

Policy Conditions 2023 Prettig, Prima, Populair and Ruim



ævitæ

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Important information and service

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

Our website

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

Contact

You can contact us by phone, e-mail, regular mail or social media. Our Service Desk is open on weekdays from 08:30 to 17:30. We can be reached on 088 353 57 63. For current opening hours, please refer to aevitae.com/service-contact. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

If you have questions about your health insurance, you can also send us a private message through [Facebook](#) or [Twitter](#). Follow [@aevigram](#) on Instagram for a peek behind the scenes at Aevitae!

Submitting care invoices

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

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

Mailing address

Aevitae
P.O. Box 2705
6401 DE Heerlen

Visiting address

Aevitae
Nieuw Eyckholt 284
6419 DJ Heerlen

Need approval for care?

To find out which healthcare requires our approval in advance, please refer to the policy terms & conditions. You will need to send a request for approval for the treatment in question to the mailing address above, for the attention of Team Medical. More information on requesting approval can be found on our website. The request forms are also available for download [here](#).

Complaints

We do everything we can to provide Aevitae clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information on complaints and disputes, please visit aevitae.com/klachten.

Find a healthcare provider

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

Aevitaal

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



Contents

	page		page
I		Definitions	4
II		General Terms and Conditions	8
		Welcome to Aevitae	8
Article 1	8	Insured party healthcare	
Article 2	11	General provisions	
Article 3	12	Payments	
Article 4	13	Other obligations	
Article 5	13	Change of premium and conditions	
Article 6	13	Start, duration and termination of the additional insurance	
Article 7	14	Complaints and disputes	
Article 8	15	Healthcare and waiting list mediation	
III		Coverage	15
Article 1	15	Obstetric healthcare	
Article 2	15	Maternity package	
Article 3	15	Personal contribution to maternity care	
Article 4	16	Aftercare for mother/newborn	
Article 5	16	Lactation consult	
Article 6	16	Electric breast-pump	
Article 7	16	Correction of ears	
Article 8	17	Eye laser treatments	
Article 9	17	Sterilisation	
Article 10	17	Alternative healthcare	
Article 11	18	Physiotherapy and Cesar/Mensendieck Remedial Therapy	
Article 12	18	Occupational therapy	
Article 13	18	Skin treatments	
Article 14	19	Foot treatments	
Article 15	20	Glasses and contact lenses	
Article 16	20	Medical aid budget	
Article 17	21	Convalescence centre	
Article 18	21	Guest house	
Article 19	22	Children's therapy holiday camps	
Article 20	22	Travel expenses for hospital visits	
Article 21	22	Orthodontic healthcare for insured parties under the age of 18	
Article 22	23	Emergency healthcare during holidays and temporary stays abroad, except the USA and Canada	
Article 23	23	Emergency healthcare during holidays and temporary stays abroad in the USA and Canada	
Article 24	24	Repatriation from abroad	
Article 25	24	Vaccinations and preventive medicines for temporary stay abroad	
Article 26	24	Personal contribution for medicines (GVS)	
Article 27	25	Hospice	
Article 28	25	Contraceptives for insured parties of 21 years of age and older	
Article 29	25	Diabetes testing equipment	
Article 30	26	Prevention budget	
Article 31	29	Consultations for women	
Article 32	29	Brain-friendly working	
Article 33	29	Lifestyle training courses	
Article 34	30	Dental costs as result of an accident for insured persons aged 18 and over	
Article 35	30	Informal care replacement	
Article 36	30	Informal care course	
	31	Extra services	

I Definitions

The following definitions shall apply in this insurance agreement:

Additional insurance(s)

The insurance(s) described in these insurance conditions.

Admission

Admission to a (psychiatric) hospital, psychiatric department of a hospital, rehabilitation organisation, convalescence centre or an independent treatment centre, when and as long as it is on medical grounds and nursing, research and treatment can solely be provided in a hospital, rehabilitation organisation or convalescence centre.

Aevitae

The authorised agent to whom power of attorney is given by the healthcare insurer as meant in Article 1.1 of the Financial Supervision Act (Wet op het financieel toezicht; (Wft)) to provide healthcare insurances.

Aids provision

The provision for functional aids and bandages identified in the Dutch Healthcare Insurance Regulations (Regeling zorginsurance), taking into account the regulations with respect to consent requirements, usage time limits and volume regulation requirements set by the insurer.

Basic insurance

The healthcare insurance as has been established in the Dutch Healthcare Insurance Act (Zorginsurancswet (Zw)).

BIG Act

Professions act for individual healthcare. In this Act the expertise and competences of the healthcare providers are described. In the corresponding registers the names of the healthcare providers that meet the legal requirements are listed.

Birth centre

A birthing facility in or on the site of a hospital, possibly combined with a maternity care facility.

A birth centre can be equal to a birthing hotel and birthing centre.

Calendar year

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

Centre for genetic research

An organisation holding a license based on the Dutch Special Medical Treatments Act (Wet op bijzondere medische verrichtingen) for clinical genetic research and hereditary advice.

Centre for Special Dentistry

A university or equivalent centre for providing dental healthcare in special cases and for which treatments require a team approach and/or special expertise.

Child and adolescent psychologist

A child and adolescent psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act and is registered in the Dutch Child and Adolescent Register of the Dutch Institute of Psychologists (Nederlands Instituut van Psychologen (NIP)).

Clinical psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 14 of the BIG Act.

Collective agreement

A collective agreement of healthcare insurance (collective contract) concluded between Aevitae and an employer of legal entity with the aim of offering the affiliated participants the option to take out healthcare insurance through Aevitae under the conditions described in this agreement and possibly take out additional insurances.

Consent (authorisation)

Written permission for the purchase of particular healthcare provisions that are provided for you by, or on behalf of, us or the insurer prior to the purchase of that particular healthcare provision.

Contract with preference policy

By this we mean an agreement between the insurer and the dispensing party in which specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical healthcare.

Day treatment

Admission shorter than 24 hrs.

Dental hygienist

A dental hygienist that is educated in accordance with the educational requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut') and the Dutch Functional Independence Decree ('Besluit functionele zelfstandigheid (Stb. 1997, 553)').

Dental prosthodontist

A dental prosthodontist who is educated in accordance with the Education Requirements and Field of Expertise dental prosthodontist Decree ('Besluit opleidingseisen en deskundigheidsgebied tandprotheticus').

Dentist

A dentist who is registered in accordance with the conditions in Article 3 of the BIG Act.

Diagnosis Treatment Combination (DBC) healthcare product

From January 1, 2012 new healthcare benefits for medical specialist healthcare is expressed in DBC-Healthcare products. This path is called DOT (DBC towards Transparency). A DBC-Healthcare product is a billable benefit, based on the Dutch Market Regulation Healthcare Act (Wet Marktordening Gezondheidszorg); within specialist medical healthcare that is the result of the entire process from diagnosis by the healthcare provider through to (possible) treatment. The DBC-path starts the moment you report your request for healthcare and is finalised at the end of the treatment, or after 365 days.

Dietician

A dietician that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Dispensing

The dispensing GP or an established pharmacist that is registered in the register of established pharmacists, or a pharmacist assisted in the pharmacy by pharmacists that are registered in this register, or the legal entity that lets the pharmacists provide healthcare and is registered in said register.

Dyslexia (severe)

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

EU and EER member state

Besides the Netherlands, the following countries within the European Union are meant: Belgium, Bulgaria, Cyprus (Greece), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Czech Republic, United Kingdom and Sweden.

Based on treaty provisions, Switzerland has an equivalent status.

The EER member states (states that are a party to the Agreement with respect to the European Economic Area) are Liechtenstein, Norway and Iceland.

Family

One adult, or two married or permanently cohabitating persons and their unmarried children, stepchildren, foster children or adopted children up to the age of 30 who are entitled to children's allowance benefits, as set out in the terms of the Dutch Student Finance Act (Wet Studiefinanciering 2000)/ Dutch Study Costs Allowance Act (Wet allowance studiecosten) or on extraordinary expense deductions under the tax laws.

Fraud

Intentionally committing or attempting forgery, deception, fraud of creditors or beneficiaries and/or embezzlement in the creation and/or implementation of an agreement of a damage insurance, aimed at obtaining benefits, reimbursement or performance for which one is not eligible, or to obtain an insurance coverage under false pretences.

GGZ organisation

An organisation that provides medical healthcare with regard to a psychiatric disorder and is authorised as such.

GP

A physician who is registered as a GP in a register set up by the Dutch GP, Specialist Geriatric Physician and Physician for the Mentally Disabled Registration Committee (Huisarts, Verpleeghuisarts en arts voor verstandelijk gehandicapten Registratie Commissie (HVRC)) or acknowledged GPs of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) and usually has a general practice as a GP.

Healthcare group

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

Healthcare hotel

An organisation contracted by the insurer in which 24 hrs healthcare and services are guaranteed in a hotel-like setting and at the least comprising of nursing and nursing care.

Healthcare insurer

The insurance company that is authorised as such and offers insurances in accordance with the Healthcare Insurance Act. On your healthcare policy it is stated which company this concerns.

Healthcare provider

The healthcare provider or healthcare providing organisation that provides healthcare.

Healthcare psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Hospital

An Organisation for Specialist Medical Healthcare (instelling voor medisch specialistische zorg (IMSZ)) for nursing, research and treatment of the sick, that is authorised as such in accordance with the rules as set by law.

Laboratory research

Research by a legally accredited laboratory.

Independent treatment centre

An Organisation for Specialist Medical Healthcare (instelling voor medisch specialistische zorg (IMSZ)) for research and treatment that is authorised as such in accordance with the rules as set by law.

Insured party

Each person stated as such on the policy sheet.

Insured person

The person who has taken out the insurance agreement with us.

Insurer

The healthcare insurer that is authorised as an insurance company and offers insurances in accordance with the Healthcare Insurance Act.

Logopedist

A logopedist that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Maternity care

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

Maternity centre

An organisation that provides obstetric healthcare and/or maternity which offers and meets the requirements established by the Act.

Medical advisor

The physician who advises us in medical matters.

Medical specialist

A physician who is registered in the specialist register of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) set by the Medical Specialists Registration Committee (Medische Specialisten Registratie Commissie (MSRC)).

Multidisciplinary care

A healthcare programme organised around a particular condition.

Multidisciplinary cooperation

Integrated (multidisciplinary) healthcare that is provided by several healthcare providers with different disciplinary backgrounds in collaboration with one another and where direction is required to tailor the healthcare process around the insured party.

Obstetrician

An obstetrician who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Occupational physician

A physician who is registered as an occupational physician in the register set up by the Social Physicians Registration Committee (Sociaal Medische Registratie Commissie (SGRC)) of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) and acts on behalf of the employer or the Health and Safety Service (Arbodienst) the employer is affiliated to.

Occupational therapist

An occupational therapists that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Oral surgeon

A dental specialist who is registered in the specialist register for oral diseases and maxillofacial surgery of the Dutch Dental Association (Nederlandse Maatschappij tot Bevordering der Tandheelkunde).

Organisation

- 1 An organisation as defined in the Dutch Care Institutions Accreditation Act (Wet toelating zorginstellingen);
- 2 A legal entity established abroad that provides healthcare in the respective country within the scope of the existing social security system in that country or focuses on providing healthcare to specific groups of public officials.

Orthodontist

A dental specialist who is registered in the specialist register for dentomaxillary orthopaedics of the Dutch Dental Association (Nederlandse Maatschappij tot Bevordering der Tandheelkunde).

Pelvic physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as meant in Article 3 of the BIG Act and who is also registered as a pelvic physiotherapist in the pelvic physiotherapy register of the Central Quality Register (Centraal Kwaliteitsregister (CKR)) of the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF)).

Pharmaceutical healthcare

By pharmaceutical healthcare we mean:

Providing the medicines and dietary preparations and/or advice and guidance such as pharmacists are supposed to offer as pointed out in this insurance agreement for medication assessment and responsible use, all this should take into account the Dutch Rules of Procedure Pharmaceutical Healthcare (Reglement Farmaceutische Zorg) established by the insurer.

Pharmacy

By pharmacy we mean: (internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

Physician

The person who is authorised to practice medicine, based under Dutch law, and as such is registered at the competent authority under the BIG Act.

Physician for youth healthcare

The physician working as defined in the Act on the youth healthcare.

Physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as defined in Article 3 of the BIG Act. Under physiotherapist we also include a remedial masseur as meant in Article 108 of the BIG Act.

Podiatrist

A podiatrist who meets the requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Policy sheet

The healthcare policy (certificate) in which the basic insurance and additional insurances between you (the insured person) and the healthcare insurer are recorded.

Preferred medicines

The medicines preferred by the insurer, within a group of identical, interchangeable medicines.

Primary psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act and meets educational and quality requirements as included in the Dutch Qualification Scheme for Primary Psychologists of the Dutch Institute for Psychologists (Kwalificatieregeling Eerstelijnspsychologen van het Nederlands Instituut of Psychologen (NIP)).

Psychiatrist/neurologist

A physician who is registered as a psychiatrist/neurologist in the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) Specialist register set by the Medical Specialists Registration Committee (Medische Specialisten Registratie Commissie (MSRC)). Wherever it says psychiatrist, this can also be read as neurologist.

Psychotherapist

A psychotherapist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Registered Orthopedagogue

A Registered Orthopedagogue who is registered in the NVO Orthopedagogue Register of the Dutch Society of Pedagogues and Educators (Nederlandse Vereniging van pedagogen and onderwijkskundigen (NVO)).

Rehabilitation

Research, advice and treatment by a specialist medical, paramedical, behavioural and rehabilitative nature. This healthcare is provided by a multidisciplinary team of experts, led by a medical specialist and linked to an organisation for rehabilitation in accordance with, or authorised by, the regulations of the Act.

Remedial therapist

A remedial therapist that meets the requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Sexologist

Primary psychologist, physician or nurse that holds registration as a sexologist from the Dutch Association for Sexology (Vereniging for Seksuologie (NVWS)).

Skin therapist

A skin therapist who is educated in accordance with the Dutch Decree for Educational Requirements and Field of Expertise Skin Therapist (Besluit opleidingseisen en deskundigheidsgebied huidtherapeut (Stb. 2002, nr. 626)). This decree is based on Article 34 of the BIG Act.

Specialist geriatric medicine

A physician that has completed the course for specialist geriatric medicine and is registered in the register of geriatric medicine specialists of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst). This specialism has only been in existence since January 1, 2009. This specialism is a succession of Nursing Home Medicine. Physicians that started their education prior to January 1, 2009, are registered as a nursing home physician, but are now also called geriatric medicine specialists.

Specialist mental healthcare

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

Sports medical examination

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

Sports physical examination

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

Stay

Admission with a duration of 24 hrs or longer.

Treaty country

Each state with which the Netherlands has concluded a treaty with respect to social security and in which an arrangement for providing medical healthcare is included. These are Australia (only on temporary stays), Bosnia and Herzegovina, Cape Verde, Croatia, Macedonia, Morocco, Serbia-Montenegro, Tunisia and Turkey.

We/us

Aevitae.

Wlz

The Long Term Care Act (Wet langdurige zorg).

Wmg-rates

Rates as established by or pursuant to the Market Regulation Healthcare Act (Wet Marktordening Gezondheidszorg (Wmg))

Wmo

The Social Support Act (Wet maatschappelijke ondersteuning).

You/your

The insured person. This is mentioned on the policy sheet as 'you (the insured person)' and means the person who took out the insurance with us.

Youth Healthcare Centre

A centre as meant in Article 4 of the Youth Healthcare Act.

II General Terms and Conditions

Welcome to Aevitae

Article 1 Insured party healthcare

1.1 Content and scope of the insured healthcare

Your additional insurance entitles you to (reimbursement of the cost of) healthcare as described in these insurance conditions.

1.1.1 Collective agreement of healthcare insurance

The provisions of the collective agreement shall prevail if and insofar as they differ from the provisions in these insurance conditions. If these provisions are no longer applicable to the insured party, the provisions of the individual agreement will apply.

1.2 Medical necessity

You are entitled to (reimbursement of the cost of) healthcare as described in these insurance conditions if you are reasonably in need of the type of healthcare with regards to content and scope; and if the type of healthcare is efficient and effective. The content and scope of the type of healthcare is partly determined by what the respective healthcare providers 'tend to offer'. The content and scope is also determined by the state of scientific knowledge and the practice. This has been established based on the Evidence Based Medicine (EBM) method. If the state of scientific knowledge and practice is lacking, the content and type of healthcare is determined by what counts as responsible and adequate healthcare within the respective field of expertise.

1.3 Who can provide healthcare?

Your healthcare provider has to meet certain conditions. For many healthcare providers these requirements are statutory and the medical titles are protected by law. This applies to GPs, medical specialists, dentists, physiotherapists and healthcare psychologists. For the healthcare providers to which these conditions are not established by statute or for which we have set additional conditions, you can find which requirements the healthcare provider has to meet in the respective healthcare Article.

For a number of types of healthcare there are healthcare providers that are contracted, authorised or acknowledged by us. In these cases you will not receive a reimbursement or you may receive a lower reimbursement if you make use of non-contracted, non-authorised or unacknowledged healthcare providers. This is indicated in the respective healthcare Articles. For the other types of healthcare you have a free choice in healthcare provider, provided that the other requirements in these insurance conditions have been met.

You can find an overview of the healthcare providers contracted and authorised by us and of the rates that we reimburse for non-contracted healthcare providers on our website or request these by phone. You can find acknowledged healthcare providers in the respective healthcare Article. We have made specific agreements with some suppliers and these are our preferred suppliers. Wherever there are preferred suppliers, this is indicated in the respective healthcare Article.

1.4 Reimbursement of the healthcare costs

You are entitled to reimbursement of the costs of healthcare up to the maximum applicable Wmg-rates in the Netherlands. If no Wmg-rates apply, the maximum costs reimbursed are tied to what is reasonably market price applicable in the Netherlands. If you make use of healthcare that is provided by a healthcare provider contracted by us, the costs of healthcare are reimbursed based on the rate agreed upon with the involved healthcare providers.

If you go to a healthcare provider who is not contracted by us, it may be that you will receive no reimbursement or a lower reimbursement. You can find more on this in the respective healthcare Article or you can ask us.

If a budget applies to the respective healthcare, the total reimbursement will never exceed the maximum amount of the budget mentioned in the respective healthcare Article.

1.5 How do you claim a reimbursement?

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

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

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

Online claim forms

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

1.6 Direct payment

We reserve the right to pay the costs of healthcare directly to the healthcare provider. In this case your entitlement to reimbursement is void.

1.7 Settlement of costs

If we pay directly to the healthcare provider and reimburse more to you than we are bound to or the cost of healthcare should otherwise be paid by you, the insured person, you will owe the costs to us. We will charge you these amounts at a later stage. You are required to pay these amounts. We can deduct these amounts from amounts owed to you.

1.8 Referral, prescription or consent

For some types of healthcare you need a referral, prescription and/or prior written permission, showing that you are authorised for that healthcare. You can find this in the respective healthcare Article.

If a referral or prescription is required, you can request referral or prescription from the healthcare provider mentioned in the Article. Often this is the GP. If consent is required, you need our prior consent for the healthcare. This consent is also called authorisation.

Do you go to a healthcare provider with whom we have concluded a contract?

If the healthcare is provided by a contracted healthcare provider, they will assess for us whether you meet the conditions. For some healthcare it has been agreed that we assess the request ourselves. In this case, the healthcare provider sends us the request. If for privacy considerations you do not want your request handled by your healthcare provider, you can also submit your request directly to us.

Do you go to a healthcare provider with whom we do not have contract?

If you make use of healthcare by a non-contracted healthcare provider, then you must ask for our consent in advance.

1.9 Deriving rights

You are entitled to (reimbursement of the cost of) healthcare for the treatment that takes place during the term of the additional insurance. If a treatment takes place in two calendar years then the healthcare provider can charge one amount for this (Diagnosis treatment combination), these costs are reimbursed if the treatment has started within the term of the additional insurance.

If these insurance conditions refer to a (calendar) year, for the assessment as to which (calendar) year the declared costs have to be charged, the actual date of treatment or date of delivery provided by the healthcare provider is determining.

1.10 Exclusions

There is no entitlement to healthcare or reimbursement of the costs of healthcare:

- 1.10.1 related to diseases or disorders that existed prior to or at the conclusion of the insurance and with which the insured party was aware or could have been aware when he encountered symptoms and did not inform Aevitae of this in writing. This exclusion does not apply if the insurance was concluded without medical or dental selection;
- 1.10.2 of written statements, administration costs, costs of missed appointments or costs due to not untimely payment of invoices from healthcare providers;
- 1.10.3 caused by gross negligence or intent;
- 1.10.4 consisting of personal contributions or policy excess, payable based on any other insurance, unless these insurance conditions provide otherwise;
- 1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act 2017 (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;
- 1.10.6 for which there could be entitlement based on any other insurance, whether or not from an earlier date, or based on any other Act or provision if the insurance at Aevitae did not exist. In that case this insurance is only valid as a last resort. In that case only the damage exceeding the amount for which the insured party would be entitled elsewhere would be eligible for payment;
- 1.10.7 for which entitlement can be made or could be made based on the Healthcare Insurance Act if you are insured by statute as defined in that Act;
- 1.10.8 caused by or arising from an armed conflict, civil war, insurrection, civil commotion, riots or mutiny;
- 1.10.9 caused by, occurred or arisen from, nuclear reactions, regardless of how they arose. This exclusion does not apply for damage caused by radioactive nuclides that are outside a nuclear plant and are used or destined to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided that there is a valid licence issued by the government for the manufacture, use, storage and disposal of radioactive substances (under "nuclear plant" we mean a nuclear plant in the sense of the Liability Nuclear Accidents Act). The provision in the previous sentence does not apply to the extent that a third party is liable for the damage suffered based on the Dutch or foreign Act;
- 1.10.10 or reimbursement of damage that is the indirect result of acts or omissions by Aevitae.

1.11 Entitlement for (reimbursement of the costs of) healthcare and other services as a result of terrorist acts

Do you need healthcare as a result of one or more terrorist acts? Then the following rule applies. If the total damage declared in a year to damage, life or funeral insurers according to the Dutch Reinsurance company for Terrorist Damage (Nederlandse Herinsurancesmaatschappij voor Terrorismeschade N.V. (NHT)) will be higher than the maximum amount that this company will annually reinsure, you are only entitled to a certain percentage of the costs or the value of the healthcare. The NHT determines this percentage. This applies to damage, life and funeral insurers (including healthcare insurers) for which the Act on Financial Supervision (Wet op het financieel toezicht) applies.

The exact definitions and provisions of aforementioned entitlement are included in the NHT Clause sheet for terrorist coverage.

Article 2 General provisions

2.1 Basis of the insurance

The insurance agreement is concluded based on the details you have provided on the application form or that you have sent us in writing.

2.2 Additional insurance

The insurance agreement applies to the additional insurance(s) stated on the policy sheet.

These insurance conditions are part of the insurance agreement and apply to additional insurance(s).

If you have concluded an employee related additional insurance based on the collective agreement between your employer and Aevitae, reimbursement from the employee related package takes precedence. In that case you are not entitled to (the reimbursement of the cost of) this healthcare based on this additional insurance.

2.3 Accompanying documents

In these insurance conditions we refer to documents. These are part of the conditions as far as applicable. It concerns the following documents:

- appendix 1 of the healthcare insurance decree;
- the Dutch Healthcare Insurance Regulations (Regeling zorginsurance);
- the clause sheet for terrorist coverage;
- overview of contracted healthcare providers.

You can find these documents on our website or request them by phone.

2.4 Fraud

Material checking and fraud research is conducted in accordance with what is determined necessary for the healthcare insurance or pursuant by the Healthcare Insurance Act.

If you commit fraud, your entitlement to (reimbursement of the cost of) healthcare will become void. You will also not be entitled to (reimbursement of the cost of) healthcare in which no fraud has been detected (called partial fraud). We will recover any paid reimbursements from you.

Fraud will lead to registration of your personal details and the personal details of the accomplice or co-perpetrator in our Incidents Registry (Incidentenregister). This Incidents Registry (Incidentenregister) is registered at the Dutch Data Protection Authority (Autoriteit persoonsgegevens (AP)) and is managed by the healthcare insurer.

We may also register your personal details and the personal details of the accomplice and co-perpetrator:

- at the Centre for Combating Insurance Fraud of the Association of Insurers (Centrum Bestrijding Verzekeringsfraude van het Verbond van Verzekeraars);
- in the internal and external signalling systems acknowledged among financial organisations, the internal referral register (interne verwijzingsregister (IVR)) and the external referral register (externe verwijzingsregister (EVR)).

We may also report the fraud to the police, to justices and/or the Dutch Fiscal Information and Investigation Service Anti-Fraud Agency (FIOD-ECD).

Fraud with regard to insurance may result in your additional insurance and any current (damage) insurance at Aevitae or the healthcare insurer being terminated. During a period of eight years, you will not be able to take out any additional insurance or other damage insurance from Aevitae or the healthcare insurer.

We may recover the necessary research costs from you.

2.5 Protection of personal details

We take your privacy seriously. Your personal details are required in order to take out and for us to provide your insurance and are included in our person's registration. Personal details can also be used to prevent and combat fraud. The registration is subject to the Dutch Code of Conduct for Processing of Personal Details by Healthcare Insurers (Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars). You can read this code of conduct on our website or request it by phone. From the effective date of the additional insurance we are entitled to:

- request and give information (such as healthcare providers and suppliers) to third parties if we deem this necessary to meet the obligations from any additional insurance(s);
- include your Dutch Social Security Number (burgerservicenummer (BSN)) in our administration. Healthcare providers are required by law to use your BSN in any form of communication. In communications with your healthcare providers we will use your BSN.

In doing so, we will respect the Dutch privacy legislation.

2.6 Communications

Communications made to the last address known to us are deemed to have reached you. We always use the address registered in the Dutch Municipal Database (Gemeentelijke Basisadministratie).

2.7 Cooling-off period

When taking out any additional insurance as the insured person you have a cooling-off period of fourteen days. You can cancel the additional insurance in writing within fourteen days after concluding the agreement or, if this is later, within fourteen days after you have received the healthcare policy. Due to this, the insurance agreement is deemed not to have been finalised.

2.8 Dutch law

Any additional insurance is subject to Dutch law.

Article 3 Payments

3.1 Premium charges

The insured person has to pay a premium. Until the moment of death of an insured party, the premium is payable up to the date of death.

In case of amendment of any additional insurance we recalculate the premium starting from the date of amendment.

3.2 Collective agreement premium discount

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

3.2.2 From the day you can no longer participate in the collective agreement, the premium discount and conditions as agreed in the collective agreement become void. From this day, any additional insurance is continued on an individual basis.

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

3.3 Payment of premiums, (statutory) policy excesses, statutory contributions and costs

3.3.1 You are obligated to pay the premium and (foreign) statutory contribution for all insured parties every month in advance, unless agreed otherwise. If you pay the premium annually in advance, you will receive a term payment discount on the payable premium. The height of the discount is stated on the policy sheet.

3.3.2 We can charge € 1.50 per giro for giro payments.

3.3.3 You can authorise us direct debits for the premium payment, the (statutory) policy excess, personal contributions and other costs. To authorise a direct debit for the premium on the one hand and for the (statutory) policy excess, personal contributions and other costs on the other hand, two separate authorisations are required.

3.4 Settlement

You are not allowed to deduct the payable amounts from an amount payable by us.

3.5 Failure to pay on time

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

3.5.2 In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.

3.5.3 We may charge you administration costs, (extra)judicial fees and legal interest.

3.5.4 If you have been summoned for late payment of premiums, statutory contributions, personal contributions or costs, we are not obliged to separately summon you again for late payment of the next invoice.

3.5.5 We are entitled to deduct arrears in premiums and costs from any costs declared for healthcare or other receivable amounts from us.

3.5.6 If we terminate any additional insurance due to late payments of the payable premium, we are entitled not to conclude any insurance agreement with you during a period of five years.

Article 4 Other obligations

You are obliged to:

- ask the practitioner to make the reason of admission known to our medical advisor;
- grant your cooperation to our medical advisor or employees that are in charge of checks to obtain all necessary information required to provide any additional insurance;
- inform us about any facts that may lead to costs being able to be declared on (possible) liable third parties and provide us with the necessary information in that respect. You are not allowed to make any arrangements with a third party without our prior written agreement. You have to refrain from acts that may harm our interests;
- to notify us of any facts and circumstances required for the correct provision of any additional insurance that are of importance. This includes the beginning and end of detention, divorce, separation, moving house, birth, adoption or change of bank or giro number. We cannot be held liable for your failure to do so.

If you do not meet your obligations and our interests are harmed as a result of this, we can suspend your entitlement to (reimbursement of the cost of) healthcare.

Article 5 Change of premium and conditions

5.1 Change of premium and conditions

We reserve the right to change the conditions and premium of any additional insurance at any time. We will inform you, as the insured person, about this in writing. Such a change will occur on a date to be determined by us.

5.2 Right of termination

If we change the conditions and/or premium of the additional insurance to your disadvantage, you have the right to terminate the insurance agreement up to one month after you have been informed of the change, with effect from the day the change applies to you. You do not enjoy this right of termination if an amendment to the insurance conditions is a direct result of legal measures, regulations or provisions.

Article 6 Start, duration and termination of the additional insurance

6.1 Start and duration

The insurance agreement commences on the day for which the healthcare insurance of the insurer commences or on January 1 of a calendar year. If you apply for healthcare insurance with us, you grant us permission to terminate your old healthcare insurance with a Dutch healthcare insurer. This permission also applies to any additional insurance. If the additional insurance(s) should not be terminated, you have to indicate this on the application form.

The additional insurance is concluded for the calendar year in which the additional insurance comes into effect. At the end of this period, any additional insurance is tacitly extended for the period of one calendar year.

6.2 Acceptance for the additional insurance

6.2.1 Healthcare insurance

You can take out any additional insurance as an addition to a healthcare insurance from the healthcare insurer, but you are not obliged to do so. A medical examination may be required for additional insurance. Moreover, an age limit may apply.

6.2.2 Family coverage

All insured parties of 18 years and older that are stated on the policy can take out additional insurance of choice. Children younger than 18 years of age cannot be insured more extensively than the highest insured adult party on the agreement.

6.2.3 Changing additional insurance

You can change your additional insurance. The provisions in 6.2.2. apply. The insured person has to inform us about the change no later than December 31. The change will take effect as of January 1 of the following calendar year.

For healthcare where reimbursement terms of more than one calendar year apply, these terms continue in case of a change in additional insurance with the same insurer.

6.3 By operation of law

6.3.1 Additional insurance terminates by operation of law with effect from the day following the day on which:

- the healthcare insurer is no longer allowed to offer or provide insurances due to an amendment or revocation of their licence to as an insurance company;
- the insured party deceases;
- the healthcare insurer ceases to offer and provide the additional insurance.

You as the insured person are obliged to inform us as soon as possible about the death of an insured party or other facts and circumstances with respect to the insured party that have led or may lead to the end of additional insurance. If we establish that the additional insurance has ended or will end, we will send you a proof of termination as soon as possible.

If the additional insurance terminates because we stop offering this additional insurance, we will inform you as the insured person no later than three months before the additional insurance ends.

6.4 When can you terminate your insurance?

6.4.1 Annually

The insured person can terminate the additional insurance in writing on January 1 of each year provided that we have received your termination no later than December 31 of the preceding year.

6.4.2 Interim

The insured person can terminate the additional insurance in writing:

- in case of a change of premium and/or change of conditions as stated in Article 5.2;
- simultaneously with terminating the healthcare insurance of insurer.

6.4.3 To terminate the additional insurance as meant in Article 6.4.1. and 6.4.2. you can also make use of the Dutch healthcare insurers cancellation service.

6.5 When can we cancel, terminate or suspend the additional insurance?

We can cancel, terminate or suspend the additional insurance:

- due to late payment of the payable amounts, as stated in Article 3.5;
- in case of fraud (see Article 2.4);
- if you have wilfully not provided, or not fully provided, information or provided incorrect information or documents that are or may be to our disadvantage;
- have acted with the intent to mislead us or if we would not have concluded an additional insurance had we been aware of the state of affairs. In these cases we can terminate the additional insurance within two months following discovery and with immediate effect. In these cases we are not obliged to pay benefits or we can reduce the benefits. We are entitled to deduct the resulting exposures with other benefits.

Article 7 Complaints and disputes

7.1 Do you have a complaint? Please submit your complaint to the complaints management department.

7.1.1 You can be assured that we arrange everything pertaining to your additional insurance properly. Still it may occur that not everything is satisfactory.

We are open to your complaints and suggestions. You can submit your complaint to the complaints management department, P.O. Box 2705, 6401 DE Heerlen. This can also be done by email to klachtenmanagement@aevitae.com. The Complaints management department acts on behalf of the management.

7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten en Geschillen (SKGZ)), P.O. Box 291, 3700 AG Zeist, www.skgz.nl. Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbiter for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@financialarbiter.org.mt).

Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.

7.2 Complaints about our forms

7.2.1 Are you of the opinion that a certain form is unnecessary or complicated? You can submit your complaint to the complaints management department, P.O. Box 2705, 6401 DE Heerlen. This can also be done by email to klachtenmanagement@aevitae.com.

7.2.2 Within 30 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 30 days, you can submit your complaint or dispute to the Dutch Healthcare Authority for the attention of the Informatielijn/het Meldpunt, P.O. Box 3017, 3502 GA Utrecht, email: informatielijn@nza.nl. On the website of the Dutch Healthcare Authority (Nederlandse Zorgautoriteit), www.nza.nl, how you can submit a complaint is shown.

Article 8 Healthcare and waiting list mediation

You are entitled to mediation for healthcare if there is an unacceptably long waiting list for treatment by a healthcare provider that should provide this healthcare according to your additional insurance. For this healthcare mediation you can make an appeal to our Team Medical. You can also make an appeal to our Team Medical should you have general questions about the healthcare, such as looking for a healthcare provider with a certain expertise or help in finding the right approach to healthcare. Together we can look into the options.

III Coverage

Article 1 Obstetric healthcare

Description

The personal contribution of the insured party with regard to an (outpatient) clinic delivery without medical necessity in a hospital or in a birth centre contracted for this purpose relates to the difference between the rate the hospital charges and the amount as mentioned in the Healthcare Insurance Regulations (Regeling zorgverzekering). Entitlement to reimbursement solely applies to those cases in which the insured party is entitled to healthcare based on the healthcare insurance.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair 75% of the personal contribution
- Ruim 100% of the personal contribution

Article 2 Maternity pack

Definition

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

Condition

The insured person must request the maternity pack from our website no later than two months prior to the expected delivery date.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair full
- Ruim full

Article 3 Personal contribution to maternity care

Definition

The personal contribution for maternity care according to the Healthcare Insurance Regulations (Regeling zorgverzekering). The additional reimbursement is provided over the same number of hours or days for which the entitlement to maternity care concerns, based on the healthcare insurance.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair 75% of the personal contribution
- Ruim 100% of the personal contribution

Article 4 Aftercare for mother/newborn

Definition

The healthcare concerns necessary support for the mother and/or the child that could not have been received during regular maternity care hours due to medical complications, arising during or after birth. The healthcare comprises of nursing care for the mother and care for the child, as well as integrating the healthcare into the regular daily rhythm. The number of healthcare hours is indexed by the maternity centre, following the 10th day after delivery.

By

A qualified midwife or a nurse.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to 12 hrs divided over no more than 4 consecutive days
- Ruim up to 12 hrs divided over no more than 4 consecutive days

Article 5 Lactation consult

Definition

Lactation consult for the mother following breastfeeding problems in specific situations.

Who can provide the healthcare?

A lactation expert who is a member of the Dutch Society of Lactation Experts (Nederlandse Vereniging van Lactatiekundigen (NVL)).

Referral by

Obstetric, maternity centre, consultation agency physician or youth healthcare nurse. The referral takes place according to the referral protocol for the lactation expert NVL.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair € 150 per pregnancy
- Ruim € 150 per pregnancy

Article 6 Electric breast-pump

Definition

The rental of an electric breast-pump during and after a hospital admission of 8 days or longer for a sick infant where the mother stays at home. The invoice has to be accompanied by the filled out 'rent electric breast-pump' form. You can request this form by telephone through 088 - 35 35 763.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 80 per pregnancy
- Ruim up to € 80 per pregnancy

Article 7 Correction of ears

Definition

Plastic surgery treatment by a medical specialist in a designated contracted hospital or independent treatment centre that conducts ear corrections for children up to 12 years of age.

Referral by

GP or a medical specialist.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair full
- Ruim full

Article 8 Eye laser treatments

Definition

An allowance for the costs of eye laser treatments.

By

Ophthalmologist.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 150 for the duration of the policy
- Ruim up to € 250 for the duration of the policy

Article 9 Sterilisation

Definition

Sterilisation in a designated contracted hospital, independent treatment centre or GP's practice by a medical specialist or, if it concerns a vasectomy (sterilisation of the man), an authorised GP.

Exclusion

Reversal of sterilisation is not eligible for reimbursement.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair no reimbursement
- Ruim full

Article 10 Alternative healthcare

Definition

We reimburse the costs of:

- consultations with alternative doctors;
- consultations with alternative therapists;
- homeopathic and anthroposophical medicines.

Conditions for reimbursement

- The homeopathic and anthroposophical medicines must be prescribed by a general practitioner or doctor;
- The homeopathic medicines must have a fully homeopathic composition and be registered on the list of Registered Homeopathic Medicines of the Royal Dutch Society for the Promotion of the Pharmacy (KNMP);
- The homeopathic and anthroposophical medicines must be provided by a pharmacy or a dispensing general practitioner;
- The alternative doctor or therapist must be a member of a certain professional association. Please see the list of recognized professional organisations on www.aevitae.com.

Reimbursement (for the costs of fees and medicines combined)

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 40 per day up to € 350 per calendar year
- Ruim a maximum of € 50 per day up to € 550 per calendar year

Article 11 Physiotherapy and Cesar/Mensendieck Remedial Therapy

Definition

The costs of medically required healthcare that physiotherapists and remedial therapists tend to offer are reimbursed.

By

- 1 physiotherapy: physiotherapist and the specialist physiotherapists that are registered in the Central Quality Register (Centraal Kwaliteitsregister (CKR)) of the Royal Dutch Society for Physiotherapy (this can be the child psychologist, pelvic physiotherapist, psychosomatic physiotherapist, geriatric physiotherapist and the manual therapist);
- 2 oedema therapy: oedema therapist or skin therapist. The oedema therapist has to be registered in the Central Quality Register (Centraal Kwaliteitsregister (CKR)) of the Royal Dutch Society for Physiotherapy. The skin therapist has to be registered in the Dutch Paramedics Quality Register (Kwaliteitsregister paramedici);
- 3 Cesar/Mensendieck remedial therapy: Cesar/Mensendieck remedial therapist and the specialist remedial therapists that are registered in the Dutch Paramedics Quality Register (Kwaliteitsregister paramedici (KP)) (this can be the child and psychosomatic remedial therapist);

You can find an overview of the healthcare providers contracted by the healthcare insurer on our website or request it by phone. For the telephone number please look at the beginning of these conditions.

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

Exclusion

The healthcare mentioned in this Article does not refer to antenatal and postnatal exercises, sports massage, occupational therapy or types of fitness that aim to improve conditions by way of training.

Reimbursement

- Prettig a maximum of 6 treatments per calendar year
- Prima a maximum of 9 treatments per calendar year
- Populair a maximum of 12 treatments per calendar year
- Ruim a maximum of 21 treatments per calendar year

Article 12 Occupational therapy

Definition

Did you receive a reimbursement for 10 hours of occupational therapy from the basic health insurance? In that case we reimburse a few additional hours from this article.

Conditions

The same conditions from the basic health insurance apply for the reimbursement from this article.

By

Occupational therapist. Please check the contracted healthcare providers on our website or contact us.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to 2 additional hours per calendar year, in addition to the basic health insurance
- Ruim up to 4 additional hours per calendar year, in addition to the basic health insurance

Article 13 Skin treatments

A Acne treatment

Definition

Acne treatment and the treatment of facial acne scars.

Indication

Severe form of acne.

By

A skin therapist who is registered in the Dutch Paramedics Quality Register (Kwaliteitsregister paramedici) or a beautician who is a member of the ANBOS with the specialization Acne.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 250 per calendar year
- Ruim up to € 250 per calendar year

B Camouflage therapy

Definition

Treatment aimed at making scars, varicose veins, port-wine stains and dark or light spots in the skin less conspicuous, including the necessary medications.

Indication

Severe, permanent facial and/or neck disfigurement or the legs, in the case of varicose veins.

By

A skin therapist who is registered in the Dutch Paramedics Quality Register (Kwaliteitsregister paramedici) or a beautician who is a member of the ANBOS with the specialization Camouflage.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 250 for the duration of the policy
- Ruim up to € 250 for the duration of the policy

C Epilation

Definition

Treatment aimed at the removal of disruptive facial hair growth on unusual places.

Indication

Extreme facial hair growth.

By

A skin therapist who is registered in the Dutch Paramedics Quality Register (Kwaliteitsregister paramedici) or a beautician who is a member of the ANBOS with the specialization Electric hair removal.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 350 for the duration of the policy
- Ruim up to € 350 for the duration of the policy

Article 14 Foot treatments

Definition

- 1 Podo(postural)therapy and sports podotherapy. Below we meantreatments of foot disorders, skin and nail disorders, or musculoskeletal problems in or caused by the feet.
- 2 Podology.
- 3 1 pair of (sports) insoles (and repair costs) that support the joints, ligaments and capsules of the feet.

By

- 1 for treatments under definition, point 1: podo(postural) therapist or sports podotherapist.
 - 2 for treatments under definition, point 2: podologist
 - 3 for point 3: insoles have to be provided by an orthopaedic cobbler or work shop, or podotherapist.
- Referral has to be conducted by GP, medical specialist or, in case of insoles, by a podotherapist.

Reimbursement

- Prettig no reimbursement
- Prima a budget of € 70 per calendar year for the abovementioned foot treatments
- Populair a budget of € 100 per calendar year for the abovementioned foot treatments
- Ruim a budget of € 150 per calendar year for the abovementioned foot treatments

Article 15 Glasses and contact lenses

Definition

An allowance for the costs of contact lenses and/or prescription spectacle lenses, with corresponding frames.

By

Optician or optician company.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 100 per 2 calendar years
- Ruim up to € 150 per 2 calendar years

Article 16 Medical aid budget

A budget for medical aids that you can spend on:

- a reimbursement of the personal legal contributions/personal payments for the medical aids mentioned below;
- the purchase of (extras relating to) the following aids that are not included in the Healthcare Insurance Regulations (Regeling zorgverzekering).

A Audiological aids

Definition

An allowance for the costs with regard to the purchase of audiological aids in accordance with the Healthcare Insurance Regulations (Regeling zorgverzekering).

The allowance is the difference between the amount the supplier charges within the scope of the Healthcare Insurance Regulations (Regeling zorgverzekering) and the costs of the purchase of the respective audiological aid. Audiological aids are: hearing aids, supplies and accessories (batteries, chargers) for hearing aids, solo equipment, loop, infrared equipment, FM equipment and masks to treat tinnitus.

We have made additional agreements with a number of suppliers. If you choose to purchase your audiological aids at one of our preferred suppliers you will enjoy additional benefits. You can find a list of preferred suppliers on our website.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 125 per calendar year for the combined costs of A to E
- Ruim a maximum of € 250 per calendar year for the combined costs of A to E

B Breast prosthesis

Definition

An allowance for the costs of the purchase of adhesive strips for breast prostheses, a breast prosthesis bra, a prosthesis bathing suit and cleaning aids that are used after a mastectomy.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 125 per calendar year for the combined costs of A to E
- Ruim a maximum of € 250 per calendar year for the combined costs of A to E

C**Wigs****Definition**

An allowance for the costs with regard to the purchase of a wig in accordance with the Healthcare Insurance Regulations (Regeling zorgverzekering).

The allowance is the difference between the amount the supplier charges within the scope of the Healthcare Insurance Regulations (Regeling zorgverzekering) and the costs of the purchase of the wig.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 125 per calendar year for the combined costs of A to E
- Ruim a maximum of € 250 per calendar year for the combined costs of A to E

D**Support pessary****Definition**

Reimbursement of the costs of a pessary, including reimbursement of the costs of its placement. The pessary prevents a prolapsed bladder and/or uterus and maintains their normal position.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 125 per calendar year for the combined costs of A to E
- Ruim a maximum of € 250 per calendar year for the combined costs of A to E

E**Wetting alarm****Definition**

Reimbursement of the costs of waking devices or wetting alarms for insured parties from 7 up to 18 years of age, including any necessary bandages.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair a maximum of € 125 per calendar year for the combined costs of A to E
- Ruim a maximum of € 250 per calendar year for the combined costs of A to E

Article 17 Convalescence centre**Definition**

For authorized convalescence centers please refer to www.erkendezorghotels.nl.

Remarks

If the insured party is entitled to healthcare mentioned in this Article from the Wlz, there is no entitlement based on this Article.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 25 per day for up to 42 days during a period of 3 calendar years
- Ruim up to € 25 per day for up to 42 days during a period of 3 calendar years

Article 18 Guest house**Definition**

If your child or your partner is admitted to a hospital that is located more than 40 kilometres from your residential address, there are options to stay overnight nearby. This can be a family or guest house linked to a hospital located in the Netherlands, such as a Ronald McDonald home or a Kiwanis Family house. If your child or partner is admitted to the University Hospital in Antwerp, there is the option to stay in the Onthaalhuis Ter Weijde.

Particularity

Entitlement to reimbursement are solely based on admission of two day treatments for the insured party that take place on consecutive days in a hospital chosen that is preferred by their healthcare insurance.

If you have to undergo a day treatment in a hospital that is located more than 40 kilometres from your residential address, you can stay in a family or guest house. The day treatment has to take place on consecutive days.

Reimbursement

- Prettig no reimbursement
- Prima reimbursement of personal contributions up to € 15 per day
- Populair reimbursement of personal contributions up to € 15 per day
- Ruim reimbursement of personal contributions up to € 15 per day

Article 19 Children's therapy holiday camps

Definition

Voor insured persons below age 18 a reimbursement is possible for the costs of participating in:

- a holiday camp of the Diabetes Jeugdvereniging Nederland;
- a holiday camp of the Stichting Kinderoncologische Vakantiekampen;
- a holiday camp of the Stichting de Ster (Sterkamp en Maankamp);
- a holiday camp of the Nederlandse Hartstichting (Jump);
- a holiday camp of the Stichting Heppie for children with asthma and / or constitutional eczema;
- a holiday camp of the Bas van de Goor Foundation (sports camps for diabetics).

Authorisation

Yes.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair up to € 150 per calendar year
- Ruim up to € 250 per calendar year

Article 20 Travel expenses for hospital visits

Definition

Reimbursement of travel expenses to and from the hospital to visit a family member admitted to hospital within the Netherlands.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair no reimbursement
- Ruim from the 8th day of admission according to the same kilometer allowance as for seated patient transport in the basic health insurance to a maximum of € 500 per calendar year

Article 21 Orthodontic healthcare for insured parties under the age of 18

Definition

Orthodontic healthcare such as that dentists and orthodontists tend to offer. The costs of replacements or repairs after careless use is excluded from reimbursement.

By

Dentist or orthodontist.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair 80% up to € 1,000 for the duration of the policy
- Ruim 80% up to € 2,000 for the duration of the policy, after 1 year waiting period

Article 22 Emergency healthcare during holidays and temporary stays abroad, except the USA and Canada

Definition

Medically required healthcare not reasonably foreseen on departure for a temporary stay abroad (except the USA and Canada) for a maximum of 365 days. Emergency healthcare is unforeseen healthcare that cannot reasonably be postponed until return to the country of residence.

Remarks

- 1 Entitlement to reimbursement only exists if there is entitlement to the healthcare from the healthcare insurance. The reimbursement to be granted has an additional character.
- 2 the reimbursement is paid out in Euros. If you have health insurance expenses in a country that has not adopted the Euro, you will receive a bill in their current currency. In calculating the invoice amount, we will use the regulations from the terms and conditions of your basic healthcare insurance.
- 3 to obtain medical healthcare, an appeal can be made to the Emergency Centre. You can find the telephone number on the back of your healthcare card. The healthcare insurer advises the insured party to use the Emergency Centre, mainly because emergency healthcare involves high costs, such as a treatment or admission to a hospital.

Reimbursement

- Prettig full, in addition to the basic health insurance
- Prima full, in addition to the basic health insurance
- Populair full, in addition to the basic health insurance
- Ruim full, in addition to the basic health insurance

Article 23 Emergency healthcare during holidays and temporary stays abroad in the USA and Canada

Definition

Medically required healthcare not reasonably foreseen on departure for a temporary stay in the USA or Canada for a maximum of 365 days. Emergency healthcare is unforeseen healthcare that cannot reasonably be postponed until return to the country of residence.

Remarks

- 1 Entitlement to reimbursement only exists if there is entitlement to the healthcare from the healthcare insurance. The reimbursement to be granted has an additional character
- 2 The reimbursement is paid out in Euros. In calculating the invoice amount, we will use the regulations from the terms and conditions of your basic healthcare insurance.
- 3 To obtain medical healthcare, an appeal can be made to the Emergency Centre. You can find the telephone number on the back of your healthcare card. The healthcare insurer advises the insured party to use the Emergency Centre, mainly because emergency healthcare involves high costs, such as a treatment or admission to a hospital.

Reimbursement

- Prettig 100% Dutch rate for comparable healthcare in the Netherlands (in addition to the reimbursement through your basic health insurance)
- Prima 100% Dutch rate for comparable healthcare in the Netherlands (in addition to the reimbursement through your basic health insurance)
- Populair 100% Dutch rate for comparable healthcare in the Netherlands (in addition to the reimbursement through your basic health insurance)
- Ruim 100% Dutch rate for comparable healthcare in the Netherlands (in addition to the reimbursement through your basic health insurance)

Article 24 Repatriation from abroad

Definition

The medically required transportation of the sick insured party from abroad to a health institution in the country of residence.

By this we mean:

- the costs of transport per ambulance and/or plane;
- the costs of (medically) necessary

By

Aevitae Emergency Centre. You can find the telephone number on the back of your healthcare card.

Reimbursement

- Prettig no reimbursement
- Prima full
- Populair full
- Ruim full

Article 25 Vaccinations and preventive medicines for temporary stay abroad

A Vaccinations for temporary stay abroad

Definition

For holidays abroad, the required consultations or travellers' advice and vaccinations to prevent: Hepatitis A and BA/b, DTP, MMR, yellow fever, typhoid, and blood tests related to hepatitis B. The costs of cocktail vaccines are only reimbursed if, on the basis of this article, all the components of the cocktail would be reimbursed separately.

By

GP, GGD, Travel Health Clinic, Richard Lane health care or a doctor who has a LCR accreditation and yellow fever registration. For addresses see www.lcr.nl.

Reimbursement

- Prettig no reimbursement
- Prima full
- Populair full
- Ruim full

B Preventive medicines for temporary stay abroad

Definition

For holidays abroad necessary preventive medicines to prevent exotic diseases.

Under the necessary preventive medicines we mean the preventive medicines which, according to the advice of the National Coordination Centre, are necessary for travellers' advice (LCR). On the website www.lcr.nl/Landen you can see which vaccinations are recommended for each country.

By

GP or GGD.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair 50%
- Ruim 75%

Article 26 Personal contribution for medicines (GVS)

Definition

Reimbursements of personal contributions for medicines from the Medicine Reimbursement Scheme (Geneesmiddelen-vergoedingssysteem) as far as these medicines are reimbursed in accordance with the healthcare insurance.

Exclusion

The personal contributions on ADHD medication and contraceptives are not reimbursed.

Reimbursement

- Prettig no reimbursement
- Prima up to € 250 per calendar year
- Populair up to € 250 per calendar year
- Ruim up to € 250 per calendar year

Article 27 Hospice

Definition

Reimbursement of the personal contribution requested by a private hospice or Bijna-Thuis-Huis.

Condition

The insured must have a referral from the general practitioner.

Exclusion

No reimbursement will be made for the personal contribution for domestic help and nursing that you will be charged by the CAK on the basis of a Wlz provision.

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair € 30 per day for up to 90 days per calendar year
- Ruim € 30 per day for up to 90 days per calendar year

Article 28 Contraceptives for insured parties of 21 years of age and older

We reimburse the costs of hormonal contraceptives to female insured parties, pessaries and diaphragms (IUDs).

Condition

The contraceptive has to be prescribed by a GP or a medical specialist. For the contraceptive pill, a GP or a medical specialist prescription is only required the first time you get it.

By

Pharmacist or dispensing GP.

Exclusion

The costs of placing and removing a contraceptive are reimbursed, regardless of the age of the insured party on the basic insurance.

Reimbursement

- Prettig no reimbursement
- Prima full, including personal contribution
- Populair full, including personal contribution
- Ruim full, including personal contribution

Article 29 Diabetes testing equipment

If you have diabetes mellitus type II and you do not make use of insulin, you can order diabetes testing material from one of our preferred suppliers against a small extra charge. The starter package comprises of: ten test strips, ten lancets, a lancing device and a blood glucose meter.

We reimburse:

- a starter package , personal contribution of € 10;
- test strips with lancets, per 50 test strips a personal contribution of € 15 applies.

If you use insulin, you get the diabetes test material reimbursed from the healthcare insurance. Please see the rules.

Conditions for reimbursement

The testing material has to be provided by our preferred suppliers. You can find the preferred suppliers in the healthcare guide on www.aevitae.com.

Reimbursement

- Prettig no reimbursement
- Prima up to € 50 per calendar year
- Populair up to € 50 per calendar year
- Ruim up to € 50 per calendar year

Article 30 Prevention budget

A Courses and education

Definition

- 1 Courses and education aimed at improving health and preventing health problems, such as courses aimed at:
 - the period surrounding pregnancy;
 - nutrition;
 - quitting smoking;
 - first aid for children.
- 2 Courses and education aimed at dealing with a disease and/or disorder. Such as learning to deal with diabetes, rheumatism, asthma or dementia.

By

Definition, point 1: home care organisation, maternity centre, GGD or RIAGG.

Definition, point 2: home care organisation, GGD, RIAGG or patients association affiliated to the Dutch Patients Consumers Federation (Nederlandse Patiënten Consumenten Federatie (NPCF)) or the Regional Patients Consumer Platform (Regionaal Patiënten Consumenten Platform RPCP)). You have to submit the original proof of registration and payment to us.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

B Dietary advice

Definition

We reimburse the costs of dietary advice on nutrition and eating habits with a medical purpose, as dietitians usually provide. This reimbursement is in addition to the reimbursement from the basic insurance.

By

Dietician.

You can find an overview of the contracted dietitians on our website or request it by phone. If you go to a dietician with whom the healthcare insurer has not concluded a contract, a lower reimbursement per treatment may apply.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

C Sports Medical Examination

The costs for Sports medical examination and physical tests in a sports-medical centre will be reimbursed.

Conditions for Reimbursement

- The sports-medical centre must be recognized and meet the requirements of the Federation of Sports Medicine Associations (Federatie Sport Medische Instellingen).
- There is no basis for care demand.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

D General check-up

Definition

The costs of a general check-up. A general check-up, also known as PreventieConsult or Preventief Medisch Onderzoek, can lead to the early detection of diseases like cardiovascular problems, diabetes and kidney damage.

By:

GP, company doctor or medical specialist. Would you prefer to visit a different care provider? Then we will not reimburse the costs.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

E Influenza vaccination for non-risk groups

Definition

The costs of an influenza vaccination provided by a gp or medical specialist. We will not reimburse the fee of the providing doctor.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

F First Aid course

Definition

The costs of a First Aid course that leads to the certificate First Aid of the Oranje Kruis or the certificate First Aid of the Rode Kruis. We will not reimburse the costs of courses aimed at in-house emergency (including First Aid courses for children as part of the registration within the meaning of the Childcare Act).

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

G Reanimation training course

Definition

The costs of a basic reanimation training course. The course needs to be provided by a training institute registered at the Nederlandse Reanimatieraad (NRR).

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

H Weight consultant

Definition

The costs of nutritional education by a weight consultant. Nutrition education includes education and advice in the area of nutrition and diet advice without medical indication.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

I Lekker in je vel

Definition

The costs of a course 'Lekker in je vel'. The course must be organised by a home care agency.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

J Fall prevention

Definition

The costs of a fall prevention course. A fall prevention course learns you to prevent falling.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

K Grief counselling

Definition

The costs of grief counselling organised by a recognised organisation.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

L Sleep course

Definition

The costs of:

- a. An online sleep course or 'de slaapcoach', where you receive professional advice and practical solutions to sleep better. The course must be organised by Somnio.
- b. A course 'Slapen kun je leren'. The course must be organised by a home care institution.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

M Mindfulness

Definition

The costs of a mindfulness course. The mindfulness course must be organised by a trainer connected to the Vereniging Mindfulness Based trainers in the Netherlands and Belgium (VMBN). These trainers can be found on the website www.vmbn.nl.

Reimbursement

- Prettig no reimbursement
- Prima a maximum of € 125 per calendar year for the combined costs of A to M
- Populair a maximum of € 125 per calendar year for the combined costs of A to M
- Ruim a maximum of € 250 per calendar year for the combined costs of A to M

Article 31 Consultations for women

Definition

Reimbursement for the costs of consultations for women. The consultations are related to (peri)menopause.

Conditions

The consultant is registered or affiliated with the BV Care for Women, or another acknowledged professional association, or an organisation specialized in consultations related to (peri)menopause.

Reimbursement

- Prettig no reimbursement
- Prima up to € 100 per calendar year
- Populair up to € 100 per calendar year
- Ruim up to € 200 per calendar year

Article 32 Brain-friendly working

Definition

We reimburse e-learning 'Train your brain' offered by Logikos. Because we believe in working brain friendly. When paying attention to brain friendly working we become (more) stress resistant, our brain will be more creative and flexible and achieve more balance in our lives. The effects are huge, not only can you remember more but you can also concentrate better.

Conditions

- You use Logikos for the e-learning.
- You send us the application.

Reimbursement

- Prettig no reimbursement
- Prima 1 training of € 75 for the duration of the policy
- Populair 1 training of € 75 for the duration of the policy
- Ruim 1 training of € 75 for the duration of the policy

Article 33 Lifestyle training courses

Definition

We reimburse the costs of a maximum of 1 basic lifestyle training course for:
a heart patients;
b whiplash patients;
c people suffering from stress and conditions associated with burnout.

Conditions

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

Reimbursement

- Prettig no reimbursement
- Prima no reimbursement
- Populair no reimbursement
- Ruim up to € 1,250 for 1 lifestyle training course per calendar year

Article 34 Dental costs as result of an accident for insured persons aged 18 and over

Definition

Reimbursement to insured persons aged 18 and older of dental care by a dentist, orthodontist or oral surgeon. The treatment must be directed at an injury resulting from an accident during the term of this insurance. In addition, the treatment must take place within 1 year after the accident, unless it is necessary to postpone (definitive) treatment, because the teeth are not mature. Our advisory dentist assesses whether the teeth are mature or temporary treatment is required. At the time of both the accident and the treatment, the policy must include this reimbursement.

Conditions

- We must have given you prior consent. Before we give permission, we will review your application for treatment: is this effective and lawful?

We will cover the costs incurred if they are aimed at restoring the situation immediately prior to the accident. You are not entitled to compensation if the indication for the requested treatment was already present before the accident. This is to be assessed by our advisory dentist. We only reimburse the costs if there is no compensation from the basic insurance.

- Your application for permission must contain a treatment plan with a cost budget and available X-rays. The treatment plan must be prepared by your dentist, orthodontist or oral surgeon

What we don't reimburse (according to this article)

We do not charge the costs of treatments that are directly or indirectly the result of:

- Sickness or morbid abnormality of the insured person;
- Gross negligence or intent of the insured;
- The use of alcohol and/or narcotic drugs by the insured;
- Participation by insured in a brawl other than self-defence

Reimbursement

- Prettig up to € 10,000 per accident; the repair of dentures: up to € 2,000 for the duration of the policy
- Prima up to € 10,000 per accident; the repair of dentures: up to € 2,000 for the duration of the policy
- Populair up to € 10,000 per accident; the repair of dentures: up to € 2,000 for the duration of the policy
- Ruim up to € 10,000 per accident; the repair of dentures: up to € 2,000 for the duration of the policy

Artikel 35 Informal care replacement

We reimburse the costs of temporarily taking over care from a caregiver with the aim of giving that informal caregiver some time off. You can use the replacement informal care if you receive informal care or if you are a caregiver. The contracted organisation determines whether a replacement informal carer can meet your care demand.

Conditions

- 1 The care must be provided by Handen in Huis (www.handeninhuis.nl), Saar aan Huis (www.saaraanhuis.nl) or Uw Assistent (www.uwassistent.nl). You can contact these care providers directly.
- 2 You must apply for care at least 8 weeks in advance.

Reimbursement

- Prettig no reimbursement
- Prima € 150 per day up to € 1,500 per calendar year
- Populair € 150 per day up to € 1,500 per calendar year
- Ruim € 150 per day up to € 1,800 per calendar year

Artikel 36 Informal care course

We reimburse the costs of a course in informal care.

Conditions

The course must be organized by the GGD, a home care institution, patient association or an organization for informal care support.

Reimbursement

- Prettig no reimbursement
- Prima € 150 for the duration of the policy
- Populair € 150 for the duration of the policy
- Ruim € 150 for the duration of the policy

Healthcare and waiting list mediation

Definition

You are entitled to mediation for healthcare if there is an unacceptably long waiting list for treatment by a healthcare provider that should provide this healthcare in accordance with these additional insurance(s). You can make an appeal to this healthcare mediation at our Team Medical. You can also make an appeal to our Team Medical with general questions on healthcare. They can help find a healthcare provider with a certain expertise or help find the right healthcare treatment. Together we can look into the options.

The way healthcare advice works

For all questions you may have about healthcare, you can get healthcare advice from us. Think of finding a new GP after a move or where to turn to for a certain treatment. Together with you, our mediators will look into the options and give you advice. Naturally the final choice is yours. Through the Healthcare guide on our website you can easily find a healthcare provider in your vicinity.

Second opinion

If you are not entirely sure about the judgement or advice of your practising specialist, you can ask for a second opinion or for advice. Please contact our Team Medical on telephone number 088 - 35 35 763. The advice and second opinion are free of charge.

The way waiting list mediation works

Waiting list mediation exists for all treatments where you believe you have waited too long. As soon as you call us for waiting list mediation, we will start looking for a treatment at another healthcare provider for you. First we will look in your region, then in the Netherlands and after that in Belgium or Germany. Obviously we will look for an alternative that provides at least the same level of quality healthcare.

Admission in an alternative hospital

If it concerns a (day) admission in a hospital, first there will be an appointment with a specialist in the alternative hospital. This specialist does not necessarily take on the same treatment from your current hospital. Moreover, it may be that the alternative hospital cannot provide certain treatments in the same way. Also, for all investigations, treatments, aftercare and possible complications you are bound to the alternative hospital.

Want to be helped faster? Get off the waiting list!

If you are treated in another hospital as a result of waiting list mediation, you will often not be able to go to the same hospital where you received the treatment. This is because as soon as you request your medical details from your current hospital, you will be removed from the waiting list. We recommend that you also deregister yourself. This way, you prevent being on two waiting lists.

If you do not have an authorisation for transport to and from your current hospital, possible travel expenses are not reimbursed.

Team Medical telephone number

If you want to qualify for waiting list mediation or healthcare advice, please call our Team Medical department on 088 - 35 35 763. If you have a general question on, for example, the reimbursement of a treatment or how you can apply for healthcare, please call our Service Desk on 088 - 35 35 763.

Reimbursement

- Prettig full
- Prima full
- Populair full
- Ruim full



More information?

If you have questions, or something you think we should know, we will be happy to offer our assistance! Our Service Desk is open on weekdays from 08:30 to 17:30.

We can be reached on 088-35 35 763.

You can find answers to frequently-asked questions at www.aevitae.com.

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