

Beter Af Policy

Conditions, entitlements and compensations



Date of commencement: 1 January 2008

This is the booklet of conditions and entitlements (reimbursements) for the Beter Af Policy.

The booklet describes the conditions and entitlements in detail. Your policy and the associated Beter Af Policy conditions and entitlements ultimately serve as the foundation for your healthcare insurance.

The guide explains how to use the booklet.

Booklet layout

The booklet is laid out as follows:

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

Guide

Conditions and Entitlements

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

How does the booklet work?

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

1. Look up dietary advice under 'd' in the alphabetical list of reimbursements.
2. In the first column, 'Beter Af Policy', you will find the clause and page number where you can find the cover provided by the basic insurance. In clause 28 of the Beter Af Policy you will see that you are entitled to 100% reimbursement up to a maximum of 4 hours per calendar year. In clause 28 you will find the conditions that have to be fulfilled, namely that you need a written referral, and which professional body your dietician has to be affiliated with.
3. In the second column, you will find the clause and page number where you can find the cover provided by the 'Beter Af Plus Policy' supplementary insurance. NB: The reimbursement from the supplementary insurance is in addition to the reimbursement from the basic insurance. In clause 18 of the Beter Af Plus Policy, you will see that you are not entitled to any extra reimbursement with a 1 or 2 star policy. There is therefore no further reimbursement for dietary advice and you are only entitled to 100% reimbursement for a maximum of 4 hours from the basic insurance.

If you have a 3 or 4 star Beter Af Plus Policy then the hours in addition to the first 4 hours are reimbursed 100%, up to a maximum of € 115.- per calendar year.

Is consent necessary?

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

Contracted care

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

Alphabetical list of entitlements

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy	
Benefits	Article	Page	Article	Page
Acne treatment			36	30
Adhesive mammary prostheses			19.2.2	26
Adoption maternity care			25	27
Aerochamber			19.2.7	27
Alternative medicine			11	24
Alternative treatments and therapies			10	24
Antenatal screening	30.1	18		
Arch supports			34	29
Asthma Centre (Dutch) in Davos (Switzerland)	16	16		
Audiological centre	19	16		
Camouflage therapy			37	30
Care provided by a general practitioner	23	16		
Cesar/Mensendieck remedial therapy	25	17	14	25
ChildbirthTENS			20	27
Childbirth	31	18	21	27
Chiropody			35	30
Circumcision			5	23
Combination test (measure of folds in neck with blood test)	30.3	18		
Contraceptives	24.2	17		
Convalescence and Balance, post-treatment care of former cancer patients			32	29
Convalescence homes			30	29
Cosmetic surgery	3	13	3	23
Counseling	30.1	18		
Day treatment	1	13		
Dental treatment over 22 years of age: general Beter Af Dental Policy	35	19		33
Dental treatment over 22 years of age: prostheses Beter Af Dental Policy	36	20	49	32 33
Dental treatment to 22 years of age	34	19		
Dental treatment to 18 years of age: crowns, bridges, inlays and implants			48	32
Dental treatment: disabled persons	38	20		
Dental treatment: implants	37	20		
Dental treatment: special cases	39	20		
Depilation			38	30
Dietary advice	28	18	18	25
Exercise in heated water			16	25
Fertility-treatments to increase	14.2	15	13	24
Glasses and contact lenses			19.2.4	26

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy	
Benefits	Article	Page	Article	Page
Guest house: accommodation and transport costs for family member where the insured is hospitalised			1	23
Guest house: overnight stays in the vicinity of a hospital (in the case of outpatient treatment)			2	23
Haemodialysis	13	15		
Hearing aids (excess)			19.1	26
Hereditary examination and advice	20	16		
Holiday hotels and sailing holidays for disabled persons and the chronically ill			40	30
Hospital treatment Beter Af Hospital Extra Benefits	1	13		33
IVF (In vitro fertilisation)	14.1	15		
Incontinence alarms			19.2.3	26
Independent treatment centres	2	13		
Individual budget Mental Health Care	12	15		
International			27, 28	28
International: vaccinations and medication			29	29
Kidney dialysis	13	15		
Lactation – expert advice			24	27
Lifestyle training			44	31
Manual lymph drainage	25.1	17	14	25
Maternity care	32	19	22	27
Maternity package			23	27
Mechanical respiration	17	16		
Medical aids	29	18	19	26
Melatonin			12.2	24
Menopause consultant			43	31
Monitoring equipment to prevent cot death			19.2.6	26
Nutrition education			18	25
Obesity treatment			46	32
Obstetrical treatment	31	18	21	27
Occupational therapy	26	17		
Oncological examination of children	15	15		
Organ transplants	7	14		
Orthodontics in special cases	40	20		
Orthodontics: to 18 years of age			47	32
Orthopaedic medicine			9	24
Patient transport	33	19	26	27
Peritoneal dialysis	13	15		
Personal alarm			19.2.1	26

	Basic insurance		Supplementary insurance	
	Beter Af Policy		Beter Af Plus Policy	
Benefits	Article	Page	Article	Page
Pessaries			19.2.5	26
Pharmaceutical care	24	16	12	24
Psychiatric hospitalisation	9	14		
Physiotherapy	25	17	14	25
Physiotherapy, kinesiotherapy			15	25
Plastic surgery	3	13	3	23
Podiatric therapy/podology			33	29
Prevention courses			42	31
Preventive examinations			41	31
First-line psychological care	11	15		
First-line psychological care (excess)			7	23
Psoriasis: day treatment			8	24
Psoriasis: hire of UV-B light treatment at home	21	16		
Psychotherapy (excess)			6	23
Rehabilitation	8	14		
Scooter, CPM	29.2	18		
Second opinion Beter Af Dental Policy	6	14		33
Sensor mat			19.2.6	26
Short-term psychological care			7	23
Specialist medical care: clinical	1	13		
Specialist medical care: extramural	5	13		
Specialist medical care: outpatients	4	13		
Speech and language therapy	27	18		
Speech therapy	27	18	17	25
Sports medical examinations			45	31
Sterilisation			4	23
Structural echoscopic testing	30.2	18		
Telemonitoring	22	16		
Therapeutic mental health care, non-clinical	10	14		
Therapy camps			31	29
Thrombosis service	18	16		
VAC pumps	29.2	18		
Volunteer aide replacement for disabled persons and the chronically ill			39	30
Wigs and toupees: excess			19.1	26

General conditions Beter Af Policy

Art. Subject	
1 Definitions	6
2 Underlying premise of the health insurance	8
3 Application and registration	8
4 Date on which your health insurance commences, its term and termination	8
5 Duties of the insured	8
6 Unlawful registration	9
7 Mandatory excess	9
8 Voluntary chosen excess	9
9 Premiums	9
10 Alteration of premiums and/or terms and conditions	10
11 Entitlements	10
12 Exercising health care entitlements	10
13 Liability of the health insurance company	11
14 Liability of any third party	11
15 Disputes	11
16 Personal details	11
17 Fraud	11
18 Abroad	11

Article 1 Definitions

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

Pharmacist

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

General practitioner with pharmacy

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

Doctor

Any person who is entitled to practice medicine under Dutch law and who is registered as such with a competent public body in accordance with the provisions of the Wet BIG.

AWBZ

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

Company doctor

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

Office for child and adolescent welfare

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

Centre for Special Dental treatment

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

Centre for hereditary testing

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

Day treatment

Admission for less than 24 hours.

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

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

Dietician

A dietician who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing Dieticians, Occupational Therapists, Speech and Language Therapists, Oral hygienists, Remedial Therapists, Orthoptists and Podiatrists).

First-line psychologist

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

Occupational therapist

An occupational therapist who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut (Decree Governing Dieticians, Occupational Therapists, Speech and Language Therapists, Oral hygienists, Remedial Therapists, Orthoptists and Podiatrists).

EU or EEA state

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

Pharmaceutical care

The supply of medicine and dietary preparations pursuant to the Besluit zorgverzekering (Health Insurance Decree) subject to any further regulations stipulated by us.

Physiotherapist

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

Family

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

Health care psychologist

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

GGZ (Mental Health Care) agency

An agency which delivers health care related to a psychiatric condition and is authorized as such.

Skin Therapist

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

General practitioner

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

Medical provisioning

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

Child and adolescent health care physician

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

Dental surgeon

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

Calendar year

The period which runs from 1 January to 31 December.

Clinical psychologist

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

Maternity centre

An institution accredited in accordance with regulations drawn up by the law as and acknowledged by us as maternity centre.

Maternity care

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

Laboratory analysis

Analysis conducted by a laboratory provided for in law.

Speech and language therapist

A speech and language therapist who satisfies the requirements of the so-called 'Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut' (Decree Governing Dieticians, Occupational Therapists, Speech and Language Therapists, Oral hygienists, Remedial Therapists, Orthoptists and Podiatrists).

Medical adviser

A doctor who advises us on medical matters.

Medical specialist

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

Oral hygienist

An oral hygienist who has been trained in accordance with the educational requirements for oral hygienist, as stipulated in the so-called 'Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut' (Decree Governing Dieticians, Occupational Therapists, Speech and Language Therapists, Oral hygienists, Remedial Therapists, Orthoptists and Podiatrists) and of 'Besluit functionele Zelfstandigheid (Stb. 1997, 553)' (Decree of functional self-employment (Stb. 1997, 553)).

Remedial therapist

A remedial therapist who satisfies the requirements stipulated in the so-called 'Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut' (Decree Governing Dieticians, Occupational Therapists, Speech and Language Therapists, Oral hygienists, Remedial Therapists, Orthoptists and Podiatrists).

Admission

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

Orthodontist

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

Insurance policy certificate

A deed containing the provisions of the health insurance agreement entered into by you (policy holder) and the health insurance company.

Psychiatrist/neurologist

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

Where 'psychiatrist' is stated 'neurologist' can be in lieu.

Psychotherapist

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

Rehabilitation

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

Specialist mental health care

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

Dentist

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

Dental prosthodontist

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

You/your

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

Stay

Admission for a period of 24 hours or longer.

Treaty country

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

Obstetrician

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

Insured

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

Policy holder

A person who enters into an insurance agreement with us.

Wet BIG

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

We/us

Groene Land - PWZ Achmea Zorgverzekeringen N.V.

Independent treatment centre

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

Hospital

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

Health care agreement

An agreement entered into by us and the health care provider, which at any rate contains provisions governing the fees for, and the quality and effectiveness of the care that is to be provided, the manner in which declarations are to be submitted, and the terms and conditions subject to which such care is to be provided.

Health care provider

A health care provider or institution which provides health care.

Health insurance company

An insurance company which has been accredited as such and which provides insurance as defined in the Zorgverzekeringswet. For the purposes of executing this insurance agreement this is

Groene Land - PWZ Achmea Zorgverzekeringen N.V.

Groene Land - PWZ Achmea Zorgverzekeringen N.V. which is registered with the AFM (Financial Markets Authority) under the number 12001026.

Health insurance

The health insurance referred to in the Zorgverzekeringswet (Zw).

Article 2 Underlying premise of the health insurance

- 2.1** This insurance agreement is based on the Zorgverzekeringswet, the Besluit zorgverzekering along with the relevant health insurance Regulations, including the explanatory notes concerning the same, and the application form which you (the policyholder) have completed. This agreement is set out in the insurance policy certificate. The latter is provided to you (the policyholder) each year.
- 2.2** In addition to the insurance policy certificate we will provide you with a health care card. When requesting assistance, you will be required to show your insurance policy certificate or health care card to the relevant health care provider.
- 2.3** Apart from any excess, the care and/or costs of care, on the basis of this health insurance, claims can be directly submitted to us by the insured unless there is a different agreement between the health care provider and us, whereby the claim is directly submitted to us by the health care provider. You can download a list of contracted care providers from our website or request it from us.
- 2.4** The nature and extent of any entitlement to care or the reimbursement of the cost of care as set out in the relevant health insurance, will partly be determined by science and practice, or in the absence of such criteria, by what is considered to constitute prudent, appropriate care and service in the relevant field of expertise.
- 2.5** You are only entitled to any care in so far as you have reasonably been designated for it based on its nature and extent.

Article 3 Application and registration

- 3.1** You may apply for health insurance from us by filling in an application form (as described in Article 2.1) completely, signing it and sending it to us.
- 3.2** When you apply, we will ascertain whether you have fulfilled the conditions for registration in accordance with the Zorgverzekeringswet. When you have, you will be issued with an insurance policy certificate, after which you will be entitled to care in accordance with this legislation.

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

4.1 Date on which your health insurance commences and its term

- 4.1.1** Your health insurance will commence on the date stipulated as the date of commencement on your insurance policy certificate. The date of commencement is the date on which we receive an application from you (the policy holder) to enter into a health insurance agreement. Thereafter, on 1 January of every year it will be tacitly renewed for a term of one calendar year.
- 4.1.2** When the person for whose benefit this health insurance has been agreed, already has health insurance on the date on which we receive the application referred to in Clause 4.1.1, and you (the policy holder) indicate that you wish this health insurance to commence on a date you specify, which is later than that referred to in Clause 4.1.1 and 4.1.2, this health insurance will commence on such later date.
- 4.1.3** When this health insurance commences within four months after a duty to be insured comes into effect, if necessary it will apply retrospectively as of the date on which such duty arises contrary to the provisions of Section 925 of the Civil Code, Vol. 7.
- 4.1.4** When the provision of health insurance commences within a month after a different health insurance is terminated as of January 1st or by means of alteration of the conditions with application of Section 940, fourth clause, of Vol. 7 of the Civil Code, is terminated by cancellation, this is valid, if necessary differing from Section 925, first clause of Vol. 7 of the Civil Code, back to and including the day on which the previous health insurance ended.
- 4.1.5** Except as provided for in Clause 4.1.1, you will be entitled to amend any current health insurance policy that you have with us, on 1 January of the next calendar year but only after we have confirmed this in writing.

4.2 Termination of your health insurance

- 4.2.1** You (the policy holder) can repeal a health insurance policy which has just been taken out. You can terminate your policy in writing, within 14 days after receiving it, without further explanation. The health insurance is regarded as never having commenced. We shall reimburse any premiums paid and any claims made by you.
- 4.2.2** You (the policy holder) may terminate this health insurance:
- by cancelling it in writing not later than 31 December. The health insurance will expire the next day, on 1 January. Once effected, cancellation is irrevocable;
 - if you have insured someone other than yourself and this insured person is insured by another health insurance company. If we receive your cancellation before the new health insurance commences, this health insurance policy may be terminated as of the date on which the insured obtains a new health insurance policy. In any other case termination will occur on the first day of the second calendar month following the date on which you cancel this policy.
- 4.2.3** This health insurance will cease:
- on the day following the date on which you no longer satisfy the requirements for registration;
 - at such time as you are no longer insured under the terms of the AWBZ or are actually serving as a member of the armed forces;
 - at such time as we decide in the event that any sums that are payable, are not paid within 45 days following the date on which they fall due;
 - if it can be shown that fraud has occurred as set out in Article 17;
 - in the event of your death;
 - if we are no longer able to offer or provide health insurance following an amendment or the revocation of our licence to conduct non-life insurance operations. We will give you no less than two months' notice of this, citing the reasons for it and the date on which your health insurance will terminate.
- 4.2.3** We will notify you in writing as to when your health insurance terminates.

Article 5 Duties of the insured

- 5.1** You have a duty to:
- a. identify yourself with a driver's licence, a passport or Dutch identity card when seeking care in a hospital or outpatients department;
 - b. ask the doctor or medical specialist who is treating you to notify the medical adviser of the reason for your admission, when the medical advisor requests same;
 - c. help us, our medical adviser or any other person who is responsible for monitoring the situation, to obtain all information that may be required, respecting laws of privacy;
 - d. help us seek recovery from any third party who is liable;
 - e. notify us within two months in the event that you are detained, in relation to the legal regulations concerning the deference of coverage and the obligation of premiums during the period of detention.
- 5.2** In any case that may arise, you have a duty to submit the original bills to us within 12 months following the end of the calendar year in which treatment was provided. What is decisive in this respect is the date of treatment and/or that on which care was provided, and not the date of the bill concerned. Where a bill relates to a DBC which commences before the date on which this health insurance terminates, the costs involved will be deemed to have been incurred in the period during which this health insurance applies.
- 5.3** You (the policyholder) have a duty to notify us within one month of any occurrence which may be relevant to the proper implementation of this insurance, such as the termination of the duty to obtain or provide insurance, relocation, divorce, birth, death and the like. Any notice sent to you (the policyholder) at your last known address will be deemed to have reached you (the policyholder).
- 5.4** In the event that our interests are prejudiced by your failure to comply with the aforementioned duties, you will not be entitled to health care or we will not be required to reimburse you for any expenses incurred.

Article 6 Unlawful registration

- 6.1** When an insurance agreement is concluded for your benefit under the terms of the Zorgverzekeringswet and it later emerges that you did not have a duty to obtain insurance, that insurance agreement shall lapse with retrospective effect until such time as such duty did not or no longer exists.
- 6.2** We will take any premiums which you paid as of the date on which your duty to obtain insurance did not or no longer exists, and set them off against any care received on your account since then, and will pay you the balance or charge you for it.

Article 7 Mandatory excess

- 7.1** For every policyholder who owes a premium for health insurance, excess is applicable. The amount of the mandatory excess amounts to € 150.00 per insured per calendar year.
- 7.2** The mandatory excess is deducted from the compensation which is requested of the health insurance company.
- 7.3** With compensation of care the mandatory € 150.00 is kept back from the costs which are made by the health insurance company in the course of the calendar year. The following do not apply to mandatory excess:
- the costs of the use of care such as general practitioners who offer care, with the exception of the costs of tests related to this care and that are carried out elsewhere and are invoiced separately, on the condition that the relevant person or institution is legally qualified to invoice according to the tariffs set by the NZa.
 - The costs in relation to use of care by pregnancy, childbirth and lying-in.
 - The costs of registration with a general practitioner or with an institution that provides general practitioner care. What is understood by costs of registration are:
 - a. an amount with relation to the registration as patient, up to the rate which has been set on the basis of the Wet marktordening gezondheidszorg (Health care fees act) as available rate;
 - b. reimbursements which are related to the manner in which the medical care is provided at the doctor's practice or at the institution in question, with the details of the patient's charts or of the location of the practice or institution, in as much as this reimbursements may be invoiced as in accordance with the general practitioner or institution.
 - the costs of dental care as defined in article 2.7, paragraph four of the Healthcare Insurance Decree, with the exception of surgical dentistry of a specialist nature and the accompanying radiological examination and the removable full prosthesis.
- 7.4** The costs of care which are compensated by the health insurance, are initially deducted from the mandatory excess and thereafter deducted from the chosen excess, as referred to in Article 5.
- 7.5** When you have reached the age of 18 in the course of a calendar year, the mandatory excess is valid from the first of the following month. The mandatory excess is reduced in relation to the number of months for which it must be paid.
- 7.6** When your health care commences after January 1 of a calendar year, the mandatory excess for that calendar year is reduced in relation to the number of months for which it must be paid.
- 7.7** Upon termination of your health insurance in the course of a calendar year the mandatory excess will be reduced in relation to the number of months for which it must be paid.
- 7.8** In the cases where, on the basis of the entitlements, or in this case reimbursements from the health insurance, an amount remains in your favour, this amount does not count for payment of the mandatory excess.
- 7.9** When a treatment in the form of a DBC- rate is declared, the moment the treatment starts determines when the mandatory excess is applicable.
- 7.10** When we have directly compensated the health care provider, if necessary the remaining mandatory excess be taken into account, which can also mean that you (insured) must pay the remainder.

Article 8 Voluntarily chosen excess

- 8.1** Any insured person of 18 years or older may opt for a voluntary excess in any calendar year. A health insurance agreement may be concluded without a voluntary excess or, where the insured is 18 years or older, with a voluntary excess of € 100.00, € 200.00, € 300.00, € 400.00 or € 500.00 per calendar year. Premium discounts will apply if a voluntary excess is decided on. The list specifying the relevant premium discounts constitutes part of this policy.
- 8.2** The voluntary excess decided on for each insured person will be deducted from any benefit which can be claimed under this health insurance.
- 8.3** The following do not apply to voluntarily chosen excess:
- the costs of the use of care such as general practitioners who offer care, with the exception of the costs of tests related to this care and that are carried out elsewhere and are invoiced separately, on the condition that the relevant person or institution is legally qualified to invoice according to the tariffs set by the NZa;
 - the costs of care with relation to pregnancy, childbirth and lying-in;
 - the charges for registering with a general practitioner or an organisation which provides the care given by general practitioners. These registration charges refer to:
 - a. a sum payable for registration as a patient amounting to no more than the fee designated as an availability fee under the terms of the Wet marktordening gezondheidszorg (Health Care Fees Act);
 - b. reimbursements which are related to the manner in which the medical care is provided at the doctor's practice or at the institution in question, with the details of the patient's charts or of the location of the practice or institution, in as much as this reimbursements may be invoiced as in accordance with the general practitioner or institution.
 - the costs of dental care as defined in article 2.7, paragraph four of the Healthcare Insurance Decree, with the exception of surgical dentistry of a specialist nature and the accompanying radiological examination and the removable full prosthesis.
- 8.4** Any health care fees which are paid under the terms of this health insurance will first be deducted from the mandatory excess referred to in Section 7 and will then be set off against any voluntary excess.
- 8.5** The situation prevailing when the insurance commences or on 1 January of any year will be decisive for the purposes of determining any voluntary excess. When the health insurance is arranged or terminates in the course of a calendar year, any voluntarily chosen excess will be reduced proportionately.
- 8.6** In any case where you are liable for an amount based on an entitlement or benefit under this health insurance, this amount will not be considered for the purposes of setoff against any voluntarily chosen excess.
- 8.7** When treatment is declared in the form of a DBC fee, the time when treatment commences will be decisive for the purpose of applying any voluntarily chosen excess.
- 8.8** When we pay a health care provider for the cost of any assistance which has been provided, if necessary any outstanding voluntarily chosen excess will be set off against this or recovery will be sought from you (the policy holder).
- 8.9** You may alter your voluntarily chosen excess on 1 January of the coming calendar year subject to the provisions of Clause 4.1.5.

Article 9 Premiums

9.1 Determination and levy of premiums

- 9.1.1** We determine the amount payable by way of health insurance premiums. The premiums that are payable, are equal to the basic premiums less a discount for any voluntarily chosen excess, which is directly settled with the basic premium or any group discount, which is also directly settled with the basic premium. We levy premiums for insured persons of 18 years or older.
- 9.1.2** Upon the age of 18 years premiums are payable as of the first day of the month following the calendar month in which this age is reached.
- 9.1.3** You (the policy holder) have a duty to pay premiums in advance.

9.2 The payment of premiums

- 9.2.1 You (the policy holder) will pay premiums in advance.
- 9.2.2 You are not permitted to set off any premiums that are to be paid, against any payment receivable from us.
- 9.2.3 If the health insurance is terminated prematurely, any premiums that have already been paid, will be refunded pro rata. We calculate this on the basis of a 30-day month. We may deduct a fee to cover administration costs from any premiums that are to be refunded.

9.3 Late payment

- 9.3.1 You are required to comply with any rules that have been set, when paying your premiums. This duty also applies, when these premiums are paid by a third party. We will set off any premiums in arrears, which you are still required to pay us, against any claim which you declare and which we are required to pay you. If it is impossible to set off premiums in arrears against such claims, we will be entitled to charge you for the relevant administrative and collection costs, and any legally permitted interest.
- 9.3.2 We will only be entitled to charge you for the costs referred to in Clause 9.3.1, if you (the policy holder) fail to effect timely payment after receiving the first written reminder stipulating a deadline for such payment.
- 9.3.3 By way of a supplement to the provisions of Clauses 9.3.1 and 9.3.2, your entitlements will lapse, if the relevant premiums have not been paid within the stipulated term of payment of the third written warning notice from us. These entitlements will then lapse automatically on the first day of the month following expiration of the term of payment. The duty to effect payment will continue to apply. We retain the right to terminate the health insurance after the term of payment of the notice has expired. Should we decide to terminate the policy, you will receive written notice of this. If you are in arrears with your premiums, we will terminate this health insurance. Health insurance cannot be terminated with retrospective effect.
- 9.3.4 Premiums for two months must be paid in advance in the event of registration or registration following failure to effect payment.

Article 10 Alteration of premiums and/or terms and conditions

- 10.1 Any alteration of the basic premiums will come into effect no sooner than six weeks after the day on which you (policy holder) have been informed hereof. You (policy holder) may cancel the health insurance on the day on which the alteration takes effect, in any case in the course of one month after you have been informed of the alteration.
- 10.2 In the event that any alteration of entitlements or benefits is prejudicial to you, you (the policyholder) may cancel this health insurance, unless such alteration is a direct result of the amendment of any provision of the law. You (the policyholder) may cancel this health insurance on the date on which such alteration is due to come into effect, but you (policyholder) will at any rate be entitled to do this within 30 days after we have given notice of such alteration.

Article 11 Entitlements

- 11.1 This health insurance policy agreement contains entitlements to care and reimbursements of the costs of care and may be entered into with or for the benefit of any resident of the Netherlands who has a duty to obtain such insurance, or with or for the benefit of any person who has such a duty and is resident abroad.
- 11.2 You are entitled to care under the terms of the Zorgverzekeringswet, the Besluit zorgverzekering and the Regeling zorgverzekering. Their nature and extent of this care are set out in this legislation. What is decisive is the date of treatment and/or that of any supply and not that on which the relevant bill is issued. When any treatment is declared in the form of a DBC fee, the time on which the relevant treatment commenced, will be decisive.
- 11.3 When you yourself receive any bills from a health care provider, you will have a duty to forward them to us as soon as possible but at any rate within 12 months after the end of the calendar year in which the relevant treatment occurs. When you fail to do so, we will not reimburse you for the costs declared.
- 11.4 When you yourself receive any bills from a health care provider, you will have a duty to forward the original, precisely detailed bills to us. The health care providers who provided the treatment, must have issued these bills in their name. Where a health care provider is a legal entity, a bill must stipulate the identity of the natural person who provided the treatment.

Exclusions:

- 11.5 You do not have any entitlement to or, alternatively, we will not reimburse any costs which are caused by or which arise due to a nuclear reaction (unless any relevant radioactive substance is used for the provision of medical care), armed conflict, civil war, insurrection, domestic disorder, rioting or rebellion as defined in Section 3:38 of the Wet op het financieel toezicht (Wft) (Financial inspection act).
- 11.6 You do not have any entitlement to or, alternatively, we will not pay for any costs involved in medical examinations, flu vaccinations, treatment of snoring (uvuloplastic procedure), treatment involving an operation to insert, remove or replace a breast prosthesis other than in a case following the amputation of all or part of a breast, liposuction of the stomach, the treatment of an upper eyelid which is paralysed or weak other than where this is due to a congenital defect or chronic disorder when birth occurred, treatment to perform sterilisation or to reverse same or the issue of a doctor's certificate.
- 11.7 You are not entitled to reimbursement of costs if appointments are not kept.
- 11.8 **Terrorism**
- 11.8.1 If the need for care are caused by one or more terrorist activity(ies) and the total injury in any given calendar year is claimed upon injury, life, or in kind funeral insurers whereby the Wet financieel toezicht (Financial inspection act) is applicable, is claimed and is expected by the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschade N.V. (NHT) (Dutch Reinsurance Company for Injury caused by Terrorism) to be higher than the maximum amount reinsured per calendar year claimed by said company, you only have the right to care or reimbursements of costs thereof to be determined by the NHT, for all of the insurances equal percentage of the costs or value of the care or other services. The precise definitions and specifications with regard to claims made for this are included in the Volume document terrorism coverage of the NHT. This Volume and the relevant Protocol are part of the policy, which can be requested from us and can also be downloaded from our website.
- 11.8.2 In the event that following an act of terrorism on grounds of Section 33 of the Health Insurance Act or Section 3.16 of the Decree health insurance an additional contribution is made available to us, you are entitled to compensation for feats in addition to feats listed in Section 11.6.1 of one of the regulations, as meant in Section 33 of the Health Insurance Act or Section 3.16, to be determined by this decree.

Article 12 Exercising health care entitlements

- 12.1 If you require care which is covered by this health insurance, you may choose any person or organisation in the Netherlands that has entered into an agreement with us. We will provide information about those people and organisations with whom and which we have entered into such an agreement.
- 12.2 If you would like to receive care from a person or organisation with whom or which we have not entered into an agreement, and we have procured sufficient care which can be provided on time, you will be entitled to all or part of the payment of the costs involved. This payment may be less than in the case of a care provider contracted by us. When applicable, we will set out such lesser payment or excess which you owe in the case of each entitlement or benefit. If no such lesser payment is applicable or you owe excess, you are entitled to compensation of costs to a maximum of:
- the (maximum) amount determined on the basis of the Wet tarieven marktordening gezondheidszorg (Rates of Health Care Insurance Act), valid at that moment;
 - In the event that when there is no (maximum) rate determined on the basis of the Wet tarieven gezondheidszorg (Rates of Health Care Insurance Act), the compensation will be to a maximum conform the current Dutch market amount.
- You can contact us by telephone concerning the amount of the compensation.
- 12.3 When and in so far as we pay more than we are required to do so because of the terms of this agreement, you are deemed to have authorised us in our name to collect any excess which you have paid to the health care provider.

- 12.4** When anticipated that the care which you require, cannot be provided by a care provider or organisation contracted by us or that this cannot be done on time, you will be entitled to mediation and, after obtaining consent, you will have a right to receive care from a non-contracted care provider. In this case any costs involved will be reimbursed upon presentation of the relevant bill and subject to the terms and conditions of this insurance. The entitlement for compensation of costs will be to a maximum of:
- the maximum fee determined at that time on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
 - when and in so far as no maximum fee has been determined on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), these costs will be reimbursed subject to a maximum which is in line with the prevailing market standard for such amount in the Netherlands.

Article 13 Liability of the health insurance company

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

Article 14 Liability of any third party

- 14.1** If a third party is liable for any costs incurred as a result of sickness, an accident or any injury you sustain, you must provide us with any information that may be required to affect recovery from the person responsible for the cause free of charge. The right to recovery is based on provisions of the law. This does not apply to any liability arising pursuant to any legally permitted insurance, health insurance governed by public law, or an agreement entered into by you and another natural or legal person.
- 14.2** If you are affected by sickness, an accident or injury and a third party is involved in this, you must notify us accordingly and as soon as possible and report it to the police.
- 14.3** You may not enter into any settlement which is prejudicial to our rights. You may only enter into a settlement with a third party or anyone acting on his behalf, if you receive written consent from us to do so.

Article 15 Disputes

- 15.1** This agreement shall be governed by and construed in accordance with the law of the Netherlands.
- 15.2** When you do not agree with a decision taken by us for the purposes of executing this agreement, you may ask us to reconsider our decision. Such a request must be submitted within six months after a decision has been communicated to you to be directed at the Central Complaints Coordination Department (afdeling Centrale Klachten Coördinatie). How you can make a complaint and how we subsequently handle it is described in the brochure 'If you have complaints, tell us'. You can download this brochure from our website or request it from us.
- 15.3** In so far as we do not respond to a request for reconsideration within six weeks, or if we state that we are abiding by our original decision citing reasons for doing so, you may apply to a competent court of law.
- 15.4** Contrary to the provisions of the foregoing clause, the policy holder or the insured may bring a dispute before the Stichting Klachten en Geschillen Zorgverzekeringen, Postbus 291, 3700 AG Zeist (www.skgz.nl). (Foundation for Disputes and Differences Health Insurance Act). This foundation may issue a binding recommendation subject to the provisions of the regulations governing it.
- 15.5** Consumers, health care providers and health care insurers can submit a complaint to the Nederlandse Zorgautoriteit (Dutch Health Authority) concerning the forms used by us. Such a complaint is about the forms which, in the opinion of the complainant, are excessive or too complicated. A decision by the Nederlandse Zorgautoriteit (Dutch Health Authority) provides the care provider, health care insurer and consumer with a final recommendation.

Article 16 Personal details

We request personal details when an application is made for insurance or a financial service. This information we use within Achmea for the purposes of proving such application, executing the relevant insurance agreement, providing the financial service concerned, customer relationship management and also for the prevention of fraud and the enforcement of legal regulations. We may also use this information to inform you about relevant products and services. If you do not wish to receive information about products or services, you may send a written notice to this effect to Groene Land - PWZ Achmea, PO Box 631, 8000 AP Zwolle.

Article 17 Fraud

- 17.1** Obtaining any entitlement or benefit from the health insurance company or under the terms of an insurance agreement entered into with it under false pretences or on unlawful grounds and/or in an unlawful manner constitutes fraud.
- 17.2** Any right to any entitlement or benefit pursuant to this insurance will lapse, when you and/or any party has an interest in such entitlement or benefit, misrepresents his situation, submits false or misleading documents, makes an untrue statement in relation to any claim he submits, or withholds any information which could be of interest to us when assessing a claim he has filed. In such a case any right to an entitlement or benefit in relation to the entire claim concerned shall lapse, also that in respect of which an untrue statement has been made and/or the situation has been misrepresented.
- 17.3** Fraud may also mean that we will:
- a. Report it to the police;
 - b. cancel any relevant insurance agreement;
 - c. record the matter in a detection system used by the various insurance companies;
 - d. recover any benefits that have been paid and or expenses (for an investigation or otherwise) incurred.

Article 18 Abroad

18.1 Residence

- 18.1.1** The insured who resides in The Netherlands is entitled to his/her choice of:
- care by a health care provider that is contracted by us in a foreign country;
 - compensation of the costs of care by a care provider or health care institution that is not contracted by us according to the claims of the Beter Af Policy to a maximum of:
 - the lower compensation or the excess which you owe, if this is mentioned in an entitlement;
 - the current maximum rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
 - when and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.
- 18.1.2** The insured who resides in another EC/EEA country or treaty country other than The Netherlands is entitled to his/her choice of:
- care according to the legal regulation of the country on grounds of the provisions of the EC social security regulation or like treaty;
 - care by a health care provider that is contracted by us in the country of residence;
 - compensation of the costs of care by a care provider that is not contracted by us conform the claims of the Beter Af Policy to a maximum of:
 - when this is mentioned in an entitlement, the lower compensation or the excess that you owe;
 - the current rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
 - in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.

- 18.1.3 The insured who resides in a country that is not a member of the EC/EEA or treaty country, has a choice of the entitlements for compensation of the costs of care by care provider or health care institution not contracted by us conform the claims of the Beter Af Policy to a maximum of:
- when this is mentioned in a claim, the lower compensation or the excess that you owe;
 - the current (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
 - in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.
- 18.1.4 In the cases which fall under the previous sections, when we give Permission in advance for the invocation of care in another country than the one in which one resides, compensation is given, which can amount to more than specified in Section 18.1.

18.2 Care by temporary stay in a foreign country

- 18.2.1 For medically necessary care of the insured, who lives in The Netherlands, another EC/EEA or treaty country, and is temporarily staying in another EC/EEA or Treaty country than his/her country of residence, he/she is entitled to a choice of:
- care by a health care provider that is contracted by us in that country;
 - compensation of the costs of care by a health care provider not contracted by us conform the claims of the Beter Af Policy to a maximum of:
 - when this is mentioned in a claim, the lower compensation or the excess that you owe;
 - the current (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act);
 - in the case and so far as there is no determined (maximum) rate on the basis of the Wet marktordening gezondheidszorg (Market Regulation of Health Care Insurance Act), the current valid amount conform the Dutch market.
 - when applicable, care according to the legal regulations of the country on grounds of the specifications of the EC social security regulation or like treaty.
- 18.2.2 For medically necessary care to the insured who resides in The Netherlands or another EC/EEA country or treaty country, and is temporarily staying in another country that is not a EC/EES country or treaty country, Section 18.1.3 applies.
- 18.2.3 For care to the insured who does not reside in The Netherlands or another EC/EEA country or treaty country, and is temporarily staying in another country than the home country, Section 18.1.3 applies.

Entitlements Beter Af Policy

Article 1 Nursing and day treatment in a hospital

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

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

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

If you make use of a care provider who is not contracted by us to perform such treatment, in the case of a number of types of treatment you will be entitled to a compensation of 80% of the average fee agreed on for the relevant treatment. This applies to the following types of treatment:

- Femoral hernias;
- Varicose veins;
- Gall bladder operation;
- (Suspicion of) breast cancer;
- Psoriasis;
- Pregnancy and childbirth;
- Incontinence;
- Removal of tonsils and adenoids;
- Testing in relation to sleep disturbances and treatment of obstructive sleep (apneu) syndrome;
- Diabetes in children (treatment by paediatrician);
- Chronic gastroenteritis (Crohn's disease and ulcerative colitis);
- Breast reduction based on a medical recommendation;
- Cataract operations;
- Arthrosis of hips and knees, including placement;
- Meniscus or damage to cruciate ligament;
- (Suspicion of) hernia to back;
- Rheumatoid arthritis;
- Bechterew disease;
- Kidney stones and urinary passage stones;
- Prostate complaints, inclusion (suspicion of) prostate cancer;
- (Suspicion of) bladder cancer.

Terms and conditions

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

Exclusion

This section is not applicable for mental health care (GGZ). For the GGZ article 9 are applicable.

Article 2 Independent treatment centre

If treated in an independent treatment centre we reimburse:

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

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

If you make use of an independent treatment centre who is not contracted by us, in the case of any such treatment, you will be entitled to a compensation of 80% of the average fee agreed on for the relevant treatment.

Terms and conditions

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

Article 3 Cosmetic and plastic surgery

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

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

Terms and condition

We will need to give you written consent beforehand.

Article 4 Specialist medical care (outpatients)

We reimburse the costs of:

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

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

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

Terms and condition

We reimburse the costs of the above if you have been referred by a general practitioner, an obstetrician where the latter is providing the care concerned, or another medical specialist. No referral is required for an ophthalmologist.

Exclusion

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

Article 5 Specialist medical care (extramural)

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

We reimburse the cost of:

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

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

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

Terms and condition

We reimburse the costs only if you have been referred by a general practitioner, a doctor who treats children and adolescents, an obstetrician where the latter is providing the care concerned, or another medical specialist.

Exclusion

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

Article 6 Second opinion

You are entitled to a second opinion of a medical specialist other than the one by whom you are being treated. The opinion or advice can be requested by you or by the primary doctor.

Terms and condition

You are entitled to the above if the diagnosis or treatment satisfies the terms and conditions of this health insurance.

Article 7 Organ transplants

You are entitled to:

- a transplant in a hospital of any of the following tissue and organs: bone marrow, bones, corneas, skin tissue, kidneys, hearts, liver (orthotopic), lungs, heart and lungs, pancreas;
- any specialist care provided in relation to the selection of a donor and in connection with the operative removal of the transplant parts from the selected donor, any examinations, their preservation, removal and transport of the post-mortal transplant part in connection with the scheduled transplant.

The donor is entitled to reimburse the cost of:

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

Terms and condition

We will have to give you prior written permission if an organisation is involved with which we have not entered into an agreement.

Article 8 Rehabilitation in a hospital or a rehabilitation centre

You are entitled to rehabilitation but only if:

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

Rehabilitation may be effected in:

- a clinical situation involving admission for more than one day, if better results are anticipated more quickly than if rehabilitation were to occur without your admission;
- in non-clinical situation (part-time or day treatment).

Article 9 Psychiatric hospitalisation

We reimburse the costs of hospitalisation in a psychiatric hospital or on a psychiatric ward of a hospital for a stay up to a maximum of 365 days. A temporary release of maximum thirty days is not regarded as interruption, but such a release does not count toward the 365 days. Releases because of weekend or vacation do count toward the 365 days.

We reimburse the costs of:

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

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

We reimburse 80% of the average contracted rate if treatment is received by a psychiatric hospital or on a psychiatric ward of a hospital which is not contracted to us.

Terms and conditions

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

Article 10 Non-clinical therapeutic mental health care

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

We reimburse the costs of:

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

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

For a psychotherapeutic treatment there is a legal excess. The legal excess for individual, group or family therapy amounts to € 15.60 per session to a maximum of € 702.- per calendar year; for family therapy the contribution and the maximum are per family. The legal excess for partner relationship therapy amounts to € 7.80 per insured per session, to a maximum of € 351.- per insured per calendar year.

For treatment by a GGZ-institution, psychiatrist/neurologist or clinical psychologist who are not contracted with us we reimburse a maximum of 80% of the average contracted rate.

Terms and conditions

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

Article 11 Primary psychological care

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

When treated by a clinical psychologist, health care psychologist or a first-line psychologist who is not contracted with us, we reimburse a maximum of 80% of the average contracted rate.

Terms and conditions

- For the first four short treatments (half sessions) by a care provider specifically contracted for this no referral is necessary. For subsequent treatments after the first four half-sessions and for normal treatments (whole sessions) with these care providers you must have a referral from a general practitioner or a company doctor.
- For treatments with other care providers you must have a referral from a general practitioner or a company doctor.
- For the youth as referred to in the Wet op de jeugdzorg (Law for child and adolescent welfare) a decree of indication from an Office for Child and Adolescent Welfare is necessary or a recommendation from a doctor or other caretaker stated in section 10 of the uitvoeringsbesluit Wet op de jeugdzorg (Order of Pursuance Law of child and adolescent welfare) when the care concerns that as described in section 9b fifth clause of the AWBZ.

Article 12 Personal budget mental health care (PGB GGZ)

Instead of the entitlements described in sections 10 and 11 you are entitled to a personal budget in accordance with Achmea regulation PGB GGZ. The Achmea regulation PGB GGZ is a part of this policy and you can download it from our website or request it from us.

In the event that you receive a personal budget for mental health care on 31 december 2007, it is a part of the entitlements as described in sections 10 and where the term of the original AWBZ- (General Law Special Illnesses) indication decree has not yet passed, an overlap time of maximum a year applies. Up to 1 january 2009, that is to say so much shorter than the term of the previous indication decree, you can retain the personal budget such as was determined on the basis of the AWBZ.

Terms and conditions

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

Article 13 Non-clinical haemodialysis and peritoneal dialysis

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

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

- the costs involved in the training provided by the dialysis centre for those who conduct the dialysis treatment or who assist with this;
- the costs of lending out dialysis equipment and accessories, of regularly monitoring and maintaining it (including replacement), and of the chemicals and fluids required for the performance of this dialysis treatment;

- the costs of making any alterations in and to you home and to restore it to its original condition in so far as we deem these expenses to be reasonable and no provision is made for them in any other legislation;
- any other costs which are directly related to home dialysis treatment in so far as we deem such costs to be reasonable and no provision is made for them in any other legislation;
- the costs of requisite expert assistance provided by the dialysis centre for the purposes of dialysis treatment.

Terms and condition

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

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

14.1 IVF

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

An attempt includes four phases:

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

A complete attempt includes following all of the above (4) phases in their totality. A complete attempt can also include phases b, c and d. Returning the frozen embryos is included in the IVF treatment from which they came into being.

Terms and conditions

- We will need to have given you written consent beforehand.
- The IVF treatment must be carried out in a licensed hospital.
- An ICSI treatment (intracytoplasmic sperm injection) and an ovum donation treatment equal an IVF attempt. The donor is not entitled to (compensation of the costs of) care.
- In the case of women who are insured IVF can be claimed up to and including age 40. After the age of 40 and before the age of 45 compensation for IVF is considered, if the objective of the treatment in the individual case is assessed and established.
- An actual pregnancy is one which is ongoing. That is to say a pregnancy of no shorter than 12 weeks, calculated from the first day after the last menstruation.
- The Geneesmiddelenvergoedingensysteem (Medication Allowance System) (GVS) will apply. We will reimburse the costs involved subject to the maximum amounts stipulated by the government.

14.2 Further treatments to increase fertility

You are entitled to other treatments to increase fertility; treatments which involve operative procedures and artificial insemination. You cannot claim medicine which is intended to increase fertility.

Terms and condition

We must provide written permission in advance.

Exclusion

There is no entitlement for medication which serves to increase fertility.

Article 15 Oncological examination of children

You are entitled to any costs declared by Skion (Stichting Kinderoncologie Nederland (Dutch Childhood Oncology Group) in respect of centralised diagnostics (referential or otherwise), and the coordination and registration of any body tissue submitted.

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

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

Terms and conditions

- A similar type of treatment has been carried out in the Netherlands without success and we consider treatment in Davos to be effective.
- You must be referred by a pneumonologist.

Article 17 Mechanical respiration

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

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

Article 18 Thrombosis service

You are entitled to care provided by a thrombosis service. You must be referred by a doctor. This care will comprise:

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

Article 19 Audiological centre

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

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

Terms and condition

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

Article 20 Hereditary examination and advice

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

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

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

Terms and condition

You must be referred by the doctor treating you.

Article 21 Treatment of psoriasis

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

Terms and conditions

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

Article 22 Telemonitoring

Insured persons with chronic heart failure are entitled to the rental of equipment for telemonitoring and the accompanying guidance.

Terms and condition

You are only entitled to compensation if the equipment is provided by Philips and the guidance is given with the supervision of your cardiologist.

Article 23 Care provided by a general practitioner

You are entitled to:

- care provided by a general practitioner or a doctor or health care provider of similar standing who acts under the supervision of a general practitioner;
- X-ray and laboratory analysis at a general practitioner's request.

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

You are also entitled to a number of types of treatment provided by a general practitioner which are also of the type of care which medical specialists tend to provide. You are only entitled to these types of treatment when we have agreed to this in our contract with the relevant general practitioner.

Terms and condition

You will only be entitled to laboratory costs if they are declared by a hospital or laboratory in the Netherlands.

Article 24 Pharmaceutical care

24.1 General

According to the Achmea reglement Farmaceutische Zorg (Achmea Regulations Governing Pharmaceutical Care) we reimburse the costs of:

- registered medicine that is designated by Achmea Zorg on the basis of the Besluit zorgverzekering (Health Insurance Decree). There is a limited list of medication in respect of which additional terms and conditions apply. One of these is that we will need to give you permission for the supply of some types of medicine;
- medicine other than that registered under the terms of the Geneesmiddelenwet (Medicines Act) in the Netherlands, may be supplied when rational pharmacotherapy is involved; these are medications which:
 - are made or made by order of a pharmacist in his pharmacy on a small scale;
 - in accordance with section 40, third clause, under c of the Geneesmiddelenwet (Medicines Act), which upon request from a doctor is referred to in the stipulations are prepared in the Netherlands by a manufacturer as referred to in section 1, first clause, under mm, of the law, or
 - in accordance with section 40, third clause, under c of the Geneesmiddelenwet (Medicines Act), which are on the market in another member country or in a third country and upon request of a doctor as referred to in the stipulation, are brought within the borders of the Netherlands and are intended for one of his patients who suffers from a disease which does not occur by more than 1 of the 150,000 inhabitants.
- dietary preparations when there is a situation of any serious swallowing, passage, resorption or metabolic disorder, in the case of a serious food allergy or when there is a danger of grave malnutrition on the part of an insured person who is suffering from a chronic lung obstruction, or serious cyst fibrosis or congenital heart failure and there is a danger of growth retardation.

Het Achmea reglement Farmaceutische Zorg (Achmea Regulations Governing Pharmaceutical Care) constitutes part of this policy and you can download it from our website or request a copy from us. The Geneesmiddelenvergoedingssysteem (Medication Allowance System) (GVS) applies to the reimbursement of the cost of medicine. This means that a benefit limit has been determined for most types of medication. When the price of any medicine exceeds this benefit limit, we will reimburse to a maximum up to that limit. When above-mentioned medicine and diet preparations are provided by a pharmacy or by a general practitioner who operates a pharmacy who are not contracted with us an amount of € 2.50 per delivery will not be reimbursed.

Terms and conditions

- The pharmaceutical care must be prescribed by:
 - a general practitioner, medical specialist, dentist, obstetrician or on the basis of nurses appointed by ministerial regulations whose care you have sought in accordance with this policy;
 - a doctor affiliated to a birth control consultancy, a person or organisation who provides the care referred to in Section 8 of the Besluit zorgaanspraken AWBZ (AWBZ Care Entitlements Decree);
 - a doctor who is affiliated to a municipal health care department and who provides care for the treatment of tuberculosis or a tuberculosis infection;
- The pharmaceutical care must be supplied by a pharmacist or a general practitioner who operates a pharmacy;
- We reimburse the costs of dietary preparations and medication which are governed by supplementary terms and conditions only when we have given you our permission in advance and you satisfy the terms and conditions that we stipulate in appendix 1 'Further terms and conditions of compensation' of the Achmea Reglement Farmaceutische Zorg (Achmea Regulations Governing Pharmaceutical Care).
- For insulin a prescription from the general practitioner or medical specialist is only necessary for the first delivery.

Exclusions

- We do not reimburse the costs of any medicine for the prevention of sickness in relation to travel.
- We do not reimburse the costs of pharmaceutical care in those cases stipulated in the Regeling zorgverzekering (health Insurance Regulations).
- We do not reimburse the costs of any medicine for research as referred to in section 40, third clause, under b, of the Geneesmiddelenwet (Medicines Act);
- We do not reimburse the costs of medicine as referred to in section 40, third clause, under e, of the Geneesmiddelenwet (Medicines Act).
- We do not reimburse the costs of any medicine which is or which is almost the equivalent of any registered medication that has not been designated.

24.2 Contraceptives

We reimburse the costs of hormonal contraceptives and intrauterine devices for insured persons who are female.

Terms and conditions

- The contraceptive must be described by a general practitioner or medical specialist, must be supplied by a pharmacist or a general practitioner operating a pharmacy that is based in the Netherlands, and must only be taken personally.
- In the case of contraceptive pills a prescription is only required from a general practitioner or medical specialist for the first batch.

Exclusion

We do not reimburse the cost of excess (above limit price).

Article 25 Physiotherapy and remedial therapy

25.1 Chronic disorders

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

18 years of age we reimburse the costs of the first 9 treatments as well. We will reimburse a maximum of € 20.- for each session of treatment provided by a physiotherapist or a remedial therapist whom we have not contracted. In the case of any other treatment provided by a physiotherapist or remedial therapist whom we have not contracted, we will provide a benefit in accordance with the Overzicht Vergoedingen Basisprestaties Fysiotherapie (Schedule of Benefits for Basic Physiotherapy Treatment). This schedule constitutes part of this policy and is included in the folder 'Paramedische Zorg' (Paramedical Care) which you can download from our website or you can request a copy of it from us.

Terms and conditions

- We reimburse the costs only when you have been referred by a general practitioner, a company doctor or a medical specialist.
- In order to receive compensation for the costs of a treatment by a physiotherapist or remedial therapist with whom we have not entered into a contract, we will need to provide you with written permission beforehand.
- The scope of care to be provided is limited to that which physical therapists and remedial therapists respectively tend to provide.
- Manual lymph drainage in relation to a serious lymph oedema may also be treated by a skin therapist with whom we have entered into a contract.

Exclusion

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

25.2 Disorders which are not chronic

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

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

Terms and conditions

- We reimburse the costs only when you have been referred by a general practitioner, a company doctor or a medical specialist.
- To obtain payment for the costs of treatment by a physiotherapist or remedial therapist whom we have not contracted, we will need to give you with written permission beforehand.
- The scope of the care to be provided is limited to that which physical therapists and remedial therapist respectively tend to offer.
- Manual lymph drainage in relation to a serious lymph oedema may also be treated by a skin therapist with whom we have entered into a contract.

Exclusions

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

Article 26 Occupational therapy

You are entitled to 10 hours of advice, instruction, training or treatment by an occupational therapist each calendar year with the aim of improving or restoring self-sufficiency.

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

Terms and condition

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

Article 27 Speech and language therapy

You are entitled to treatment by a speech and language therapist in so far as this care seeks to achieve a medical goal and it is anticipated that this treatment will improve your power of speech and ability to speak or enable you to recover same. The extent of the care to be provided in this case is subject to that which speech and language therapists tend to provide.

Terms and condition

You are only entitled to compensation when you have been referred by a general practitioner, a dentist or a medical specialist.

Exclusion

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

Article 28 Dietary advice

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

Terms and conditions

- You must be referred by a doctor or dentist.
- The dietician consulted must be a member of the Dutch Society of Dieticians or the Dietician's Cooperation of The Netherlands or must satisfy the quality requirements of these societies.

Article 29 Medical aids

29.1 General

We reimburse the costs of:

- the delivery of medical aids and bandaging to keep. In this respect an excess applies in some cases or maximum benefit;
- having any medical aids modified, replaced or repaired;
- spare aids.

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

If you obtain any medical aids from a supplier whom we have not contracted, the benefit may be less than in the case of a contracted medical aids supplier. In this case you will need to take into account that you will be required to make a contribution. The amount of this personal contribution is stipulated in the Achmea reglement Hulpmiddelen (Achmea Medical Aids Regulations).

With reference to the named medical aids included in the Achmea reglement Hulpmiddelen (Achmea Medical Aids Regulations) for compensation of a serious visual impediment you are entitled to a personal budget with which acquisition of medical aids can be provided, instead of compensation for specific medical aids. This must be in agreement with the Achmea reglement Hulpmiddelen (Achmea Medical Aids Regulations).

In accordance with the Achmea reglement Hulpmiddelen (Achmea Medical Aids Regulations), contrary to clause 11.1 and the above, in certain cases the entitlement includes providing medical aids on loan.

Terms and conditions

- You do not require any prior consent for the delivery, modification, replacement or repair of a large number of medical aids, and you may contact a supplier directly. A schedule to the Achmea reglement Hulpmiddelen (Achmea Medical Aids Regulations) stipulates the medical aids in respect of which this applies. However, our prior consent is required for the delivery, modification, replacement or repair for a number of medical aids, which involves us assessing whether the relevant aid is required, is effective and is not unnecessarily expensive or complicated.
- You may ask us for information about any medical aid and for a list of any suppliers in your area whom we have contracted. This can also be downloaded from our website or you can request it from us.

29.2 Other medical aids as part of the medical specialist care

Medical aids listed below can be employed as part of the medical specialist care, as intended in article 1 up to and including article 5.

The use of these medical aids is only possible under the supervision of the medical specialist, regardless of the place of treatment. This means that the treatment can also be given at home or continued if the medical specialist considers this appropriate and responsible.

CPM scooter

You are entitled to use a CPM scooter for post-op treatment of knee or ankle joint injury.

VAC (Vacuum Assisted Closure) System

You are entitled to use a vacuum pump system for the treatment of large open wounds (infected or otherwise) over a protracted period of time.

Article 30 Antenatal Screening

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

30.1 Counseling

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

30.2 Structural Echoscopic Examination (SEO)

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

30.3 Combination Test

The insured female is entitled to the combination test (neck measurement in combination with a blood test) for congenital birth defects in the first trimester of the pregnancy. The entitlement is for the insured female:

- who is 36 years of age or older;
- who is younger than 36 years of age and has been referred by the general practitioner, the midwife or the medical specialist.

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

Article 31 Childbirth and obstetrical care

31.1 Required for medical purposes

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

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

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

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

31.2 Not required for medical purposes

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

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

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

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

Article 32 Maternity care

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

- at home. We provide the necessary maternity care for the insured female who is pregnant. A legally-required excess of € 3.70 per hour of maternity care applies. In the event you do not wish to have us arrange the maternity care, an additional excess of € 5.- per hour of maternity care will apply. The extent of any maternity care will be in line with your personal situation after the birth and will be determined by the maternity centre in close consultation with you in accordance with the Landelijk Indicatie Protocol Kraamzorg (National Advisory Protocol for Maternity Care). Information about this Protocol can be downloaded from our website or can be requested from us.
- in a hospital. If you stay in a hospital without medical grounds, a legally required excess of € 14.50 will apply to both the mother and child for each day plus the hospital fee to the extent that it exceeds € 104.50 per day. You will receive maternity care for a maximum of 10 days to be counted from the date of the birth.

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

Terms and condition

If you would like us to arrange your maternity care, you will need to contact us at the latest during the fifth month of your pregnancy.

Article 33 Patient transport

We reimburse the costs of patient transport:

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

We reimburse the costs of the following types of transport:

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

In the case of seated patient transport (public transport, taxi or your own vehicle), an excess of € 86.- per person applies each calendar year. If the taxi is not contracted by us, a maximum of € 0.70 per kilometre will be paid.

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

Terms and conditions

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

Dental care articles 34 to 40

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

Article 34 Dental treatment to 22 years of age

You are entitled to the following types of dental treatment:

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

Terms and condition

The treatment must be carried out by a dental surgeon, a dentist, an oral hygienist or a dental prosthodontist contracted by us. They must be qualified to provide the relevant treatment.

Article 35 Dental treatment over 22 years of age: general

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

Terms and conditions

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

Article 36 Dental treatment over 22 years of age: removable prostheses

You are entitled to the costs involved in the creation and installation of:

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

You are entitled to 75% of the cost.

You are entitled to 100% of the costs involved in reappearing and recreating the base of an existing removable comprehensive or full crown prosthesis.

Terms and conditions

- The prosthesis must be supplied and declared by a dentist or by a dental prosthodontist who has been contracted by us.
- When the entire removable prosthesis is made and installed in a centre for special dental treatment, will apply instead of the UPT (Uniforme Particuliere Tarieven (Uniform Private Tariffs) codes, the rates set by the NZa.
- The prosthesis must be repaired by a dentist or a dental prosthodontist whom we have contracted to do so.
- If a prosthesis needs to be replaced within five years, we will first have to give you permission for this.
- In the event that the total cost of the prosthetic application inclusive of technical cost of making it and placing it by a dentist are higher than € 600.- per upper or lower jaw then we must first give you permission for this.

Article 37 Implants

37.1 Implants

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

Terms and conditions

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

37.2 Removable complete prosthesis on implants

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

There is an excess of € 90.- per upper or lower jaw.

Terms and conditions

- Permission must be given by us beforehand. The application must be submitted by a dentist, a prosthodontist contracted by us or a centre for special dental treatment. The request for permission to undergo such treatment must be accompanied by a treatment plan.
- There must be a drastically shrunken, toothless jaw.
- The prosthesis must be made and implanted by a dentist, a prosthodontist contracted by us or a centre for special dental treatment.
- When the prosthesis is made and implanted in a centre for special dental treatment instead of the Uniforme Particuliere Tarieven (UPT) (Uniform Private Rates) codes, the rates set by the NZa.

Article 38 Dental care for insured persons with a disability

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

Terms and conditions

- Any physically and/or mentally disabled person is only entitled, when he cannot claim any dental benefits under the terms of the AWBZ.
- We need to give you our permission in advance and will send you an application form on request. The application for consent must be accompanied by a treatment plan.
- You are only entitled, when you are referred by a general practitioner, dentist or dental specialist.

Article 39 Dental care in special circumstances

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

- you have a development or growth disorder, or an acquired deficiency of your teeth, jaw and mouth system which is so serious that you cannot achieve or maintain any dental function similar to that which you would have had, if the disorder had not occurred;
- it can be shown that any medical treatment provided without this care will produce an inadequate outcome and you cannot achieve or maintain any dental function similar to that which you would have had, if the disorder had not occurred;
- you have an extreme fear of dental treatment, in accordance with the centre for special dental treatment. For extremely fearful (insured) persons the following treatments are included: preventive examination, incidental consultation, extraction, paradental help, endodontal help, restoration of dental elements with plastic materials and removable (albeit not complete) prosthetic provisions a legally compulsory contribution equal to the difference with regard to the traditional rate of dental treatment.

Terms and conditions

- The treatment must be carried out by a dentist, a dental surgeon or a centre for special dental treatment.
- We need to give you consent beforehand and will send you an application form on request. The application for consent must be accompanied by a treatment plan.
- You are only entitled, when you are referred by a general practitioner, a dentist or a dental specialist.

Article 40 Orthodontics in special circumstances

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

Terms and conditions

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

Supplementary insurance Policies: Terms and Conditions, Entitlements and Benefits

Supplementary insurance general terms and conditions

Articles 1 to 17 of the general terms and conditions governing the Beter Af Policy also apply to the supplementary (dental) insurance policies.

In addition to these articles, several specific provisions apply to these supplementary (dental) insurance policies. They are set out below.

Article 1 Definitions

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

Supplementary insurance

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

Podologist

A podologist who is registered as Registered-Podologist B with the Stichting Landelijk Overkoepelend Orgaan voor de Podologie (LOOP) (National Foundation Coordinating Body for Podologist).

Podology therapist

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

We/us

Achmea Zorgverzekeringen N.V.

Health insurance company

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

Article 2 Application and registration

- 2.1 Any person who is entitled to a Beter Af Policy, may apply for supplementary insurance at his own request. You can apply for this supplementary insurance by filling in the application form completely, signing it and sending it in.
- 2.2 We may deny an application to be registered for this supplementary insurance when:
 - a you (the policy holder) are still required to pay premiums for any insurance which was previously taken out with us;
 - b you have been guilty of fraud as defined in Article 17 of the Beter Af Policy;
 - c your health constitutes grounds for doing so.
- 2.3 For children younger than 18 years of age it is not possible to enter into a supplementary insurance that is more comprehensive than the supplementary insurance of one of the parents.

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

- 3.1 **Date on which your supplementary insurance commences and its term**

You (policyholder) can add supplementary insurance to a policy that you already have with us. This addition will only occur per 1 January and once we have agreed to it in writing. A medical examination may be carried out.
- 3.2 **Termination of your supplementary insurance**
 - 3.2.1 You (the policyholder) may terminate this insurance by cancelling it in writing not later than 31 December. The supplementary insurance will expire on 1 January following this. Once effected, cancellation is irrevocable.
 - 3.2.2 We terminate your supplementary insurance:
 - at a time that we determine, if any amount owed is not paid within 45 days after it falls due. We will terminate the supplementary insurance for both you and any of your children who are younger than 18 years of age;
 - with immediate effect, when you fail to ensure timely compliance with a request for information (in writing if required) which is required to ensure the proper administration of the supplementary insurance, where it subsequently appears that you had incorrectly or incompletely filled in the application form, or if you have withheld any facts which could be relevant to us;
 - in the event of proven fraud.

Article 4 Mandatory and voluntarily chosen excess

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

Article 5 Premium

5.1 Amount of premium

- 5.1.1 The amount of the premium is dependent on your age. For the Beter Af Hospital Extra Benefits the premium is also dependent on the region in which you live. If your premium increases because you have crossed an age barrier after the first of the month, the premium will be increased per the first of the following month. When your age changes per the first of the month, then the premium will increase per the first of that month.
- 5.1.2 If one of the parents has taken out a Beter Af Plus Policy with our health insurance company, then the insured person younger than 18 years of age does not have to pay a premium for the Beter Af Plus Policy, as long as this Beter Af Plus Policy is not higher than that of the parent.

5.2 Payment in arrears

As a supplement to Articles 9.3.1 and 9.3.2 of the Beter Af Policy any entitlements will lapse if the relevant premiums are not paid within the term of payment of the second notice in writing sent by us. These entitlements will then lapse automatically on the first day of the month after the expiration of the term of payment in question. The duty to effect payment will continue to apply. If you are in arrears with your premiums, we will terminate the Beter Af Policy and the supplementary insurance. The arrangement of this supplementary insurance will be preceded by medical approval. Once the application has been approved, the supplementary insurance will be arranged on the first day of the month following the month in which the application was submitted.

Article 6 Amendment of premium and/or terms and conditions

- 6.1 We have the right to alter the terms and conditions and/or the premium of the current supplementary insurance policies taken out with us, completely or per group. Such an alteration will be made on a date which is yet to be determined by us.
- 6.2 When we raise the premium or limit the compensation from the terms and conditions of the insurance policy, these alteration apply to you even if you are already insured.
- 6.3 When you do not agree with the increase in premium or the limitations of the terms and conditions, you can express your grievances in writing within 30 days after the alterations have been made known to you. We shall then terminate your insurance policy on the day on which the alterations go into effect.
- 6.4 You are not allowed to refuse the alterations when:
 - the increase in premium and/or limitations of the compensations are a result of legal regulations;
 - your premium will be higher because of your age or because you have moved to another region of the country.

Article 7 Entitlements

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

7.2 Concurrence

7.2.1 You can only claim those benefits from us which you receive pursuant to the supplementary insurance, which are not or are only partly provided under the terms of any legal provisions.

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

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

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

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

Article 8 Validating entitlements to care

Article 12.2 of the Beter Af Policy does not apply to the supplementary insurance.

Article 9 Disputes

This article replaces article 15 of the Beter Af Policy.

If you are not in agreement with a decision concerning your supplementary insurance then you can file a complaint within six months after the decision is made known to you by our department Central Complaints Coordination. This department acts on behalf of management. You can file your complaint in writing, by telephone or via our website.

The Central Complaints Coordination department will inform you further about the course of the procedure. They will inform you as well about any necessary follow-up steps which you can take, if you do not agree with the manner in which we have dealt with your complaint (for example via the Ombudsman Health Care Insurance).

How to file a complaint and how we subsequently deal with it can be read in the folder 'Heeft u klachten, vertel het ons' ('If you have a complaint, tell us'). This brochure can be downloaded from our website or requested from us.

Article 10 Material control and fraud

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

Beter Af Plus Policy

Your insurance policy certificate states which insurance policies you have taken out with us. If you have arranged a Beter Af Policy with us, you will at all times be entitled to the discounts listed under 'Achmea health'. These discounts are mentioned in the schedule of benefits.

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

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

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

Terms and condition

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

Exclusion

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

Beter Af Plus Policy

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

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

We will reimburse the cost of overnight stays in a Ronald McDonald house or guest house with whom we are contracted, situated in the vicinity of the hospital, when you are undergoing an outpatient treatment cycle.

Beter Af Plus Policy

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

Article 3 Cosmetic or plastic surgery

3.1 Based on a medical recommendation

We will reimburse the cost of surgical intervention of a cosmetic nature, when this treatment corrects any disfigurement of your looks which is associated with a demonstrable physical disorder. We will reimburse the following types of treatment:

- the correction of upper eyelids;
- the correction of the position of an ear;
- the tattooing of the areola following the amputation of a breast.

Terms and condition

The treatment must be carried out by a care provider contracted by us to perform above treatments.

Beter Af Plus Policy

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

3.2 Not based on a medical recommendation

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

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	no cover
4 stars	maximum of € 250.- per person every three calendar years

Article 4 Sterilisation

We will reimburse the cost of sterilisation in a hospital or an independent treatment centre contracted by us for that purpose.

Exclusions

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

Beter Af Plus Policy

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

Article 5 Circumcision

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

Terms and condition

Circumcisions must be carried out by care providers whom we have contracted for this purpose, in an independent treatment centre or in a circumcision clinic contracted for this purpose.

Beter Af Plus Policy

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

Article 6 Excess psychotherapy

We will cover any excess which you owe for compensation of psychotherapy which is paid for from the Beter Af Policy.

Beter Af Plus Policy

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

Article 7 Excess first-line psychological care

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

Beter Af Plus Policy

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

Article 8 Treatment of psoriasis

We will reimburse the cost of treating psoriasis in a psoriasis day treatment centre contracted by us.

Terms and conditions

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

Beter Af Plus Policy

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

Article 9 Orthopedic medicine

We give compensation for consultations by an orthopaedic physician who has been contracted by us. The consultations are to consist of the diagnostic and the treatment of conditions of the kinetic system whereby no operation takes place. The list of orthopaedic physicians contracted by us can be downloaded from our website or can be requested from us.

Terms and condition

You must have a recommendation in writing from the general practitioner.

Beter Af Plus Policy

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

Article 10 Alternative medicine and therapies

We will reimburse the costs of consultations by alternative practitioner.

Terms and conditions

- The alternative healer or therapist must satisfy quality requirements which we have drawn up for alternative healers and therapists. A list of the professional associations which satisfy these quality requirements constitutes part of this policy and you can download it from our website or request a copy of it from us.
- The consultation must occur as part of the medical treatment. We will decide whether this is the case.
- The consultation will be provided on an individual basis.
- When the alternative healer is also a general practitioner, the costs involved will not be paid.

Exclusions

- We will not reimburse the cost of treatments, examinations and courses of a social nature which focus on health and/or prevention.
- We will not reimburse the cost of courses of treatment and travel.
- We will not reimburse the cost of ASR therapy, cell therapy and chelati therapy.

Beter Af Plus Policy

1 star	no cover
2 stars	maximum of € 35.00 per day subject to a maximum of € 175.- per person each calendar year
3 stars	maximum of € 35.00 per day subject to a maximum of € 350.- per person each calendar year
4 stars	maximum of € 50.00 per day subject to a maximum of € 500.- per person each calendar year

Article 11 Alternative medicines

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

Terms and conditions

- The homeopathic or anthroposophic medicines must have been prescribed by a doctor.
- The homeopathic or anthroposophic medicines must be registered as such in the list of medicines of the Koninklijke Nederlandse Maatschappij ter bevordering van de geneeskunst (KNMP) (Royal Dutch Society for the advancement of medicine) as homeopathic or anthroposophic medicine.
- The homeopathic or anthroposophic medicines must be supplied by a pharmacy or general practitioner operating a pharmacy that has been contracted by us.

Beter Af Plus Policy

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

Article 12 Pharmaceutical care

12.1 Ceiling price

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

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	no cover
4 stars	100% to a maximum of € 500.- per person per calendar year

12.2 Melatonin

For sleep problems as a result of DSPS, ADHD and PDD-NOS we reimburse the cost of the medicine melatonin.

Terms and conditions

- We must give permission beforehand.
- With symptoms as a result of DSPS the melatonin must be prescribed by a doctor who is affiliated with a sleep centre in the Netherlands with whom we have a contract.
- With symptoms as a result of ADHD and PDD-NOS the melatonin must be prescribed by a (child) psychiatrist, pediatrician or (child) neurologist, who is affiliated with an institution with which we have a contact.
- The melatonin must be delivered by a pharmacist or a general practitioner who operates a pharmacy with whom we have a contract.

Beter Af Plus Policy

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

Article 13 Medicine to increase fertility

We will reimburse, as supplement to article 14.2 of the Beter Af Policy, the medicine which is intended to increase fertility.

Terms and condition

We need to give you written consent beforehand.

Beter Af Plus Policy

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

Article 14 Physiotherapy and remedial therapy

We will reimburse the cost of treatment provided by a physiotherapist and/or a remedial therapist. In connection with serious lymphodemia a skin therapist contracted by us may also perform lymph drainage manually. Where the insured is entitled to physiotherapy or remedial therapist under the Beter Af Policy, this benefit will serve as a supplement to his entitlement based on that policy.

For treatments performed by a physiotherapist or remedial therapist with whom we do not have a contract we will reimburse to a maximum of € 20.- per session.

Other work done by a physiotherapist or remedial therapist with whom we do not have a contract we will reimburse according to the Overzicht Vergoedingen Basisprestaties Fysiotherapie (Overview of Compensation of Basic Work of Physiotherapists). This overview is part of the policy and is included in the folder 'Paramedische Zorg' (Paramedical Care) and you can download it from our website or request a copy of it from us.

Terms and conditions

- We will reimburse the cost only if you have been referred by a general practitioner, a company doctor or a medical specialist.
- To obtain compensation for treatment by a physiotherapist or remedial therapist with whom we have not entered into a contract, we will need to provide you with written permission beforehand.

Exclusions

- We will not reimburse the cost of treatment on your own or as part of the group, if its sole purpose is to improve your condition through training.
- We will not reimburse the cost of individual treatment if you are eligible for group treatment as is described in article 15.

Beter Af Plus Policy

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

Article 15 Physiotherapy

We will reimburse the cost of treatment by a physiotherapist with whom we have a contract and/or by a remedial therapist contracted by us for group treatment (5 to a maximum of 10 people). The compensation applies to insured persons with obesita (BMI>30), people in rehabilitation with former heart failure and patients with diabetes type 2.

Terms and condition

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

Beter Af Plus Policy

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

Article 16 Moving in extra-heated water

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

Terms and condition

The remedial therapy must be provided to a group under the supervision of a physiotherapist or remedial therapist.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	maximum of € 4.- per session subject to a maximum of € 200.- per person each calendar year
4 stars	maximum of € 5.- per session subject to a of € 250.- per person each calendar year

Article 17 Speech and language therapy

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

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

Beter Af Plus Policy

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

Article 18 Dietary advice/nutrition education

We will reimburse the cost of:

- dietary advice provided by a dietician. Dietary advice consists in the provision of information and advice about nutrition and eating habits for a medical purpose. We will also reimburse the cost of advice provided by a dietician when attending a Victory Camp or a Dikke Vrienden Kamp;
- nutrition education by a weight management consultant or a dietician with whom we have a contract. Nutrition education includes education and advice.

Terms and conditions

- The dietician providing the care must be affiliated to the Nederlandse Vereniging van Dieticiënen (Netherlands Association of Dieticians) or the Dieticiënen Coöperatie Nederland (Dieticians Cooperative of the Netherlands), or he must satisfy the quality requirements of these associations.
- The weight management consultant providing advice must be affiliated with the Beroepsvereniging Gewichtconsulenten Nederland (Trade Association Weight Consultants of The Netherlands) or he/she must satisfy the requirements of this association.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	100% subject to a maximum of € 115.- per person each calendar year
4 stars	100% subject to a maximum of € 115.- per person each calendar year

Article 19 Medical aids

19.1 Excess

In certain cases you will be required to pay an excess when purchasing medical aids under the terms of the Achmea reglement Hulpmiddelen (The Achmea Regulation for Aids). We will reimburse part of this excess for the following medical aids in accordance with the terms and conditions mentioned below:

- any benefit you receive for the procurement of a wig or toupee, we will supplement subject to a maximum amount;
- we will reimburse any excess which you are required to pay when purchasing a hearing aid fitted with a remote control based on medical advice subject to a maximum amount;
- We must have given permission beforehand.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	wig and toupee: supplement to the compensation from the Achmea regulation for Aids to a maximum of € 345.-; hearing aid with a remote: supplement to the compensation from the Achmea regulations for Aids to a maximum of € 185.- for each device
4 stars	wig and toupee: supplement to the compensation from the Achmea regulation for Aids to a maximum of € 460.-; hearing aid with a remote: supplement to the compensation from the Achmea regulation for Aids to a maximum of € 230.- for each device

19.2 Other medical aids

19.2.1 Personal alarm

We will reimburse the cost of the use of an alert system via the Achmea Alarm Centre, operated by EuroCross International.

Terms and condition

We will only reimburse the costs involved when you are entitled to a personal alert terminal under the Beter Af Policy (article 29 – Medical aids).

Beter Af Plus Policy

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

19.2.2 Adhesive mammary prostheses

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

Beter Af Plus Policy

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

19.2.3 Incontinence alarms

We will reimburse the cost of purchase or rent of an incontinence alarm.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	maximum of € 100.- per family for the entire term of the supplementary insurance
4 stars	maximum of € 100.- per family for the entire term of the supplementary insurance

19.2.4 Glasses and contact lenses

19.2.4.1 Pearle Opticiens and Eye Wish

We will reimburse the cost of prescription contact lenses and prescription eyeglasses with lenses.

Terms and conditions

- Upon purchase of the eyeglasses or contact lenses you must inform the store that you will be claiming them on your insurance.
- This compensation will be settled directly between Pearle Opticiens and Eye Wish and us.

Beter Af Plus Policy

1 star	eyeglasses: complete single-focus € 50.-; or complete vario-focus € 100.- per person per 3 calendar years or contact lenses: 10% discount on contact lenses and solutions
2 stars	eyeglasses: complete single-focus € 50.-; or complete vario-focus € 100.- per person per 3 calendar years or contact lenses: 10% discount on contact lenses and solutions and a compensation to a maximum of € 45.- per person per 3 calendar years
3 stars	eyeglasses: complete single-focus € 100.-; or complete vario-focus € 150.- per person per 3 calendar years or contact lenses: 15% discount on contact lenses and solutions and a compensation to a maximum of € 45.- per person per 3 calendar years
4 stars	eyeglasses: complete single-focus € 200.-; or complete vario-focus € 250.- per person per 3 calendar years or contact lenses: 20% discount on contact lenses and solutions and a compensation to a maximum of € 95.- per person per 3 calendar years

Or

19.2.4.2 Other opticians

We provide compensation for the cost of prescription contact lenses and prescription eyeglasses with lenses.

Terms and condition

We provide compensation only when the eyeglasses and contact lenses are provided by an optician or optical company.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	to a maximum of € 45.- per person per 3 calendar years for eyeglasses and contact lenses together
4 stars	to a maximum of € 95.- per person per 3 calendar years for eyeglasses and contact lenses together

19.2.5 Pessaries

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

Beter Af Plus Policy

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

19.2.6 Monitoring equipment to prevent cot death

We will reimburse the complete initial cost of the Nanny Care sensor mat by ownership or the costs of renting a security monitor for a maximum of 12 months.

Terms and conditions

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

Beter Af Plus Policy

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

19.2.7 AeroChamber

We will reimburse the cost of an AeroChamber which is used for the inhalation of a dose-aerosol.

Terms and condition

We must have given you permission beforehand.

Beter Af Plus Policy

1 star	maximum of € 50.- per person per calendar year
2 stars	maximum of € 50.- per person per calendar year
3 stars	maximum of € 50.- per person per calendar year
4 stars	maximum of € 50.- per person per calendar year

Article 20 ChildbirthTENS

We will reimburse the cost of the loan of a ChildbirthTENS for pain management during childbirth.

Terms and condition

The apparatus must be provided by a supplier with which we have a contract and is temporarily made available to you.

Beter Af Plus Policy

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

Article 21 Childbirth and obstetrical care

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

Beter Af Plus Policy

1 star	no cover
2 stars	payment of 50% of the excess
3 stars	payment of 50% of the excess
4 stars	payment of 100% of the excess

Article 22 Maternity care

22.1 Maternity care excess

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

Beter Af Plus Policy

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

22.2 Delayed maternity care

We will reimburse the costs incurred by an insured female person for delayed maternity care provided by a contracted maternity centre, contracted by us for that reason.

Terms and condition

We will reimburse the costs only when the contracted maternity centre deems the delayed maternity care to be medically necessary.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	maximum of 15 hours – excess of € 3.70 per hour
4 stars	maximum of 15 hours – 100%

Article 23 Maternity package

If you are going to give birth, you will receive a maternity package from us at your home well before the anticipated date of the birth.

Terms and condition

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

Beter Af Plus Policy

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

Article 24 Lactation expert advice

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

Terms and condition

The lactation expert must be affiliated with a professional organisation NVL or satisfy the relevant quality requirements of the professional organisation NVL or be employed by a maternity centre with which we have a contract.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	75% to a maximum of € 115.- per person per calendar year
4 stars	100% to a maximum of € 115.- per person per calendar year

Article 25 Adoption maternity care

After one or more children have been legally adopted while you have health insurance with us and you are also registered with us for the Beter Af Policy, we will reimburse the cost of adoption maternity care by a maternity centre with which we have a contract.

Terms and condition

We will reimburse maternity care only when the adopted child is younger than 12 months old at the moment of adoption and is not already a part of the relevant family.

Beter Af Plus Policy

1 star	no cover
2 stars	for a maximum of 3 days for 3 hours per day
3 stars	for a maximum of 3 days for 3 hours per day
4 stars	for a maximum of 3 days for 3 hours per day

Article 26 Patient transport

26.1 Transportation costs

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

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

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

You will only receive a partial benefit in the case of transport using a taxi operated by a transport company with which we do not have a contract.

Terms and conditions

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

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	own transport: € 0.25 per km; contracted taxi: 100%; not contracted: maximum of € 0.70 per km to a maximum of € 1,000.- per person per calendar year. Excess: € 86.- per person each calendar year
4 stars	own transport: € 0.25 per km; contracted taxi: 100%; not contracted: maximum of € 0.70 per km to a maximum of € 2,000.- per person per calendar year.

26.2 Excess transportation costs

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

Beter Af Plus Policy

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

Article 27 International

27.1 Urgent care

We will reimburse the cost of any medical care required during your stay in a country other than that where you are resident, for holiday, study or business purposes. We will reimburse the costs only when the care could not be foreseen when you went abroad, and it could not be postponed until your return to your country of residence.

Terms and conditions

- The relevant costs will only be paid, when they would also have been covered in the Netherlands.
- If you are hospitalised, you will need to report this immediately through the Achmea Alarmcentrale [Emergency Centre] operated by EuroCross International.
- We will only reimburse any dental care, when you have a Beter Af Dental Policy. The costs involved are covered by this dental insurance.

Beter Af Plus Policy

1 star	100% in the case of a stay of no more than 6 months
2 stars	100% in the case of a stay of no more than 6 months
3 stars	100% in the case of a stay of no more than 6 months
4 stars	100% in the case of a stay of no more than 6 months

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

We will reimburse the costs of transport from the Netherlands in the event of hospitalisation via our care mediator in a care institution in Belgium or Germany and the return transport to the Netherlands. The cost of taxi transport which has been contracted by us will be fully reimbursed. In the event that transport occurs with your own automobile we will reimburse the amount of € 0.25 per kilometre. We reimburse the costs of public transportation on the basis of economy class.

Terms and conditions

- You must present us with a statement of the costs incurred.
- There must be evidence of a shorter waiting list.
- We must have given you permission beforehand via the Transport Centre. The Transport Centre will determine if you are entitled to compensation of the cost of transport and to which form of transport you are entitled. The telephone number of the Transport Centre is in the folder 'Transport' which you can download from our website or request it from us.

Beter Af Plus Policy

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

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

We will reimburse you for contracted care when you are transported from the Netherlands to be admitted into a foreign health care institution on the basis of article 27.2, for the members of your family in the event of a stay exceeding 14 days in any calendar year, commencing on the 15th day:

- the cost of overnight accommodation in a guest house situated in the vicinity of the hospital;
- reimbursement of € 0.25 per kilometre subject to a maximum of 700 kilometres in the case of each admission.

Terms and condition

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

Beter Af Plus Policy

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

Article 28 Repatriation and transport of corpse to the Netherlands

We will reimburse the following costs:

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

Terms and conditions

- Ambulance transportation resulting from emergency care abroad.
- We will only reimburse the costs involved after permission has been given beforehand by the Achmea Alarmcentrale operated by EuroCross International.

Beter Af Plus Policy

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

Article 29 Vaccinations and medication in connection with travel abroad

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

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

An excess applies in the case of any institution with which we do not have a contract. We can inform you of the institutions where you can obtain a vaccination.

Beter Af Plus Policy

1 star	100% if Meditel was consulted, 75% for other health care providers
2 stars	100% if Meditel was consulted, 75% for other health care providers
3 stars	100% if Meditel was consulted, 75% for other health care providers
4 stars	100% if Meditel was consulted, 75% for other health care providers

Article 30 Convalescence homes

We will reimburse the cost of admission into a convalescent home contracted by us for somatic health care.

Terms and condition

We need to give you written consent in advance.

Exclusions

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

Beter Af Plus Policy

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

Article 31 Therapy camps

31.1 Therapy camps for children

We will reimburse the costs involved in having children stay in a therapy camp.

Beter Af Plus Policy

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

31.2 Therapy camps for the disabled

We will reimburse the costs involved in having any insured person who is disabled and is not staying in or being treated by an AWBZ institution, stay in a therapy camp.

Beter Af Plus Policy

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

Article 32 Convalescence and balance

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

Terms and condition

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

Beter Af Plus Policy

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

Article 33 Podiatric therapy

We will reimburse the cost of treatment provided by a podiatrist or podologist.

Apart from the consultations, this treatment is also deemed to include the cost of measuring, manufacturing and supplying orthopedic or podiatric soles and orthoses.

Terms and condition

We reimburse the costs of a podologist only when you have been referred by a physician.

Exclusion

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

Beter Af Plus Policy

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

Article 34 Arch supports

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

Terms and condition

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

Exclusion

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

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	a maximum € 35.- per calendar year for children up to 18 years of age; a maximum € 35.- every two calendar years for insured persons older than 18
4 stars	a maximum of € 50.- per calendar year for children up to 18 years of age; a maximum of € 50.- every two calendar years for insured persons older than 18

Article 35 Chiropraxy

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

Terms and conditions

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

Beter Af Plus Policy

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

Article 36 Acne treatment

We will reimburse the cost of acne treatment provided by a beautician or skin therapist, including that of any remedies which are used for this process.

Terms and conditions

- We will reimburse the costs involved only when you are referred by general practitioner or medical specialist.
- The beautician must be listed as specialising in 'Acne' in the register maintained by the Algemene Nederlandse Branche Organisatie Schoonheidsverzorging (General Dutch Beauty Care Professional Association) (ANBOS) or must satisfy the latter's quality requirements.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	maximum of € 185.- per person every 5 calendar years
4 stars	maximum of € 370.- per person every 5 calendar years

Article 37 Camouflage therapy

We will reimburse the cost of camouflage therapy provided by a beautician or skin therapist, including that of any remedies which are used for this process.

Terms and conditions

- We will reimburse the costs involved only when you are referred by a general practitioner or medical specialist.
- The beautician must be listed as specialising in 'Camouflage' in the register maintained by the Algemene Nederlandse Branche Organisatie Schoonheidsverzorging (ANBOS) or must satisfy the latter's quality requirements.

Beter Af Plus Policy

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

Article 38 Depilation

We will reimburse the cost of electric or laser depilation by a beautician or skin therapist for any woman who has significantly unflattering facial hair cover.

Terms and conditions

- We will only reimburse the costs involved, when you have been referred by a doctor.
- Any laser depilation must be carried out by an accredited laser clinics or skin therapist.
- The beautician must be specialised in 'Electric depilation'.

Beter Af Plus Policy

1 star	no cover
2 stars	no cover
3 stars	75% subject to a maximum of € 500.- per person for the entire term of the supplementary insurance
4 stars	75% subject to a maximum of € 1,000.- per person for the entire term of the supplementary insurance

Article 39 Volunteer aid replacement for disabled persons and the chronically ill

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

Terms and condition

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

Beter Af Plus Policy

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

Article 40 Holiday hotels and sailing holidays for disabled persons and the chronically ill

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

Terms and conditions

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

Beter Af Plus Policy

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

Article 41 Preventive examinations

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

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

Terms and conditions

- The test must be done by a contracted health care provider.
- The test must be in accordance with and accepted by the current legislation

Exclusion

We will not reimburse the cost of the general population screening for which the requisite permit has not been given. Such a permit is necessary for general population screening for breast cancer, cervical cancer and prostate cancer.

Beter Af Plus Policy

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

Article 42 Preventive courses

We will cover part of the cost of the following preventive courses:

- heart problems organised by a contracted home care institution, contracted by us to do so;
 - rheumatoid arthritis, arthrosis or Bechterew's disease, courses which are intended to teach patients how to live with their illness, organised by the patient association for rheumatism or a home care institution which has been contracted by us for this purpose.
 - Diabetes type 2 patients, basic or follow-up educative course, organised by the Diabetesvereniging Nederland (DVN) (Diabetes Association of the Netherlands) or by a home care institution which has been contracted by us for this purpose.
 - losing weight, organised by a home care institution or programme 'Slim Healthy', organised by our health centres, contracted by us for this purpose;
 - giving up smoking organised by Allen Carr, Diagnosis4Health, laser therapists who have been contracted by us for this purpose, including Prostop Lasertherapie, or a contracted home care institution, which has been contracted by us for this purpose;
 - 'free of alcohol' training organised by De Helderheid;
 - a basic resuscitation course provided by the Nederlandse Hartstichting (Dutch Heart Foundation);
 - first aid organised by the local first aid society which leads to the first aid certificate issued by the Oranje Kruis (Orange Cross);
 - first aid in accidents involving children organised by a home care institution or the local first aid society, contracted by us for this purpose;
 - baby massage organised by a contracted home care institution;
- We can notify you of the venues where you can attend these courses.

Terms and condition

You must submit original proof of enrolment and payment.

Beter Af Plus Policy

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

Article 43 Menopause consultant

We will reimburse the fee charged for a menopause consultation.

Terms and condition

The menopause consultant must be affiliated with an institution which has been contracted by us for this purpose.

Beter Af Plus Policy

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

Article 44 Lifestyle training

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

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

Terms and condition

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

Beter Af Plus Policy

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

Article 45 Sports medical examinations

We will reimburse the following in a sports medical institution which we have contracted:

- the maximum or the cost of a sports medical examination every two calendar years, subject to an excess which depends on the extent of the examination;
- the maximum or the cost of an injury or repeat consultation.

We can notify you of the institutions where you can have this treatment carried out.

Exclusion

We will not reimburse the cost of sports examinations (mandatory or otherwise).

Beter Af Plus Policy

1 star	sports medical examination: excess per examination: Basic – € 15.-, Basic Plus – € 30.-, Great – € 45.- injury and/or repeat consultation: 100%
2 stars	sports medical examination: excess per examination: Basic – € 15.-, Basic Plus – € 30.-, Great – € 45.- injury and/or repeat consultation: 100%
3 stars	sports medical examination: excess per examination: Basic – € 15.-, Basic Plus – € 30.-, Great – € 45.- injury and/or repeat consultation: 100%
4 stars	sports medical examination: excess per examination: Basic – € 15.-, Basic Plus – € 30.-, Great – € 45.- injury and/or repeat consultation: 100%

Article 46 Treatment of Obesity

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

Terms and conditions

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

Beter Af Plus Policy

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

Article 47 Orthodontics: to 18 years of age

We will reimburse the cost of orthodontics (teeth straightening) conducted by an orthodontist or dentist for any insured person younger than 18 years of age.

Exclusion

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

Beter Af Plus Policy

1 star	no cover
2 stars	50% subject to a maximum of € 920.- per person for the duration of the supplementary insurance up to the age of 18
3 stars	75% subject to a maximum of € 1,375.- per person for the duration of the supplementary insurance up to the age of 18
4 stars	75% subject to a maximum of € 1,650.- per person for the duration of the supplementary insurance up to the age of 18

Article 48 Dental treatment to 18 years of age: crowns, bridges, inlays and implants

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

Terms and condition

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

Beter Af Plus Policy

1 star	no cover
2 stars	100% subject to a maximum of € 225.- per person each calendar year
3 stars	100% subject to a maximum of € 450.- per person each calendar year
4 stars	100% subject to a maximum of € 900.- per person each calendar year

Article 49 Dental treatment: prostheses

We will reimburse the cost charged for any personal contribution to dental prostheses based on the Beter Af Policy.

Beter Af Plus Policy

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

Beter Af Dental Policy

We will reimburse the cost of dental treatment by a dentist, oral hygienist or a dental prosthetist contracted by us.

For persons insured between the ages of 18 -22 the compensation from the Beter Af Dental Policy is a supplement to the compensation from the Beter Af Policy.

We will reimburse 100% of the cost of dental consultations (C codes), oral hygiene (M codes), fillings (V codes) and extractions (H codes).

Oral hygiene, small fillings and sealing may also be done by an oral hygienist when you have been referred by a dentist.

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

The total maximum compensation depends on your package.

Exclusions

We will not reimburse any costs associated with the following codes:

- C70 and C75 (inspection reports) and C90 (missed appointment);
- E97, E98 and E00 (external whitening of teeth and molars);
- D codes (orthodontics).

Beter Af Dental Policy – 1 star

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

Beter Af Dental Policy – 2 stars

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

Beter Af Dental Policy – 3 stars

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

Beter Af Dental Policy – 4 stars

- 100%
- total compensation is subject to a maximum of € 1,150.- per person per calendar year

Beter Af Hospital Extra Benefits

We will reimburse the cost of extra comfort coverage of a hospital admission.

We will only pay the fees which a hospital declares in accordance with the arrangement you have made with us. An overview of these hospitals are a part of this policy, which you can download from our website or request from us.

When Beter Af Hospital Extra Benefits are arranged and you are admitted to a hospital that does not offer this comfort coverage or you cannot make use of the comfort coverage, then we will reimburse insured 18 years and older € 70.- per day that you are in hospital to a maximum of € 4,600.- per calendar year. You will need to contact us in order to be eligible for this benefit. It will not be provided if you are admitted into a hospital's rehabilitation or psychiatric department.

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

When you are admitted into a foreign health care institution and undergo medical treatment which we have not contracted, we will reimburse any additional costs involved in securing a room that qualifies for a class subject to a maximum of € 20.- per day. Any fee surcharge will not qualify for payment reimbursement.

