E98 and E00 (external whitening of teeth and molars);
- D codes (orthodontics);
- Z-codes (subscriptions).

Beter Af Dental Policy – 1 star
- C codes, M codes, V codes en H codes: 100%
- other codes: 75%
- total payment is subject to a maximum of € 225.- per person each calendar year

Beter Af Dental Policy – 2 stars
- C codes, M codes, V codes and H codes: 100%
- other codes: 75%
- total payment is subject to a maximum of € 450.- per person each calendar year

Beter Af Dental Policy – 3 stars
- C codes, M codes, V codes and H codes: 100%
- other codes: 75%
- total payment is subject to a maximum of € 900.- per person each calendar year

Beter Af Dental Policy – 4 stars
- 100%
- total compensation is subject to a maximum of € 1,150.- per person per calendar year

Beter Af Hospital Extra Benefits

We will reimburse the cost of extra comfort coverage (nursing care in a one or two-persons room with, if applicable, additional comfort services) of a hospital stay. We will only pay the fees which a hospital declares in accordance with the arrangement you have made with us. An overview of these hospitals is a part of this policy, which you can download from our website or request from us.

In the event that the Beter Af Hospital Extra Benefits has been entered into and you are staying in a hospital that does not offer this comfort coverage or in the even that you cannot make use of the comfort coverage, then we will reimburse insured who are 18 years and older € 70.- per day that you are in hospital to a maximum of € 4,900.- per calendar year. You will need to contact us, if possible in advance, in order to be eligible for this benefit. It will not be provided if you are staying in a rehabilitory-psychiatric ward of a hospital or in a psychiatric hospital.

In the event that you are staying a foreign health care institution and undergo medical treatment which we have contracted, we will pay any additional costs involved in securing a room that qualifies for a class. We will also pay the cost of any fee surcharge.

In the event that you are staying in a foreign health care institution and undergo medical treatment which we have not contracted, we will reimburse any additional costs involved in securing a room that qualifies for a class subject to a maximum of € 70.- per day, up to a maximum of € 4,900.- per calendar year. Any fee surcharge will not qualify for payment reimbursement.

In the event that there is a reimbursement per day in both the Netherlands and abroad, a maximum reimbursement of € 4,900.- per calendar year is valid for a stay in the Netherlands and abroad together.

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