

## REIMBURSEMENTS OVERVIEW AS OF 01/01/2022

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### **‘CZ Zorgkeuzepolis’ (‘Restitutie’ health insurance policy) (model number: 9000102) version 1**

The reimbursements provided by the ‘Restitutie’ health insurance policy are summarised in the Reimbursements Overview below.

This Reimbursements Overview contains several columns:

#### ‘Amount reimbursed’

This column contains amounts, quantities, hours and/or reimbursement periods. These are always the maximum amounts, quantities, hours and/or reimbursement periods.

We calculate the reimbursement percentages (%) in accordance with:

- the fixed (set-point) rate set by law, or
- the maximum amount, number, percentage, hours and/or periods stated on your Reimbursements Overview, or
- the claimed rate up to the statutory maximum rate in the Netherlands, or
- the claimed rate up to a maximum of the market rates applicable in the Netherlands.

For an explanation of the various situations and rates, please refer to clause A.20. of the Terms and Conditions of Health Insurance and Additional Insurance Packages.

Reference is also made to lists (e.g. the list of preferred medicines, ‘Lijst voorkeursmedicijnen’) and regulations (e.g. regulations on medical aids, ‘Reglement Hulpmiddelen’). These appendices to your health insurance policy are available on our website.

#### ‘Terms and conditions’

The number in this column refers to a clause in the Terms and Conditions of Health Insurance and Additional Insurance Packages. This clause specifies the terms and conditions which you need to meet in order to receive the reimbursement in question.

| What is reimbursed                                  | Amount reimbursed   | Terms and conditions           |
|---|---|--------------------------------|
| <b>Foreign healthcare</b><br>Healthcare abroad      | you are entitled to receive the same healthcare, and to the same extent, as that to which you are entitled in the Netherlands or in your country of residence | <b>B.2.</b><br>B.2.            |
| <b>Dietetics</b><br>Dietetics                       | 100% for type 2 diabetes, VRM to manage cardiovascular diseases, COPD or asthma through multidisciplinary care;<br>3 hours per year in other cases            | <b>B.11.</b><br>B.11.<br>B.11. |
| <b>Dietary preparations</b><br>Dietary preparations | 100%  | <b>B.16.</b><br>B.16.          |
| <b>Occupational therapy</b><br>Occupational therapy | 10 hours per year   | <b>B.9.</b><br>B.9.            |

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|--|--|----------------------|
| <b>Physiotherapy and/or Cesar/Mensendieck exercise therapy</b> |  | <b>B.8.</b>          |
| Physiotherapy and/or exercise therapy up to the age of 18      | 100% for conditions specified on the list of conditions for physiotherapy and exercise therapy ('Lijst met aandoeeningen fysiotherapie en oefentherapie');                       | B.8.3.               |
|  | 9 sessions per indication for other conditions. 9 additional sessions if necessary.  | B.8.3.               |
| Physiotherapy and/or exercise therapy from the age of 18       | 100% from the 21st session for conditions specified on the list of conditions for physiotherapy and exercise therapy ('Lijst met aandoeeningen fysiotherapie en oefentherapie'); | B.8.1.               |
|  | 9 sessions once per insured person for pelvic physiotherapy;   | B.8.2.               |
|  | 37 sessions per 12 months for walking therapy for intermittent claudication  | B.8.4.               |
|  | 12 sessions per 12 months for osteoarthritis in the knee or hip joints   | B.8.5.               |
|  | In cases of COPD from stage II:  | B.8.6.               |
|  | - GOLD classification class A:<br>5 sessions per 12 months   |                      |
|  | - GOLD classification class B1:<br>27 sessions in the 12 months after commencement of the treatment (after that, 3 sessions every 12 months in subsequent years)                 |                      |
|  | - GOLD classification class B2, C or D:<br>70 sessions in the 12 months after commencement of the treatment (after that, 52 sessions every 12 months in subsequent years)        |                      |
| <b>Mental healthcare</b>                                       |  | <b>B.19.</b>         |
| Outpatient mental healthcare                                   | 100% from the age of 18  | B.19.1.              |
| Inpatient mental healthcare                                    | max. 3 years from the age of 18  | B.19.3.              |
| <b>Medical care for specific patient groups</b>                |  | <b>B.28.</b>         |
| Medical care for specific patient groups                       | 100%   | B.28.                |
| <b>General practitioner</b>                                    |  | <b>B.3.</b>          |
| General practitioner   | 100% for advice, examinations and supervision;   | B.3.1.               |
|  | 100% for mental healthcare;  | B.3.3.               |
|  | 100% for combined lifestyle intervention healthcare programme from the age of 18;  | B.3.4.               |

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|---|---|-----------------------|
|   | 100% for other general practitioner care  | B.3.2.                |
| <b>Medical aids</b>                             |   | <b>B.17.</b>          |
| Medical aids                                    | 100%, a statutory personal contribution sometimes applies, see the regulations on medical aids ('Reglement Hulpmiddelen')   | B.17.                 |
| <b>Short-term stays in a facility</b>           |   | <b>B.27.</b>          |
| Short-term stays in a facility                  | 100%  | B.27.                 |
| <b>Speech and language therapy</b>              |   | <b>B.10.</b>          |
| Speech and language therapy                     | 100%  | B.10.                 |
| <b>Medicines</b>                                |   | <b>B.15.</b>          |
| Medicines                                       | 100% for medicines from the Medicines Reimbursement System (GVS); sometimes subject to a statutory personal contribution (max. €250 per year), see the pharmacy regulations ('Reglement Farmacie') and the list of preferred medicines ('Lijst voorkeursmedicijnen'). You do not pay a deductible for a preferred medicine. | B.15.1. to B.15.4.    |
| <b>Specialist medical healthcare</b>            |   | <b>B.4.</b>           |
| Audiology care                                  | 100%  | B.4.13.               |
| Dialysis  | 100%  | B.4.8.                |
| Genetic testing                                 | 100%  | B.4.12.               |
| Mechanical ventilation                          | 100%  | B.4.9.                |
| Specialist medical healthcare                   | 100% without admission; max. 3 years with admission   | B.4.2. and B.4.3.     |
| Tests for cancer in children                    | 100%  | B.4.10.               |
| Organ transplants                               | 100% for you as the recipient; 100% (max. 13 weeks after admission) for you as the donor  | B.4.7.1. and B.4.7.2. |
| Plastic surgery                                 | 100%  | B.4.5.                |
| Rehabilitation                                  | 100%  | B.4.6.1.              |
| Geriatric rehabilitation                        | 6 months  | B.4.6.2.              |
| Second opinion                                  | 100%  | B.4.15.               |
| Thrombosis service                              | 100%  | B.4.11.               |
| Fertility treatment                             | 3 attempts at IVF or ICSI treatment up to the age of 43 (restrictions apply up to the age of 38)  | B.4.14.               |
| <b>Oral care</b>                                |   | <b>B.12. to B.14.</b> |
| Oral care for all age groups                    |   | B.12.                 |
| - Oral care in exceptional circumstances        | 100%  | B.12.1.               |
| - Implant                                       | 100% in a toothless jaw   | B.12.2.               |
| - Orthodontic care in exceptional circumstances | 100% for severe growth or developmental disorders   | B.12.3.               |
| Oral care up to the age of 18                   | 100% for regular oral care such as check-ups, X-rays and fillings   | B.13.                 |

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| Oral care from the age of 18  |  | B.14.                |
| - Dental surgeon              | 100%   | B.14.a.              |
| - Dentures                    | 75% for full upper and/or lower dentures without implants;   | B.14.b.              |
|                               | 90% for implant-retained lower denture (incl. snap-on system);   | B.14.c.              |
|                               | 92% for implant-retained upper denture (incl. snap-on system);   | B.14.c.              |
|                               | 90% for repair and rebasing of full upper and/or lower dentures  | B.14.b.              |
|                               | 83% for code J50 for a combination of an implant-retained denture (incl. snap-on system) for one jaw and a denture without an implant for the other jaw  | B.14.d.              |
| - Implant with crown          | 100% for replacement of incisor or canine with an implant with a crown (up to the age of 22 inclusive). The tooth is missing because it has not developed or as the result of an accident that occurred before the insured person reached the age of 18  | B.14.e.              |
| <b>Prevention</b>             |  | <b>B.21.</b>         |
|                               | 100% for quit smoking courses  | B.21.2.              |
| <b>Transport</b>              |  | <b>B.18.</b>         |
| Ambulance                     | 100%   | B.18.1.              |
| Transport                     | 100% for transport by taxi and public transport (2nd class); €0.32 per km for transport by car. You pay a statutory personal contribution of €111 per calendar year for all transport combined.<br>If you choose to stay the night, we will reimburse a maximum of €77.50 per night. No statutory personal contribution applies. | B.18.2.a. to g.      |
| <b>Foot care</b>              |  | <b>B.23.</b>         |
| Foot care                     | 100% for diabetes with healthcare profiles 2, 3 and 4; annual examination for healthcare profile 1 (possibly through multidisciplinary care)   | B.23.                |
| <b>Conditional healthcare</b> |  | <b>B.22.</b>         |
| Conditional healthcare        | 100% for healthcare that has not yet been definitively included in the general insurance policy, but which may be reimbursed for a certain period  | B.22.                |
| <b>District nursing</b>       |  | <b>B.26.</b>         |

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| District nursing                    | 100%  | B.26.                |
| <b>Healthcare before childbirth</b> |   | <b>B.5.</b>          |
| Midwifery care                      | 100%  | B.5.1.               |
| Ultrasound scans                    | 100%  | B.5.2.               |
| Antenatal screening                 | 100%  | B.5.3.               |
| Obstetric care                      | 100% for registration and initial interview   | B.5.4.               |
| <b>Healthcare during childbirth</b> |   | <b>B.6.</b>          |
| Childbirth                          | 100% for a home birth;<br>100% for a hospital birth that is medically necessary;<br>max. €230 per day for a birth at a birth centre or a hospital birth that is not medically necessary                 | B.6.                 |
| <b>Healthcare after childbirth</b>  |   | <b>B.7.</b>          |
| Obstetric care                      | 8 days and 2 extra days if necessary for obstetric care at home or at a birth clinic (statutory personal contribution of €4.70 per hour); 100% for obstetric care in hospital where medically necessary | B.7.                 |
| <b>Sensory impairment care</b>      |   | <b>B.25.</b>         |
| Sensory impairment care             | 100%; 1 year for a stay in a facility   | B.25.                |