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1. How does your Ditzo Supplementary Health Insurance work?

Ditzo allows you to determine for which types of care you wish to take out insurance. In addition to 'compulsory' basic insurance, you can choose between a number of attractive supplementary health insurance policies.

Select your supplementary insurance policy:

- ZorgGoed
- ZorgBeter
- ZorgBest

Select your dental care cover:

- TandGoed
- TandBeter
- TandBest

Do you wear glasses or contact lenses?

Opt for our low-cost glasses & contact lenses module.

Any questions?

Please do not hesitate to call us if you have any questions about our policy conditions: **+31 (0)30 – 699 79 30**. Please visit our website for our current opening hours: www.ditzo.nl/contact.

2. What will be reimbursed?

2.1 Physiotherapy/Manual therapy/Remedial therapy (Cesar/Mensendieck), including screening

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
9 treatments per calendar year	9 treatments per calendar year	18 treatments per calendar year, of which up to 12 manual therapy treatments

Conditions:

- Treatment will be carried out by a (paediatric) physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic therapist, oedema therapist, manual therapist or geriatric physiotherapist contracted by Ditzo.
- The treatment must be medically effective.
- If you use a non-contracted care provider, the amount of the reimbursement will not exceed the maximum as determined by us.
- Scar therapy and oedema therapy may also be provided by a skin therapist if you have a condition listed in Appendix 1 to the Healthcare Insurance Decree (*Besluit Zorgverzekering*).
- Screening does not count towards the number of treatment sessions.
- The treatments may also take place in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

Explanation:

- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the basic insurance policy commencing from the 21st treatment. If you have been medically diagnosed with intermittent claudication (*claudicatio intermittens*), the first 37 treatments will be covered under your basic insurance policy over the course of no more than 12 months. If you have been medically diagnosed with arthrosis of the hip or knee, the first 12 remedial therapy treatments will be covered under your basic insurance policy over the course of no more than 12 months. In the event of a diagnosis of COPD, depending on the group, a maximum number of treatments will be reimbursed under the basic insurance policy (please see basic insurance policy conditions for the maximum number of treatments per group).
- Appendix 1 to the Healthcare Insurance Decree and the list of contracted care providers are available on www.ditzo.nl/zorgverzekering.
- The costs of manual therapy provided by an alternative healer or alternative therapist are reimbursed in accordance with Article 2.4.

2.2 Medical care abroad

General:

- We reimburse costs of care abroad.
- We do not reimburse:
 - excess.
- In the event of emergency care, please contact our SOS International emergency service for advice and mediation services. You can call them on +31 (0)20 651 51 51 (available 24 hours a day).
- For non-urgent care, please always contact us on +31 (0)30 699 79 30.
- For more information on care abroad and our 'Care Abroad' brochure, please visit www.ditzo.nl/zorgverzekering under 'Care Abroad'.

Conditions:

- We will only reimburse medical care if the treatment would also be reimbursed in the Netherlands under the insurance policy.
- Payment will be made in the Netherlands in Dutch legal tender, taking into account the rate of exchange applicable on the date that the claim is accepted for processing by the health insurance company. We apply the exchange rates listed on www.oanda.com.
- Please submit the invoice in Dutch, German, English, French or Spanish. If the invoice is submitted in any other language, it is your responsibility to provide a translation produced by a certified translator.

Non-urgent care in the EU, EEA or a treaty country (resident in the country where care was provided)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance

Conditions:

- You must live in an EU, EEA or treaty country.
- You are receiving treatment in your country of residence from a care provider established in the same country.
- The care providers' expertise must be comparable to that of care providers in the Netherlands.

Explanation:

- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

Emergency care in the EU, EEA or in a treaty country

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100%	100%	100%

Conditions:

- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

Emergency care in other parts of the world

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
	Up to twice the Dutch rate	Up to twice the Dutch rate

Conditions:

- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

Care in Belgium and Germany (resident in the Netherlands)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100%	100%	100%

Conditions:

- This applies only if you live less than 50 kilometres from the care provider's practice in Belgium or Germany. The distance is calculated using the Google Maps journey planner, based on the fastest normal route.

- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

SOS Assistance

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100%	100%	100%

Explanation:

- SOS International provides travellers with illness or accident assistance 24 hours a day, 7 days a week. You can call them on +31 (0)20 651 51 51. Medical travel assistance can be requested via www.smartmelden.nl. You will receive a response within 15 minutes.

Return journey by ambulance, plane or air ambulance

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	Fully for transport to an institution in the country of residence

Conditions:

- If you require emergency care, you should contact or have someone contact SOS International. The SOS International physician will act as our medical consultant.
- The SOS International physician will assess whether you are suffering from an acute serious illness or a serious injury resulting from an accident.
- You have received a statement from the doctor providing the treatment showing that transport and medical assistance are necessary.
- We reimburse air ambulance transport only if this is needed to save your life, or to limit or prevent disability.

Explanation:

- Transport includes the necessary medical assistance and one family member.

Transport of the deceased, burial or cremation locally

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	Up to a maximum of €10,000

Conditions:

- The next of kin must contact SOS International immediately on +31 (0)20 651 51 51.

- The deceased's body will be transported to his or her place of residence.
- We do not reimburse:
 - assistance and costs if the purpose of your trip was medical treatment.

Explanation:

- The costs of the coffin that is required to transport the deceased are included.
- Reimbursement of the costs of burial or cremation locally is a further option.

2.3 Pregnancy and childbirth (for female insured parties)

Maternity package

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Yes	Yes

Conditions:

- You will receive a maternity package from us if you were insured with Ditzo between the fifth and seventh month of pregnancy.
- You can apply for the maternity package via <https://www.kraampakket.nl/ditzo-gratis-kraampakket/> or by calling +31 (0)30 699 79 30.

Breastfeeding consultation

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	75%, up to a maximum of €80 per childbirth	Up to a maximum of €80 per childbirth

Conditions:

- You will receive breastfeeding assistance from a lactation consultant.

Purchase of a GeboorteTENS or MammaTENS

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	100%

Conditions:

- Reimbursement for purchase of a TENS childbirth device from GeboorteTENS or a MammaTENS from Schwa-Medico.
Delivery is not scheduled to take place in a clinical setting (hospital, outpatients' clinic or maternity clinic).

Explanation:

- For more information, please visit www.geboortetens.nl or www.mammatens.nl.

2.4 Alternative medicine

Alternative medicine (including alternative medication)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Up to €150 per calendar year, up to €35 per day	Up to €300 per calendar year, up to €35 per day

Conditions:

- We reimburse the costs of consultations or treatment by alternative healers or therapists who are members of a professional association recognised by Ditzo.
 - Acupuncture: the practitioner should be a member of a professional association such as the Dutch Medical Acupuncture Association (*Nederlandse Artsen Acupunctuur Vereniging*, NAAV), the Dutch Acupuncture Association (*Nederlandse Vereniging voor Acupunctuur*, NVA), the International Free University (IFU), the Dutch Association of Traditional Chinese Medicine (*Nederlandse Vereniging voor Traditionele Chinese Geneeskunde*, ZHONG), the Dutch Professional Association of Chinese Medicine YI (*Nederlandse Beroepsvereniging Chinese Geneeswijzen YI*, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktijzens in de Natuurlijke Geneeskunst*, NWP), the Scientific Doctors' Association for Acupuncture in the Netherlands (*Wetenschappelijke Artsen Vereniging voor Acupunctuur in Nederland*, WAVAN), the Therapist and Consumer Interest Association (*Belangen Associatie Therapeut en Consument*, BATC), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).
 - Anthroposophy: the practitioner should be an anthroposophical doctor affiliated with the Dutch Association of Anthroposophical Doctors (*Nederlandse Vereniging van Antroposofische Artsen*, NVAA). We reimburse regular consultations and treatments.
We do not reimburse:
 - treatments by non-physician practitioners;

- diet therapy, eurhythmics, art therapy, psychological aid, external therapy, therapeutic pedagogy, speech therapy, meridian therapy, colour therapy, chirophonetic therapy and balneotherapy.
- Chiropractic: the practitioner should be affiliated with the Netherlands Chiropractic Association (*Nederlandse Chiropractoren Associatie, NCA*), the Dutch Chiropractic Federation (DCF), the Dutch Chiropractic Foundation (*Stichting Chiropractie Nederland, SCN*) or the Dutch National Register of Chiropractors (*Stichting Nationaal Register van Chiropractoren, SNRC*).
- Phlebology: the practitioner should be a physician who practises medicine independently.
We do not reimburse:
 - treatments by non-physician practitioners.
- Haptotherapy/Haptonomy: the practitioner should be affiliated with the Netherlands Association of Haptotherapists (*Vereniging Van Haptotherapeuten, VVH*).
- Children's therapy: the practitioner should be affiliated with the Netherlands Association of and for children's therapists (*Vereniging van en voor kindetherapeuten, Vvvk*).
- Classical homeopathy: the practitioner should be affiliated with the Doctors' Association for Integrated Medicine (*Artsenvereniging voor Integrale Geneeskunde, AVIG*), the Netherlands Association of Classical Homeopaths (*Nederlandse Vereniging van Klassiek Homeopaten, NVKH*), the Netherlands Organisation for Classical Homeopaths (*Nederlandse Organisatie van Klassiek Homeopaten, NOKH*), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktijzers in de Natuurlijke Geneeskunst, NWP*), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten, VNT*) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG*). Reimbursement of regular consultations and treatments.
- Musculoskeletal Medicine (formerly manual/orthomane medicine): the practitioner should be affiliated with the Register of Practitioners of Musculoskeletal Medicine (*Register Artsen Musculoskeletale Geneeskunde, RAMG*), the Netherlands Medical Association for Musculoskeletal Medicine (*Nederlandse Vereniging van artsen voor Musculoskeletale Geneeskunde, NVAMG*) or the Association of Manual Therapists (*Vereniging van Manueel Therapeuten, VMT*).
- Naturopathy: the practitioner should be a BIG-registered doctor. We reimburse regular consultations and treatments.
We do not reimburse:
 - massage therapy.
- Orthomolecular medicine: the practitioner should be an orthomolecular physician or should be affiliated with the Dutch Society for the Promotion of Orthomolecular Medicine (*Maatschappij ter Bevordering van de Orthomoleculaire Geneeskunde, MBOG*). We reimburse regular consultations and treatments.
We do not reimburse:
 - kinesiology.

- Osteopathy: the practitioner should be listed in the Dutch Register for Osteopathy (*Nederlands Register voor Osteopathie*, NRO) or be a member of the Dutch Osteopathic Federation (*Nederlandse Osteopathie Federatie*, NOF).
- Reflex zone therapy: the practitioner should be affiliated with the Dutch Association of Reflex Zone Therapists (*Vereniging van Nederlandse Reflexzone Therapeuten*, VNRT), the Dutch department of the Association of European Reflexologists (*Bond van Europese Reflexologen, afdeling Nederland*, BER), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).
- Shiatsu therapy: the practitioner should be affiliated with the Dutch Society for Traditional Chinese Medicine (*Nederlandse Vereniging voor Traditionele Chinese Geneeskunde*, ZHONG), the Association of Iokai Shiatsu Therapists (*Vereniging voor Iokai-Shiatsutherapeuten*, VIS), the Dutch Shiatsu Association (*Shiatsu Vereniging Nederland*), the Dutch Association of Soma Therapists (*Nederlandse Vereniging van Soma Therapeuten*, NVST), the Dutch Professional Association of Chinese Medicine Yi (*Nederlandse Beroepsvereniging Chinese Geneeswijzen Yi*, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (*Nederlandse Werkgroep van Praktijns in de Natuurlijke Geneeskunst*, NWP), the Therapist and Consumer Interest Association (*Belangen Associatie Therapeut en Consument*, BATC), the Association of Naturopathic Therapists (*Vereniging van Natuurgeneeskundig Therapeuten*, VNT) or the Association for the Promotion of Alternative Medicine (*Vereniging ter Bevordering van Alternatieve Geneeswijze*, VBAG).
- We only reimburse alternative medicines designated as ‘homeopathic’ or ‘anthroposophical’ listed in the Z-index G-Standard database.
- We only reimburse registered medicines that are not reimbursed under your basic insurance policy.
- They must be prescribed by a general practitioner, company doctor, dentist, medical specialist, nurse, obstetrician or alternative healer and be provided by dispensing practitioners.
- We do not reimburse:
 - laboratory costs for which an application has been made by an alternative healer;
 - non-drug treatments;
 - dietary preparations;
 - nutrition and nutritional supplements;
 - experimental medication;
 - telephone consultations.

2.5 Facial care

Acne treatment

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest

-	-	Up to a maximum of €100 per calendar year
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Conditions:

- You suffer from a severe form of acne affecting your face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatment must be carried out by a skin therapist.
- We will not reimburse any substances that you need for the treatment of your acne.

Camouflage

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	75%, up to a maximum of €400 during the period you are insured with Ditzo under this insurance policy

Conditions:

- This involves reimbursement for camouflage lessons and the equipment required during these lessons.
- You suffer from a severe skin disorder affecting the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The lessons must be provided by a skin therapist or a beautician.

Epilation or laser treatment for hair removal

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	75%, up to a maximum of €250 per calendar year

Conditions applicable to regular epilation:

- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.

- The treatments should be carried out by a skin therapist or beautician.

Conditions for laser treatment:

- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatments must be performed by a doctor, skin therapist or beautician (who must be working on behalf of/under the supervision of a skin therapist).

2.6 Contraceptives

Contraceptives from age 21

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
Up to a maximum of €30 per calendar year	Up to a maximum of €100 per calendar year	100%

Conditions:

- Reimbursement of contraceptives from age 21.
- All medicines and medical aids listed as contraceptives in the Z-index (see the Pharmaceutical Care Regulations and/or the Medical Aids Regulations).
- Placement of a copper IUD in hospital is covered by your basic insurance, but may be subject to excess.

2.7 Emergency dental care

Emergency dental care following an accident

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
Up to a maximum of €250 per calendar year	Up to a maximum of €500 per calendar year	Up to a maximum of €750 per calendar year

2.8 Orthodontics

Orthodontics (up to age 18)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	75%, up to a maximum of €500 for the period during which you are insured with	Up to a maximum of €750 for the period during which

	Ditzo under a ZorgBeter policy	you are insured with Ditzo under a ZorgBest policy
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Conditions:

- The treatment must be provided by an orthodontist or dentist.
- Any reimbursement already granted under another supplementary health insurance will be deducted from the maximum reimbursement.
- Treatments with categories 0 and 7 braces will not be reimbursed.
- Orthodontic treatments may also take place in another EU, EEA and/or treaty country. The conditions of this specific article will remain in effect.

2.9 Sterilisation

Sterilisation

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	75%, up to a maximum of €300 per calendar year

Conditions:

- You are receiving treatment in a hospital, in a contracted independent treatment centre or from a general practitioner.

Explanation:

- Sterilisation will only be reimbursed if you had already taken out this supplementary insurance by the time of your first visit to a medical specialist for this reason.

2.10 Preventive courses

Health courses

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	75%, up to a maximum of €400 per calendar year

Conditions:

- This involves reimbursement for health courses, consisting of a series of lessons provided by a qualified care provider. These lessons must help you improve your health or that of your co-insured parties, or help you learn to better cope with your illness. The courses included are:

- general courses provided by a home-care organisation or patients' association;
 - first aid for accidents involving children;
 - first aid;
 - heart problems;
 - resuscitation;
 - rheumatoid arthritis, arthrosis or ankylosing spondylitis;
 - self-management of lymphatic oedema;
 - a prenatal course, prenatal gym or prenatal yoga.
- The 'heart problems' course is only intended for people suffering from heart problems and must be organised by a home-care organisation.
 - 'Resuscitation' is a basic course and must be provided in accordance with the guidelines issued by the Dutch Resuscitation Council (*Nederlandse Reanimatieraad*).
 - The 'rheumatoid arthritis, arthrosis or ankylosing spondylitis' course is only intended for people suffering from these disorders and must be organised by the Dutch Association of Rheumatology Patients (*Reumapatiëntenbond*) or a home-care organisation.
 - The 'self-management of lymphatic oedema' course must be organised by an instructor who has completed a study programme and is a qualified instructor in the self-management of lymphatic oedema course provided by the Dutch Lymphology Foundation (*Stichting Lymfologie Centrum Nederland, SLCN*).
 - The provider of the prenatal course (including prenatal gym or yoga) must be registered with the Chamber of Commerce as a professional or commercial provider of such courses. These courses can also be offered by a care provider who has filed its articles of association and uses a website which shows that the courses target prospective parents to help them prepare for delivery.

2.11 Other reimbursements

Cancer counselling and aftercare

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	Up to a maximum of €1,000 per calendar year

Conditions:

Exercise programme

- You are taking part in an exercise programme and have received a relevant referral from a general practitioner, company doctor or medical specialist.
- The programme must be provided by a physiotherapist and/or remedial therapist who regularly offers exercise programmes at his or her practice. The programme offered must be certified by the Royal Dutch Society for Physical Therapy (*Koninklijk Nederlands Genootschap voor Fysiotherapie, KNGF*).

Cancer coaching

- The reimbursement will cover the costs for a coach issued to you via ‘Cancer coaching’ (*Coaching rondom kanker*).
- For more information, please visit www.coachconnectbijkanker.nl. Please call +31 (0)85 401 94 37. Please specify that you have Ditzo insurance cover.

Oncological sports programmes

- You are taking part in an exercise programme and have received a relevant referral from a general practitioner, company doctor or medical specialist.
- Reimbursement for an oncological sport programme via the Onco-move, Cyto fys or Stichting Tegenkracht programmes.

Explanation:

- The costs of any required sports medical examination will not be paid under ‘Cancer counselling and aftercare’. If you have a ZorgBest policy, you may qualify for reimbursement under ‘Sports medical examination and sports injury consultations’.

MammaPrint

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100%	100%	100%

Conditions:

- The MammaPrint must be carried out by Laboratorium Agendia.
- The application must be submitted by the attending medical specialist.
- We do not reimburse:
 - a MammaPrint if, in the oncologist's opinion, the MammaPrint is not a medical necessity.

Explanation:

- MammaPrint is a diagnostic test that indicates how aggressive a breast tumour is and whether chemotherapy would be effective after removal of the tumour.
- For more information on MammaPrint and Laboratorium Agendia, please visit www.mammaprint.nl.

Oncotype DX

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
100%	100%	100%

Conditions:

- The Oncotype DX must be performed by a medical specialist working at a hospital.
- The application must be submitted by the attending medical specialist.
- We do not reimburse:
 - an Oncotype DX if the attending medical specialist does not believe the Oncotype DX is a medical necessity.

Explanation:

- Oncotype DX is a diagnostic test for breast cancer patients that more accurately assesses the risk of metastases. The results enable the attending medical specialist to better determine the most suitable post-operative treatment.
- For more information, please visit www.oncotypedx.com.

Vaccinations and preventive medicines for a temporary stay abroad

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Up to a maximum of €100 per calendar year	Up to a maximum of €250 per calendar year

Conditions:

- We only reimburse the vaccinations and medicines that, in accordance with the advice of the National Coordination Centre for Travellers' Health (*Landelijk Coördinatiecentrum Reizigersadviesing*, LCR), are necessary to protect against or prevent diseases.

Explanation:

- Vaccinations may be administered by your general practitioner, the GGD Municipal Health Service and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie. Preventive medicine must be supplied by the pharmacy.
- Find out more on:
 - www.LCR.nl
 - www.ggdreisvaccinaties.nl
 - www.meditelopreis.nl
 - www.thuisvaccinatie.nl

Reimbursement of the statutory personal contribution for the purchase of orthopaedic shoes, allergen-free shoes, glasses and contact lenses

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
50%	100%	100%

Conditions:

- You will only be reimbursed for the statutory personal contributions for medical aids that are reimbursed under the Ditzo 2019 Medical Aids Regulations.
- We do not reimburse:
 - the statutory personal contribution for hearing aids.

Explanation:

- The statutory personal contribution refers to the costs that you yourself must pay under the basic insurance policy.

Podiatry/Chiropody/Podopostural therapy (including arch supports)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	75%, up to a maximum of €250 per calendar year

Conditions:

- You are receiving treatment from a podiatrist, a registered chiropodist or a podopostural therapist.
- We only reimburse treatments and consultations.
- The arch supports or therapeutic supports will be prescribed by the doctor, podiatrist, registered chiropodist or podopostural therapist treating you.
- The arch supports will be provided by an orthopaedic shoemaker, podiatrist, registered chiropodist or podopostural therapist.
- We do not reimburse:
 - arch supports ordered via the Internet;
 - the removal of calluses for cosmetic or general grooming purposes and the clipping of toenails;
 - silicone orthosis, nail braces and lateral wedges.

Explanation:

- You are entitled to receive one pair of arch supports or therapeutic supports per calendar year.

Sports medical examination and sports injury consultations

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	Up to a maximum of €250 per 24-month period

Conditions:

- The sport medical examination must be performed by a Sports Medical Advisory Centre (SMA), a Sports Medical Centre (SMC) or a Sports Medical Institute (SMI).
- The SMA, SMC and SMI must all satisfy the independent quality criteria stipulated by the Organisation responsible for the Certification of Actors in Sport Healthcare (*Stichting Certificering Actoren in de Sportgezondheidszorg, SCAS*).
- The 24-month period will commence on the date of the examination or check-up.
- Injury and repeat consultations carried out by a sports physician may be covered by the basic insurance, to which excess will apply.
- The costs of occupational or other examinations of divers, pilots, glider pilots and balloonists are not reimbursed.

Explanation:

- Sports medical examinations also include physical examinations for participation in sports.

Travel costs of visitors to co-insured patients

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	€0.30 per kilometre, up to a maximum of €300 per calendar year

Conditions:

- The insurance cover applies to the hospitalised family member.
- The family member has been admitted to a hospital or rehabilitation centre in the Netherlands.
- We reimburse the outbound journey once per day per family and the return journey once per day per family via the fastest regular route. The distance is calculated using the Google Maps journey planner.

- Reimbursement will be provided from the 15th day of admission in the case of an uninterrupted stay in hospital that exceeds two weeks.
- The single journey distance between the home address and the hospital or rehabilitation centre should be at least 25 kilometres.
- You must present a statement from the hospital or rehabilitation centre regarding the number of days in hospital.
- We do not reimburse:
 - travel costs relating to admission for the purposes of mental health care.

Patient transport within the Netherlands

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	Up to a maximum of €400 per calendar year: <ul style="list-style-type: none"> - 100% for a personal contribution towards seated patient transport; - €0.30 per kilometre for transport using your own car; - €0.30 for transport by taxi.

Conditions:

- We will only reimburse the cost of a taxi/own transport if your medical (physical) condition prevents you from taking public transport. We do not reimburse the costs of public transport.
- You require a statement from your general practitioner or attending medical specialist explaining the medical reasons why you cannot take public transport. The medical reasons must be clearly described.
- You will require our prior consent. Always submit the statement before you require the transport.
- The treatment must be covered by your basic insurance or supplementary insurance. Reimbursements from supplementary insurance are physiotherapy and remedial therapy, or cancer counselling and aftercare.
- We reimburse patient transport on the basis of the fastest regular outward and return journey between your home address and the healthcare institution. The distance is calculated using the Google Maps journey planner.

Explanation:

- The personal contribution for seated patient transport is understood to refer to the personal contribution for transport using your own car, by public transport and/or by taxi/wheelchair taxi under your basic insurance.

Informal care (alternative arrangement)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	A maximum of four days per insured party per calendar year via Handen in Huis	A maximum of eight days per insured party per calendar year via Handen in Huis

Conditions:

- Reimbursement of the costs of alternative care for the patient in the absence of their regular informal carers.
- Both the regular informal carer and the party requiring care may apply for this cover.
- One reimbursement is available per patient per calendar year.
- The care must be provided by Handen in Huis (the Netherlands informal care alternative arrangements organisation in Bunnik). They will determine whether you are eligible for an alternative care arrangement.

Explanation:

- For more information, please visit www.handeninhuis.nl.

Informal care broker

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Up to a maximum of €200 per insured party per calendar year	Up to a maximum of €400 per insured party per calendar year

Conditions:

- You qualify as an informal carer if you provide informal care for more than eight hours a week over a period of more than three months. If your informal care tasks interfere with your regular work, you may contact an informal care support agent to find a solution. A broker for informal care can provide assistance with respect to specific informal care issues, and can help to ensure a more effective arrangement of the care itself.
- The broker must be affiliated with the Professional Association for Informal Care Brokers (*Beroepsvereniging Mantelzorgmakelaars, BMZM*).

- The broker will decide whether you qualify for this type of care. You may contact a certified broker for informal care on your own initiative. To find a broker for informal care in your area, go to www.bmzm.nl/leden.

Explanation:

- For more information regarding informal care and the broker for informal care, please visit www.bmzm.nl.

3. Dentist

Regular treatment

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	Up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	Up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.

Conditions:

- Reimbursement for:
 - consultations and diagnosis: C codes;
 - preventive oral care: M codes;
 - anaesthetic: A codes (except for A20 general anaesthesia);
 - fillings: V codes.
- You are receiving treatment from a dentist, prosthodontist, dental surgeon or oral hygienist.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.
- We do not reimburse:
 - mouth guard M61 unless we have given consent through an authorisation form;
 - orthodontics, nor the corresponding costs and treatments. For more information on the reimbursement for orthodontics, please see Article 2.8;
 - treatment for children up to the age of 18;
 - regular treatment on the basis of a dental subscription.

Explanation:

- A list of procedure codes and rates is available on www.ditzo.nl/zorgverzekering.

Specialist treatment

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	Up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	Up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.

Conditions:

- Reimbursement for:
 - surgical procedures: H codes;
 - general anaesthesia (A20);
 - taking and assessing X-rays: X codes;
 - a light anaesthetic: B codes;
 - root canal treatment: E codes;
 - crowns and bridges: R codes;
 - temporomandibular treatment: G codes;
 - dentures (partial prosthetics): P codes;
 - gum treatments (paradontology): T codes;
 - implants (partial prosthetics): J codes.
- You are receiving treatment from a dentist, prosthodontist, dental surgeon or oral hygienist.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.
- We do not reimburse:
 - orthodontics, nor the corresponding costs and treatments. For more information on the reimbursement for orthodontics, please see Article 2.8;
 - bleaching (codes E97 and E98) in the absence of medical grounds;
 - facing (codes R72, R78, and R79) in the absence of medical grounds;
 - treatment for children up to the age of 18;
 - regular treatment on the basis of a dental subscription;
 - dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the basic insurance policy, to which excess may apply.

Explanation:

- A list of procedure codes and rates is available on www.ditzo.nl/zorgverzekering.

Emergency dental care abroad

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	Up to a maximum of €250 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.	75%, up to a maximum of €500 per calendar year for the 'Regular treatment', 'Specialist treatment' and 'Emergency dental assistance abroad' categories combined.

Conditions:

- During a temporary stay abroad.
- Only treatment performed by a dentist or a dental surgeon that cannot be postponed until returning to the Netherlands will be reimbursed.

4. Pearle & Eye Wish Glasses and contact lenses module

Ditzo's glasses and contact lenses module entitles you to an exclusive discount at Eye Wish Opticiens and Pearle Opticiens. This module entails a separate monthly premium and gives access to the following unique discounts on the purchase of contact lenses or a full set of glasses plus frame:

- *Contact lenses*

You will receive a €100 discount upon the purchase of an annual or six-monthly package of daily, weekly or monthly disposable soft contact lenses in an Eye Wish or Pearle store.

- *Single glasses*

You will receive a €100 discount upon the purchase of a full set of single glasses with **thin** lenses. On top of that, you will also qualify for any discounts granted by Eye Wish or Pearle themselves.

- *Multifocal glasses*

You will receive a €100 discount upon the purchase of a full set of multifocal glasses with **thin** lenses. On top of that, you will also qualify for any discounts granted by Eye Wish or Pearle themselves.

Sample calculation

Eye Wish or Pearle has a special offer of a discount of up to €150 on single or multifocal glasses. If you are covered by Ditzo's Glasses & Contact Lenses Module, you will receive an additional €100 discount, resulting in total savings of €250!

This is how it works

- This module is subject to a separate premium payment.
- Simply drop by at one of the Eye Wish or Pearle stores in the Netherlands (over 500

branches).

- Find an Eye Wish or Pearle store near you.
- Choose an annual or six-month contact lenses package or a full set of glasses with thin lenses.
- Receive a single €100 discount per calendar year on the purchase price.

Conditions

- You must be at least 18 years old.
- The discount will be granted once per calendar year and only at Eye Wish or Pearle stores.
- You will receive the discount when paying at the till. This means that you will not have to submit your receipt to apply for reimbursement.
- If the costs of your glasses or lenses are lower than the reimbursement amount, you will not receive any cash back at the till.
- The minimum discount at Eye Wish applies to thin (1.6) ultra-clean reflection-free glasses lenses, and to a Silver glasses package at Pearle.
- The discount does not apply to hard lenses, gas permeable lenses and night lenses.
- The discount does not apply to contact lenses obtained via the EyeWish@Home or Pearle's P.O.S.T. home delivery service.
- The discount does not apply to contact lens solutions.

Glasses for children

Children up to age 12 qualify for a free full set of thin children's 'ultra clean' reflection-free glasses plus frame from Eye Wish Opticians, valued up to €100. You do not need to take out the Pearle & Eye Wish glasses and contact lenses module to qualify for this discount. Children do not qualify for an additional discount in combination with the glasses and contact lenses module. Children under the age of 18 who buy regular glasses rather than children's glasses do not qualify for the discount.

Difference between single and multifocal glasses

Multifocal glasses incorporate multiple strengths, allowing for correction at a range of distances, e.g. combining glasses for reading and for longer distances. Single glasses correct only for either long or short distances.

'Thin ultra-clean reflection-free lenses' and the 'Silver glasses package'

Thin lenses have a refractive index of 1.6 or higher. These are the standard glasses offered by Eye Wish. All of these glasses come with ultra-clean reflection-free lenses. This means they are scratch-resistant, non-reflective, water-repellent, anti-grime and anti-static.

Pearle offers the Silver glasses package, which includes thin lenses (1.6) that are scratch-resistant, non-reflective and tempered and include a UV-coating. If you opt for the Basic or Bronze glasses package, your discount will be €75 instead of €100.

5. General terms and conditions

We will not provide any reimbursement:

- If you have deliberately provided incorrect details, for instance upon commencement of your insurance, when submitting claims (bills) or by failing to inform us about important changes.
- If your costs of care are already reimbursed under the law, specific regulations or any other regular or special current or previously existing insurance or are already covered by another insurance policy. In that case, we will only reimburse your costs of care once you are no longer entitled to reimbursement under those other regulations or insurance policies, and we will only reimburse the costs in excess of the maximum reimbursements to which you were entitled under those other regulations or insurance policies.
- If you qualify for reimbursement pursuant to the Long-Term Care Act (*Wet langdurige zorg, Wlz*).
- You will only be entitled to reimbursement if you receive the care during the period you are insured by Ditzo.
- We will not reimburse any costs of care incurred in the period prior to your insurance with us. This will be determined on the basis of the date on which the treatment or medicine was provided.

We do not reimburse:

- personal contributions pursuant to the Wlz or personal contributions toward national screening programmes;
- treatments contrary to the Population Screening Act (*Wet op Bevolkingsonderzoeken*);
- the costs of:
 - cell therapy;
 - missed appointments;
 - examinations and statements other than in the context of sports medical examinations and sports injury consultations;
 - physio fitness and medical fitness training, under the supervision of a physiotherapist or otherwise;
 - the costs caused by or associated with wilful damage or nuclear reactions.

What do we reimburse in the event of damage due to terrorism?

Under your basic insurance policy, any damage or loss due to terrorist acts is covered by the Dutch Terrorism Risk Reinsurance Company (*Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade N.V., NHT*). For further details, see the Terrorism cover clause.

What is your insurance based on?

We will issue your insurance policy on the basis of the information you have submitted to us. You are obliged to answer all questions as comprehensively as possible. This also applies to the

information you provide to us about a person to be co-insured.

Start date of the supplementary insurance policy

- Your insurance provisionally comes into effect on the date that we receive your application and will commence definitively as soon as we have accepted your application. The start date of your policy is stated on your policy schedule, which you can review via My Ditzo.
- After having taken out the policy, you have a period of 14 days to reconsider. During this period, you are free to cancel the insurance without any further obligations. In that case, we will refund in full any premium already paid.
- Your supplementary health insurance is valid for an indefinite period of time. You are entitled to terminate your insurance policy on a yearly basis, with effect from 1 January of the subsequent calendar year.

When and how to amend your supplementary insurance policy

You can submit any changes to your supplementary health insurance to us via My Ditzo or by phone. The resulting change in your cover will then be effective as of 1 January of the next calendar year. If you took out this supplementary insurance immediately following another supplementary insurance policy, your reimbursement will also depend on:

- any payments that you received under your previous supplementary insurance policy;
- the period during which you qualify for reimbursement.

Is it possible to take out supplementary insurance whilst living abroad?

Any person who is liable to pay tax in the Netherlands can take out this supplementary insurance.

Are children below the age of 18 also insured?

A child below the age of 18 has the same level of supplementary insurance cover as the policyholder. Any changes to the policyholder's supplementary insurance therefore automatically apply to the supplementary insurance of the child.

What happens when my child turns 18?

Six weeks prior to the month in which your child turns 18, he or she will receive a proposal from us to take out an adult's insurance policy. If you do not respond to our proposal, we will charge a premium that corresponds with your existing supplementary insurance. In that case, the insurance will commence on the first day of the month following the month in which your child turns 18.

How is reimbursement calculated?

- The costs of care under supplementary insurance will only be reimbursed to the extent they are not reimbursed under your regular health insurance policy and provided that you satisfy all the conditions stated in the relevant articles,

unless indicated otherwise.

- Costs that fall under the excess of the basic insurance will not be reimbursed.
- We will determine the reimbursement with reference to the year in which the first treatment took place. The reimbursement period is up to one year from the day of the first treatment.

What is the maximum reimbursement amount?

You qualify for reimbursement of the costs of care up to:

- the rate that was agreed upon with the contracted healthcare providers;
- the (maximum) rate established at the time under the Health Care (Market Regulation) Act (*Wet Marktordening Gezondheidszorg*);
- or, the maximum rate as determined by Ditzo, which we define as the average rate that has been agreed on for your treatment with our contracted care providers. In many cases, this results in 100% reimbursement, however you may sometimes need to pay part of the invoice yourself.

What if we reimbursed a higher amount?

If we have paid a higher amount than the actual reimbursement amount, we shall be entitled to reclaim the excess payment.

Changes to the premium and the terms and conditions

Annual amendment

We are entitled to amend your premium and/or terms and conditions every year, effective 1 January.

Interim amendment

It is in everybody's interest for us to be able to meet (and continue to meet) our financial obligations in the future. For this reason, in exceptional cases, we may introduce interim changes to your premiums and/or terms and conditions if they cannot wait until the annual renewal date (e.g. if we are required by law to do so). 'Exceptional cases' also include the threat or existence of circumstances that may result in solvency dropping to below the statutory minimum if the changes are not implemented. Adverse developments in the interest and investment market or lower-than-expected operating results do not constitute exceptional cases.

Letter of notification of changes

A revision of the premium and/or terms and conditions will take effect no sooner than seven weeks after the date upon which the policyholder was notified to this effect. Before we change anything, you will receive a letter from us containing information on the changes. Complaints regarding the implementation of the change will be subject to the customary complaints procedure.

Premium payments

You pay a monthly premium for your supplementary insurance policy with Ditzo. The premium should be paid one month in advance. The premium amount will be debited from your bank

account automatically every month, at around the same date. If the policy is backdated when drawn up, the outstanding premium will be collected as a lump sum within 30 days. The amount of the premium is shown on the policy schedule issued to you.

If you make a payment without stating the Ditzo payment reference, Ditzo will decide to which outstanding amount the payment will be credited.

Premium arrears

- If we are unable to debit the premium from your bank account, we will let you know that you have incurred 'premium arrears'.
- In the reminder, you will be urged to pay as quickly as possible – within no more than 14 days. If you fail to do so, we will send you another reminder stating that, if no payment is forthcoming, your supplementary insurance policy will be terminated.
- This means you will only be insured under your basic health insurance policy. Your annual subscription (if applicable) will also be discontinued, meaning that you will not be able to use it for the rest of the calendar year.
- In addition, we will transfer the collection of your debt to the bailiff. From then on, you will be required to pay the amount due to a bailiff, who will increase it by adding the statutory collection charges plus interest.
- We will also be authorised to set off the outstanding amount against any reimbursements due to be paid.

Excess arrears

- If your excess arrears amount to 35, 55 or 75 days, we will send you a reminder requesting that you pay the amount due as soon as possible.
- If the amount due has still not been credited to our account after 95 days, we will transfer the collection of your debt to a collection agency. From then on, you will be required to pay the amount due to the collection agency, which will increase it by adding its own costs incurred plus interest.

Stichting e-Court

If there is an outstanding amount in premiums or other costs, then proceedings may be initiated at the Stichting e-Court (e-court foundation) disputes committee. If we initiate such proceedings, you will have one month to submit a notice of objection to the proceedings at Stichting e-Court, counted from the date at which a notice of such proceedings has been issued by the bailiff. In that case, the proceedings will be put before the sub-district court, unless you put the dispute to the Dutch Health Insurance Industry Complaints and Disputes Authority (*Stichting Klachten en Geschillen Zorgverzekeringen*, SKGZ). The statutory rules and the applicable procedural rules that are listed on www.e-court.nl shall apply to proceedings at Stichting e-Court.

Premium refunds in relation to interim termination

If you decide to terminate your insurance policy early, you will qualify for a proportionate refund of the premium you have paid. However, this does not apply when you have committed fraud. In that case, we will terminate your policy

Submitting healthcare bills

You will be required to submit your original healthcare bills to us within a period of three years following the treatment date. Make sure to submit the bills in such a way that it will be clear to us which costs we need to reimburse, without having to make further inquiries.

To submit your bill online:

- Go to ditzo.nl/zorgverzekering.
- Login using your My Ditzo details.
- Upload a scan of your bill.
- Submit the bill.

Or:

- Print out and complete the 'Medical Expenses Claim Form'.
- Send your claim to:
Ditzo Zorgverzekering
Attn. Claims Handling Department:
PO Box 2072
3500 HB Utrecht

We may also decide to pay out the bills of care providers who treated you directly to the care provider concerned. All your expense claims are available for review at any time via My Ditzo. In the case of direct payment to the care provider, we will pay out the full amount. We will also do so if the expense claim does not qualify for full reimbursement, for example because part of it is covered by your excess or in the event that a limited reimbursement scheme applies. We will then settle the excess or the amount in excess of the reimbursement scheme maximum with you directly.

What should you do when a third party is liable for costs you have incurred (recourse)?

In this case, you are obliged:

- to provide us with information and lend your cooperation with regard to seeking recourse against a liable third party;
- to contact us before entering into an arrangement with a third party or with a person operating on that third party's behalf, including the third party's health insurance company, about the damage incurred.

You are not allowed to enter into an arrangement (including discharge) that would limit our rights

with the liable third party or with a person operating on that third party's behalf, including the third party's health insurance company, without our written permission.

If you fail to comply with one or more of the provisions of this article, you will be required to compensate us for the damage we have incurred.

If we recover the costs from the liable third party, we will not adjust the maximum reimbursements under the supplementary insurance in your favour.

Handling your personal data

We handle your personal data appropriately and with due care. We will only ask you to provide the personal data that we need in order to be able to:

- conclude and implement insurance contracts;
- prevent and combat fraud;
- provide you with commercial offers by email. If you do not wish to receive such offers, please let us know. To that end, go to My Ditzo.

When you visit our website:

- We will store the details of your visit and your own browser will save a cookie. This is done in order for us to ensure that the information we provide becomes increasingly relevant.
- You must use your DigiD to log into My Ditzo. By taking out a health insurance policy with us, you agree to a digital policy and to your data being secured using your DigiD. If you do not have a DigiD, you can request one from www.DigiD.nl.
- You can review and change your personal details at any time via My Ditzo. Your details are password protected. You are responsible for keeping your passport secret.

We abide by:

The Code of Conduct for the Processing of Personal Data by Financial Institutions (*Gedragscode verwerking persoonsgegevens financiële instellingen*) and the addendum for health insurance providers. For more information, please see the privacy statement on www.ditzo.nl/zorgverzekering. If you believe that we have violated this code of conduct, please let us know. If this does not lead to a satisfactory outcome and you still believe that we are not observing the code of conduct, you can report the case to the Financial Services Complaints Tribunal (KIFID). Please note that any telephone calls or conversations to us may be recorded for staff training purposes. We may decide to change the text of this privacy statement, for example in connection with the launch of financial services governed by different rules.

Applying for authorisation

In some cases, it may be necessary for you to apply for authorisation. To do so, you should always contact us on +31 (0)30 699 79 30. Any authorisation we issue:

- is only valid for the period of the insurance policy;

- will be subject to changes in laws and regulations.

Our approach to healthcare

Our aim is to reimburse the costs of the care covered by your insurance. At the same time, we wish to keep your premium as low as possible. We can achieve this by, for example, conducting random tests to check whether the care we have reimbursed was actually the proper care for the insured party concerned. We conduct all random tests in accordance with the rules laid down in the Healthcare Insurance Act.

Detention provisions

Your insurance and annual subscription will be suspended for any period during which you are detained. Your rights and obligations will be reinstated as soon as the period of detention ends.

Under what conditions will we terminate your supplementary insurance policy and annual subscription?

- We will terminate your supplementary insurance policy if you refuse to pay your premiums, personal contributions or other amounts owed, or if you fail to pay them in time.
- We will terminate your supplementary insurance policy if you did not comply with your duty of disclosure.
- We will terminate your supplementary insurance policy if you tried to mislead us and we would never have entered into the supplementary insurance contract with you if we had had the correct information.
- Your insurance will end on the date stated in the notice of termination.
- If it is established that you have committed fraud or that you have deceived us, your insurance will end with effect from the date of the relevant letter of notification. This may be a reason for us to also terminate any other insurance policies you have taken out with Ditzo. In addition, we will report the matter to the police and enter your details in one or more registers that can also be consulted by other insurance companies.

When and how to terminate your insurance policy

- You can do so online via My Ditzo by 31 December at the latest.
- You can use the transfer service to switch to another health insurance provider.
- The Dutch Healthcare Authority (*Nederlandse Zorg Autoriteit, NZa*) has informed you that we have failed to meet the provisions of Section 15.f of the Processing of Personal Data in Healthcare (Additional Provisions) Act (*Wet aanvullende bepalingen verwerking persoonsgegevens in de zorg*). In that case, we need to have received your notice of termination within six weeks of the NZa's message.

If you do not terminate your supplementary health insurance policy, it will be renewed automatically

for another year.

Under which circumstances will your insurance policy terminate automatically?

Your insurance policy will automatically be terminated in the following cases:

- in the event of your death (your next of kin must inform us of your death within two months after your death);
- once you are no longer co-insured under the Long-Term Care Act (unless we have entered into another agreement with you);
- when you join the military as a regular soldier.

Applicable law

This agreement is governed by Dutch law.

What you can expect from us?

You can expect us to:

- be reasonable;
- respect you;
- trust you;
- aim to reimburse the costs of the care covered by your insurance;
- work with you in order to find a good solution if and when you need care.

What we expect from you

We expect you to:

- be honest;
- respect us;
- take all reasonable measures to prevent damage and the need for care;
- inform us within 30 days of all events that may be of significance for the proper implementation of the insurance, such as moving house, a divorce, birth and death;
- report any and all events to us that may potentially result in an obligation on us to play a claim as soon as possible;
- provide us with all information required for the assessment of our obligation to pay claims as soon as possible;
- fully cooperate and refrain from everything that might harm our interests;
- always contact us first before reaching a settlement with a liable third party;
- ensure that your bank balance is sufficient for us to debit the premium automatically each month.

What happens if you fail to meet these expectations?

This may result in our:

- cancelling your entitlement to a claim;
- demanding compensation for the damage or loss we have incurred;
- discontinuing or permanently cancelling your supplementary insurance policy and annual subscription.

Procedure for cases of fraud

Duty of cooperation

Under the Healthcare Insurance Act and the Incidents Warning System for Financial Institutions Protocol (*Protocol Incidentenwaarschuwingssysteem Financiële Instellingen*), for the purposes of fraud investigation, we are entitled to monitor the content of your insurance application, your personal data in our systems and your claims. Under the Healthcare Insurance Regulations, we are obliged to conduct material checks and fraud investigations in accordance with the requirements in the Regulations. You are obliged to cooperate in this regard. If you refuse to cooperate, we will be unable to acknowledge your statements and will be required to draw unilateral conclusions.

Personal data

For the purposes of fraud investigation, we will register your personal data as well as those of any accessories or co-perpetrators in our Incident Register. The Incident Register is lodged with the Dutch Data Protection Authority, and is administered by the Healthcare Security Team.

Health insurers actively collaborate on fraud management

The Healthcare Insurance Act, the Long-Term Care Act and the Health Care (Market Regulation) Act authorise health insurance providers to exchange information among themselves for monitoring and fraud management purposes. We also share certain indications with sector partners to combat fraud, such as the Dutch Healthcare Authority (NZa), the Social Affairs and Employment Inspectorate (I-SZW) and the Fiscal Intelligence and Investigation Service (FIOD), with due observance of Section 8 of the Personal Data Protection Act (*Wet bescherming persoonsgegevens, Wbp*). This information exchange may take place directly, or via the Association of Dutch Health Insurers. The Personal Data Protection Act prescribes how personal data may be processed.

Lapsed right to claims

No payments for claims will be made while a fraud investigation is underway. If the investigation reveals proof of full or partial fraud, you will no longer be entitled to reimbursement for any healthcare costs. This means we will either reject and refuse to pay the relevant claim(s) or recall the payment(s) already issued. Cases of partial fraud will void the right to compensation for the entire claim, including the portion in which no fraud was involved. We will also charge investigation costs in accordance with Section 6:96 of the Dutch Civil Code.

Sanctions

If you and any accessories/co-perpetrators are found guilty of fraud, we are entitled to:

- issue an official warning;
- place an internal alert;
- terminate your health/other insurance with immediate effect;
- register your personal data in the External Referral Register maintained by the Central Information System Foundation (Stichting CIS);
- register your personal data with the Insurance Fraud Bureau (*Centrum Bestrijding Verzekeringsfraude*) of the Dutch Association of Insurers;
- commence criminal proceedings by submitting a report to the police or other investigative body;
- refuse to grant you a new basic insurance policy for a five-year period. In such cases, other health insurance providers will be obliged to accept your application for basic health insurance;
- refuse to grant you any supplementary or other insurance policies from a.s.r. insurers for a period of eight years.

Reconsideration of a decision and complaints

Reconsideration

In the event that you do not agree with a decision made by Ditzo, you may request that we review and reconsider our decision. To do so, please send an email to zorg.medisch@ditzo.nl. Alternatively, you may send a letter to Ditzo, attn. Medical Department, PO Box 2072, 3500 HB Utrecht (the Netherlands) or call us on +31 (0)30 699 79 30.

SKGZ

If we fail to respond to your request for reconsideration within four weeks or have indicated the intention to adhere to our decision, you may turn to the Dutch Health Insurance Industry Complaints and Disputes Authority (*Stichting Klachten en Geschillen Zorgverzekering*, SKGZ). The SKGZ offers mediation services in order to solve problems. If mediation fails to produce satisfactory results, the Disputes Board of the SKGZ may issue a binding decision. You may also bring your request for reconsideration before the competent court.

Complaints

If you have a complaint, please use the online complaints form on My Ditzo. Alternatively, you can call us (+31 (0)30 699 79 30) or send a letter to Ditzo Complaints Office, PO Box 2072, 3500 HB Utrecht (the Netherlands).

If you are dissatisfied with the way we have handled your complaint, you may consider submitting your complaint to the SKGZ.

You may also bring your complaint before the competent court.

This agreement is governed by Dutch law.

6. What do we mean by...?

Supplementary health insurance

Supplementary health insurance covers healthcare that is not covered, either fully or partially, by basic insurance under the Healthcare Insurance Act (*Zorgverzekeringswet*).

Alternative healer

An alternative healer practising in the Netherlands, who is widely recognised in a certain field and who is a member of a professional association.

Pharmacy

Pharmacy includes regular pharmacies, Internet pharmacies, chains of pharmacies, hospital pharmacies, outpatient pharmacies and dispensing general practitioners.

Dispensing practitioner

The dispensing general practitioner or an established pharmacist registered in the register of established pharmacists, or a pharmacist who is assisted by registered pharmacists in their practice. The term dispensing practitioner shall also include legal entities that provide care through pharmacists that are registered in the foregoing register.

Junior doctor

A junior doctor who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg*, Wet BIG).

Basic insurance

A health insurance policy taken out with an insurance company under the Healthcare Insurance Act.

Company doctor

A doctor who acts on behalf of the employer or the employer's Occupational Health and Safety Service. This doctor must be registered as a company doctor in the registry of the Royal Dutch Medical Association that was instituted by the Board of Registration of Doctors of Social Medicine (*Sociaal-Geneskundigen Registratie Commissie*, SGRC).

Pelvic therapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a pelvic therapist in the Central Quality Register for Physical Therapy (*Centraal Kwaliteitsregister Fysiotherapie*) maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation (*Stichting Keurmerk Fysiotherapie*).

Day treatment

Admission for less than 24 hours in a healthcare institution that is permitted in accordance with the

rules established by law.

DTC Care Product

A DTC Care Product describes the full path of specialist medical care or specialised mental healthcare using a performance code laid down by the Dutch Healthcare Authority (NZA). This covers the request for care, the type of care provided, the diagnosis and the treatment. The DTC pathway commences at the time at which an insured party submits a request for care (the DTC is opened) and is completed in accordance with the applicable regulations.

Personal contribution

The costs of care that are covered by your basic insurance, but require a contribution on your part. The personal contribution may be a fixed amount per treatment or a percentage of the costs of care. Please note that the personal contribution and the excess are two different things. Your insured care may be subject to both a personal contribution and an excess.

EU and EEA States

In addition to the Netherlands, this shall mean the following countries within the European Union: Austria, Belgium, Bulgaria, Croatia, Cyprus (Greek), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Sweden and the United Kingdom. Switzerland has been given equal status under the relevant treaty provisions. The EEA States (states that are party to the Agreement on the European Economic Area) are Iceland, Liechtenstein and Norway.

Pharmaceutical care

The supply of medicine and dietary preparations and/or advice and guidance as provided by dispensaries in the interests of medication assessment and responsible use, designated as such under or pursuant to the Healthcare Insurance Decree, with due observance of the Pharmaceutical Care Regulations stipulated by Ditzo.

Fraud

To deliberately commit or attempt to commit forgery of documents, deceit, to prejudice creditors or entitled parties and/or commit embezzlement with respect to the conclusion and/or performance of a health insurance or other insurance contract, aimed at acquiring a payment or reimbursement or the performance of services to which there is no entitlement, or acquiring insurance cover under false pretences.

Physiotherapist

A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation. A remedial masseur as referred to in Section 108 of the Individual Healthcare Professions Act is also deemed to be a physiotherapist.

G standard

A database that supports the prescribing, delivery and ordering of healthcare products, as well as the submission of any claims, and reimbursements, in an integrated manner. To this end, the database

contains relevant data on care products that are available in pharmacies and healthcare institutions in the Netherlands.

Contracted care

The care that the healthcare provider may provide or that may be reimbursed based on an agreement between the health insurance company and the healthcare provider.

Municipal Health Service (GGD)

The Municipal Health Service (GGD) focuses chiefly on the prevention of disease and on promoting a healthy lifestyle in a healthy environment.

Geriatric physiotherapist

A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a geriatric physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

Skin therapist

A skin therapist practising in the Netherlands and registered as such in accordance with the requirements referred to in Section 34 of the Individual Healthcare Professions Act and in the Decree governing educational requirements and the discipline of skin therapists (*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*).

General practitioner

A doctor who is registered as a general practitioner in the register of accredited general practitioners established by the Committee for the Registration of Medical Specialists (*Registratiecommissie Geneeskundig Specialisten*, RGS) of the Royal Dutch Medical Association (*Koninklijke Nederlandse Maatschappij tot bevordering der Geneeskunst*, KNMG).

Provision of medical aids

A provision to meet the need for medical aids and dressing materials designated by a ministerial regulation with due observance of the Medical Aids Regulations (*Reglement Hulpmiddelen*) laid down by the health insurer regarding the requirements for consent, period of use and quantity.

Dental surgeon

A dental specialist who is registered in the register of specialists for oral diseases and oral surgery of the Commission for the Registration of Dental Specialists (*Registratiecommissie Tandheelkundig Specialismen*, RTS).

Paediatric physiotherapist

A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a paediatric physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

Maternity centre

An institution that offers obstetric care and/or maternity care and meets the requirements laid down by law.

Maternity hotel

An institution where the insured party is able to give birth and/or spend (part of) the period following childbirth.

Maternity nurse

A skilled carer for new mothers remaining at home.

Maternity care

The care provided by a maternity nurse affiliated with a hospital, maternity centre or maternity hotel, who cares for both the mother and child and – where applicable – for the household.

Lactation consultant

A lactation consultant practising in the Netherlands, who is a member of the Dutch Association of Lactation Consultants (*Nederlandse Vereniging van Lactatiekundigen, NVL*).

Informal carer

A person who provides care to a dependant in their immediate environment, and where the care results directly from the social relationship, without remuneration and not in the context of a care profession.

Manual therapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a manual therapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

Maximum rate

The average rate that has been agreed on for your treatment with our contracted care providers.

Medical adviser

A physician who is listed as a Policy and Advice physician (*arts Beleid en Advies*) in the Profile Register established by the Commission for the Registration of Medical Specialists (RGS) or is listed as a Health and Society physician (*arts Maatschappij en Gezondheid*) in the Specialists Register established by the RGS and maintained by the Royal Dutch Medical Association, and who works as such for a health insurance company.

Medical specialist

A physician who is registered as a medical specialist in the Specialists Register established by the Committee for the Registration of Medical Specialists (RGS) and maintained by the Royal Dutch Medical Association (KNMG).

Meditel

Meditel B.V., PO Box 454, 2800 AL Gouda, phone (0900) 202 10 40.

Dental hygienist

A dental hygienist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists (*Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut*).

NZa

The Dutch Healthcare Authority (*Nederlandse Zorgautoriteit, NZa*)

Oedema therapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as an oedema therapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

Cesar/Mensendieck remedial therapist

A Cesar/Mensendieck remedial therapist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

Accident

A sudden and unexpected external trauma effected on the body of the insured person, from which medically verifiable injury resulted directly and without contribution of other causes.

Admission

Admission in a hospital of longer than 24 hours, if and to the extent that nursing, examination and treatment can only be provided in a hospital on medical grounds, with uninterrupted treatment by a medical specialist being required.

Orthodontist

A dental specialist who is registered in the specialist register of the Commission for the Registration of Dental Specialists (RTS) of the Royal Dutch Dental Association (*Koninklijke Nederlandse Maatschappij tot bevordering der Tandheelkunde*).

Podopostural therapist

A podopostural therapist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) and is registered with Quality Registration and Accreditation for Healthcare Professionals (*Kwaliteitsregistratie en Accreditatie Beroepsbeoefenaren in de Zorg, KABIZ*).

Podiatrist

A podiatrist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

PreMeo Thuisvaccinatie

PreMeo Thuisvaccinatie (PreMeo Home Vaccination) is a nationwide LCR-accredited (National

Coordination Centre for Travellers' Health) vaccination centre providing travel vaccinations at clients' homes by BIG-registered physicians.

Private clinic abroad

An institution where the specialist medical care for nursing, examination and treatment can safely be deemed to be provided in accordance with the relevant Dutch quality standards.

Psychosomatic physiotherapist

A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a psychosomatic physiotherapist in the Central Quality Register for Physical Therapy maintained by the Royal Dutch Society for Physical Therapy or the Physiotherapy Accreditation Foundation.

Psychosomatic Cesar and Mensendieck remedial therapist

A remedial therapist trained in Cesar and Mensendieck therapy who is registered in the register of psychosomatic remedial therapists of the Association of Cesar and Mensendieck Remedial Therapists (*Vereniging van Oefentherapeuten Cesar en Mensendieck*).

Registered chiropodist

A registered chiropodist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) and is registered with Quality Registration and Accreditation for Healthcare Professionals.

Beautician

A beautician practising in the Netherlands who holds the Beauty care-B diploma.

SOS International

SOS International provides 24/7 assistance to travellers in the event of illness or an accident abroad. You can call them on +31 (0)20 651 51 51. Medical travel assistance can be requested via www.smartmelden.nl. You will receive a response within 15 minutes.

Emergency care

Care that cannot be anticipated in advance and is the result of an acute illness or accident that requires immediate emergency medical care.

Dentist

A dentist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act.

Prosthodontist

A prosthodontist who has been trained in accordance with what is known as the Decree governing educational requirements and the discipline of prosthodontics (*Besluit opleidingseisen en deskundigheidsgebied tandprotheticus*).

Temporary stay

Temporary residence abroad for a period of up to 12 months. In the event of admission to hospital,

this period will be extended during hospitalisation by a maximum of 365 days calculated from the date of admission.

Treaty country

A country that is not part of the European Union, an EEA Member State or Switzerland, with which the Netherlands has a treaty on social security in which regulations on the provision of medical care have been included. These are the following countries: Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde, Macedonia, Morocco, Serbia and Montenegro, Tunisia and Turkey.

Obstetrician

An obstetrician who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act.

Nurse

A nurse who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act.

Referral letter/referral

The recommendation of a healthcare professional or institution to an insured person to be admitted for treatment or for treatment to be continued by another healthcare professional or institution. A referral must be issued prior to the treatment. The referral letter must at least state: the name and address and date of birth of the insured person, name, job title, AGB code and stamp of the practice and/or signature of the referring party, date of issue, reason of referral and any other relevant details. A referral letter remains valid for a period of one year following the date of issue and should comply with the national laws and regulations.

Insured party

Any person who is listed as such in the healthcare policy, the policy endorsement letter or the certificate of registration.

Policyholder

The person who has entered into the insurance agreement with the health insurance provider.

Wet BIG

Individual Healthcare Professions Act (*Wet op de Beroepen in de Individuele Gezondheidszorg*, abbreviated to BIG).

Wlz

The Long-Term Care Act (*Wet langdurige zorg*, abbreviated to Wlz).

Independent treatment centre (*Zelfstandig behandelcentrum, ZBC*)

A centre for specialist medical care (examination and treatment) located in the Netherlands and permitted to operate as such in accordance with the rules laid down by law.

Hospital

An institution for nursing, examination and treatment of patients, which has been permitted to



operate as a hospital under the rules laid down by law.

Health insurance company/health insurance provider

ASR Aanvullende Ziektekostenverzekeringen NV, also referred to as 'we' or as the 'health insurance company/health insurance provider'. ASR Basis Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110828) and ASR Aanvullende Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110823), located at Archimedeslaan 10 in Utrecht, are under the supervision of the Netherlands Authority for the Financial Markets (AFM) and are registered under AFM numbers 12000605, 12001028 and 12001029.

7. Contact details

Ditzo

www.Ditzo.nl/zorgverzekering
WhatsApp: +31 (0)6 516 777 01

SOS International

BV Nederlandse Hulpverleningsorganisatie SOS International
Hoogoorddreef 58, 1101 BE Amsterdam
Telephone: +31 (0)20 651 51 51
Email: info@sosinternational.nl

These terms and conditions are a translation of the Dutch terms and conditions and are subject to possible translation errors. No rights may be derived from this translation. The conditions in Dutch are leading in the operation of this insurance.