



Aevitae

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Infertility Treatment Abroad

You may be eligible for reimbursement from your health insurance of consultations, investigations and treatments abroad in connection with a desire for children associated with infertility problems. You can find more information about this in this document. Please read it through carefully. In case of questions, please contact Customer Service.

Principle

In the Netherlands, infertility treatment is considered as specialist medical care, and so this also applies if you wish to receive this care abroad. The costs of this care abroad will be reimbursed based on the legislation and regulations applicable in the Netherlands, and according to the insurance conditions.

We do not have any agreements with hospitals abroad that provide this care. We therefore advise you always to contact us before you go abroad for this care. You will then receive a written response from us on whether the attempt is eligible for reimbursement, and to what amount. This means you will perhaps be saved from the disappointment that your costs are not or are only partially reimbursed. The amount of the reimbursement depends on your policy.

Application for reimbursement

The reimbursement for infertility treatment appears in the name of the woman who undergoes the treatment as a rule, even if the cause is in the man. In most cases, an investigation of the man also occurs; this is usually charged to the man's health insurance.

If you fail to supply the documents below, you will not be eligible for reimbursement:

- or in vitro fertilisation (IVF), you need a referral from a gynaecologist or urologist. For other fertility-facilitating treatments, you need a referral from your GP or medical specialist.
- comprehensive medical treatment plan in Dutch, German, English, Spanish or French on the hospital's notepaper with the treating physician's signature. This report must cover at least the following aspects:
 - Case notes (incl. information on previous infertility treatments)
 - Diagnosis
 - Description of the investigations and/or treatments
- if you are applying for permission in advance: a cost statement to allow the level of the reimbursement to be established.

NOTE! Most foreign care providers require to receive an advance payment or the entire sum before the treatment starts. You must pay these costs yourself, and you may declare them afterwards together with the bill. We would also request you to submit a list of the medication together with the prescription for it together with the bill for the attempt.

Criteria for eligibility for reimbursement

Age

As a female insured person, you may be eligible for reimbursement for investigations and fertility-facilitating treatments abroad up to and including the age of 42 years. If you are aged 43 or over, you no longer have the right to reimbursement with respect to these costs. If you have started on an attempt at the age of 42, you will still have the attempt in progress reimbursed after your 43rd birthday.

No age limit applies to male insured persons.

Number of attempts

- IUI and KID: no maximum number of attempts defined
- IVF and ICSI: a maximum of 3 attempts. A treatment counts as an attempt:
 - if upon puncture at least one ripe ovum is obtained. An interrupted IVF/ICSI attempt during the hormone treatment phase therefore does not count as an attempt.
 - if no fertilisation of the ovum/ova happens in the laboratory, the IVF/ICSI attempt does indeed count.
 - the replacement of embryos that were obtained in an earlier phase of the treatment (whether or not cryopreserved in the meantime) forms part of the IVF attempt with which the embryos were obtained. If there are still embryos left after a continuing pregnancy has been achieved, their replacement no longer belongs to the same attempt.

After a continuing (realised) pregnancy, or a child is born, living or not, whether or not this arose via IVF, there is again a right to three attempts for a new desire for pregnancy, if undesired infertility exists. By a realised pregnancy, we understand a continuing pregnancy of at least 10 weeks counted from the follicle puncture. The fertilisation of the ovum occurs immediately subsequent to the puncture. For cryopreserved embryos (cryos), a period of at least nine weeks and three days after implantation applies for a continuing pregnancy.

Where the IVF/ICSI treatments took place makes no difference to the counting of attempts. After three non-successful attempts in the Netherlands and/or abroad you have no further right to more attempts (not in a new calendar year nor with a change of health insurance /health insurer either).

State of the art

In order to come into consideration for reimbursement, the care must meet Western medical standards.

For IVF/ICSI this means specifically:

- Woman up to 38 years old: in the first and second attempt replace at most one embryo; in the third attempt, at most two embryos.
- Woman aged 38 to 42 years: a maximum of two embryos per attempt.

Assisted Hatching:

Statement from Zorginstituut Nederland (the Dutch Healthcare Authority, formerly the Health Insurance Board) about reimbursement for assisted hatching:

- An IVF/ICSI treatment with Assisted Hatching is not an insured procedure. Assisted Hatching is a part of the entire ICSI treatment. The profession in the Netherlands does not conduct this. In July 2007, a literature search was conducted, which was evaluated. The other sources were also consulted. Based on this, the Dutch Healthcare Authority concluded that Assisted Hatching is not a treatment in accordance with the state of the art and that the associated ICSI treatment does not come into consideration for reimbursement either.

Medicines to facilitate fertility

For the right to medication that serves to facilitate fertility, it applies that the medicines that are reimbursed in the Netherlands are also reimbursed if they are prescribed abroad.

These medicines come within the expensive and orphan drugs and form part of medical specialist care. This has the following consequences for the reimbursement:

Reimbursement at the WMG rate

Menopur
Fostimon
Gonal-F
Puregon
Elonova
Clomid
Clomifene
Lutrelf
Menogon
Synarel
Lutinus
Utrogestan

Reimbursement under the DBC (comes within the price of the attempt)

Decapeptyl
Orgalustran/Orgalutran
Ovitrelle
Pregnyl
Triptofem
Cetrotide

These medicines must be supplied by the treatment centre abroad. When declaring, the following must be clearly shown on the bill: what medicine it is, what is the dose, and what quantity has been provided.

If the medicines have been obtained in a Dutch pharmacy, or not in the hospital pharmacy of the treatment centre, they will not be considered for reimbursement. This is because the costs in the Netherlands come within the hospital budget.