

Policy Conditions 2025

Laef! 1 to 4



ævitæ

Postbus 2705 • 6401 DE Heerlen • T 088 - 35 35 763
www.aevitae.com • info@aevitae.com

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.

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](#).

Postal 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 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	Alternative care	
Article 2	15	Personal contribution for medicines	
Article 3	16	Contraceptives from age 21	
Article 4	16	Physiotherapy	
Article 5	17	Occupational therapy	
Article 6	17	Vaccinations and preventive medications related to stays abroad	
Article 7	18	Emergency care abroad during vacation or temporary stay	
Article 8	18	Repatriation from abroad	
Article 9	19	Protruding ear correction	
Article 10	19	Eye laser and lens implantation	
Article 11	19	Sterilization	
Article 12	20	Birth kit	
		Article 13	20
		Article 14	20
		Article 15	20
		Article 16	21
		Article 17	21
		Article 18	21
		Article 19	22
		Article 20	23
		Article 21	24
		Article 22	25
		Article 23	25
		Article 24	25
		Article 25	28
		Article 26	28
		Article 27	29
		Article 28	29
		Article 29	29
		Article 30	29
		Article 31	30
		Article 32	30
		Article 33	30
		Article 34	31
		Article 35	31
		Article 36	31
		Article 37	32
		Extra services	32

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 (Zwv)).

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.

Laef! 2ry 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 Laef! 2ry 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

Laef! 2ry 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 the following fees in the event of overdue payment:

- statutory interest from the day following the due date of the original invoice;
- debt collection fees from the day following the due date of the original invoice. This is 14 days after receipt of the reminder. For the amount of the collection fees, we refer to the Reimbursement for Extrajudicial Collection Costs Decree (BIK).

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 only take out additional (dental) insurance as a supplement to the basic health insurance you have taken out with us. Taking out supplementary (dental) insurance without basic health insurance is not possible unless separate agreements have been made with your employer that relate to an employee package.

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 Arbitrator for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@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 Alternative care

Description

We reimburse the costs of:

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

Conditions for reimbursement

- The homeopathic and anthroposophic medicines are prescribed by a doctor.
- The medicines are registered with HA (homeopathic anthroposophic) or HM (homeopathic remedy) in the Taxe Homeopathie of the Z-index. The pharmacist can check this.
- The homeopathic and anthroposophic medicines are supplied by a pharmacy or dispensing general practitioner.
- The alternative therapist is a member of a specific association, see the [Lijst Alternatieve beroepsgroepen](#).

Exclusions

We do not reimburse the costs of:

- care if the alternative healer or therapist is also your own GP;
- laboratory research requested or carried out by an alternative healer or therapist.

Reimbursement (for the costs of fees and medicines combined)

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 250 per calendar year, consultations up to € 40 per day.
- Laef! 4 A maximum of € 450 per calendar year, consultations up to € 40 per day.

Article 2 Personal contribution for medicines

Description

We reimburse the personal contribution for medications listed in the 'Geneesmiddelenvergoedingsstelsel' (Medicines Reimbursement System) when these medications are primarily covered by the basic health insurance.

Exclusion

We do not reimburse the personal contribution for ADHD medication.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 100%
- Laef! 3 100%
- Laef! 4 100%

Article 3 Contraceptives from age 21

Description

We reimburse the costs of contraceptives included in the 'Geneesmiddelenvergoedingssysteem' (Medicines Reimbursement System):

- Contraceptive pill
- Hormonal patch
- Hormone implant
- Implanon
- NuvaRing
- Diaphragm
- Injectable contraceptive
- Intrauterine devices

Conditions for reimbursement

- The contraceptive method has been prescribed by a (family) doctor or midwife. For the contraceptive pill, a prescription is only required for the first dispensing.
- The contraceptive method has been provided by a pharmacist or a pharmacy-owning physician.

Remark

The costs of inserting and removing a contraceptive method are reimbursed through the basic health insurance.

Reimbursement

- | | |
|-----------|-------------------|
| • Laef! 1 | No reimbursement. |
| • Laef! 2 | 100% |
| • Laef! 3 | 100% |
| • Laef! 4 | 100% |

Article 4 Physiotherapy

4.1 Physiotherapy

Description

We reimburse the costs of:

- physical therapy by a (pediatric) physical therapist, pelvic floor physical therapist, psychosomatic physical therapist, or geriatric physical therapist;
- exercise therapy by a (pediatric) exercise therapist or psychosomatic exercise therapist;
- manual physical therapy by a manual physical therapist;
- lymphedema therapy by a physical therapist or skin therapist.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- A separate intake counts as a treatment.
- The healthcare provider meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- We reimburse a maximum amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- If the healthcare provider does not have a contract, the reimbursement may be lower than with a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the [Lijst maximale vergoedingen niet-gecontracteerde zorgverleners](#).
- The amount of the reimbursement depends on which basic health insurance is listed on the policy. If there is no basic health insurance listed on the policy, the terms and conditions of our in kind policy apply.

Exclusion

We do not reimburse the costs of pregnancy gymnastics, sports massage, occupational and recreational therapy, or forms of fitness with the goal of improving fitness through training.

Reimbursement

- Laef! 1 A maximum of 6 treatments per calendar year.
- Laef! 2 A maximum of 9 treatments per calendar year.
- Laef! 3 A maximum of 12 treatments per calendar year, including 9 treatments of manual physical therapy per condition.
- Laef! 4 A maximum of 21 treatments per calendar year, including 9 treatments of manual physical therapy per condition.

4.2 Fysio Zelfcheck app (Physio Self Check app)

Description

Fysio Zelfcheck is an app developed by and from physiotherapists. The Fysio Zelfcheck offers accessible exercises, information and tips with which you can actively work on solving your complaints. It is suitable if you suffer from mild musculoskeletal complaints, such as painful shoulders, lower back pain or complaints during/after exercise.

You will have full access to the Fysio Zelfcheck via Mijn Aevitae. Via Mijn Aevitae you will go to a registration page of the Fysio Zelfcheck app. You can download the Fysio Zelfcheck via the app store (IOS and Android). For more information, please refer to fysiozelfcheck.nl.

About Fysio Zelfcheck

In many people, common, mild musculoskeletal complaints reduce or disappear within a few weeks with rest and simple exercises. The Fysio Zelfcheck can help in these situations. Users of the Fysio Zelfcheck start by completing a questionnaire. These are questionnaires that comply with the current guidelines of the profession. Based on this, the user is presented with information, tips and a series of exercises. The user can get started with the exercises with various instructional videos and vlogs from, often specialist physiotherapists. If the questionnaire shows that additional help is needed, you will be advised to make an appointment with a (specialized) physiotherapist or general practitioner.

Reimbursement

- Pakket 100%

Article 5 Occupational therapy

Description

We reimburse the costs of extra hours of occupational therapy in addition to the basic health insurance.

Conditions for reimbursement

- We reimburse the costs only after the reimbursement from the basic health insurance has been exhausted.
- The healthcare provider meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- We reimburse a maximum amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- A separate intake is counted as a treatment.
- If the healthcare provider does not have a contract, the reimbursement may be lower than with a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the [Lijst maximale vergoedingen niet-gecontracteerde zorgverleners](#). The amount of the reimbursement depends on which basic health insurance is listed on the policy. If there is no basic health insurance listed on the policy, the terms and conditions of our in kind policy apply.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of 2 hours per calendar year in addition to the basic health insurance.
- Laef! 4 A maximum of 4 hours per calendar year in addition to the basic health insurance.

Article 6 Vaccinations and preventive medications related to stays abroad

Description

We reimburse the costs of vaccinations and/or preventive medications that are deemed necessary to prevent diseases during a stay abroad according to the advice of the 'Landelijk Coördinatiecentrum Reizigersadviesing' (National Coordination Center for Travelers' Health Advice). Please refer to the website www.lcr.nl/Landen for more information.

Condition for reimbursement

The care is provided by a general practitioner, Encare Arbozorg GGD, Thuisvaccinatie, Travel Health Clinic, or a physician with LCR accreditation and yellow fever registration.

Exclusions

We do not reimburse the costs of over-the-counter self-care products (available at the drugstore) that prevent infections, diarrhea, or dehydration.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 100 per calendar year
- Laef! 3 100%
- Laef! 4 100%

Article 7 Emergency care abroad during vacation or temporary stay

Description

We reimburse the costs of medically necessary emergency care during stays abroad for vacations, study, or business trips of up to 12 months. The costs are only reimbursed if the care was unforeseeable at the time of departure to the foreign country and could not be postponed until returning to the Netherlands.

Conditions for reimbursement

- The Alarm Center has granted prior approval. The phone number of the Alarm Center is 088 35 35 705.
- The invoices are in Dutch, French, German, English, or Spanish. If the invoices are in another language, we may request the invoices to be translated by a sworn translator. We do not reimburse the costs of translation.
- Healthcare costs in a currency other than the euro will be converted into euros. When converting the invoice amount, we use the exchange rate provided by www.XE.com on the treatment date.
- Reimbursement for non-contracted healthcare abroad is always paid directly to the insured. The insured is responsible for paying the healthcare provider.

Reimbursement

- Laef! 1 Full, in addition to the basic health insurance.
- Laef! 2 Full, in addition to the basic health insurance.
- Laef! 3 Full, in addition to the basic health insurance.
- Laef! 4 Full, in addition to the basic health insurance.

Article 8 Repatriation from abroad

Description

We reimburse the costs of:

- medical transport by ambulance or by plane, including the invoiced costs of medically necessary accompaniment from abroad to a healthcare facility in the Netherlands;
- transport of the deceased from the place of death to the Netherlands.

Conditions for reimbursement

- The Alarm Center has granted prior approval. The phone number of the Alarm Center is 088 35 35 705.
- The invoices are in Dutch, French, German, English, or Spanish. If the invoices are in another language, we may request the invoices to be translated by a sworn translator. We do not reimburse the costs of translation.
- Healthcare costs in a currency other than the euro will be converted into euros. When converting the invoice amount, we use the exchange rate provided by www.XE.com on the treatment date.
- Reimbursement for non-contracted healthcare abroad is always paid directly to the insured. The insured is responsible for paying the healthcare provider.

Exclusion

We do not reimburse the costs of any potential early return of fellow travelers.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 100%
- Laef! 3 100%
- Laef! 4 100%

Article 9 Protruding ear correction

Description

We reimburse the costs of correction of protruding earlobes for children up to 18 years of age.

Conditions for reimbursement

- The treatment was performed before the age of 18.
- The treatment was performed by a medical specialist in a contracted hospital or independent treatment center. An overview of contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 100%
- Laef! 4 100%

Article 10 Eye laser and lens implantation

Description

We reimburse:

- the costs of an eye laser treatment;
- the costs of lens implantation (to replace glasses or contact lenses);
- the additional costs of a lens other than a monofocal (standard) artificial lens when there is entitlement to reimbursement for lens implantation from the basic health insurance.

Conditions for reimbursement

- The reimbursement for lens implantation during a cataract operation is supplementary to the basic health insurance.
- The treatment is performed by an ophthalmologist who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 150 for the duration of the insurance.
- Laef! 4 A maximum of € 250 for the duration of the insurance.

Article 11 Sterilization

Description

We reimburse the costs of sterilization in a contracted hospital, independent treatment center, or general practitioner's practice.

Exclusion

We do not reimburse the costs of reversing sterilization.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 No reimbursement.
- Laef! 4 100%

Article 12 Birth kit

Description

We send a birth kit that has been assembled in consultation with midwives. Please request the birth kit no later than 3 months before the expected due date via kraampakket.nl/aevitae-luxe-kraampakket.

Condition for reimbursement

Only pregnant insured are eligible to claim this birth kit.

Reimbursement

- | | |
|-----------|----------------------|
| ● Laef! 1 | No reimbursement. |
| ● Laef! 2 | No reimbursement. |
| ● Laef! 3 | 1 kit per pregnancy. |
| ● Laef! 4 | 1 kit per pregnancy. |

Article 13 Personal contribution for outpatient delivery

Description

We reimburse the personal contribution charged for a non-medically necessary delivery in a hospital or in a contracted maternity center. This personal contribution is the difference between the invoice amount and the reimbursement from the basic health insurance.

Reimbursement

- | | |
|-----------|-------------------|
| ● Laef! 1 | No reimbursement. |
| ● Laef! 2 | No reimbursement. |
| ● Laef! 3 | 75% |
| ● Laef! 4 | 100% |

Article 14 Personal contribution for maternity care

Description

We reimburse the personal contribution for maternity care in addition to the basic health insurance.

Condition for reimbursement

The maternity care is provided:

- at the insured person's home;
- in a birthing center;
- in a maternity hotel;
- in a hospital

Reimbursement

- | | |
|-----------|-------------------|
| ● Laef! 1 | No reimbursement. |
| ● Laef! 2 | No reimbursement. |
| ● Laef! 3 | 75% |
| ● Laef! 4 | 100% |

Article 15 Extra maternity care

Description

We reimburse the costs of additional maternity care if necessary support could not be received within the regular maternity care hours. The care includes the care of the mother and the care of the child, as well as the integration of care into the daily routine.

Additional maternity care includes:

- postpartum care for the mother and/or newborn;
- incubator aftercare;
- deferred maternity care;
- maternity care for the adoption of a child under 12 months of age.

Conditions for reimbursement

- The number of care hours is determined by the maternity center, starting from the 42nd day after childbirth.
- The care is provided by a certified maternity nurse or a nurse.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of 12 hours divided over 4 consecutive days.
- Laef! 4 A maximum of 12 hours divided over 4 consecutive days.

Article 16 Lactation care

Description

We reimburse lactation care and advice to the mother for breastfeeding problems.

Condition for reimbursement

The lactation consultant meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 150 per delivery.
- Laef! 4 A maximum of € 150 per delivery.

Article 17 Breast pump

Description

We reimburse the rent or purchase of a breast pump within 6 months after childbirth.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 80 per delivery.
- Laef! 4 A maximum of € 80 per delivery.

Article 18 Skin treatments

18.1 Acne therapy

Description

We reimburse the costs of the treatment of severe acne vulgaris (youth pimples) on the face and/or neck.

Conditions for reimbursement

- It concerns a severe form of acne vulgaris on the face and/or neck.
- The care is provided by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care is eligible for reimbursement only if it is provided by the beautician in accordance with ANBOS guidelines.
- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.

Exclusions

We do not reimburse the costs of:

- the treatment of acne rosacea;
- skin care products, such as creams and lotions.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 No reimbursement.
- Laef! 4 A maximum of € 250 per calendar year.

18.2 Camouflage therapy

Description

We reimburse the costs of:

- camouflage lessons and the purchase costs of the camouflage products necessary for the lessons;
- camouflage therapy using laser treatment; on the face and/or neck.

Conditions for reimbursement

- We reimburse the costs of camouflage lessons aimed at concealing port wine stains, scars, and other unsightly skin conditions on the face and/or neck.
- The care is provided by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care is eligible for reimbursement only if it is provided by the beautician in accordance with ANBOS guidelines.
- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 200 for the duration of the policy.
- Laef! 4 A maximum of € 250 for the duration of the policy.

18.3 Hair removal

Description

We reimburse the costs of the removal of extreme hair growth in unusual areas on the face and/or neck, for example, through electrical epilation or laser techniques.

Conditions for reimbursement

- The treatment is performed by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care provided by the beautician is eligible for reimbursement only if the treatment is carried out in accordance with ANBOS guidelines.
- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.
- The invoice should indicate which hair removal technique was used.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 200 for the duration of the insurance.
- Laef! 4 A maximum of € 250 for the duration of the insurance.

Article 19 Spectacles and lenses

Description

We reimburse the costs of prescription eyeglass lenses (including the accompanying frame) or contact lenses.

Conditions for reimbursement

- The glasses or contact lenses are supplied by an optician or optical company.
- The date of delivery determines in which calendar year the reimbursement period begins.

Exclusions

We do not reimburse the costs of:

- testing, measuring, or optometric examinations of the eyes by an optician.
- a frame without lenses.
- non-optical items and services such as lens solution or eyeglass cases, service contracts, and insurance.
- repairs and maintenance.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 100 per 2 calendar years.
- Laef! 4 A maximum of € 150 per 2 calendar years.

Article 20 Medical aids 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 Hearing aids and accessories

Description

We reimburse:

- the personal contribution for hearing aids in addition to the basic health insurance;
- the costs of accessories and peripherals (batteries, batteries, chargers) for the following assistive devices: hearing aids, solo equipment, induction loop systems, infrared equipment, FM equipment, and maskers for the treatment of tinnitus.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

B Accessories for breast prosthesis

Description

We reimburse the costs of:

- adhesive strips for a breast prosthesis;
- a breast prosthesis bra;
- a prosthesis swimsuit;
- cleaning supplies for a breast prosthesis after a mastectomy.

Condition for reimbursement

The supplier is SEMH certified based on the recognition scheme for Mammacare (MMC).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

C Artificial nipple or mammilla prosthesis

Description

We reimburse the costs of a self-adhesive artificial nipple:

- that can be used on a breast (part) prosthesis;
- while waiting for a permanent nipple reconstruction if the custom-made nipple prosthesis does not fall under the reimbursement scheme of the basic health insurance.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

D Head covering

Description

We reimburse:

- an extra amount for a wig in addition to the basic health insurance;
- the costs of a headscarf, turban, or any other form of head covering in case of hair loss due to medical treatment or alopecia (hair loss).

Conditions for reimbursement

- The wig is Laef! 2rily covered by the basic health insurance.
- The reimbursement period is the same as the reimbursement period in the basic health insurance.
- The healthcare provider must be S.E.M.H. certified (HWK) or ANKO certified. An overview of contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

E Support pessary

Description

We reimburse the costs of a support pessary, including the reimbursement of the placement costs.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

F Bedwetting alarm

Description

We reimburse the costs of a bedwetting alarm for children aged 7 to 18 years, including any necessary bandages and underpants

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to F.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to F.

Article 21 Diabetes testing materials

Description

For non-insulin-using diabetics, we reimburse the costs of:

- a diabetes starter kit (glucose meter, lancet device, and test strips);
- additional test strips and lancets.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 50 per calendar year.
- Laef! 3 A maximum of € 50 per calendar year.
- Laef! 4 A maximum of € 50 per calendar year.

Article 22 Informal care replacement

Description

We reimburse the costs of temporary replacement of informal care in the absence of the informal caregiver for a consecutive period of days. The replacement informal care can be requested by the person providing informal care.

Informal care is defined as the unpaid and long-term (at least 8 hours per week for at least 3 months) care provided to a chronically ill or disabled individual within one's immediate social environment.

Conditions for reimbursement

- We have granted prior authorization. Afterward, please request care from the care provider at least 8 weeks in advance.
- The care giver is affiliated with an informal care network. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- Care is provided for a consecutive period of days due to the absence (vacation, hospitalization, leave, or illness) of the informal caregiver.
- Only the insured informal caregiver is eligible for reimbursement.
- If there are multiple informal caregivers for one individual in need of care, reimbursement will be granted to one informal caregiver.

Exclusions

We do not reimburse:

- The costs of household support, such as cleaning.
- The travel expenses of the substitute family caregiver.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 150 per day up to € 1,500 per calendar year.
- Laef! 3 A maximum of € 150 per day up to € 1,500 per calendar year.
- Laef! 4 A maximum of € 150 per day up to € 1,800 per calendar year.

Article 23 Informal care course

Description

We reimburse the costs of an informal care course for those who provide informal care and are insured under these conditions with us.

Condition for reimbursement

The course is organized by the Public Health Service (GGD), a home care organization, patient association, or a family caregiving support organization.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 150 for the duration of the insurance.
- Laef! 3 A maximum of € 150 for the duration of the insurance.
- Laef! 4 A maximum of € 150 for the duration of the insurance.

Article 24 Prevention budget

A Courses and education

Description

- 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

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

Description, 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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

B Sports medical examination

Description

We reimburse the following costs in a sports medical facility:

- Sports medical examination
- Sports assessments
- Exercise tests
- Injury consultations

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- The care is not medically necessary.
- The sports physician or sports medical facility meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

C General check-up

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

D First Aid course

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

E Reanimation training course

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

F Weight consultant

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

G Lekker in je vel

Description

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

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

H Fall prevention

Description

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

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

I Grief counselling

Description

The costs of grief counselling organised by a recognised organisation.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

J Sleep course

Description

The costs of:

- a. An online sleep course or 'de slaapcoach' from age 18, 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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

K Mindfulness

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 3 A maximum of € 125 per calendar year for the combined costs of A to K.
- Laef! 4 A maximum of € 250 per calendar year for the combined costs of A to K.

Article 25 Dietary advice

Description

We reimburse the costs of education and advice from a dietitian regarding nutrition and dietary habits for medical purposes. This reimbursement is in addition to the coverage provided by the basic health insurance.

Conditions for reimbursement

- We reimburse up to the amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- If the healthcare provider does not have a contract, the reimbursement may be lower than that of a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the '[Lijst maximale vergoedingen niet-gecontracteerde zorgverleners](#).' The amount of the reimbursement depends on which basic health insurance is listed on the policy document. If there is no basic health insurance listed on the policy document, the terms and conditions of our in kind policy apply.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of 3 hours per calendar year, in addition to the basic health insurance.
- Laef! 4 A maximum of 3 hours per calendar year, in addition to the basic health insurance.

Article 26 Flu vaccination

Description

We reimburse the costs of the flu vaccine administered by a (family) physician.

Exclusion

We do not reimburse the costs of vaccinations under the National Influenza Prevention Program (for at-risk groups).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 100%
- Laef! 3 100%
- Laef! 4 100%

Article 27 Lifestyle training courses

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 No reimbursement.
- Laef! 4 A maximum of € 1,250 for 1 lifestyle training course per calendar year.

Article 28 E-learning 'Train je brein'

Description

We reimburse the 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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 75 for 1 training for the duration of the insurance.
- Laef! 3 A maximum of € 75 for 1 training for the duration of the insurance.
- Laef! 4 A maximum of € 75 for 1 training for the duration of the insurance.

Article 29 Menopause consultant

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 100 per calendar year.
- Laef! 3 A maximum of € 100 per calendar year.
- Laef! 4 A maximum of € 200 per calendar year.

Article 30 Orthodontics

Description

We reimburse the costs of dental procedures related to orthodontics, including material and technical costs.

Exclusion

We do not reimburse the costs of replacement due to loss or repair due to careless use.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 No reimbursement.
- Laef! 4 Up to age 18: 80% up to € 2,000 for the duration of the policy. A 1 year waiting period applies.

Article 31 Dental care as a result of an accident

Description

We reimburse the costs of the cheapest and most straightforward treatment by a dentist, orthodontist, dental prosthetist, or oral surgeon within 1 year after the accident.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- The accident and treatment occur during the term of this insurance.
- Treatment takes place within 1 year after the accident, unless it is necessary to postpone a (definitive) treatment for children up to 18 years of age because their teeth are not fully developed.
- The treatment is aimed at restoring the situation immediately before the accident.
- We have granted prior authorization. We assess whether the treatment is cost-effective and whether the above conditions are met.
- The application for authorization includes a treatment plan with a cost estimate and available X-rays. The treatment plan is prepared by the dentist, orthodontist, oral surgeon, dental prosthetist, or implantologist.

Exclusions

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

- illness or a pathological condition in the insured party;
- gross negligence or intent of the insured party;
- the use of alcohol and/or narcotics by the insured party;
- the insured party's participation in a fight, other than in self-defense.

Reimbursement

- Laef! 1 A maximum of € 10,000 per accident.
- Laef! 2 A maximum of € 10,000 per accident.
- Laef! 3 A maximum of € 10,000 per accident.
- Laef! 4 A maximum of € 10,000 per accident.

Article 32 Convalescence home/healthcare hotel

Description

We reimburse the costs of staying in a convalescent home or healthcare hotel following admission or treatment in a hospital or independent treatment center.

Conditions for reimbursement

- The stay is prescribed by the attending physician.
- We have given prior written approval.
- The convalescent home or healthcare hotel is listed in: [Lijst erkende herstellingsoorden/zorghotels](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 25 per day up to € 1,050 per 3 calendar years.
- Laef! 4 A maximum of € 25 per day up to € 1,050 per 3 calendar years.

Article 33 Overnight stay in a guesthouse

Description

We reimburse the costs of:

- staying in a guest house when receiving day treatment in a hospital or mental healthcare institution.
- insured family members staying in a guest house associated with a hospital or mental healthcare institution where the insured is admitted.

Conditions for reimbursement

- The admission lasts for a minimum of two consecutive days.
- The costs are claimed using the 'Declaratieformulier bezoek- en verblijfskosten voor alle bezoekers' (Expense claim form for travel and accommodation costs for all visitors).
- The hospital or mental healthcare institution is located at a minimum of 40 km and a maximum of 200 km from the residential address.

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 15 per day.
- Laef! 3 A maximum of € 15 per day.
- Laef! 4 A maximum of € 15 per day.

Article 34 Travel expenses for sick visits

Description

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

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 No reimbursement.
- Laef! 4 A maximum of € 500 per calendar year according to the same kilometer allowance as for patient transport in the basic health insurance, from the 8th day of admission.

Article 35 Children's therapy holiday camps

Description

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

- Laef! 1 No reimbursement.
- Laef! 2 No reimbursement.
- Laef! 3 A maximum of € 150 per calendar year.
- Laef! 4 A maximum of € 250 per calendar year.

Article 36 Personal contribution for a hospice

Description

We reimburse the personal contribution for stays in a hospice or 'Bijna Thuis Huis' (Almost Home House). Recognized locations can be found through: [ZorgkaartNederland](https://www.zorgkaartnederland.nl).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 30 per day.
- Laef! 3 A maximum of € 30 per day.
- Laef! 4 A maximum of € 30 per day.

Article 37 Podotherapy, podology and orthopedic insoles

Description

We reimburse the costs of:

- (sport) podotherapy by a (sport) podotherapist;
- podology by a podologist;
- podopostural therapy by a podopostural therapist;
- (sport) orthopedic insoles (and their repair) by an orthopedic cobbler, podo(postural) therapist, or podologist.

Condition for reimbursement

The healthcare provider meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Laef! 1 No reimbursement.
- Laef! 2 A maximum of € 70 per calendar year.
- Laef! 3 A maximum of € 100 per calendar year.
- Laef! 4 A maximum of € 150 per calendar year.

Extra services: 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 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 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

- Laef! 1 Full.
- Laef! 2 Full.
- Laef! 3 Full.
- Laef! 4 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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