

Policy Conditions 2023

**BGZC-BasisPlus, BGZC-Intro, BGZC-Start,
BGZC-Royal and BGZC-Excellent**



Mr. F.J. Haarmanweg 16 • 4538 AR Terneuzen
www.bgzc.nl • info@bgzc.nl

Important information and service

If you have questions, or something you think we should know, we will be happy to offer our assistance!

Our website

Comprehensive information about your health insurance is available at bgzc.nl. This is where you can find answers to frequently-asked questions, calculate your premium, submit invoices online, find healthcare providers and review and compare all reimbursements from A to Z.

Contact

For current opening hours, please refer to bgzc.nl/contact. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

Submitting care invoices

If you have received an invoice for care, you can digitally submit it for reimbursement through Mijn BGZC. First, log in securely and easily using iDIN. In order to use iDIN, you must first complete the one-time activation process. More information on logging in using iDIN can be found [here](#). In the Mijn BGZC digital environment, you can also easily and conveniently edit your personal details, view your healthcare costs or make changes to your coverage package(s).

You can submit an invoice to us by regular mail as well. To do so, simply print out and fill in a declaration form and mail it, along with the original invoice, to the postal address below. The declaration form is available [here](#).

Mailing/Visiting address

Mr. F.J. Haarmanweg 16
4538 AR Terneuzen

Need approval for care?

To find out which healthcare requires our approval in advance, please refer to the policy terms & conditions. You will need to send a request for approval for the treatment in question to the address above, for the attention of Team Medical.

Complaints

We do everything we can to provide BGZC clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information check page 15.

Find a healthcare provider

Healthcare providers have agreements in place with health insurance companies. Such providers are referred to as 'contracted care providers'. They have signed contracts with the insurers that include agreements on things like quality of care. The healthcare providers with whom we have such agreements are listed in the CareFinder. Our CareFinder is available [here](#).

Aevitaal

Health and vitality are incredibly important to us. This is why we are eager to help you stay healthy and fit as well. On the Aevitaal platform, you'll find information on health, vitality, employability and resilience. Are you experiencing symptoms or having trouble sleeping, or would you like to adopt a healthier lifestyle or enhance your employability? Go to [Aevitaal](#) and sign up today!



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Definitions

The following definitions apply in this insurance agreement::

Additional Insurance Policy(s)

The insurances set out in these conditions of insurance.

Admission

Admission in a (psychiatric) hospital, psychiatric ward of a hospital, rehabilitation institution, convalescent home or an independent treatment centre, when and as long as nursing, examination and treatment can only be offered on medical grounds in a hospital, rehabilitation centre or convalescent home.

Aevitae

The authorised agent to whom authorisation has been granted by the health insurance company, as meant in article 1.1 of the Financial Supervision Act, with regard to the implementation of health care insurances.

Basic health insurance / Health care insurance

The health insurance as laid down in the Dutch Health Care Insurance Act.

Birth centre

A childbirth facility in or on the site of a hospital, possibly combined with a maternity care facility. A birth centre may be equated to a birth hotel and childbirth centre.

Calendar year

The period that runs from 1 January up to and including 31 December.

Care group

This is a group of care providers from different disciplines that together provide integrated care.

Care hotel

An institution contracted by the insurer in which 24-hour care and service provision, consisting in any event of nursing and care, is guaranteed, in a hotel like setting.

Centre for Special Dentistry

A university or centre considered as equivalent by the health care insurer providing dental treatment in special cases in which treatment requires a team approach and/or special expertise.

Centre for genetic research

An institution which holds a licence under the Act on Special Medical Procedures for the application of clinical genetic testing and genetic counselling.

Child and youth psychologist

A child and youth psychologist who is registered in accordance with the conditions laid down in Article 3 of the Individual Health Care Professions Act and is in the Register of Child and Youth Psychologists of the Dutch Institute of Psychologists (DIP).

Clinical psychologist

A health care psychologist who is registered in accordance with the conditions referred to in article 14 of the Individual Healthcare Professions Act.

Consent (authorization)

A written consent for the purchase of certain care that is provided by or on behalf of us or the insurer is provided to you, prior to the purchase of this certain care.

Contract with preference policy

This is defined as a contract between the insurer and the dispensing general practitioner wherein specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical care.

Day treatment

Admission for less than 24 hours.

Dental surgeon

A dental specialist who is registered in the specialists' register for oral diseases and dental surgery of the Dutch Dental Association.

Dentist

A dentist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Diagnosis Treatment Combination (DTC) care product

From 1 January 2012, new care services for specialist medical care are expressed in DTC Care Products. This process is called DTT (DTC's Towards Transparency). A DTC Care Product is a declarable benefit under the Health Care Market Regulation Act within the specialist medical care that is the result of the entire process of the diagnosis that the caregiver gives up to the (possible) treatment. The DTC process begins when you submit your request for care, and terminates at the end of the treatment, or after 365 days.

Dietician

A dietician who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Dispensing general practitioner

The dispensing general practitioner or a resident pharmacist who is registered in the register of established pharmacists or a pharmacist who is allowed to assist in a pharmacy by pharmacists who are entered in this register or the legal person that

provides the care by pharmacists who are registered in above-mentioned register.

Dyslexia (severe)

A reading and spelling disorder as a result of a neurobiological function disorder that is genetically determined and can be distinguished from other reading and spelling problems.

EU and EEA state

Includes the following countries other than the Netherlands in the European Union: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden.

Under convention provisions, Switzerland is considered as equivalent to these countries.

The EEA states (states who are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.

Family

One adult or two married or permanently cohabiting persons and the unmarried own, step, foster or adoptive children under 30 years of age, who are entitled to child benefit, benefit under the Student Finance Act 2000 / Study Costs Allowances Act or deduction of extraordinary expenses under tax legislation.

Fraud

The intentional perpetration of or attempt to commit forgery of documents, deception, prejudice to creditors or rightful claimants and/or embezzlement through the realization and/or execution of a contract of general insurance, aimed at obtaining a payment, compensation or service to which no right exists or to obtain insurance coverage under false pretences.

General practitioner

A physician who is registered as general practitioner in the register maintained by the HVRC (Registration Committee for general practitioners, geriatric specialists and physicians for the mentally handicapped, of the Royal Dutch Medical Association and exercises the general practice in customary manner.

General remedial educationalist

A general remedial educationalist who is registered in the NVO Register of General Remedial Educationalists of the Association of Educationalists in the Netherlands.

Geriatrics specialist

A physician who has followed the training for the geriatrics specialty and is registered in the register of geriatric specialists of the Royal Dutch Medical Association. This specialty only exists since 1 January 2009. This specialty is in succession to nursing home medicine. Physicians who commenced the training course before 1 January 2009, are registered as nursing home physicians, but are now also called geriatrics specialists.

Group health insurance contract

A collective agreement of health insurance (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering the affiliated participants the possibility of taking out health care insurance and any additional insurance cover under the conditions set out in this agreement.

Health Care (Market Regulation) Act tariffs

Tariffs as established by or pursuant to the Health Care (Market Regulation) Act.

Health care insurer

The insurance company which has been authorized as such and provides (supplementary) insurance(s) within the meaning of the Health Care Insurance Act. Your health care policy states which company this concerns.

Health care provider

The health care provider or health care providing organization that provides health care.

Health care psychologist

A Health care psychologist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Hospital

An institution for medical specialist health care for nursing, examination and treatment of illnesses, which is approved as such in accordance with the rules drawn up by law.

Independent treatment centre

An institution for medical specialist health care for examination and treatment that is approved as such in accordance with the rules drawn up by law.

Individual Health Care Professions Act

Act on professions in individual health care. This act sets out the expertise and competencies of the care providers. The accompanying registers list the names of the caregivers who meet the legal requirements.

Institution

1 an establishment within the sense of the Care Institutions (Accreditation) Act;

2 a legal entity established abroad which provides care in the respective country in connection with the social security system existing in that country or which is aimed at providing care to specific groups of public officials.

Insured person

Everyone named as such in the policy document.

Insurer

The health insurance company which has been authorized as an insurance company, providing (supplementary) insurance(s) within the meaning of the Health Care Insurance Act.

Integrated care

A care programme organized around a particular disorder.

Laboratory research

Research by a legally accredited laboratory.

Maternity centre

An institution that provides obstetric and/or maternity care and that meets the statutory requirements.

Maternity care

The care provided by a qualified midwife or a nurse working as such.

Medical consultant

The physician who advises us in medical matters.

Medical devices

The provision in the need for functioning aids and bandages designated in the Health Insurance Regulations, taking into account the regulations established by the insurer with regard to consent requirements, periods of use and volume prescriptions.

Medical specialist

A physician who is registered in the register maintained by the Medical Specialists Registration Committee of the Royal Dutch Medical Association.

Mental health care institution

An institution which provides medical care related to a psychiatric disorder and is authorized as such.

Multidisciplinary cooperation

Integrated (chain) care that is supplied by multiple care providers in conjunction with different disciplinary backgrounds and wherein direction is necessary in order to provide the care process surrounding the insured party.

Obstetrician

An obstetrician who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Occupational physician

A physician who is registered as occupational physician in the register established by the Social-Medical Registration Committee (SGRC) of the Royal Dutch Medical Association and acts on behalf of the employer or the occupational health and safety service wherein the employer is affiliated.

Occupational therapist

An occupational therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech

therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Oral hygienist

An oral hygienist who has been trained in accordance with the oral hygienist's training requirements as listed in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree' and in the Health Care (Unsupervised Activities) Decree (Bulletin of Acts and Decrees 1997, 553)'.

Orthodontist

A dental specialist who is registered in the Specialists Register for Dentomaxillary orthopaedics maintained by the Dutch Dental Association.

Pelvic physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act and is also registered as a pelvic physiotherapist in the pelvic physiotherapy sub-register of the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy (KNGF).

Pharmaceutical care

This is defined as:

- the handing over of medicines and dietary preparations designated in this insurance contract and/or
- advice and guidance such as pharmacists tend to offer for the benefit of medication assessment and responsible use, all this taking into account the Pharmaceutical Care Regulations established by the insurer.

Pharmacy

Pharmacy refers to: (Internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

Physician

Whoever is authorized under Dutch law to practice medicine and is registered as such by the competent authority in the context of the Individual Health Care Professions Act.

Physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act. The term physiotherapist also means a remedial gymnast/masseur according to Section 108 of the Individual Health Care Professions Act.

Podiatrist

A podiatrist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Policyholder

The person who has entered into the insurance contract with us.

Policy schedule

The health insurance care policy (instrument) wherein the basic and supplementary insurances entered into between you (the policyholder) and the health insurance company are recorded.

Preferential medicines

Preferred products designated by the insurer within an identical group of mutually interchangeable medicinal products.

Primary care psychologist

A health psychologist who is registered in accordance with the conditions laid down in Article 34 of the Individual Health Care Professions Act and who meets the training and quality requirements as contained in the Primary Care Psychologists' Qualification Scheme of the Dutch Institute of Psychologists (NIP).

Prosthodontist

A prosthodontist who is trained in accordance with the so called 'Decree for training requirements and expertise for prosthodontists'.

Psychiatrist/neurologist

A physician who is registered as psychiatrist/neurologist in the register maintained by the Specialists Registration Committee of the Royal Dutch Medical Association. Neurologist may also be read in place of psychiatrist.

Psychotherapist

A psychotherapist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Rehabilitation

Examination, advice and treatment of a specialist medical, paramedical, behavioural and rehabilitative nature. This care is provided by a multidisciplinary team of experts, led by a medical specialist, connected to a rehabilitation institution in conformity with the rules laid down by law.

Remedial therapist

A remedial therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sexological care provider

Primary care psychologist, physician or nurse who, as a sexological care provider, is in the possession of a registration from the Dutch Association for Sexology (NVVS).

Skin therapist

A skin therapist who is trained in accordance with the Decree on skin therapist training and area of expertise (Bulletin of Acts and Decrees 2002, no. 626). This decree is based on article 3 of the Individual Health Care Professions Act.

Specialist mental health care

Diagnosis and specialized treatment of complex psychiatric disorders. The involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is necessary.

Speech therapist

A speech therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sports medical examination

Taking an anamnesis (general and sports specific), performing a physical examination and performing (sports specific/ additional) examination of the postural and movement apparatus, cardiovascular system and lungs in order to give (inexperienced) athletes a direct and responsible movement and sporting advice. There is no basis for care demand.

Sports physical examination

Sports associations require athletes to undergo a physical examination in order to practice the respective sport. (Sports) academies require potential students to undergo a physical examination in order to be admitted. There is no basis for care demand.

Stay

Admission with duration of 24 hours or longer.

Treaty country

Any state with which the Netherlands has concluded a social security treaty wherein an arrangement for the provision of medical care is included. These are defined as Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde Islands, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.

We/us

Aevitae

Wlz

The Long Term Care Act (Wet langdurige zorg).

Wmo

The Social Support Act (Wet maatschappelijke ondersteuning).

You/your

The person insured. This is stated to in the policy document. 'You (the policyholder)' means the person who has entered into the insurance with us.

Youth health care physician

The physician employed as referred to in the Youth Care Act.

Youth Care Agency

An agency as referred to in article 4 of the Youth Care Act.

General terms and conditions

Article 1 Insured health care

1.1 Content and scope of the insured health care

Your additional insurance entitles you to (compensation of the costs of) health care as described in these insurance policy terms and conditions.

1.1.1 Collective health insurance agreement

The provisions of the collective agreement prevail if and insofar as they deviate from the conditions stated in these insurance policy terms and conditions. If those provisions no longer apply to the person covered by the insurance policy, then the provisions of the individual contract will be applicable again.

1.2 Medical need

You are entitled to (compensation of the costs of) health care as described in these insurance policy terms and conditions, provided you, within all fairness, rely on the content and scope of the type of health care and provided the type of health care is suitable and effective. The content and scope of the type of health care is partly determined by what the health care providers concerned 'usually provide'. The content and scope is also determined by the current level of scientific developments and standard practices, as defined using the Evidence Based Medicine (EBM) method. If there is no current level of scientific developments or no known standard practices, then the content and scope of the health care is determined by what is considered responsible and appropriate care within the field concerned.

1.3 Health care providers

Your health care provider must meet certain conditions. These conditions are statutory for many health care providers and generally, their medical title is protected by law. This is the case, for example, for a general practitioner, medical specialist, dentist, physiotherapist and health care psychologist. The conditions to be met by a health care provider for whom we have set supplementary conditions can be found in the relevant health care article.

For a number of types of health care, we have contracted, appointed or recognized certain health care providers. You will receive no or reduced compensation if you use a non-contracted, non-appointed or non-recognized health care provider for these types of health care. This will be specified in the relevant health care articles. For the other types of health care, you are free to choose a health care provider provided that the other stipulations in these insurance policy terms and conditions are met.

An overview of the health care providers who have been contracted or appointed by us and of the compensation awarded for non-contracted health care providers is available on our website or can be requested by telephone. The recognized health care providers are listed in the relevant health care article. We have made specific agreements with some health care providers. They are our preferred health care providers. Preferred health care providers are specified in the relevant health care article.

1.4 Compensation of the cost of health care

You are entitled to compensation of the cost of health care up to the maximum Health Care Market Regulation Act rates applicable in the Netherlands. If no Health Care Market Regulation Act rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands. If you receive health care from a health care provider who is contracted by us, then the costs of the health care are reimbursed based on the rate which has been agreed with the health care provider concerned.

If you receive treatment from a non-contracted health care provider, then it is possible that you will not be reimbursed or that you will receive less compensation. You can find more information in the relevant health care article or you can request further details.

If there is a budget for a certain type of health care, then the total compensation will not be more than the maximum amount of the budget stated in the relevant health care article.

1.5 How do you claim a reimbursement?

Most healthcare providers send us the invoices directly. If you receive an invoice at home, please complete an expense form and submit it together with the original invoice. Please do not send us a copy or a reminder. We can only process originals. You may submit invoices latest up to 3 years after the start of your treatment. Please check that the invoice includes the following details:

- your name, address and date of birth;
- type of treatment, the amount per treatment and the date of treatment;
- the name and address of the healthcare provider;
- AGB code (with a Dutch healthcare provider).

These invoices have to be specified, ensuring that the reimbursements we must pay out can be derived from the specifications directly and without any ambiguity. We deduct any excess and statutory personal contribution from the reimbursement. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from www.xe.com. This is based on the exchange rate on the date of treatment. Invoices must be in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may request you to provide a certified translation of the invoice. We will not refund the translation expenses.

Online claim forms

Online submission of claims is quick and easy. Go to Mijn Aevitae. You must retain the original invoice for at least one year after submitting the relevant claim form. We may request the invoices for inspection. If you are unable to submit the invoices, we may recover the amounts paid out from you, or settle the relevant amounts with amounts due to you.

1.6 Direct payment

We have the right to pay the costs of health care directly to the health care provider. As a result, you have no right to compensation.

1.7 Settlement of the costs

If we pay the health care provider directly and pay more than we are obliged to pay or the costs of the health care are to be met by yourself, then you, as the policy holder, owe us the costs of the health care. We will charge you for these costs at a later date. You will be obliged to pay these costs. We can settle these costs with compensation still owed to you.

1.8 Referral, prescription or permission

For some types of health care, you require a referral, a prescription and/or prior, written permission which shows that you require the health care. You can find more information in the relevant health care article.

If a referral or a prescription is required, then you can request this from the health care provider stated in the article. This is usually the general practitioner. If permission is required, then you require our permission prior to receiving the health care. This permission is also referred to as authorization.

Contracted health care provider

If you receive health care from a health care provider who is contracted by us, this provider will assess for us whether you meet the requirements. For some types of health care, it has been agreed that we will assess the request for care ourselves. In that case, the health care provider will send us the request. If, for privacy reasons, you do not wish your request to be assessed by your health care provider, then you can also submit your request directly to us.

Non-contracted health care provider

If you receive health care from a non-contracted health care provider, then you must request permission from us to do so prior to receiving the health care.

1.9 Derived rights

You are entitled to (compensation of the costs of) health care if the treatment or delivery takes place during the term of the supplementary insurance. If treatment takes place over the course of two calendar years and the health care provider is allowed to send one total invoice (diagnosis-treatment combination), then the costs will be reimbursed provided the treatment commenced within the term of the supplementary health insurance.

When these insurance policy terms and conditions refer to a (calendar) year, then the actual date of treatment or date of delivery stated by the health care provider determines the (calendar) year to which the costs involved should be attributed.

1.10 Exclusions

There is no right to health care or reimbursement of health care costs:

- 1.10.1 That are related to illnesses or abnormalities which existed before or during the time at which the insurance policy was taken out and which the person covered by the insurance policy knew of or should have known of or which he was experiencing the symptoms of and which Aevitae was not informed of in writing. This exclusion does not apply if and insofar as the insurance came into effect without medical or dental screening;
- 1.10.2 Of written certificates, administrative costs, costs of appointments not kept or costs incurred as a result of late payment of health care providers' invoices;
- 1.10.3 Incurred as a result of gross negligence or intent;
- 1.10.4 Consisting of personal contributions or excess payable under the terms of any other insurance, unless stipulated otherwise in these insurance policy terms and conditions;
- 1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;
- 1.10.6 That could be claimed under another insurance policy, whether or not of a previous date or under any law or other provision provided the insurance coverage is not available from Aevitae. In that case, this insurance policy is the last insurance policy applicable. Only the costs which exceed the amount the person covered by the insurance policy could claim elsewhere will be eligible for reimbursement;
- 1.10.7 That can be claimed or could be claimed under the Health Care Insurance Act if you are obliged to be insured according to that law;
- 1.10.8 Caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny;
- 1.10.9 Caused by, incurred during or resulting from nuclear reactions, irrespective of how they came about. This exclusion does not apply in the case of damage caused by radioactive nuclides situated outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided there is a valid permit issued by the national government for the manufacture, use, storage and disposal of radioactive substances (in this context, a 'nuclear facility' is a nuclear facility as defined in the Wet Aansprakelijkheid Kernongevallen (Nuclear Incidents (Third Party Liability) Act). The stipulations of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained;
- 1.10.10 Or compensation for damage indirectly resulting from acts or omissions by Aevitae.

1.11 Entitlement to (compensation of the costs of) health care and other services as a result of terrorist actions

The following rule is applicable if you require health care as a result of one or more terrorist actions. If the total amount which is claimed in one year from damage insurers, life insurers or funeral insurers is greater than, according to the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschaden N.V. (NHT) (Netherlands Reinsurance Company for Terrorism Losses), the maximum amount which this insurance company reinsures per year, you are only entitled to compensation of a certain percentage of the costs or of the value of the health care. The NHT determines this percentage. This applies to damage insurers, life insurers and funeral insurers (including health care insurers) to whom the Wet op het financieel toezicht (Financial Supervision Act) is applicable.

The exact definitions and stipulations with regard to the aforementioned entitlement are included in the Clauses Sheet Terrorism Cover by the Dutch Reinsurance Company for Terrorism Losses.

Article 2 General conditions

2.1 Basis of the health insurance

The health insurance agreement is agreed based on the information which you have specified on the application form or which you have given to us in writing.

2.2 Supplementary insurance

The health insurance agreement is applicable to the supplementary insurance stated on the policy summary sheet. These health insurance policy terms and conditions are part of the health insurance agreement and are applicable to the supplementary insurance.

If you have employee-related supplementary insurance based on the collective agreement agreed between your employer and Aevitae, then the compensation from the employee-related package is applicable to you. In that case, you are not entitled to (compensation of the costs of) this health care based on this supplementary insurance.

2.3 Accompanying documents

These health insurance policy terms and conditions refer to other documents. These documents are part of the terms and conditions as far as they are applicable. It concerns the following documents:

- Appendix 1 of the Besluit zorgverzekering (Health Care Insurance Decree);
- The Health Care Insurance Regulations;
- The Clauses Sheet Terrorism Cover;
- The list of contracted health care providers.

These documents can be found on our website or may be requested by telephone.

2.4 Fraud

Material inspection and fraud investigations are carried out in accordance with what has been stipulated for the health care insurance by or under the Health Care Insurance Act.

If you commit fraud, then you lose your right to (compensation of the costs of) health care. You will also have no right to (compensation of the costs of) health care for which you was not found to have committed fraud (partial fraud). We will also reclaim any compensation which has been paid to you.

The consequence of fraud is that we will register your personal details and the personal details of any accomplices or co-fraudsters in the Incident Register of the health care insurer. This Incident Register is registered with the Dutch Data Protection Authority (AP) and is managed by the health care insurer.

We may also register your personal details and the personal details of any accomplices or co-fraudsters:

- With the Centrum Bestrijding Verzekeringsfraude (Centre for Combating Insurance Fraud) of the Verbond van Verzekeraars (Association of Insurers);
- In the internal and external observation systems recognized by the financial institutions: the Internal Reference Register (IVR) and the External Reference Register (EVR).

The health care insurer may also report fraud to the police, the justice department and/or the Fiscal Information and Investigation Service/Economic Investigation Service (FIOD-ECD).

The consequence of fraud relating to an insurance policy you have with us is that your supplementary insurance policy and any (damage) insurance policy you may have with Aevitae or the health care insurer may be terminated. You will then not be able to agree any supplementary insurance policy or any damage insurance policy with Aevitae or the health care insurer for a period of 8 years.

2.5 Protection of personal information

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare or other insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts.

Processing your personal details is subject to privacy legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the General provisions BSN Act, and the Application of BSN in healthcare Act. Please find our Privacy Statement on our website.

It is mandatory for us to use your BSN (citizen service number) in our administrative system and in communications (data exchange) with the healthcare providers. The BSN is also used in data exchange on expense forms. Both are completed on a statutory basis.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, www.stichtingcis.nl.

2.6 Announcements

You will be considered to have received all announcements sent to the last address known to us. We always use the address given in the municipal personal records database.

2.7 Right of withdrawal period

When taking out a supplementary health insurance policy, you, as the policy holder, have the right to withdraw from the policy any time during the first 14 days. You can terminate the supplementary insurance policy in writing within 14 days after entering into the agreement or within 14 days after you have received the health care policy, whichever is the latter. The health care insurance policy will then be considered as not having been taken out.

2.8 Dutch law

The supplementary insurance is governed by Dutch law.

Article 3 Payments

3.1 Due premium

The policy holder is obliged to pay a premium. On the death of the policy holder, the premium is due until the day of death. If the supplementary insurance policy is altered, then we will recalculate the premium commencing from the date that the insurance policy was altered.

3.2 Premium reduction for a collective agreement

3.2.1 The premiums and terms and conditions as agreed in the collective agreement are applicable from the day that you participate in the collective agreement.

3.2.2 From the day that you are no longer entitled to participate in the collective agreement, the premium reduction and the terms and conditions agreed in the collective agreement will no longer apply. From that day, the supplementary insurance policy will be continued on an individual basis.

3.2.3 You may only participate in one collective agreement at a time.

3.3 Payment of the premium, (legal) excess, legal contributions and costs

3.3.1 Unless agreed otherwise, you are obliged to pay the premium and (foreign) legal contribution in advance for all the people covered by the insurance policy every month. If you pay the premium in advance for the whole year in a single payment, you will receive a reduction on the premium to be paid. The amount of this reduction is stated on the policy summary schedule.

3.3.2 For payments by deposit transfer, we may charge € 1.50 per transfer.

3.3.3 You can grant us permission to direct debit the premium, the (legal) excess, the personal contributions and other costs. Two separate authorizations are required: one for granting permission for direct debiting the premium and one for direct debiting the (legal) excess, the personal contributions and other costs.

3.3.4 If you have authorized Aevitae B.V. to write off excess or other amounts by direct debet from your account, you (the policy holder) will receive a notification of the direct debet by us. We try to send this notification to you (the policy holder) a few days before we collect the outstanding amount.

3.4 Settlement

You may not settle any outstanding amounts of money against money which we owe you.

3.5 Non-timely payment

3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of 14 days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.

- 3.5.2 In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.
- 3.5.3 We may charge for the administration costs, (extra)judicial collection charges and statutory interest.
- 3.5.4 If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.
- 3.5.5 We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.
- 3.5.6 If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

Article 4 Other obligations

You are obliged:

- To ask the doctor in charge of your case to inform our medical consultant of the reason for admission;
- To cooperate with our medical consultant or employees who are charged with the task of ensuring that all the information necessary to fulfil the supplementary insurance is obtained;
- To inform us of facts which (may) result in the possibility of recovering costs from (possibly) liable third parties and to provide us with the necessary information in connection to this. You may not agree any arrangement with a third party without our prior, written approval. You must refrain from actions which may harm our interests;
- To inform us as soon as possible of facts and circumstances which are important for correctly fulfilling the supplementary insurance. This includes the starting and end dates of a period of detention, a divorce or separation, moving home, a birth, adoption or a change of bank account. We accept no responsibility in the case of omission from your side.

If you do not fulfil your obligations and our interests are damaged as a result, we may suspend your right to (compensation of the costs for) health care.

Article 5 Alterations to the premium and the terms and conditions

5.1 Alterations to the premium and the terms and conditions

We have the right to alter the premium, as well as the terms and conditions, of the supplementary insurance at any time. We will inform you, as the policy holder, of this in writing. Any alterations will be implemented on a date to be determined by us.

5.2 Right of termination

If we alter the premium and/or the terms and conditions of the supplementary insurance in a way which is disadvantageous to you, you are entitled to terminate the insurance agreement up to a month after you have been informed of the alteration with effect from the day that the alteration takes effect. You do not have this right of termination if an alteration to the insurance terms and conditions is a direct result of legal measures, legal regulations or legal stipulations.

Article 6 Commencement, duration and termination of the supplementary insurance

6.1 Commencement and duration

The insurance agreement comes into force on the day on which the health care insurance commences or the first day of the calendar year. If you apply for health care insurance from us, then you give us permission to terminate your old health care insurance with a Dutch insurer. This permission also applies to the supplementary insurance. If the supplementary insurance does not have to be terminated, then you must state this on the application form.

The supplementary insurance is entered into for the calendar year in which the supplementary insurance takes effect. After this period has expired, the supplementary insurance will be automatically extended for a period of one calendar year.

6.2 Acceptance for supplementary insurance

6.2.1 Health care insurance

You can agree the supplementary insurance as an addition to our health care insurance, but you are not obliged to do so. Medical selection may be required for the supplementary insurance. Furthermore, an age limit may apply. A supplement to the premium may be applicable in the following cases:

- You did not take out a basic health insurance with us;
- The health care insurer of your supplementary insurance is different from the health care insurer of your basic health insurance.

6.2.2 Family cover

All the people covered by the health insurance policy 18 years of age or older can agree supplementary insurance of their choice. Children younger than 18 years of age cannot receive more extensive insurance than the adult with the most extensive insurance covered by the health insurance policy.

6.2.3 Alterations to supplementary insurance

You can alter your supplementary insurance. The stipulations of 6.2.2 will then apply. The person covered by the insurance policy must inform us of the alteration by no later than 31st December. The change will then become effective as per 1 January of the following calendar year (with retroactive effect if submitted after 1 January). Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within Aevitae. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3 Termination by law

6.3.1 The supplementary insurance is terminated by law on the day following the day on which:

- The health care insurer is no longer allowed to offer or provide insurance as a result of an alteration or withdrawal of its license to act as an insurance company;
- The person covered by the insurance policy passes away;
- The health care insurer stops offering and providing the supplementary insurance.

You, as insurance policy holder, are obliged to inform us as quickly as possible of the death of a person covered by the insurance policy or of any other facts and conditions concerning the person covered by the insurance policy which have led to or could lead to the end of the supplementary insurance. We will send you proof of termination as quickly as possible once we have determined that the supplementary insurance is terminated or will be terminated.

If the supplementary insurance ends because we stop offering the supplementary insurance concerned, we will inform you, as the insurance policy holder, of this no later than three months before the supplementary insurance ends.

6.4 Times when the insurance policy may be terminated

6.4.1 Annually

The policy holder can terminate the supplementary insurance on 1st January of every calendar year on the condition that we receive notice of such no later than 31st December of the previous year.

6.4.2 Intervening times

The policy holder may terminate the supplementary insurance in the intervening time in writing:

- In the event of an alteration to the premium and/or the terms and conditions as stated in article 5.2;
- At the same time as when the health care insurance is terminated.

6.4.3 To terminate the supplementary insurance as stated in articles 6.4.1 and 6.4.2, you may also use the termination service provided by the Dutch Health Care Insurers.

6.5 Termination, annulment or suspension of the supplementary insurance

We can terminate, annul or suspend the supplementary insurance in writing:

- On account of non-timely payment of money owed as stated in article 3.5;
- If fraud has been committed (see article 2.4);
- If you have deliberately not provided us with information, have deliberately provided us with incomplete information or have deliberately provided us with incorrect information which is (or can be) disadvantageous to us;
- If you have acted with the purpose to mislead us or if we would not have provided supplementary insurance if we had known the real state of affairs. In these cases, we can terminate the supplementary insurance within two months of discovery with immediate effect. In these cases, we are not obliged to pay any compensation or can opt to reduce the compensation. We can settle any money to be reclaimed with outstanding payments for compensation.

Article 7 Complaints and disputes

7.1 Complaint management

- 7.1.1 You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish.
We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Mr. F.J. Haarmanweg 16, 4538 AR Terneuzen. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaint Management department deals with complaints on behalf of the management.
- 7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten en Geschillen (SKGZ)), P.O. Box 291, 3700 AG Zeist, www.skgz.nl. Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbitrator for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@financialarbitrator.org.mt). Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.
- ### 7.2 Complaints about our forms
- 7.2.1 If you feel there is no need for a certain form or that a form is too complicated, then you can send your complaint to: Klachtenmanagement, Mr. F.J. Haarmanweg 16, 4538 AR Terneuzen. You can also send an e-mail to klachtenmanagement@aevitae.com.
- 7.2.2 You will receive a reaction to your complaint within 30 days. If you are not satisfied with the answer or do not receive a reply within 30 days, you can file your complaint with the Dutch Health Care Authority by sending a letter to the Informatielijn/Meldpunt, Postbus 3017, 3502 GA Utrecht, the Netherlands or an email to informatielijn@nza.nl. The website of the Dutch Health Care Authority (www.nza.nl) explains how to submit a complaint about forms.

Article 8 Health care and waiting list mediation

You have the right to mediation for health care if there is a unacceptably long waiting list for treatment by a health care provider who is allowed to provide the care according to the supplementary insurance policy. You can call upon our Team Medical for this health care mediation. You can also call upon our Team Medical for general questions about health care. Issues include finding a health care provider with specific expertise or needing help to find your way in the health care system. We will discuss what your options are.

Reimbursements Supplementary Insurances

You can take out various additional insurance policies with us. You can see which insurance policies you have taken out on your policy schedule. Below you will find the care that is included in the various supplementary insurance policies. For each form of care, it is indicated which part of the care is insured and the amount of the reimbursement. You can also read below which conditions apply to the reimbursement.

Alternative therapies

1 Alternative forms of treatment, therapies and medicines

We reimburse the costs of:

- consultations by alternative doctors;
- consultations by alternative therapists;
- homeopathic and anthroposophic medicines.

Conditions for reimbursement

- The homeopathic and anthroposophic medicines must be prescribed by a general practitioner or a medical specialist;
- The homeopathic and anthroposophic medicines must be registered in the Netherlands and listed as homeopathic or anthroposophic medicines in the G-Standard of the Z-Index. The G-Standard is a database which lists all of the medicines available from pharmacies;

- The homeopathic and antroposophic medicines must be provided by a pharmacist or a dispensing general practitioner;
- Your alternative care provider must have a valid AGB-code (you can check this at www.agbcode.nl) and must be affiliated with a professional association that meets our criteria. The list of professional associations that meet our criteria is an integral part of this policy. We only reimburse consultations and treatments that fall within the specific field for which the professional association is listed. The Aevitae Lijst Alternatieve beroepsgroepen can be found on www.aevitae.com/zorgverzekeringen under Documenten & formulieren and then (Niet) Gecontracteerde zorg.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a care if your alternative healer or therapist is also your general practitioner;
- b (laboratory) tests;
- c manual therapy provided by a physiotherapist;
- d treatments, examinations and courses of a social nature or designed to promote well-being and/or prevention;
- e work or school-related coaching;
- f care that is covered by another article. For example, the article Mindfulness or Counseling;
- g neuromuscular therapy.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 350 per calendar year, consultations up to € 40 per day
- BGZC-Royaal a maximum of € 550 per calendar year, consultations up to € 40 per day
- BGZC-Excellent a maximum of € 1,200 per calendar year, consultations up to € 40 per day

Bones, muscles and joints

2 Occupational therapy

Is reimbursement of the costs of 10 hours of occupational therapy covered by your basic health insurance? Then, in addition to this reimbursement, we also reimburse the costs of additional hours of occupational therapy.

Condition for reimbursement

The same conditions apply to the entitlement to reimbursement of these extra hours as to reimbursement of occupational therapy from the basic health insurance.

Do you want to know with which occupational therapists we have a contract? Then use the Care Finder on our website or contact us. You can also find a list of the reimbursement amounts for non-contracted care providers on www.aevitae.com or you can request it from us.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royaal a maximum of 3 hours per calendar year
- BGZC-Excellent a maximum of 4 hours per calendar year

3 Exercise programmes

We reimburse the costs of exercise programs. An exercise program is intended for people who should move more because of their illness or complaint, but cannot do so. In this exercise program you learn from a physiotherapist and / or Cesar / Mensendieck exercise therapist how to exercise independently, so that you can continue after the exercise program.

We reimburse exercise programmes if you:

- a suffer from obesity (BMI over 30);
- b are recovering from earlier heart failure;
- c suffer from rheumatoid arthritis (we use the definition of rheumatoid arthritis established by the Reumafonds (Dutch Arthritis Association));
- d have type 2 diabetes;

- e suffer from mild to moderate COPD with a pulmonary function value of FEV1/VC < 0.7, a distress score of >2 on the MRC scale and a health score of >1 to >1.7 based on the CCQ scale;
- f suffer, or are recovering, from an oncological condition.

Condition for reimbursement

- 1 You must be referred by a general practitioner, a company doctor or a medical specialist.
- 2 You go to a contracted care provider.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royaal a maximum of € 350 per condition for the entire duration of the insurance
- BGZC-Excellent a maximum of € 350 per condition per calendar year

4 Remedial therapy in a hot water pool for rheumatism

Do you have rheumatism? Then we reimburse the costs of exercise therapy in extra heated water in a swimming pool.

Conditions for reimbursement

- 1 You must provide us with a statement from a general practitioner or medical specialist once. This statement must show that you need exercise therapy in extra heated water because of the medical indication for rheumatism.
- 2 The remedial therapy must be provided in a group session under the responsibility of a physiotherapist, a Cesar or Mensendieck remedial therapist and/or a rheumatoid arthritis patients' association.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royaal a maximum of € 150 per calendar year
- BGZC-Excellent 100%

5 Pedicure care for a rheumatic, diabetic or medical foot

We reimburse the costs of pedicure care for rheumatic (5.1), diabetic (5.2) and medical (5.3) foot conditions. The conditions for reimbursement are listed below.

5.1 Pedicure care with a rheumatic foot

Do you suffer from a rheumatic foot condition? Then we reimburse the costs of foot care services provided by a pedicure.

Conditions for reimbursement

- 1 You must provide us with a statement from a general practitioner or medical specialist once. This statement must show that foot care is necessary in connection with:
 - arthritis associated with intestinal disease
 - psoriatic arthritis (inflammation of the joints in people suffering from psoriasis)
 - ankylosing spondylitis (Bechterew's disease)
 - chondrocalcinosis (crystal deposition disease)
 - juvenile rheumatoid arthritis
 - chronic gout in one or both feet
 - Paget's disease (bone disease)
 - polyneuropathy Chronic reactive arthritis
 - rheumatoid arthritis
 - scleroderma
 - Still's disease (juvenile rheumatoid arthritis)
 - severe osteoarthritis of the foot with misalignment and/or deformity
- 2 The pedicure must be listed in the KwaliteitsRegister voor Pedicures (KRP) (ProCert Quality Register for Pedicures), as being qualified to treat 'rheumatic foot' conditions (RV) or as a medical pedicure (MP).
- 3 Is it a (pedicure) podiatrist or a pedicure in healthcare? Then he/she must be registered in the Stipezo Register of Paramedical Foot Care (RPV) quality register.

- 4 The invoice must also state that the pedicure is listed in the ProCert Quality Register for Pedicures or the Stipezo Register for Paramedical Foot Care.
- 5 In the case of a rheumatic foot condition, the invoice should state whether it relates to an examination, treatment or special technique and specify the nature of the rheumatic foot condition.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a the removal of calluses for cosmetic reasons;
- b non-medically necessary trimming of toenails.

5.2 Pedicure care for a diabetic foot condition

Do you have a diabetic foot with Careprofile 1? Then we reimburse the costs of foot care by a pedicure.

Conditions for reimbursement

- 1 You must provide the pedicure with a statement from a general practitioner, internist or geriatric specialist once. This statement must show that you have Careprofile 1.
- 2 The pedicure must be listed in one of the following registers:
 - the ProCert Kwaliteitsregister voor Pedicures (KRP) (Quality Register for Pedicures) with the designation 'foot care for diabetics' (DV) or as a medical pedicure (MP).
 - the Kwaliteitsregister Medisch Voetzorgverleners (KMV) (Quality Register for Medical Foot Care Providers) maintained by Kwaliteitsregistratie en Accreditatie Beroepsbeoefenaren in de Zorg (KABIZ) (Health Professional Registration and Accreditation Agency) in partnership with Nederlandse Maatschappij van/voor Medisch Voetzorgverleners (NMMV).
- 3 What if the foot care is provided by a (medical) chiropodist or a healthcare pedicure? Then the care provider must be listed in the Stipezo Register Paramedische Voetzorg (RPV) (Register for Paramedical Foot Care).
- 4 The care provider must note the Care Profile (Zorgprofiel) on the invoice. The invoice must also state that the pedicure is listed in the ProCert Quality Register for Pedicures or the Stipezo Register for Paramedical Foot Care.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a foot examination. From Careprofile 1 onwards this is covered by your basic health insurance.
- b treatments, from Careprofile 2 onwards. These are covered by your basic health insurance.
- c the removal of calluses for cosmetic reasons;
- d non-medically necessary trimming of toenails.

5.3 Pedicure care for a medical foot condition

Do you suffer from a medical foot condition? Then we reimburse the costs of foot care services provided by a medical pedicure, medical chiropodist or healthcare pedicure. You are considered to suffer from a medical foot condition if you have one of the disorders listed below and develop medical complaints if you are not treated.

Conditions for reimbursement

- 1 You must provide us with a statement from a general practitioner or medical specialist once. This statement must show that foot care is necessary in connection with:
 - peripheral neuropathy
 - hereditary motor and sensory neuropathies (HMSN)
 - paresis of the foot (due to a cerebrovascular accident (CVA)) for example)
 - paraplegia
 - Sudeck's dystrophy/post-traumatic dystrophy
 - arteriosclerosis obliterans
 - chronic thrombophlebitis
 - thromboangiitis obliterans (Buerger's disease)
 - arterial insufficiency
 - severe malpositioning (resulting in the development of excessive calluses and corns)
 - hammer toes
 - palmoplantar keratoderma
 - tylotic eczema
 - recurrent erysipelas
 - psoriatic nails
 - chemotherapy involving problems of the nails and feet

- problems of the nails and feet due to MS, ALS, spasm, multiple myeloma (Kahler's disease), Parkinson's disease or epidermolysis bullosa.
- 2 The pedicure must be listed as a medical pedicure (MP) in the ProCert KwaliteitsRegister voor Pedicures (KRP) (Quality Register for Pedicures).
- 3 What if the foot care is provided by a (medical) chiropodist or a healthcare pedicure? Then the care provider must be listed in the Stipezo Register Paramedische Voetzorg (RPV) (Register for Paramedical Foot Care).
- 4 The invoice must also state that the pedicure is listed in the ProCert Quality Register for Pedicures or the Stipezo Register or Paramedical Foot Care.
- 5 The invoice should state whether it relates to an examination, treatment or special technique and specify the nature of the medical foot condition.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a the removal of calluses for cosmetic reasons;
- b non-medically necessary trimming of toenails.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royaal a maximum of € 25 per treatment up to € 100 per calendar year for articles 5.1, 5.2 and 5.3 combined
- BGZC-Excellent 100%

6 Podiatry/podology/podopostural therapy and (sport) arch supports

We reimburse the costs of treatment by a (sports) podiatrist, podologist or podopostural therapist and / or (sports) insoles. In addition to the consultations, we also include the costs of fitting, manufacturing, delivering and repairing podotherapeutic or podological soles and orthoses.

Conditions for reimbursement

- 1 The podiatrist must be registered in the Paramedics Quality Register (Kwaliteitsregister Paramedici).
- 2 The sports podiatrist who provides the treatment must be accredited by the Dutch Sports Health Care Professionals Certification Association (Stichting Certificering Actoren in de Sportgezondheidszorg (SCAS)).
- 3 The podologist who provides the treatment must be registered as a Registered Podologist B with the Stichting Landelijk Overkoepelend Orgaan voor de Podologie (LOOP) (National Umbrella Body for Podiatry), or must meet the quality criteria established by LOOP.
- 4 The podopostural therapist who provides the treatment must be registered with the Stichting Landelijk Overkoepelend Orgaan voor de Podologie (LOOP) (National Umbrella Body for Podiatry) or must meet the quality criteria established by LOOP.
- 5 The arch supports must be supplied or repaired by an arch support supplier affiliated with NVOS Orthobanda (the professional association for suppliers of orthopaedic devices). Sports arch supports must be supplied by a sports podiatrist accredited by the Dutch Sports Health Care Professionals Certification Association (Stichting Certificering Actoren in de Sportgezondheidszorg (SCAS)) or the VSO-Netwerk (a network that specialises in corrective arch supports). A list of SCAS-accredited sports podiatrists can be found at www.sportzorg.nl/zoek.een-sportzorgprofessional. The members of the VSO-Netwerk are listed at www.vsonetwerk.nl. Sports arch supports may also be supplied by an arch support supplier that meets the quality criteria established by NVOS Orthobanda or the VSO-Netwerk.
- 6 The invoice must specify the nature of the service(s) provided (examination, treatment, supply of a medical device and/or use of a special technique).

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a footwear and alterations of footwear;
- b foot examination and treatment of diabetic foot.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royaal a maximum of € 150 per calendar year, including 1 pair of (sports) arch supports
- BGZC-Excellent 100%, including a maximum of 1 pair of (sports) arch supports

Abroad

7 Transport of the insured person and transport of mortal remains to the Netherlands (repatriation)

We reimburse the costs of:

- a medically-necessary patient transport by ambulance or aircraft from abroad to a healthcare institution in the Netherlands;
- b transport of mortal remains from the place of death to the insured person's home in the Netherlands.

Conditions for reimbursement

- 1 Patient transport must be required in connection with urgent medical treatment abroad.
- 2 The alarm centre must give you permission in advance and must also arrange the transport. You will find the telephone number of the alarm centre on the back of your health insurance card.

● BGZC-BasisPlus	100%
● BGZC-Intro	100%
● BGZC-Start	100%
● BGZC-Royal	100%
● BGZC-Excellent	100%

8 Vaccinations and preventive medicines in connection with a trip abroad

Are you travelling abroad? In that case we reimburse the costs of consultations, necessary vaccinations and/or preventive medicines required for a stay abroad. By 'necessary vaccinations and/or preventive medication' we mean vaccinations and/or preventive medication identified as necessary by the Landelijk Coördinatiecentrum Reizigersadviesing (LCR) (National Coordination Centre for Travel Advice). The vaccinations recommended by the LCR for each country are listed on their website, www.lcr.nl/Landen.

Conditions for reimbursement

- 1 We only reimburse consultations, medication and vaccinations required to prevent rabies if you will be staying in a country where rabies is endemic (permanently present as a disease in certain areas) for a prolonged period. And where adequate medical assistance is not readily available.
- 2 You must also meet at least one of the following conditions:
 - you will be spending several days walking or cycling outside of tourist areas;
 - you will be spending more than 3 months (staying) with the local population;
 - you will be staying outside of a resort or protected environment;
 - you are under the age of 12.
- 3 Preventive medication (such as malaria tablets) must be prescribed by a doctor affiliated with LCR and supplied by a contracted pharmacy.

What we do not reimburse (according to this article)

We do not reimburse the costs of self-care products that are not listed in the Health Insurance Regulations. Self-care products are products that you can buy in the Netherlands without a prescription.

● BGZC-BasisPlus	no reimbursement
● BGZC-Intro	100%
● BGZC-Start	100%
● BGZC-Royal	100%
● BGZC-Excellent	100%

9 Medical care abroad

We reimburse the costs of medical care abroad. This applies to urgent medical care abroad (9.1), urgent pharmaceutical care abroad (9.2), transport costs following healthcare mediation if care is provided in Belgium or Germany (9.3), overnight stay and transport costs of family members following healthcare mediation if care is provided in Belgium or Germany (9.4), and overnight stay and transport costs in the case of treatments requiring particular expertise provided abroad (9.5). The conditions for reimbursement are listed below.

9.1 Urgent medical care abroad

We reimburse the costs of medically necessary care during a holiday, study or business stay in a country other than your country of residence for a maximum of 365 days. It must concern care that you could not have foreseen when you left for abroad. And it must be an acute situation that has arisen as a result of an accident or illness and for which medical care is immediately necessary. This reimbursement only applies as a supplement to reimbursement from the basic health insurance.

We reimburse the costs of:

- a treatment by a general practitioner or medical specialist;
- b hospital accommodation and surgery;
- c treatments, examinations, medicines and dressing prescribed by a doctor;
- d medically necessary ambulance transportation to and from the nearest doctor and/or the nearest hospital;
- e dental treatment for insured persons up to the age of 18.

Please note! We only reimburse dental care for insured persons aged 18 or older if you have a supplementary dental insurance. These costs are covered in this dental insurance.

Conditions for reimbursement

- 1 We only reimburse the costs if we would also reimburse these in the Netherlands from the basic health insurance.
- 2 You must immediately report a hospital stay to us via our emergency center. You will find the telephone number on the back of your health insurance card.

- BGZC-BasisPlus 100%, in addition to the basic health insurance
- BGZC-Intro 100%, in addition to the basic health insurance
- BGZC-Start 100%, in addition to the basic health insurance
- BGZC-Royal 100%, in addition to the basic health insurance
- BGZC-Excellent 100%, in addition to the basic health insurance

9.2 Urgent pharmaceutical care abroad

We reimburse the costs of medicines abroad for emergency care. This concerns medicines that are not reimbursed by the basic health insurance but are prescribed by a doctor.

Conditions for reimbursement

- 1 The medicines must be prescribed by a general practitioner, a medical specialist or a dentist.
- 2 The medicines must be prescribed in connection with urgent medical treatment abroad.
- 3 The medicines must be dispensed by a pharmacy.

What we do not reimburse (according to this article)

Wij vergoeden niet de kosten van:

- a self-care products that are not listed in the Healthcare Insurance Regulations. Self-care products are products that you can buy in the Netherlands without a prescription;
- b dietary and liquid nutrition products;
- c dressing;
- d vaccinations and medication required for foreign travel;
- e contraceptives;
- f homeopathic, anthroposophic and/or other alternative medicines and remedies.

- BGZC-BasisPlus a maximum of € 50 per calendar year
- BGZC-Intro a maximum of € 50 per calendar year
- BGZC-Start a maximum of € 50 per calendar year
- BGZC-Royal a maximum of € 50 per calendar year
- BGZC-Excellent a maximum of € 50 per calendar year

9.3 Transport costs after care mediation to Belgium or Germany

We reimburse the costs of transport from the Netherlands during a hospital stay via our Team Medical at a care institution in Belgium or Germany and from there back to the Netherlands. We reimburse the costs of taxi transport, transport by private car and public transport.

Conditions for reimbursement

- 1 Are you traveling with a non-contracted taxi company, public transport or with your own transport? Then use the claim form to submit your request for reimbursement of the costs incurred to us. You can find this form on our website.

- 2 There must be a waiting time reduction.
- 3 We must approve the transport in advance. We will determine if you are entitled to reimbursement of the costs of transport and the form of transport to which you are entitled.
- 4 You must use contracted taxi services.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance
- BGZC-Royal taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance
- BGZC-Excellent taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance

9.4 Accommodation and transport costs for family members after care mediation to Belgium or Germany

Are you admitted from the Netherlands for care at a foreign care institution based on Article 9.3 of the “Reimbursements for supplementary insurances”? Then we reimburse for your family members:

- a the overnight costs in a guest house in the vicinity of the hospital;
- b transport by private car, public transport or taxi transport to and from the hospital.

Conditions for reimbursement

- 1 Are you traveling with a non-contracted taxi company, public transport or with your own transport? Then use the claim form to submit your request for reimbursement of the costs incurred to us. You can find this form on our website.
- 2 At our request, you must be able to prove that you have incurred the transport and / or accommodation costs.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 500 per calendar year for all family members combined (accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Royal a maximum of € 500 per calendar year for all family members combined (accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Excellent accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance

9.5 Accommodation and transport costs for expertise treatment abroad

Do you have permission for non-emergency expertise treatment abroad? Then we reimburse:

- a the overnight costs in the vicinity of the hospital;
- b transport from the Netherlands to the hospital and back;
- c accommodation and / or transportation costs of 1 specialized counselor if counseling is medically necessary;
- d accommodation and / or transportation costs of 1 family member or 2 family members for insured persons up to the age of 16.

A expertise treatment is a medical treatment abroad that meets the state of science and practice but is currently unavailable in the Netherlands and / or cannot be performed and where you are reasonably dependent on content and scope. Our medical adviser determines whether there is an expertise treatment.

Conditions for reimbursement

- 1 We must have given you written permission in advance.
- 2 You must be referred by a medical specialist for treatment.
- 3 You must provide us with a specification of the costs incurred.
- 4 The medical necessity of a supervisor and the type of supervisor (for example a nurse) is determined by us.

- BGZC-BasisPlus a maximum of € 5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Intro a maximum of € 5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)

- BGZC-Start a maximum of € 5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Royal a maximum of € 5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Excellent a maximum of € 5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)

Physiotherapy and Cesar or Mensendieck remedial therapy

10 Physiotherapy and Cesar / Mensendieck remedial therapy

We reimburse the costs of treatment provided by a physiotherapist and/or a Cesar or Mensendieck remedial therapist for insured persons aged 18 or older (10.1) and insured persons up to the age of 18 (10.2). The conditions for reimbursement are listed below.

10.1 Physiotherapy and/or Cesar / Mensendieck remedial therapy for insured persons aged 18 or older

We reimburse the costs of treatment by a physiotherapist and/or a Cesar or Mensendieck remedial therapist. We also reimburse the costs of manual lymphatic drainage by a skin therapist if the treatment is prescribed for serious lymphoedema.

Are you entitled to physiotherapy or Cesar / Mensendieck remedial therapy under your basic health insurance? In that case the first 20 treatment sessions per condition are not reimbursed by your basic health insurance. The reimbursement provided by your supplementary insurance applies to these first 20 treatment sessions.

Conditions for reimbursement

- 1 You must be referred by a general practitioner, a company doctor or a medical specialist.
- 2 Are you receiving particular physiotherapy or remedial therapy? In that case we only reimburse the costs if the therapist is registered in the corresponding section of the Centraal Kwaliteitsregister (CKR) (Central Quality Register) maintained by the Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) (Royal Dutch Association for Physiotherapy), or in the subspecialisation register maintained by the Vereniging van Oefentherapeuten Cesar / Mensendieck (VOCM) (Association of Cesar / Mensendieck Remedial Therapists). By 'specialist physiotherapy or remedial therapy' we mean:
 - paediatric physiotherapy
 - pelvic physiotherapy
 - manual therapy
 - oedema therapy
 - geriatric physiotherapy
 - psychosomatic physiotherapy
 - paediatric remedial therapy
 - psychosomatic remedial therapy

Do you want to know which therapists you can go to for particular therapeutic care? Then use the Care finder on our website or contact us.
- 3 Do you need multiple physiotherapy and Cesar / Mensendieck remedial therapy treatments or multiple practitioners for that on one day? Then a specific referral by the referrer (general practitioner, company doctor or medical specialist) must show that there is a medical necessity for this. We need to grant you permission prior to the treatment.

No statement is needed for contracted physiotherapists and Cesar / Mensendieck remedial therapists

Please note! In some cases you do not need a referral for reimbursement. We have made agreements with the contracted physiotherapists and Cesar / Mensendieck remedial therapists about direct accessibility: these physiotherapists and Cesar / Mensendieck remedial therapists can treat you without a statement from the referrer. We call this DTF or DTO (Direct Access Physiotherapy / Cesar / Mensendieck Exercise Therapy).

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a an individual treatment or group treatment whose sole purpose is to promote fitness through training;

- b pregnancy gymnastics and postnatal gymnastics, (medical) fitness, (sports) massage and work and activity therapy;
- c surcharges for:
 - appointments outside of regular working hours;
 - missed appointments;
 - simple, short reports or more complicated, time-consuming reports;
- d dressing and medical aids that your physiotherapist or Cesar / Mensendieck remedial therapist has provided;
- e individual treatment, if you are already participating in an exercise program for the same disorder, as described in Article 3 of the “Reimbursements for supplementary insurances”.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of 9 treatments per calendar year
- BGZC-Start a maximum of 12 treatments per calendar year, including up to 9 treatments of manual therapy
- BGZC-Royaal a maximum of 27 treatments per calendar year, including up to 9 treatments of manual therapy
- BGZC-Excellent a maximum of 50 treatments per calendar year, including up to 9 treatments of manual therapy

10.2 Physiotherapy and Cesar / Mensendieck remedial therapy for insured persons up to the age of 18

Wij vergoeden de kosten van behandeling door een fysiotherapeut en/of door een oefentherapeut Cesar/Mensendieck. We also reimburse the costs of manual lymphatic drainage by a skin therapist if the treatment is prescribed for serious lymphoedema.

Are you entitled to physiotherapy or Cesar / Mensendieck exercise therapy under the basic health insurance? Then the reimbursement applies as a supplement to the reimbursement from the basic health insurance.

Conditions for reimbursement

- 1 You must be referred by a general practitioner, a company doctor or a medical specialist.
 - 2 Are you receiving particular physiotherapy or remedial therapy? In that case we only reimburse the costs if the therapist is registered in the corresponding section of the Centraal Kwaliteitsregister (CKR) (Central Quality Register) maintained by the Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) (Royal Dutch Association for Physiotherapy), or in the subspecialisation register maintained by the Vereniging van Oefentherapeuten Cesar / Mensendieck (VOCM) (Association of Cesar / Mensendieck Remedial Therapists). By ‘specialist physiotherapy or remedial therapy’ we mean:
 - paediatric physiotherapy
 - pelvic physiotherapy
 - manual therapy
 - oedema therapy
 - geriatric physiotherapy
 - psychosomatic physiotherapy
 - paediatric remedial therapy
 - psychosomatic remedial therapy
- Do you want to know which therapists you can go to for particular therapeutic care? Then use the Care finder on our website or contact us.

- 3 Do you need multiple physiotherapy and Cesar / Mensendieck remedial therapy treatments or multiple practitioners for that on one day? Then a specific referral by the referrer (general practitioner, company doctor or medical specialist) must show that there is a medical necessity for this. We need to grant you permission prior to the treatment.

No statement is needed for contracted physiotherapists and Cesar / Mensendieck remedial therapists

Please note! In some cases you do not need a referral for reimbursement. We have made agreements with the contracted physiotherapists and Cesar / Mensendieck remedial therapists about direct accessibility: these physiotherapists and Cesar / Mensendieck remedial therapists can treat you without a statement from the referrer. We call this DTF or DTO (Direct Access Physiotherapy / Cesar / Mensendieck Exercise Therapy).

Consulting a health care provider who does not have a contract? Reimbursement can be less than when consulting a health care provider who does have a contract. You can find the maximum reimbursement amounts in the list ‘maximale vergoedingen niet-gecontracteerde zorgverleners’ on our website. The maximum reimbursement depends on the type of basic health care you have chosen. An overview of our contracted health care providers can be found on our website.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a an individual treatment or group treatment whose sole purpose is to promote fitness through training;
- b pregnancy gymnastics and postnatal gymnastics, (medical) fitness, (sports) massage and work and activity therapy;

- c surcharges for:
 - appointments outside of regular working hours;
 - missed appointments;
 - simple, short reports or more complicated, time-consuming reports;
- d dressing and medical aids that your physiotherapist or Cesar / Mensendieck remedial therapist has provided;
- e individual treatment, if you are already participating in an exercise program for the same disorder, as described in Article 3 of the “Reimbursements for supplementary insurances”.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro 100%, including up to 9 treatments of manual therapy
- BGZC-Start 100%, including up to 9 treatments of manual therapy
- BGZC-Royal 100%, including up to 9 treatments of manual therapy
- BGZC-Excellent 100%, including up to 9 treatments of manual therapy

Skin

11 Skin care

We reimburse the costs of acne treatment (11.1), lessons in camouflage (11.2) and electric epilation, IPL or laser epilation (11.3). The conditions for reimbursement are listed below.

11.1 Acne treatment

We reimburse the costs of (facial) acne treatment provided by a beautician or skin therapist.

Conditions for Reimbursement

The treatment must be provided by a skin therapist who is a member of the Dutch Association of Skin Therapists (NVH), or by a beautician who is a member of the ANBOS with the specialization Acne.

What we do not reimburse (according to this article)

We do not reimburse the costs of cosmetic products.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 250 per calendar year
- BGZC-Excellent a maximum of € 500 per calendar year

11.2 Camouflage therapy

We reimburse the costs of lessons in camouflage taught by a beautician or skin therapist and the necessary fixatives, ointments, and powders, or treatments using laser.

Conditions for Reimbursement

The treatment must be provided by a skin therapist who is a member of the Dutch Association of Skin Therapists (NVH), or by a beautician who is a member of the ANBOS with the specialization Camouflage.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 200 for the entire duration of the insurance
- BGZC-Excellent a maximum of € 500 for the entire duration of the insurance

11.3 Electrical epilation, IPL or laser epilation

We reimburse the costs of:

- a Electric epilation and Intense Pulsed Light treatments (IPL treatments) by a beautician or skin therapist for extreme hair growth in unusual places in the face and/or neck;
- b Laser epilation treatments by a skin therapist or an institution to which a dermatologist is associated with for extreme hair growth in unusual places in the face and/or neck.

Conditions for Reimbursement

The treatment must be provided by a skin therapist who is a member of the Dutch Association of Skin Therapists (NVH), or by a beautician who is a member of the ANBOS with the specialization Electrical hair removal.

What we do not reimburse (according to this article)

We do not reimburse the costs of cosmetic treatments.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 300 per calendar year
- BGZC-Excellent a maximum of € 500 per calendar year

Medical devices

12 Medical devices

We reimburse the costs of medical devices, or the personal contribution that applies for these products. The medical devices covered by your insurance and the conditions under which reimbursement is provided are listed below.

12.1 Personal contribution for wigs

We reimburse the personal contribution that applies to wigs.

Condition for reimbursement

You must be entitled to reimbursement of a wig under your basic health insurance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 100 per calendar year
- BGZC-Excellent a maximum of € 200 per calendar year

12.2 Headwear or Toupim in the case of medical treatment or alopecia (hair loss)

We reimburse the costs of headwear or a toupim (headband wig) for insured persons suffering from hair loss due to alopecia, or (temporary) hair loss due to chemotherapy or another medical treatment.

Condition for reimbursement

You must submit a statement issued by a general practitioner or medical specialist. The statement must confirm that you are suffering from hair loss due to the medical condition alopecia, or (temporary) hair loss due to chemotherapy or another medical treatment.

What we do not reimburse (according to this article)

- a We do not reimburse the costs of any wig other than a toupim according to this article.
- b We do not reimburse the costs of headwear or a toupim for insured persons suffering from alopecia androgenetica (classic male pattern baldness).

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 100 per calendar year
- BGZC-Excellent a maximum of € 100 per calendar year

12.3 Personal alarm equipment on medical indication

We reimburse the subscription costs for the use of personal alarm equipment on medical grounds.

Conditions for reimbursement

- 1 You must be entitled to reimbursement of a personal alert system under your basic health insurance
- 2 We must give you permission in advance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 75 per calendar year
- BGZC-Excellent a maximum of € 75 per calendar year

12.4 Personal alarm equipment on social indication

We reimburse the subscription costs for the use of personal alarm equipment on social grounds.

Conditions for reimbursement

- 1 You must be entitled to reimbursement of a personal alert system under your basic health insurance
- 2 We must give you permission in advance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent contracted supplier: 100%; OR non-contracted supplier: a maximum of € 60 per calendar year

12.5 Personal alarm equipment for temporary use

We reimburse the subscription costs for the use of personal alarm equipment for temporary use.

Conditions for reimbursement

- 1 You must be entitled to reimbursement of a personal alert system under your basic health insurance
- 2 We must give you permission in advance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent a maximum of 4 weeks

12.6 Adhesive strips for breast prosthesis

Do you wear an external breast prosthesis after having a mastectomy? Then we reimburse the costs of the adhesive strips used to attach the prosthesis.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

12.7 Artificial skin or mamilla prosthesis (customized nipple prosthesis)

We reimburse the costs of a self-adhesive nipple prosthesis worn by women with a full or partial breast prosthesis. This also applies to women who have undergone breast reconstruction surgery and are waiting for a permanent nipple reconstruction. We reimburse the costs of a custom-made prosthetic nipple if reimbursement is not covered by your basic health insurance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

12.8 Bedwetting alarm

We reimburse the costs of purchase or hire of a bedwetting alarm. We also reimburse the costs of the pants that go with the alarm system.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 100 per person for the entire duration of the insurance
- BGZC-Royal a maximum of € 100 per person for the entire duration of the insurance
- BGZC-Excellent a maximum of € 100 per person for the entire duration of the insurance

12.9 Incontinence therapy

We reimburse the costs of hiring a TRANS therapy (nerve stimulation) device if you use the device to treat incontinence.

Condition for reimbursement

You must be referred by a doctor, pelvic-floor physiotherapist or incontinence nurse.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal 100%, only with a contracted supplier
- BGZC-Excellent 100%, only with a contracted supplier

12.10 Hand splint

We reimburse the costs of a hand splint if this is necessary for physiotherapeutic aftercare for particular hand problems.

Condition for reimbursement

The hand splint must be supplied by a CHT-NL-qualified hand therapist. CHT-NL-qualified hand therapists are listed at www.handtherapie.com/zoek-uw-handtherapeut.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal maximum of € 40 per calendar year for a finger or small thumb splint
maximum of € 60 per calendar year for a wrist, hand or large thumb splint
maximum of € 90 per calendar year for a dynamic or static splint
- BGZC-Excellent maximum of € 40 per calendar year for a finger or small thumb splint
maximum of € 60 per calendar year for a wrist, hand or large thumb splint
maximum of € 90 per calendar year for a dynamic or static splint

12.11 Hearing aids

We reimburse the costs of the statutory personal contribution for hearing aids.

Condition for reimbursement

You need to be entitled to reimbursement for hearing aids through the basic health insurance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent a maximum of € 500 per hearing aid

12.12 Statutory personal contribution for other medical aids

We reimburse the costs of the statutory personal contribution for other medical aids.

Condition for reimbursement

You need to be entitled to reimbursement for hearing aids through the basic health insurance.

What we do not reimburse (according to this article)

We do not reimburse the costs of the statutory personal contribution for orthopedic and allergen-free shoes.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100%

Medicines and dietary preparations

13 Pharmaceutical care

We also reimburse the costs of some medicines: melatonin (13.1), contraceptives (13.2) and registered medicines and pharmacy preparations which are not covered by your basic health insurance (13.3). The conditions for reimbursement are listed below.

13.1 Melatonin

We reimburse the costs of generic melatonin tablets.

Condition for reimbursement

The melatonin tablets must be prescribed by a (child) psychiatrist, pediatrician or (child) neurologist who is connected to an institution that we have contracted. Do you want to know with which institutions we have a contract? Then use the Care Finder on our website or contact us.

- | | |
|------------------|------------------|
| ● BGZC-BasisPlus | no reimbursement |
| ● BGZC-Intro | no reimbursement |
| ● BGZC-Start | no reimbursement |
| ● BGZC-Royal | 100% |
| ● BGZC-Excellent | 100% |

13.2 Contraceptives

For female insured persons we reimburse:

- 21 years and older the costs of hormonal contraceptives and IUDs. The maximum reimbursements that we have set apply to these medicines.
- the statutory personal contribution (the upper limit GVS price) that applies for contraceptives reimbursed by your basic health insurance.

Conditions for reimbursement

- A general practitioner, a doctor in a centre for sexuality, an obstetrician or midwife, or a medical specialist must have prescribed the contraceptive.
- In the case of the contraceptive pill, a prescription issued by a general practitioner, a doctor in a centre for sexuality, an obstetrician or midwife, or a medical specialist must be submitted the first time the pill is dispensed.
- For reimbursement, the contraceptive must be listed in the GVS. GVS stands for Medicinal Products Reimbursement System (Geneesmiddelenvergoedingssysteem). The GVS states which medicines can be reimbursed under the basic health insurance.
- The contraceptive must be provided by a pharmacy.

What we do not reimburse (according to this article)

- contraceptives if these are reimbursed from the basic health insurance on the basis of a medical indication. In the context of this article we mean by medical indication endometriosis or menorrhagia (severe blood loss);
- the statutory personal contribution (the GVS upper limit price).

- | | |
|------------------|------------------|
| ● BGZC-BasisPlus | no reimbursement |
| ● BGZC-Intro | 100% |
| ● BGZC-Start | 100% |
| ● BGZC-Royal | 100% |
| ● BGZC-Excellent | 100% |

13.3 Registered medicines and pharmacy preparations not covered by your basic health insurance

We reimburse the costs of a limited number of registered medicines and pharmacy preparations which are not covered by your basic health insurance. We reimburse the costs of medicines and pharmacy preparations in one of the following cases:

- the medicine in question is not, no longer, or not yet listed in the GVS as a medicine that can be covered by basic health insurance;
- the pharmacy preparation in question is not covered by your basic health insurance.

Conditions for reimbursement

- We must give you written permission in advance.

- 2 There is no reimbursable alternative in your situation.
- 3 The medicine must be used to treat a condition which is listed in relation to that medicine on a list compiled by us. This list contains registered medicines and pharmacy preparations in combination with health conditions and can be found on our website or obtained from us.

- BGZC-BasisPlus a maximum of € 750 per calendar year
- BGZC-Intro a maximum of € 750 per calendar year
- BGZC-Start a maximum of € 750 per calendar year
- BGZC-Royal a maximum of € 750 per calendar year
- BGZC-Excellent a maximum of € 750 per calendar year

13.4 Statutory personal contribution for medicines (above GVS)

We reimburse the statutory personal contribution for medicines that are reimbursed under the basic health insurance.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent a maximum of € 250 per calendar year

Mouth and teeth (oral care)

We reimburse the costs of necessary dental care normally provided by a dentist, clinical dental technician, dental surgeon, oral hygienist or orthodontist. The dental care to which this applies is described in detail in the following articles (articles 14 to 17). Do you also have dental insurance with us? In that case, if the costs are reimbursed by both policies, we reimburse the bills you submit by applying the policies in the following order: first your supplementary dental insurance, then your supplementary insurance.

14 Orthodontics

We reimburse the costs of orthodontic treatment (correction of dental misalignment) for insured persons up to the age of 18. We also reimburse the costs of a second opinion. Costs are claimed using treatment codes for orthodontic care stipulated by the Nederlandse Zorgautoriteit (NZa) (Dutch Healthcare Authority) which end with the letter 'A'.

Condition for reimbursement

An orthodontist or dentist must perform the treatment or provide a second opinion.

What we do not reimburse (according to this article)

Have you lost or damaged existing orthodontic appliances through your own fault or negligence? Then we do not reimburse the costs of repair or replacement.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal up to age 18: a maximum of € 2,000 for the entire duration of the insurance
- BGZC-Excellent up to age 22: a maximum of € 3,000 for the entire duration of the insurance

15 Dental care - statutory personal contribution for prostheses (dentures)

Have you been reimbursed for a removable full denture (dentures) from the basic health insurance or had it repaired or rebased? Then we reimburse the statutory personal contribution.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100%

16 Dental care for insured persons up to the age of 18 – crowns, bridges, inlays and implants

For insured persons up to the age of 18 we reimburse the costs of crowns, bridges, inlays and implants, including technical costs.

Conditions for reimbursement

- 1 A dentist, Center for Special Dentistry or dental surgeon must perform the treatment.
- 2 We must give you permission in advance. Before approving your request for treatment we will assess whether the treatment is appropriate and legitimate.

● BGZC-BasisPlus	no reimbursement
● BGZC-Intro	no reimbursement
● BGZC-Start	100%
● BGZC-Royal	100%
● BGZC-Excellent	100%

Please note! The costs of orthodontics are reimbursed under article 14 of these policy conditions.

17 Dental care as a result of an accident for insured persons aged 18 and older

For insured persons aged 18 and older we reimburse the costs of dental care by a dentist, orthodontist or dental surgeon. The treatment must be required to repair a direct injury caused by an accident that occurs during the period covered by this insurance. To qualify for reimbursement, the treatment must be performed within 1 year of the accident, unless it is necessary to defer the (definitive) treatment because the jaw is not yet fully formed. Our consultant dentist will assess whether temporary treatment is required because the jaw is not yet fully formed. Cover must be provided by this insurance both when the accident occurs and when treatment is provided.

Conditions for reimbursement

- 1 We must give you permission in advance. Before approving your request for treatment we will assess whether the treatment is appropriate and legitimate.
- 2 We reimburse the costs that have to be incurred insofar as these are aimed at restoring the situation immediately prior to the accident. You are not entitled to reimbursement if the indication for the requested treatment already exists before the accident. This is at the discretion of our advisory dentist. We only reimburse the costs if there is no reimbursement by the basic health insurance.
- 3 A treatment plan with a cost estimate and available X-rays must be submitted with your request for approval. The treatment plan must be prepared by your dentist, orthodontist or dental surgeon.

What we do not reimburse (according to this article)

We do not reimburse costs that result directly or indirectly from:

- a an illness or pathological abnormality suffered by the insured person;
- b gross negligence or wilful intent on the part of the insured person;
- c the consumption of alcohol and/or use of drugs by the insured person;
- d engagement in physical fighting by the insured person other than for the purpose of self-defence.

● BGZC-BasisPlus	a maximum of € 10,000 per accident
● BGZC-Intro	a maximum of € 10,000 per accident
● BGZC-Start	a maximum of € 10,000 per accident
● BGZC-Royal	a maximum of € 10,000 per accident
● BGZC-Excellent	a maximum of € 10,000 per accident

Eyes and ears

18 Spectacles and contact lenses

We reimburse the costs of spectacles frames with prescription lenses and prescription or overnight contact lenses per period of 3 calendar years. A period of 3 calendar years is seen as 3 years that run from 1 January to 31 December. The 3-year period commences on 1 January of the year of the first purchase.

Condition for reimbursement

The spectacles and/or contact lenses must be supplied by an optician or optical retailer.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a non-prescription sunglasses, spectacles and contact lenses;
- b prism spectacles;
- c the statutory personal contribution for spectacle and/or contact lenses reimbursed under your basic health insurance
- d separate spectacle frames and/or accessories;
- e coloured contact lenses.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 100 per 3 calendar years
- BGZC-Royal a maximum of € 150 per 3 calendar years
- BGZC-Excellent a maximum of € 300 per 3 calendar years

19 Refractive eye surgery and lens implants

This article informs you about conditions for the reimbursement of the costs of refractive surgery (19.1) and lens implantation (19.2).

19.1 Refractive surgery

We reimburse the costs of refractive eye surgery.

Condition for reimbursement

The ophthalmologist who performs the treatment must be registered as a refractive surgeon with the Nederlands Oogheelkundig Genootschap (NOG) (Dutch Ophthalmological Society). A specialist who is not registered with the NOG must meet the quality criteria established by the society and follow the guidelines set out in the Consensus on Refractive Surgery (Consensus Refractiechirurgie) published by the society.

Please note! Ophthalmologists who are not registered as refractive surgeons are also listed in the NOG register. However, treatment only qualifies for reimbursement when performed by an ophthalmologist who is registered as a refractive surgeon.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 500 for articles 19.1 and 19.2 combined for the entire duration of the insurance
- BGZC-Excellent a maximum of € 750 for articles 19.1 and 19.2 combined with an additional reimbursement of € 1,100 for deviations from 6 diopters for the entire duration of the insurance

19.2 Lens implantation

We reimburse the additional costs of an intraocular lens other than a (standard) monofocal intraocular lens if cataract surgery is reimbursed under the basic health insurance.

Conditions for reimbursement

1. If you are entitled to reimbursement of lens implantation under your basic health insurance, your supplementary insurance will only cover additional expenses.
2. In the case of a toric lens implant you must be able to submit a medical statement issued by your doctor, which explains why you do not wear spectacles.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 500 for articles 19.1 and 19.2 combined for the entire duration of the insurance
- BGZC-Excellent a maximum of € 750 for articles 19.1 and 19.2 combined with an additional reimbursement of € 1,100 for deviations from 6 diopters for the entire duration of the insurance

20 Ear position correction (without medical necessity) for insured persons up to the age of 18

For insured persons up to the age of 18 we reimburse the costs of a cosmetic surgery procedure designed to correct the position of the ear performed by a medical specialist.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal 100%
- BGZC-Excellent 100%

Transport

21 Personal contribution towards transport costs

Are you entitled to reimbursement of transport on the basis of the basic health insurance? Then we reimburse the statutory personal contribution that you owe for these costs.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100% of the statutory personal contribution

22 Patient transport in the Netherlands, Belgium or Germany

We will reimburse the cost of seated patient transport if and in so far as it is not possible for you to use public transport for medical reasons. The reimbursement applies to insured persons who are not entitled to reimbursement of transport under the basic health insurance.

We will reimburse the cost of (multi-person) taxi transport or personal transport by car, both to and from:

- a a hospital or maternity unit for stay;
- b a hospital for outpatient treatment or examination at the request of a medical specialist;
- c the place where the attending medical specialist practices;
- d an orthopaedic instrument maker to adjust your prosthesis;
- e an institution in which you are admitted and/or treated at the expense of the Wlz.

Reimbursement conditions

We offer the following conditions for compensation:

1. You must have our prior consent. We will determine whether you are entitled to reimbursement of the costs of transport and to which form of transport you are entitled.
2. You must be transported for care that is reimbursed under the basic health insurance, the Wlz or your supplementary insurance.
3. You must seek treatment in the nearest place where the necessary care can be provided, unless you have agreed otherwise with us.
4. The care provider may not be located more than 200 kilometres from you, unless we have agreed otherwise with you.
5. Will you be treated in Belgium or Germany? If so, we will only reimburse the costs of seated patient transport if you are treated no more than 55 kilometres from the border with the Netherlands.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance; contracted taxi transport: 100%

Hospital, treatment and nursing

23 Mammaprint

We reimburse the costs of a mammaprint (specific breast cancer test). With the Mammaprint the treating doctor can, in some cases, make a better diagnosis. This allows the treating physician to determine whether or not chemotherapy is necessary.

Condition for reimbursement

The diagnostic test must be performed by the Agendia laboratory.

- BGZC-BasisPlus 100%
- BGZC-Intro 100%
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

24 Overnight guest house accommodation and transport for visitors in the case of a hospital stay

Are you staying at a hospital in the Netherlands, Belgium or Germany? Then we reimburse for your visitor the costs of:

- a overnight accommodation in a Ronald McDonald guest house, or another guest house, in the vicinity of the hospital;
- b own transport or transport by taxi between the home address and the hospital or guest house and the costs of transport between the guest house and the hospital;
- c return travel by (second class) public transport from the home address to the hospital or guest house, and the costs of public transport between the guest house and the hospital.

We determine the number of kilometers to be reimbursed based on the zip code of your departure address and your destination. We do this based on the fastest route.

Conditions for reimbursement

- 1 The distance between the hospital at which you are staying and your home address must be more than 50 kilometres.
- 2 What if you are staying at a hospital in Belgium or Germany? Then we only reimburse the costs if your hospital stay was not arranged by our Healthcare Mediation team, as referred to in article 9.4 of 'Reimbursements covered by supplementary insurance policies'.
- 3 Please use the claim form to request reimbursement of your transport costs. You can find the claim form on our website.
- 4 You must be able to provide proof that you incurred the transport and/or accommodation expenses if we ask for it

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 500 per calendar year for the costs of all visitors combined (accommodation: € 35 per night; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Royal a maximum of € 500 per calendar year for the costs of all visitors combined (accommodation: € 35 per night; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)
- BGZC-Excellent a maximum of € 750 per calendar year for the costs of all visitors combined (accommodation: € 70 per night; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)

25 Overnight guest house accommodation during outpatient treatment

Are you receiving outpatient treatment? Then we reimburse the costs of overnight accommodation in a Ronald McDonald guest house, or another guest house, in the vicinity of the hospital. You must receive outpatient treatment on 2 or more consecutive days without staying in the hospital.

What we do not reimburse (according to this article)

We do not reimburse the costs of overnight accommodation the night before the start of treatment.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 35 per night
- BGZC-Royal a maximum of € 35 per night
- BGZC-Excellent a maximum of € 35 per night

26 Sterilisation

We reimburse the costs of sterilisation.

Conditions for reimbursement

The treatment must be performed at:

- 1 the practice of a general practitioner qualified to perform the procedure if the insured person is male;
- 2 a hospital or independent treatment centre (outpatient or day treatment).

What we do not reimburse (according to this article)

We do not reimburse the costs for a recovery operation.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal 100%
- BGZC-Excellent 100%

Pregnancy/baby/child

27 Maternity care related to adoption or medical screening required for adoption

In the case of adoption, we reimburse the costs of adoption maternity care or of medical screening (preventive examination). This concerns one or more children that you have legally adopted during the term of your basic health insurance and that you have registered with us in the basic health insurance.

Conditions for reimbursement

- 1 To qualify for reimbursed maternity care, your adopted child must be less than 12 months old at the time of adoption and must not yet be part of your family.
- 2 You can only opt for medical screening if you are adopting a child from abroad.
- 3 The medical screening must be performed by a paediatrician.
- 4 The medical screening must be a compulsory part of the adoption process.
- 5 The maternity care is provided by a contracted maternity center.

Only contracted care reimbursed

Please note! You must purchase the adoption maternity care from a maternity center that we have contracted. Do you opt for a maternity center that we have not contracted? Then you will receive no reimbursement.

Do you want to know with which maternity centers we have a contract? Then use the Care Finder on our website or contact us.

What we do not reimburse (according to this article)

We do not reimburse the costs of medical screening if the adoption process has already been completed.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start adoption maternity care: a maximum of 10 hours;
medical screening for adoption: a maximum of € 300 per adopted child
- BGZC-Royal adoption maternity care: a maximum of 10 hours;
medical screening for adoption: a maximum of € 300 per adopted child
- BGZC-Excellent adoption maternity care: a maximum of 10 hours;
medical screening for adoption: a maximum of € 300 per adopted child

28 Personal contribution for childbirth and obstetric care

Did you give birth as an outpatient in a hospital or birth center under the supervision of an obstetrician or doctor? Then you owe a statutory personal contribution for this based on the basic health insurance. We reimburse to female insured parties the costs of this statutory personal contribution charged.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

29 Breast pump device

We reimburse to female insured parties the costs of purchasing or renting a breast pump device.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a spare parts of the breast pump device;
- b the purchase of used breast pumps.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 75 per pregnancy
- BGZC-Royal a maximum of € 75 per pregnancy
- BGZC-Excellent a maximum of € 75 per pregnancy

30 Maternity package

A maternity package assembled by the health insurer, in consultation with obstetricians. Only the pregnant insured can claim this reimbursement.

Condition for reimbursement

The maternity package must be requested from Natalis no later than 5 months before the expected delivery date.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

31 Maternity care

Below you can read in which cases we reimburse the statutory personal contribution and / or personal payment for maternity care.

31.1 Personal contribution for maternity care at home or in a birth or maternity center

Do you owe a statutory personal contribution for maternity care at home or in a birth or maternity center under the basic health insurance? Then we reimburse these to female insured persons.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 100%
- BGZC-Royal 100%
- BGZC-Excellent 100%

31.2 Personal contribution for maternity care in a hospital, without medical indication

o you owe a statutory personal contribution from the basic health insurance for maternity care in a hospital without a medical indication? Then we reimburse these to female insured persons.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100%

31.3 Postponed maternity care

We reimburse to female insured parties the costs of postponed maternity care provided by a maternity center. Postponed maternity care means maternity care provided after the 10th day of the birth of the baby.

Condition for reimbursement

- 1 The postponed maternity care must be provided by a contracted maternity center;
- 2 The maternity center must consider the postponed maternity care medically necessary.

We only reimburse contracted care

Please note! You must receive maternity care from a maternity centre that we have contracted. Do you opt for a centre that we have not contracted? Then you will not receive any compensation.

Do you want to know with which maternity centers we have a contract? Then use the Care Finder on our website or contact us.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of 15 hours per pregnancy, you pay the personal contribution of € 4.50 per hour
- BGZC-Royal a maximum of 15 hours per pregnancy, you pay the personal contribution of € 4.50 per hour
- BGZC-Excellent a maximum of 15 hours per pregnancy

32 Lactation care

For female insured persons who are having problems with breastfeeding after a birth, we reimburse the costs of advice and assistance provided by a lactation expert.

Condition for reimbursement

The lactation expert must be a member of the Nederlandse Vereniging van Lactatiekundigen (NVL) (Dutch Association of Lactation Experts), or must meet the quality criteria established by the association. Alternatively, the lactation expert must be employed by one of our contracted maternity centres.

Do you want to know with which maternity centers we have a contract? Then use the Care Finder on our website or contact us.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 80 per calendar year
- BGZC-Royal a maximum of € 80 per calendar year
- BGZC-Excellent a maximum of € 115 per calendar year

33 Self-help program “Slimmer Zwanger”

We reimburse the subscription costs of the “Slimmer Zwanger” self-help program. A subscription to the Slimmer Zwanger program lasts 26 weeks and can be used both before and during pregnancy.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 1 subscription for the entire duration of the insurance
- BGZC-Royal 1 subscription for the entire duration of the insurance
- BGZC-Excellent 1 subscription for the entire duration of the insurance

34 Pregnancy course

We reimburse to female insured persons the costs of the following courses:
a which prepare you for the birth during pregnancy and/or guide you during the birth;
b that promote your physical recovery after delivery.

Conditions for reimbursement

- 1 You must provide us with proof of registration and payment.
- 2 The courses must be provided by:
 - a home or maternity care institution;
 - a midwifery practice or health center;
 - a qualified care provider who is affiliated with and meets the quality requirements of the Samen Bevallen association;
 - a Cesar / Mensendieck physiotherapist or remedial therapist;
 - a healthcare provider qualified in hypnobirthing;
 - a qualified healthcare provider who is affiliated with Zwanger en Fit;
 - a caregiver qualified in Psychoprophylaxis (fear of childbirth);
 - Mom in Balance

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 50 per pregnancy
- BGZC-Royal a maximum of € 50 per pregnancy
- BGZC-Excellent a maximum of € 75 per pregnancy

35 TENS during delivery (for pain relief)

We reimburse to female insured persons the costs of a TENS for pain relief during childbirth. An obstetrician or a midwife who is active as an obstetrician must supervise the delivery.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start 1 device for the entire insurance term
- BGZC-Royal 1 device for the entire insurance term
- BGZC-Excellent 1 device for the entire insurance term

Other medical care

36 Hospice

We reimburse the personal contributions for an insured person when staying in a hospice. The hospice must participate in the palliative care network in the region. The hospice may not be part of a health care institution, such as a nursing home, retirement home or care home.

What we do not reimburse (according to this article)

We do not reimburse the personal contribution that is charged on the grounds of the Wlz when staying in a hospice.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 40 per day
- BGZC-Excellent a maximum of € 40 per day

37 Home assistance in the event of ADL loss (inability to perform daily living activities)

Did you spend more than 24 hours in a hospital bed? And were you allowed to go home after being discharged? In that case, for an insured person aged 18 or older, you are entitled to an allowance (budget) for extra assistance at home. The amount of the allowance depends on the degree of ADL loss (inability to perform daily living activities such as washing and dressing yourself). You can use the allowance to pay for additional care to compensate for your ADL loss.

Conditions for reimbursement

1. Do you want to be eligible for this reimbursement? Then contact us within 10 working days after your discharge from the hospital.
2. The degree of ADL loss is determined by us on the basis of a protocol. We determine the financial compensation based on the outcome. The questions must be answered truthfully and, if requested, must be demonstrated with evidence.
3. Reimbursement for home assistance may only be applied for after a hospital stay with discharge.
4. The reimbursement can only be claimed once if there are several hospital stays within 8 weeks.

What we do not reimburse (according to this article)

We do not reimburse the costs of home assistance in the event of an ADL loss:

- a. after a stay in a hospital as a result of a birth, unless there is a complication;
- b. after a stay in the rehabilitation or psychiatric ward of a (psychiatric) hospital;
- c. after rehabilitation or first-line stay in a care institution that is connected to hospitalization;
- d. when you call us after the 10th working day after being released from the hospital.

- BGZC-BasisPlus a maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss)
- BGZC-Intro a maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss)
- BGZC-Start a maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss)
- BGZC-Royal a maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss)
- BGZC-Excellent a maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss)

38 Help with informal care

Are you an informal caregiver or do you receive informal care? Then we provide a reimbursement (amount) for the costs of necessary support to prevent the caregiver from failing for you as an informal caregiver or for you if you receive informal care. You can use this amount:

- if you receive informal care at home. Then you can pay the costs of replacement care in the event of temporary absence of this informal care;
- for temporary professional support by taking over all kinds of regulatory tasks in the field of care, welfare, finance etc. (informal care broker), up to an amount of up to € 250 per calendar year;
- or informal care instructions, informal care coaching and informal care courses, up to a maximum of € 150 per calendar year;
- or receiving temporary domestic help up to an amount of up to € 450 per calendar year. Informal care is provided if a chronically ill or handicapped person from your immediate social environment is cared for and paid for, long-term.

Conditions for reimbursement

1. You must have received permission from us in advance. You can contact us by telephone for this. We first look at whether we can provide you with sufficient information and help and then determine what support you need and how much it costs. We then determine the amount
2. If the informal caregiver and the person receiving informal care both have supplementary insurance that gives entitlement to reimbursement of assistance with informal care, assistance with informal care is first reimbursed on the basis of the supplementary insurance of the informal carer and only then on the basis of the supplementary insurance of the person who receives informal care. If there are several informal caregivers for 1 person in need of help, the reimbursement of informal care assistance is provided to 1 informal caregiver.
3. If you want to use the reimbursement for replacement of the informal caregiver, the informal caregiver must be absent at the time the replacement informal care is used.

What we do not reimburse (according to this article)

- a. Costs can only be declared once. We do not reimburse the costs for the services provided to both the informal caregiver and the person receiving the informal care.
- b. We do not reimburse the costs for the services provided if these costs (whether or not through a PGB) are reimbursed under the Health Insurance Act (Zvw), Social Support Act (Wmo), Youth Act (JW) or Long-Term Care Act (Wlz).

- c. We do not reimburse the costs for you if you are an informal caregiver or receive informal care for less than 3 months and less than 8 hours a week.
 - d. We do not reimburse the costs of using extra hours of informal care in the event of a (temporary) deterioration in the health situation. You must request an indication for this.
 - e. Costs of informal care support when the person receiving informal care is permanently staying in a Wlz institution.
- BGZC-BasisPlus no reimbursement
 - BGZC-Intro no reimbursement
 - BGZC-Start € 150 per day up to € 900 per calendar year
 - BGZC-Royal € 150 per day up to € 1,200 per calendar year
 - BGZC-Excellent € 150 per day up to € 1,500 per calendar year

39 Childcare during and after hospital stay parent(s)

Is a parent who is insured with us admitted to a hospital? Then we arrange childcare at home outside the hours that you normally have already arranged, from the third day of the hospital stay until the third day after the discharge. This applies to children up to the age of 12 who are living at home. The number of hours of childcare that we reimburse depends on the age of your youngest child.

Condition for reimbursement

1. Do you want to use childcare? Then you need our prior permission. Please contact us for this.
2. The care is only reimbursed through the organization 'Zorg voor u', www.zorg-voor-u.nl.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a. child care if you stay in a psychiatric hospital;
- b. extended hours at the child day care centre you normally use.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of 50 hours per week; administration fees: 100%
- BGZC-Royal a maximum of 50 hours per week; administration fees: 100%
- BGZC-Excellent a maximum of 50 hours per week; administration fees: 100%

40 Lifestyle interventions

Below you can read in which cases we reimburse the costs of lifestyle interventions.

40.1 Dietetic therapy by a dietitian

We reimburse the costs of dietetic therapy by a dietitian. Dietetic therapy involves the provision of information about, and advice on, nutrition and eating habits for medical reasons. Are you entitled to dietetic therapy under your basic health insurance? Then the reimbursement covered by your supplementary insurance applies in addition to the reimbursement covered by your basic health insurance.

What we do not reimburse (according to this article)

We do not reimburse the costs of both dietetic therapy and nutrition education (40.2) for the same diagnosis

Do you want to know with which dietitian we have a contract? Then use the Care Finder on our website or contact us.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent a maximum of 2 hours per calendar year

40.2 Nutrition education by a weight management consultant or (sports) nutritionist

We reimburse the costs of nutritional information provided by a weight consultant or a (sports) dietitian. Nutrition education is information and advice in the field of nutrition and eating habits, without a medical purpose.

Conditions for reimbursement

1. The weight consultant must be affiliated with the Professional Association of Weight Consultants Netherlands (BGN) or meet the relevant quality requirements of the BGN.
2. The sports dietician must be certified by the Foundation for Certification of Actors in Sports Health Care (SCAS). You can find sports dietitians certified by SCAS via the website www.sportzorg.nl/zoek-een-sportzorgprofessional.

What we do not reimburse (according to this article)

We do not reimburse the costs of both nutritional information and dietetics (40.1) for the same diagnosis.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 120 per calendar year
- BGZC-Start a maximum of € 120 per calendar year
- BGZC-Royaal a maximum of € 120 per calendar year
- BGZC-Excellent a maximum of € 120 per calendar year

40.3 (Preventive) courses

We reimburse the costs of the following (preventive) courses:

- a For heart problems a course with the aim of teaching patients how to cope with heart problems. The course is organized by a home care institution. We do not reimburse the costs of a sports club or fitness center.
- b In the case of lymphedema, an awareness and / or self-management course with the aim of teaching patients to actively contribute to the prevention, signaling and / or treatment of lymphedema. The course must be organized by an authorized teacher. This teacher must have followed the training for self-management in lymphedema at the Lymphology Center of the Netherlands (SLCN).
- c In the case of rheumatoid arthritis, osteoarthritis or Bechterew's disease, a course with the aim of teaching patients to cope with their illness. The course must be organized by the Reumafonds or a home care institution
- d In type 2 diabetes, a patient, basic or follow-up education course organized by Diabetesvereniging Nederland (DVN) or a home care institution.
- e In case of weight loss 1 of the selected courses for nutritional advice:
 - 1 of the written and online programs organized by Happy Weight;
 - the courses offered by Biamed Netherlands;
 - the courses offered by Lekker Puh!;
 - the range of Weight Watchers courses;
 - the Sporting weight loss course at a home care organization;
 - the good nutrition course for the elderly organized by a home care organization.
- f A basic CPR course through a training institute registered with the Dutch CPR Council (NRR).
- g A first aid course that trains you for the First Aid certificate of the Orange Cross or the First Aid certificate of the Red Cross. We do not reimburse the costs of company emergency training courses (including first aid courses for children for the purpose of registration within the meaning of the Childcare Act).
- h A first aid course for child accidents that leads to the certificate of the Orange Cross or the certificate of the Red Cross. We do not reimburse the costs of company emergency training courses (including first aid courses for children for the purpose of registration within the meaning of the Childcare Act).
- i A course 'lekker in je vel'. The course must be organized by a home care institution.
- j Courses organised by patient associations. The course must be organised by a patient association affiliated with Patiëntenfederatie Nederland (Dutch Federation of Patient Associations) or the leder(in) network for those with physical or mental disability or chronic illness.
- k A course on self-respect for kids. The classes must be run by licensees affiliated with Instituut voor Kanjertrainingen B.V. (Institute for Self-Respect for Kids Training Courses).

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 115 per course per calendar year
- BGZC-Royaal a maximum of € 115 per course per calendar year
- BGZC-Excellent a maximum of € 115 per course per calendar year

40.4 Sleep improvement course

We reimburse the costs of:

- a an online sleep improvement course or 'the sleep coach', which provides professional advice and practical solutions online to help improve your sleep. The course must be organised by Somnio.

b a 'You can learn to sleep' course. The course must be organised by a home care agency.

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 150 per calendar year
- BGZC-Start a maximum of € 150 per calendar year
- BGZC-Royaal a maximum of € 150 per calendar year
- BGZC-Excellent a maximum of € 150 per calendar year

40.5 Course for reducing alcohol consumption

We reimburse the costs of (preventive) courses designed to reduce alcohol consumption.

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 300 per calendar year
- BGZC-Start a maximum of € 300 per calendar year
- BGZC-Royaal a maximum of € 300 per calendar year
- BGZC-Excellent a maximum of € 300 per calendar year

40.6 Mindfulness training

We reimburse the costs of mindfulness training.

Condition for reimbursement

The mindfulness training must be provided by a trainer who is a member of the Vereniging Mindfulness Based Trainers Nederland en Vlaanderen (VMBN) (Community of Mindfulness-Based Trainers in the Netherlands and Flanders. The members of the community are listed at www.vmbn.nl.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 250 per calendar year
- BGZC-Start a maximum of € 250 per calendar year
- BGZC-Royaal a maximum of € 250 per calendar year
- BGZC-Excellent a maximum of € 250 per calendar year

40.7 Counselling

We reimburse the costs of counselling. Counselling is a short-term form of individual psychosocial support.

Condition for reimbursement

- 1 The counsellor who works with you must be a member of the General Professional Association for Counselling (Algemene Beroepsvereniging voor Counselling (ABvC);
- 2 On the invoice it must be specified clearly that the costs concerns counselling.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 300 per calendar year
- BGZC-Start a maximum of € 300 per calendar year
- BGZC-Royaal a maximum of € 300 per calendar year
- BGZC-Excellent a maximum of € 300 per calendar year

40.8 Care for women

We reimburse the costs of health advice: Menopause complaints, Getting pregnant & Pregnancy, Menstruation problems, Contraception and Breast self-examination.

Condition for reimbursement

The consultation must be provided by a consultant who is a member of Care for Women. In the case of menopause complaints the consultation can also be provided by a menopause consultant who is a member of the Vereniging Verpleegkundig Overgangsconsulenten (VVOG) (Association of Medical Menopause Consultants). Or a care provider who meets the quality criteria established by one of these organisations.

What we do not reimburse (according to this article)

We do not reimburse the costs of food supplements or medicines.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 115 per person per calendar year
- BGZC-Excellent a maximum of € 115 per person per calendar year

40.9 IncoCure self-help programme

For female insured persons who suffer from incontinence we reimburse the costs of the therapeutic online process offered by IncoCure. This self-help programme consists of an online questionnaire that diagnoses the type of incontinence. You are given personal advice on treatment. To complete the questionnaire, you can go straight to the website: www.incocure.com.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start a maximum of € 15 per calendar year
- BGZC-Royal a maximum of € 15 per calendar year
- BGZC-Excellent a maximum of € 15 per calendar year

40.10 Lifestyle training courses

We reimburse the costs of a maximum of 1 basic lifestyle training course for:

- a heart patients;
- b whiplash patients;
- c people suffering from stress and conditions associated with burnout.

Conditions for reimbursement

- 1 You must be referred by a general practitioner, a company doctor or a medical specialist.
- 2 The course must be organised by Leefstijl Training & Coaching (a personal development and health management institute).

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 1,000 per calendar year
- BGZC-Excellent a maximum of € 1.250 per calendar year

40.11 Health Check

We reimburse the costs of a Health Check (a preventive health test).

We only reimburse contracted care

Please note! We reimburse the costs of Health Checks performed by Care for Human nurses contracted for this purpose and Health Checks performed by other care providers with whom we have agreements. Do you want to make an appointment with a Care for Human nurse? Then please go to their website. What if you choose a non-contracted supplier? Then you receive no reimbursement.

Do you want to know with which provider (s) we have made agreements? Then use the Care Finder on www.aevitae.com or contact us.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro 1 test per calendar year
- BGZC-Start 1 test per calendar year
- BGZC-Royal 1 test per calendar year
- BGZC-Excellent 1 test per calendar year

40.12 Memory training

We reimburse the costs of a memory training course organized by a home care institution.

Conditions for reimbursement

You must provide us with an original proof of registration.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 1 training per calendar year

40.13 Flu vaccination up to 60 years

Are you younger than 60? Then we reimburse the costs of a flu vaccination.

What we do not reimburse (according to this article)

We do not reimburse the costs of vaccinations as part of the National Flu Prevention Program (risk groups).

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100%

40.14 Fitness training (medical)

We reimburse the costs of medically necessary fitness training in a recognized Fitness center (NL Actief quality mark).

Conditions for reimbursement

1. The training must take place on the prescription of the treating/referring doctor or medical specialist;
2. The training must take place under medical supervision in the context of ongoing medical treatment a doctor or medical specialist;
3. U dient de behandeling vooraf aan te vragen door een verklaring van de behandelend/verwijzend arts/medisch specialist ter attentie van onze medisch adviseur in te sturen;
4. Wanneer u op advies van uw arts of fysiotherapeut een abonnement neemt op een sportschool of een zwembad, komen deze kosten hiervoor niet voor vergoeding in aanmerking.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 100%

40.15 Fall prevention course

We reimburse the costs of a fall prevention program. This is a course for the elderly who regularly fall or are afraid of falling.

Conditions for reimbursement

- a. The fall prevention program "In Balance" or "Falling Past Time" given by a contracted physiotherapist or Cesar / Mensendieck exercise therapist who offers this program;
- b. A fall prevention program provided by a home care institution.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 1 course per calendar year

40.16 Exercise program for the elderly

We reimburse the costs of a More Exercise for the Elderly (MBVO) program.

Conditions for reimbursement

You must provide us with an original proof of registration.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal no reimbursement
- BGZC-Excellent 1 program per calendar year

41 Sports medical examinations sports doctor

We reimburse the costs of the following examinations by a sports doctor at a Sports Medical Institution:

- a. a sports medical examination;
- b. a sports check-up;
- c. an exertion test.

Condition for reimbursement

The sports doctor or Sports Medical Institution must be accredited by the Stichting Certificering Actoren in de Sportgezondheidszorg (SCAS) (Dutch Sports Health Care Professionals Certification Association). A list of SCAS-accredited Sports Medical Institutions can be found at www.sportzorg.nl/zoek-een-sportzorgprofessional.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro a maximum of € 200 per calendar year
- BGZC-Start a maximum of € 200 per calendar year
- BGZC-Royaal a maximum of € 200 per calendar year
- BGZC-Excellent a maximum of € 300 per calendar year

42 Sports medical advice and guidance

We reimburse the costs of sports medical advice and guidance (advice on sports training and a personal training programme based on the results of the sports medical examination) provided by a sports doctor at a sports medical institution.

Condition for reimbursement

- 1 A sports medical examination must be performed by a sports doctor at a Sports Medical Institution before the advice is provided.
- 2 The Sports Medical Institution must be accredited by the Stichting Certificering Actoren in de Sportgezondheidszorg (SCAS) (Dutch Sports Health Care Professionals Certification Association). A list of SCAS-accredited Sports Medical Institutions can be found at www.sportzorg.nl/zoek-een-sportzorgprofessional.

- BGZC-BasisPlus coverage
- BGZC-Intro a maximum of € 150 per calendar year
- BGZC-Start a maximum of € 150 per calendar year
- BGZC-Royaal a maximum of € 150 per calendar year
- BGZC-Excellent a maximum of € 150 per calendar year

43 Sports or cooling brace

We reimburse the costs of a sports or cooling brace.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro 1 sport- or cooling brace per calendar year up to a maximum of € 50
- BGZC-Start 1 sport- or cooling brace per calendar year up to a maximum of € 50
- BGZC-Royaal 1 sport- or cooling brace per calendar year up to a maximum of € 50
- BGZC-Excellent 1 sport- or cooling brace per calendar year up to a maximum of € 50

44 Running coaching to prevent or accommodate injuries

We reimburse the costs of the FysioRunning online coaching programme. The process consists of a screening and coaching for a maximum of 13 weeks.

For registration / screening you can go directly to the website www.fysiorunning.nl.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro 1 online coaching process of FysioRunning per calendar year
- BGZC-Start 1 online coaching process of FysioRunning per calendar year
- BGZC-Royaal 1 online coaching process of FysioRunning per calendar year
- BGZC-Excellent 1 online coaching process of FysioRunning per calendar year

45 Therapeutic holiday camps

We reimburse the costs of therapeutic holiday camps for children (46.1) and the disabled (46.2). At these holiday camps children and the disabled learn to cope with their illness, condition or disability, by learning and practising with others in the same situation.

45.1 Therapeutic holiday camp for children

For children under the age of 18 we reimburse the costs of a stay at a therapeutic holiday camp organised by:

- a Stichting Heppie (for children who suffer from asthma and/or constitutional eczema);
- b Diabetes Jeugdvereniging Nederland (for children with diabetes); Stichting Kinderoncologische Vakantiekampen (for children being treated for cancer);
- d Stichting De Ster (Sterkamp and Maankamp) (to increase self-confidence and self-esteem);
- e Nederlandse Hartstichting (Jump) (for children with cardiovascular disease);
- f Bas van de Goor Foundation (sports camps for diabetics).

Condition for reimbursement

You must provide us with proof of payment for the course.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 150 per calendar year
- BGZC-Excellent a maximum of € 500 per calendar year

45.2 Therapeutic holiday camp for the disabled

For insured persons with a disability we reimburse the costs of a stay at a therapeutic holiday camp.

Condition for reimbursement

You must provide us with a proof of payment. This proof of payment must clearly state that it is a therapeutic holiday camp.

- BGZC-BasisPlus no reimbursement
- BGZC-Intro no reimbursement
- BGZC-Start no reimbursement
- BGZC-Royal a maximum of € 150 per calendar year
- BGZC-Excellent a maximum of € 500 per calendar year

Grensregio Clausule

Does your policy state that you are also insured for the 'Grensregio Clausule' (Border Region Clause)? Then you will receive an additional reimbursement for non-emergency care in Belgium and Germany from this package.

Non-emergency care in Belgium and Germany:

- a. for care provided in Belgium or Germany within a radius of 55 km from the Dutch border, you are entitled to a reimbursement up to 100% of the costs of medically necessary care and dental assistance due to an illness, an accident, or a medical condition.
- b. for care provided in the remaining part of Belgium or Germany, you are entitled to a reimbursement of up to 100% (in addition to the reimbursement through your basic health insurance) of the maximum rate set at the time of treatment under the Healthcare Market Regulation Act (Wmg) if the care provided would have been covered in the Netherlands. If and insofar no (maximum) Wmg rates have been set, you are entitled to reimbursement of the costs up to a maximum of 100% of the prevailing market rate in the Netherlands in addition to the reimbursement through your basic health insurance (up to 200% combined).

Conditions for reimbursement

1. We only reimburse the costs if we would also reimburse these in the Netherlands from the basic health insurance and if the claim amount exceeds the reimbursement from the basic health insurance.
2. The treatment must take place with recognized (or equivalent) care providers.

Are you entitled to non-emergency care abroad under the basic health insurance? Then the reimbursement applies as a supplement to the basic health insurance.

Are you being admitted to a hospital? Then the reimbursement is limited to a reimbursement of the costs of a maximum of 365 days per case of illness. By illness we mean: any uninterrupted need for medical treatment, which results from the same cause of illness or the same accident.

BGZC-Ziekenhuis Extra

With the BGZC-Ziekenhuis Extra (Hospital Extra Insurance) you are entitled to reimbursement of the costs of staying in a single or double room when staying in a hospital in Belgium and Germany, while this is not medically necessary. You can see on your policy schedule whether you have taken out the BGZC-Ziekenhuis Extra insurance.

1. Comfort facility for hospital stay in Belgium or Germany

Are you 18 years or older and are you staying in a care institution in Belgium or Germany? And are you receiving medical treatment there that we have contracted? Then we reimburse the extra costs that the care institution charges for staying in a single or double room. We also reimburse the costs of a possible fee supplement. If the single or double room is not available to you, we reimburse € 70 per day that you stay in the hospital (the so-called daily allowance). We then reimburse up to a maximum of € 4,900 per calendar year.

Are you staying in a care institution in Belgium or Germany? And are you receiving medical treatment there that we have not contracted? Then we reimburse up to a maximum of € 70 per day that you stay in the hospital (the so-called daily allowance). This concerns a reimbursement for the extra costs that the health care institution charges for staying in a single or double room. We reimburse a maximum of € 4,900 per calendar year.

What we do not reimburse

We do not reimburse the costs of comfort facilities when staying in the rehabilitation department or the psychiatric department of a (psychiatric) hospital. In addition, you are not entitled to reimbursement of additional comfort services for both contracted and non-contracted medical treatments in Belgium or Germany.

2. Taxi transport to and from the hospital

Do you incur costs for taxi transport on the first and last day of your hospital stay in Belgium or Germany? Then we reimburse the costs of this transport from your home address to and from the hospital. Is someone accompanying you with this transport? Then we also reimburse the costs of his or her outward or return journey. We reimburse a maximum of 4 taxi journeys per hospital stay.



Need more info?

Our experienced customer service employees are happy to help! You can reach our customer service on working days from 08.30 until 17.30 on telephone number 0115 - 61 06 04.

You will find useful information and the answers to frequently asked questions on our website www.bgzc.nl.

BGZC

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