

Terms and Conditions Ditzo Supplementary Health Insurance

Applicable from January 1st, 2017

Ditzo

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1. How does your Ditzo Supplementary Health Insurance work?

Ditzo allows you to determine yourself 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:

- Zorg Goed
- Zorg Beter
- Zorg Best

Select your dental care cover:

- TandGoed
- TandBeter
- TandBest

Do you wear glasses or contact lenses?

Then opt for the 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**. For our current opening hours, visit the website: www.ditzo.nl/contact.

2. What will be reimbursed?

2.1 Therapies

Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck), incl. screening

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
9 treatments per calendar year	9 treatments per calendar year	18 treatments per calendar year

Conditions

- You will be treated and screened by a (paediatric) physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic therapist, oedema therapist, manual therapist or geriatric physiotherapist contracted by us.
- The treatment must be medically effective.
- If you use a non-contracted care provider, the amount of the reimbursement will not exceed the maximum set by us.
- Scar therapy and oedema therapy may also be provided by a skin therapist if you have a disorder listed in Appendix 1 to the Healthcare Insurance Decree.
- 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 other terms and conditions of this specific article remain in force.

Explanation

- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the basic insurance commencing from the 21st treatment. If there is a medical indication of intermittent claudication (*claudicatio intermittens*), the first 37 treatments will be covered by the basic insurance.
- Appendix 1 to the Healthcare Insurance Decree and the list of contracted care providers are published on www.ditzo.nl/zorgverzekering.

2.2 Medical assistance abroad

General

- We reimburse the costs of care received abroad.
- We do not reimburse:
 - Policy excess.
- For advice and mediation in cases of emergency, please contact our SOS International emergency centre on +31 (0)20 651 51 51 (open 24 hours a day).
- In non-urgent cases, please always contact Ditzo first.

- For more information on healthcare abroad or for our 'Healthcare abroad' [*Zorg in het buitenland*] brochure, please see www.ditzo.nl/zorgverzekering under '*Zorg in het buitenland*'.

Conditions

- We only reimburse medical care if the treatment is also reimbursed in the Netherlands under this 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 insurer. We apply the exchange rate listed on www.oanda.com.

Non-emergency 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 be living in the 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.

Emergency care in the EU, EEA and a treaty country

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

Conditions

- You have had an accident or fell ill during a temporary stay abroad (i.e. the care was not the purpose of your trip).
- If you already qualify for a reimbursement under your basic insurance, we will deduct that amount.

Emergency care in other parts of the world

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Up to twice the Dutch rate for care in the rest of the world.	Up to twice the Dutch rate for care in the rest of the world.

Conditions

- You have had an accident or fell ill during a temporary stay abroad (i.e. the care was not the purpose of your trip).
- If you already qualify for a reimbursement under your basic insurance, we will deduct that amount.

Care in Belgium and Germany (resident in the Netherlands)

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

Conditions

- Only if you live less than 40km from the Belgian or German border.
- 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. Simply call +31 (0)20 651 51 51. Medical travel assistance can also 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
-	-	100%

Conditions

- You have a serious injury or an acute illness and the SOS International doctor has decided that you need to return as soon as possible to a healthcare institution in your country of residence.
- 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 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
-	-	Maximum of €10,000

Conditions

- The next of kin must contact SOS International immediately, tel.: +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 delivery (for female insured persons and the baby)
Delivery in a hospital without medical grounds

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	50%	75%

Explanation

- Your basic insurance will reimburse €121 per person per day of hospitalisation for obstetric assistance if the delivery takes place in a hospital. This covers the costs exceeding the reimbursement under the basic insurance.

Reimbursement of statutory personal contribution towards maternity care on admission to a hospital without medical grounds or maternity centre

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	€8 per insured person per day of hospitalisation.	€12 per insured person per day of hospitalisation.

Explanation

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

Reimbursement of statutory personal contribution towards maternity care at home

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	50%	75%

Explanation

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

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 us between the 5th and 7th month of pregnancy.
- To apply for the maternity package, go to www.ditzo.nl/zorgverzekering or call +31 (0)30 699 79 30.

Consultation on breastfeeding

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Maximum of 4 hours per childbirth	Maximum of 6 hours per childbirth

Conditions

- You will receive guidance from a lactation expert.

Purchase of GeboorteTENS

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

Conditions

- Reimbursement for the purchase of a TENS childbirth device from GeboorteTENS.
- The delivery is not intended to take place in a clinical setting (hospital, outpatients' clinic or maternity clinic).

Explanation

- For more information, visit www.geboortetens.nl,

2.4 Alternative medicine

Alternative medicine (including alternative medicinal products)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	Up to €150 per calendar year, maximum €35 per day	Up to €300 per calendar year, maximum €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 De Amersfoortse as follows:
 - Acupuncture: The practitioner is affiliated with the Dutch Medical Acupuncture Association [*Nederlandse Artsen Acupunctuur Vereniging, NAAV*], the Dutch Acupuncture Association [*Nederlandse Vereniging voor Acupunctuur, NVA*], International Free University (IFU), the Dutch Association for Traditional Chinese Medicine [*Nederlandse Vereniging voor Traditionele Chinese Geneeskunde, ZHONG*] or 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 Praktizijns in de Natuurlijke Geneeskunst, NWP*], the Scientific Doctor's 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 is an anthroposophical doctor affiliated with the Dutch Association of Anthroposophical Doctors [*Nederlandse Vereniging van Antroposofische Artsen, NVAA*]. We reimburse regular consultations and treatment. We do not reimburse:
 - Treatment provided 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 is 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 is a physician who practises independently.
We do not reimburse:
 - Treatment provided by non-physician practitioners.
- Haptotherapy/Haptonomy: The practitioner is affiliated with the Netherlands Association of Haptotherapists [*Vereniging Van Haptotherapeuten, VVH*].
- Children's therapy: The practitioner is affiliated with the Netherlands Association of and for children's therapists [*Vereniging van en voor kindertherapeuten, Vvvk*].
- Classical homeopathy: The practitioner is 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 Praktizijns 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 for regular consultations and treatment.
- Naturopathy: The practitioner is a naturopathic doctor affiliated with the Professional Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*] or is a non-physician practitioner affiliated with the National Association of Naturology [*Landelijke Vereniging Natuurlijke Geneeswijzen, LVNG*], the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP*], the Association of Natural Medicine Therapists [*Vereniging van Natuurgeneeskundig Therapeuten, VNT*], the Association for the Promotion of the Interests of Therapists and Consumers [*Belangen Associatie Therapeut en Consument, BATC*], or the Association for the Promotion of Alternative Medicine [*Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG*]. We reimburse regular consultations and treatment.
We do not reimburse:
 - Massage therapy.
- Orthomanual medicine: The practitioner is affiliated with the Register of Practitioners of Musculoskeletal Medicine [*Register Artsen Musculoskeletale Geneeskunde, RAMG*] or the Netherlands Medical Association for Musculoskeletal Medicine [*Nederlandse Vereniging van artsen voor Musculoskeletale Geneeskunde,*

NVAMG], or the treatment must be performed by a non-physician affiliated with the Netherlands Association for Manual Therapy [*Nederlandse Vereniging voor Manuele Therapie*, NVMT] or the Association of Manual Therapists [*Vereniging van Manueel Therapeuten*, VMT].

- Orthomolecular medicine: The practitioner is an orthomolecular physician or is affiliated with the Dutch Society for the Promotion of Orthomolecular Medicine [*Maatschappij ter Bevordering van de Orthomoleculaire Geneeskunde*, MBOG]. We reimburse regular consultations and treatment.
We do not reimburse:
 - Kinesiology.
- Osteopathy: The treatment provider is listed in the Dutch Register for Osteopathy [*Nederlands Register voor Osteopathie*, NRO] or the Dutch Osteopathic Federation [*Nederlandse Osteopathie Federatie*, NOF].
- Reflex Zone therapy: The practitioner is affiliated to 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], 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 is affiliated with KaTa Nederland, ZHONG, the Association of Iokai Shiatsu Therapists [*Vereniging voor Iokai-Shiatsutherapeuten*, VIS), the Zen Shiatsu Association [*Zen Shiatsu Vereniging*], 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 ‘anthroposophic’ listed in the Z-index G-Standaard database.
- We only reimburse registered medicines that are not reimbursed under your basic insurance.
- 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-prescription medicines
 - Dietary preparations
 - Nutritional products and food supplements

- Experimental medicines

2.5 Facial care

Acne treatment

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	A maximum of €100 per calendar year

Conditions

- You suffer from severe acne on the face and/or neck.
- You have a referral from your general practitioner, or a medical specialist. You should send the referral along with the expense claim. The claim should indicate the type of care profile concerned. For each type of acne the care profile describes the associated care need, the party providing the care, the number of treatments required and the type of treatment.
- The treatment is performed 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 were insured by Ditzo under this insurance policy

Conditions

- Reimbursement for camouflage lessons and the equipment required during these lessons.
- You suffer from a severe skin disorder affecting the face and/or neck.
- You have a referral from a general practitioner, a company doctor or a medical specialist.
- The lessons must be provided by a skin therapist or a beauty therapist.

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.
- You have a referral from the doctor providing the treatment.
- The treatment must be provided by a skin therapist or a beauty therapist.

Conditions for laser treatment

- Excessive hair growth in unusual places on the face and/or neck.
- You have a referral from the doctor providing the treatment.
- 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 the age of 21 years

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

Conditions

- Contraceptives will be reimbursed starting from 21 years of age.
- 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 policy excess.

2.7 Emergency dental care

Emergency dental care in the event of an accident

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

	€500 during the period you are insured by Ditzo under the ZorgBeter policy	during the period you are insured by Ditzo under the 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.
- Orthodontic treatments may also take place in another EU, EEA and/or treaty country. The other terms and conditions of this specific article remain in force.

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 circumcision.

2.10 Preventive courses

Health courses

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

Conditions

- Reimbursement for health courses. These are taken to mean 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:

- First Aid in the case of accidents involving children
- First Aid
- Heart Problems
- Resuscitation
- Rheumatoid Arthritis, Arthrosis or Bechterew's Disease
- Self-Management of Lymphatic Oedema
- A prenatal course, prenatal gym or 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 Bechterew's Disease' 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 provided by the Dutch Lymphology Foundation [*Stichting Lymfologie Centrum Nederland, SLCN*].
- The prenatal course, prenatal gym or yoga must be provided by a home-care organisation, a patients' association affiliated with a regional patients' and consumer platform, a Cesar/Mensendieck or pelvic/other physiotherapist, by *Bevallen en Opstarten* [Delivery and Starting Up], *Kraamzus* [Maternity Care Nurse] or *Samen Bevallen* [Giving birth together].

2.11 Other reimbursements

Cancer counselling and aftercare

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

Conditions

Exercise programme

- You take 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 Association for Physical Therapy (KNGF).

Cancer coaching

- The reimbursement will cover the costs for a coach issued to you via ‘Cancer coaching’ [*Coaching rondom kanker*].
- For more information, visit www.coachconnectbijkanker.nl. Telephone number: +31 (0)85 - 401 94 37. Tell them that you have insurance with us.

Oncological sport programmes

- You take 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 by Onco-move, Cyto fys or *Stichting Tegenkracht*.

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 medical specialist treating you.
- 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 and indicates how aggressive a breast tumour is and whether chemotherapy is effective after removal of the tumour.
- For more information on MammaPrint and Laboratorium Agendia, 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 medical specialist treating you.
- We do not reimburse:
 - An Oncotype DX if the attending medical specialist does not believe the Oncotype DX is medically necessary.

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 on Oncotype DX, please visit www.oncotypedx.com.

Vaccinations and preventive medicines for a temporary stay abroad

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	A maximum of €250 per calendar year

Conditions

- We only reimburse the vaccinations and medicines needed for protection or prevention of illnesses in accordance with the recommendations issued by the Landelijk Coördinatiecentrum Reizigersadviesing (National Coordination Centre for Travellers, LCR).

Explanation

- Vaccinations may be administered by your GP, the GGD Municipal Health Service or Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie. Preventive medicine must be supplied by the pharmacy.
- Further information:
 - www.LCR.nl
 - www.ggdreisvaccinaties.nl
 - www.meditelopreis.nl
 - www.thuisvaccinatie.nl

Reimbursement of statutory personal contribution for registered medicines

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	A maximum of €250 per calendar year

Conditions

- We only reimburse the statutory personal contribution for registered medicines to which a reimbursement limit applies under the Ditzo 2017 Pharmaceutical Care Regulations, and which are reimbursed under your basic insurance.

Explanation

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

Reimbursement of 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 2017 Medical Aids Regulations.
- We do not reimburse:
 - Statutory personal contribution for hearing aids.

Explanation

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

Podotherapy/podiatry/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 podotherapist, a podiatrist or a podopostural therapist.
- We only reimburse treatments and consultations.
- The arch supports are prescribed by the doctor, podotherapist, podiatrist or podopostural therapist treating you.
- We will not reimburse:

- Removal of calluses for cosmetic or general care purposes, or toenail clipping.
- Silicone orthoses, orthonyxia, nail braces and lateral wedges.

Explanation

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

Sport medical examination and sports injury consultations

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

Conditions

- The sport medical examination must be performed by a Sports Medical Institute (SMI), a Sports Medical Centre (SMC) or a Sports Medical Advice Centre (SMA).
- The SMA, SMI and SMC 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 commences on the date of the examination or checkup.
- Injury and repeat consultations carried out by a sports physician are covered by the basic insurance, to which policy excess applies.
- The costs of (occupational) examination of divers, pilots, glider pilots and balloonists are not reimbursed.

Explanation

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

Travel costs of visitors to patients (for co-insured parties)

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	€0.28 per kilometre, maximum €300 per calendar year

Conditions

- The insurance cover applies to the hospitalised family member.

- The co-insured family member has been admitted to a hospital or rehabilitation centre in the Netherlands.
- We reimburse the outbound journey 1x per day per family and the return journey 1x per day per family for the shortest possible route. Distance is calculated using the ANWB journey planner.
- The 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 is 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 purpose of mental healthcare.

Transport of patients within the Netherlands

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	A maximum of €200 per calendar year: <ul style="list-style-type: none"> - 100% for a personal contribution towards seated patient transport; - €0.28 per kilometre for transport using your own car; - €0.70 per kilometre for transport by a taxi operator.

Conditions

- We will only reimburse the cost of a taxi/own transport if your medical (including physical) condition prevents you from taking public transport. We do not reimburse the costs of public transportation.
- You require a statement from your general practitioner or attending medical specialist explaining the medical reasons why you cannot take public transport.
- You require our prior consent. Always submit the statement before you require the transport.
- The treatment must be covered under your basic insurance or supplementary insurance under physiotherapy and remedial therapy, or cancer counselling and aftercare.

- We reimburse the costs of patient transport on the basis of the shortest possible outward and return journey between your home address and the healthcare institution. Distance is calculated using the ANWB journey planner.

Explanation

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

3. Dentist

* = This is the maximum amount we reimburse per calendar year for the categories 'Regular treatment', 'Specialist treatment' and 'Emergency dental care abroad' combined.

Regular treatment

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250* per calendar year	A maximum of €250* per calendar year	A maximum of €500* per calendar year

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 see an oral surgeon for treatment that is covered by the basic insurance, the policy excess will apply.
- We do not reimburse:
 - Orthodontics, nor the associated costs and treatment.
For more information about the reimbursement for orthodontics, see Article 2.8
 - Facings (code V15) in the absence of medical grounds.
 - Treatment for children up to the age of 18.
 - Regular treatment on the basis of a dental pass.

Explanation

- A list of procedure codes and rates can be viewed on www.ditzo.nl/zorgverzekering.

Specialist treatment

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250* per calendar year	A maximum of €250* per calendar year	75%, up to a maximum of €500* per calendar year

Conditions

- Reimbursement for:
 - Surgical procedures: H codes
 - General anaesthesia (A20)
 - Taking and assessing X-ray images: X codes
 - A light anaesthetic: B codes
 - Root canal treatment: E codes
 - Dental crowns and bridges: R codes
 - Temporomandibular treatment: G codes
 - Dentures (partial dentures): P codes
 - Gum treatment (paradontology): T codes
 - Implants (partial dentures): J codes
- You are receiving treatment from a dentist, prosthodontist, dental surgeon or oral hygienist.
- If you see an oral surgeon for treatment that is covered by the basic insurance, the policy excess will apply.
- We do not reimburse:
 - Orthodontics, nor the associated costs and treatment.
For more information about the reimbursement for orthodontics, see Article 2.8
 - Bleaching (codes E97 and E98) in the absence of medical grounds.
 - Facings (codes R72, R73, 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 pass.
 - Dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the basic insurance, to which policy excess may apply.

Explanation

- A list of procedure codes and rates can be viewed on www.ditzo.nl/zorgverzekering.

Emergency dental treatment abroad

What will be reimbursed?

TandGoed	TandBeter	TandBest
75%, up to a maximum of €250* per calendar year	A maximum of €250* per calendar year	75%, up to a maximum of €500* per calendar year

Conditions

- Applicable to 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 & Contact Lenses Module

Ditzo's Glasses & Contact Lenses Module entitles you to an exclusive discount at Eye Wish Opticiens and Pearle Opticiens. You pay €2.95 a month and qualify for the following discounts on the purchase of contact lenses or a full set of prescription glasses:

- *Contact lenses*

You will receive a €100 discount on the purchase of an annual or six-monthly contact lenses package in an Eye Wish or Pearle store.

- *Single glasses*

You will receive a €100 discount (over and above any existing discounts) when purchasing a full set of single glasses with **thin** lenses. You will therefore always receive a discount of at least €100.

- *Multifocal glasses*

You will receive a €100 discount (over and above any existing discounts) when purchasing a full set of multifocal glasses with **thin** lenses. You will therefore always receive a discount of at least €100.

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 and lenses module, you will receive an additional €100 discount, resulting in a total saving of €250!

This is how it works

- You pay €2.95 per month.
- Drop by at one of the over 500 Eye Wish or Pearle stores in the Netherlands
- 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
- You will receive a €100 discount per calendar year on the purchase price

Conditions

- You must be 18 years of age or older.
- 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 check-out. This means that you will not have to send your receipt to apply for reimbursement.
- If your glasses or lenses are cheaper than the reimbursement amount, you will not receive any cash back at the register.
- 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 home-delivered lenses via EyeWish@Home or P.O.S.T. by Pearle
- The discount does not apply to glasses without prescription lenses.

Children's discounts

Children up to 12 years of age qualify for a free full set of thin children's 'ultra clean' reflection-free glasses plus frame from Eye Wish, valued up to €100. There is no permanent discount on Pearle children's glasses. Children may, of course, make use of current special discounts available from Eye Wish and Pearle. You do not need to take out the Pearle or Eye Wish Glasses & Contact Lenses Module to qualify for these discounts. Children up to 18 years of age are not eligible to take out the module for an additional €100 discount on current special offers.

The 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.

What are 'thin ultra-clean reflection-free lenses' and the 'Silver glasses package'?

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

At Pearle, this means the Silver glasses package, which includes thin lenses (1.6) that are scratch-resistant, reflection-free, are tempered and include a UV-coating. If you decide on 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 by virtue of a law, a regulation or any other

regular or special current or previously existing insurance. 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 Wlz.
- If you prescribe or provide consultations, treatments, medicines or loan aids for yourself. You are not allowed to do so on behalf of a family member either, unless Ditzo has given its approval.
- You will only be entitled to reimbursement if you receive the care during the period of your insurance with us.
- 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 were provided.

We do not reimburse:

- The personal contributions pursuant to the Wlz and the personal contributions towards national screening programmes;
- Treatments contrary to the Population Screening Act [*Wet Bevolkingsonderzoeken*].
- The costs of:
 - Cell therapy;
 - Missed appointments;
 - Examinations and statements other than in the context of sports medical examinations and consultation in connection with injuries;
 - Physio fitness training 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 you reimburse in the event of damage due to terrorism?

Under this basic insurance policy any damage or loss due to terrorist acts are covered by the Dutch Terrorism Risk Reinsurance Company (NHT). For further details, see the Terrorism cover clause.

What is my 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.

When will my supplementary health insurance begin?

- Your insurance will commence provisionally 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 view via My Ditzo.

- After having taken out the policy you have a period of 14 days to reconsider your choice. 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 next calendar year.

When and how can you amend your supplementary health insurance?

You can submit any changes to your supplementary health insurance to us via My Ditzo or by telephone.

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, we will also determine your reimbursement on the basis of:

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

Is it possible to take out supplementary insurance while I live abroad?

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

Are children under age 18 also insured?

A child under 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 in which your child turns 18.

How are reimbursements calculated?

- The costs of care under supplementary insurance will only be reimbursed to the extent they are not reimbursed under your regular basic insurance and provided that you satisfy all the conditions stated in the articles, unless indicated otherwise.
- The costs that fall under the excess of the basic insurance policy 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 no more than one year from the day of the first treatment.

What is the maximum reimbursement?

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

- the rate agreed with contracted healthcare providers;
- the maximum rate determined at that time on the basis of the Healthcare Market (Regulation) Act [*Wet Marktordening Gezondheidszorg*]; or
- the maximum amount set by us, 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 paid out a higher amount?

Did we pay out a higher amount than we should have done? In that case, we will be entitled to reclaim the excess payment.

Can you change the premium and terms and conditions?

Yes, we can change the premium and the terms and conditions of the insurance we provide. If we decide to do so, we will let you know one month in advance. If you do not agree with the change, you will be entitled to terminate your insurance within 30 days. If you do not do so, we will continue your policy subject to the new terms and conditions or premium. This also means that we may terminate the supplementary health insurance with one month's notice.

What could the Care for Care Department do for me?

The Care for Care Department will be happy to answer any questions you might have in connection with healthcare, and to:

- offer waiting list mediation services;
- offer advice about your health or a visit to a doctor;
- help you find a good care provider;
- answer your questions about operations and recovery;
- arrange medical aids (such as crutches or a special bed);
- arrange care abroad;
- provide dietary advice.

How do I pay my premium?

You pay a monthly premium for your supplementary insurance with Ditzo. You will pay the Premium 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 to 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, and within 14 days at most. If you fail to do so we will send you another reminder stating that if no payment is forthcoming, your supplementary insurance will be terminated.
- This means that from then on, you will only be insured under your basic insurance. 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.
- Also note that we will transfer the collection of your debt to the bailiff. From then on, you will be required to pay the amount due to the 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 still has not been credited to our account after 95 days, we will transfer the collection of your debt to the 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.

Will I qualify for a premium refund in the event of interim termination?

If you decide to terminate your insurance policy in the interim, 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.

How do I submit my healthcare bills?

You will be required to submit your original healthcare bills 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 the 'Medical Expenses Claim Form' and fill it out;
- 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. You can view your expense claims 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 policy excess or in the event that a limited reimbursement scheme applies. We will then settle the policy excess or the amount in excess of the reimbursement scheme maximum with you directly.

What should I do if somebody else is liable for the costs I 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 his or her insurance company, without our written permission.

If you fail to comply with any 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.

How do you deal with my personal details?

We deal with your personal details in an appropriate manner. We will only ask you to provide the personal details which we need in order to be able to:

- engage in and implement insurance contracts;
- prevent and fight fraud;
- present you with commercial offers by email. If you do not want us to do this, 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 to you remains relevant.
- You must log into My Ditzo using your DigiD. 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, one can be requested from www.DigiD.nl.
- You can view and change your personal details at any time via My Ditzo. Your details are password-protected. You yourself are responsible for keeping your passport secret.

We abide by:

The Code of Conduct for the Processing of Personal Data by Financial Institutions plus the addendum for healthcare insurers.

For further details, 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 your message 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.

If you call us, please note that we may record the conversation. We do so in order to reduce the paperwork and to have an objective record of the agreements made with you for later reference. We can also use the recorded telephone conversations 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.

How do I apply for an authorisation?

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

- is only valid during the term of the insurance;
- will be subject to changes in laws and regulations.

How do you deal with care?

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.

What will happen if I am detained?

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.

When is Ditzo authorised to terminate my supplementary insurance and annual subscription?

- If you refuse to pay your premiums, personal contributions or other amounts owed, or if you fail to pay them in time.
- If you did not provide the information that you should have provided.
- If you tried to mislead us and we would never have entered into the supplementary insurance contract with you if we had had the right 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 letter in which we inform you about this. 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 can I terminate my insurance?

- If you wish to terminate your insurance, you should do so online by 31 December at the latest via My Ditzo.
- You will then be able to use the transfer service guiding your switch to another health insurer.

If you do not terminate your supplementary health insurance, it will be renewed automatically for another year.

When will my insurance end automatically?

Your insurance ends automatically in the following cases:

- in the event of your death (your relatives must inform us of your death within two months);
- once you are no longer co-insured under the Wlz (unless we have entered into another agreement with you);
- when you join the military as a professional serviceman or woman.

What country's law applies to this agreement?

This agreement is subject to the laws of the Netherlands.

What may I expect from you?

You may expect us to:

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

What may you expect from me?

We expect you to:

- be honest;
- show respect;
- take all reasonable measures to prevent damage and the need for care;
- inform us within 30 days of all events that may be relevant to ensure proper implementation of the insurance, such as moving house, a divorce, births and deaths;
- report to us as soon as possible any and all events that potentially result in an obligation on us to pay a claim;
- provide us as soon as possible with all information required for the assessment of our obligation to pay claims;
- fully cooperate and omit everything that might harm our interests;
- always contact us first if you wish to agree to a settlement with a liable third party;
- make sure that every month the balance of your bank account is sufficient for us to debit the premium automatically.

What if I fail to meet these expectations?

This can be a reason for us to:

- cancel your entitlement to a claim;
- demand compensation for damage we have incurred;
- discontinue or permanently cancel your supplementary insurance and annual subscription.

What will happen in the event of fraud?

Obligation to cooperate

Under the Healthcare Insurance Act [*Zorgverzekeringswet*] and the Incidents Warning System for Financial Institutions Protocol [*Protocol Incidentenwaarschuwingssysteem Financiële Instellingen*], for the purposes of fraud investigation we are allowed 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 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 Healthcare Market (Regulation) Act authorise health insurers 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. This information exchange may take place directly, or via the Association of Dutch Health Insurers [*Zorgverzekeraars Nederland, ZN*]. The Personal Data Protection Act prescribes how personal data may be processed.

Void right to claims

No claims will be paid out while 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 you a new basic insurance policy for a five-year period. In such cases, other health insurers will be obliged to accept your application for basic health insurance;
- refuse you any supplementary or other insurance policies from a.s.r. insurers for a period of eight years.

Would you like us to reconsider an issue or do you have a complaint?

Reconsideration

In the event that you do not agree with a decision made by Ditzo, you may request that we reconsider it. 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 Health Insurances Complaints and Disputes Organisation: *Stichting Klachten en Geschillen Zorgverzekeringen* (SKGZ). The SKGZ offers mediation services in order to solve the problem. If mediation fails to produce satisfactory results the Disputes Board of the SKGZ may issue a binding decision. You can also bring your request for reconsideration before a competent court.

Complaint

Would you like to lodge 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 can also bring your complaint before a competent court.

This Agreement is governed by Dutch law.

6. What do we mean by ...?

Supplementary health insurance

Supplementary health insurance covers the care that is not covered in full or in part by the basic insurance under the Healthcare Insurance Act.

Alternative healer

An alternative healer, established in the Netherlands, who is generally recognised in a specific field, practises in this field and is a member of a professional association in this field.

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 engages the assistance of pharmacists listed in that

register. The term dispensing practitioner also covers the party that commissions the care from pharmacists listed in the aforementioned 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.

Basic insurance

A health insurance policy based upon the Health Insurance Act [*Zorgverzekeringswet*] taken out with an insurance company.

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 terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a pelvic therapist in the Central Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie, CKR*] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

Day treatment

Admission for less than 24 hours to an institution which has been accredited in accordance with regulations laid down by the law.

DBC Care Product

A DBC Care Product describes the full path of medical specialist care or specialist 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 DBC pathway commences at the time at which the insured party submits a request for care (the DBC is opened) and is completed at the end of the treatment, or after 120 days (in the case of medical specialist care) or 365 days (in the case of specialist mental healthcare).

Personal contributions

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. Note that the personal contribution and the policy excess are two different things. Your insured care may be subject both to a personal contribution and a policy excess.

EU and EEA Member State

In addition to the Netherlands, this is taken to mean the following countries within the European Union: Austria, Belgium, Bulgaria, Croatia, (Greek) Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta,

Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom. Switzerland enjoys equal status pursuant to the relevant treaty provisions.

The EEA countries (those states which 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 dispensing practitioners in the interests of medication assessment and responsible use, designated as such under or pursuant to the *Besluit Zorgverzekeringen* [Health 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 Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF). 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 prescription, delivery, ordering, claiming and reimbursement of care products in an integrated manner. To that end, the database contains relevant data about care products available in the Netherlands from pharmacies and care institutions.

Contracted care

The care which the care provider may provide by virtue of an agreement entered into between the health insurer and the care provider or which is eligible for reimbursement.

Municipal Health Service (GGD)

The Municipal Health Service [*Gemeentelijke Gezondheidsdienst*, GGD] focuses primarily on prevention: the prevention of disease and the promotion of healthy behaviour in a healthy living 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 listed as a geriatric physiotherapist in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

Skin therapist

A skin therapist established in the Netherlands who is registered as such in accordance with the terms and conditions referred to in Section 34 of the Individual Healthcare Professions Act and the Decree governing Educational Requirements and the Discipline of Skin Therapists [*Besluit opleidingseisen en deskundigheidsgebied huidtherapeut*] based on this Act.

General practitioner

A doctor who is listed as a general practitioner in the register of recognised general practitioners established by the Commission for the Registration of Medical Specialists (RGS) and maintained by the Royal Dutch Medical Association (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 laid down by the health insurer regarding the requirements for consent, period of use and quantity.

Dental surgeon

A dental specialist who is listed in the specialists register maintained by 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 Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie, CKR*] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

Maternity centre

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

Maternity hotel

An institution where the insured party can give birth and/or spend (part of) her maternity period.

Maternity carer

Qualified aid to assist new mothers at home.

Maternity care

The care provided by a maternity home-care assistant affiliated with a hospital, maternity centre or maternity hotel who cares for the mother and child, and assists with the housekeeping where applicable.

Lactation consultant

A lactation consultant who is established in the Netherlands and is a member of the Dutch Association of Lactation Consultants [*Nederlandse Vereniging van Lactatiekundigen*].

Manual therapist

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 manual therapist in the Central Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

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 (KNMG), and who works as such for a health insurer.

Medical specialist

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

Meditel

Meditel B.V., P.O. Box 454, 2800 AL Gouda, telephone (0900) 202 10 40 (inside the Netherlands), fax +31 (0)182 82 00 29.

Oral hygienist

An oral hygienist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podotherapists.

Dutch Healthcare Authority (NZA)

The Dutch Healthcare Authority [*Nederlandse Zorgautoriteit*, NZa].

Oedema therapist

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 an oedema physiotherapist in the Central Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

Cesar/Mensendieck remedial therapist

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

Accident

A sudden and unexpected violent impact on the body of the insured party incurred by an external force, causing an injury that can be medically established as such directly.

Admission

Admission to a hospital for longer than 24 hours, in the event that and insofar as, on medical grounds, nursing, examinations and treatment can only be offered in a hospital, while continuous treatment by a medical specialist is necessary.

Orthodontist

A dental specialist who is registered in the specialists register established by the Commission for the Registration of Dental Specialists (RTS) maintained by the Dutch Dental Association [*Nederlandse Maatschappij tot bevordering der Tandheelkunde*, NMT].

Podiatrist

A podiatrist established in the Netherlands who is affiliated with Stichting LOOP, the Dutch National Umbrella Organisation for Podiatry.

Podopostural therapist

A podopostural therapist established in the Netherlands who is affiliated with Stichting LOOP, the Dutch National Umbrella Organisation for Podiatry, as a Class A therapist.

Podotherapist

A podotherapist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podotherapists.

PreMeo Thuisvaccinatie [ProMeo Home Vaccination]

PreMeo Thuisvaccinatie is a national vaccination centre for the at-home administration of travel vaccination by physicians registered under the Individual Healthcare Professions Act recognised by the National Coordination Centre for Travellers' Health [*Landelijk Coördinatiecentrum Reizigersadviesing*, LCR].

Foreign private clinic

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

Psychosomatic 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 psychosomatic physiotherapist in the Central Register for Quality Physical Therapy [*Centraal Kwaliteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF) or the Physiotherapy Accreditation Foundation [*Stichting Keurmerk Fysiotherapie*].

Psychosomatic Cesar and Mensendieck remedial therapist

A Cesar/Mensendieck remedial therapist who is listed in the Register of Psychosomatic Remedial Therapists maintained by the Association of Cesar and Mensendieck Remedial Therapists

[Vereniging van Oefentherapeuten Cesar en Mensendieck, VvOCM].

Beauty therapist

A beauty therapist established in the Netherlands who holds the Beauty Therapy B Diploma.

SOS International

BV Nederlandse Hulpverleningsorganisatie SOS International, Hoogoorddreef 58, 1101 BE Amsterdam. Telephone: + 31 (0)20 651 51 51, email info@sosinternational.nl. Medical travel assistance can also be requested via www.smartmelden.nl. You will receive a response within 15 minutes.

Emergency care

Care that cannot be foreseen in advance, arising from an acute illness or accident for which immediate medical care is required.

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 the Decree governing Educational Requirements and the Discipline of Prosthodontics.

Temporary stay

Residence abroad for a period of no more than 12 months. In the event of admission to a 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 or the EEA or Switzerland with which the Netherlands has concluded a social insurance treaty that includes a scheme for the provision of medical care. This group includes the following countries: Australia (only during temporary residence), 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

A recommendation issued by a care provider or care institution to an insured party stating that the insured party should undergo treatment or continue a treatment at another care provider or healthcare institution. Referral letters must be issued prior to treatment, and must state: the insured

person's contact information and date of birth, the referrer's name, position, AGB code and practice stamp/signature, date of issue, reason for the referral and any other relevant details. A referral letter remains valid for a period of one year following the date of issue.

Insured party

Any person who is designated as such in the health insurance policy, the policy endorsement or in the certificate of application.

Policyholder

The person who has entered into the insurance contract with the health insurer.

Individual Healthcare Professions Act [*Wet BIG*]

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

Wlz

The Long-Term Care Act [*Wet langdurige zorg* abbreviated to *Wlz*].

Independent treatment centre (ZBC)

A centre for specialist medical care (examinations and treatment) [*zelfstandig behandelcentrum, ZBC*] established in the Netherlands, which has been accredited as such in accordance with regulations laid down by the law.

Hospital

An institution for nursing, examining and treating sick people which has been accredited as a hospital in accordance with regulations laid down by the law. This is also understood to include the Netherlands Asthma Centre in Davos [*Nederlandse Astma Centrum Davos*].

Health insurance company/health insurer

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