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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' health insurance you can choose between a number of attractive supplementary health insurance policies.

Select your supplementary insurance:

- ZorgGoed
- ZorgBeter
- ZorgBest

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:

030 – 699 79 30. For our current opening hours, go to the website:

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 prevailing market rate as determined 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.

Explanation

- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the health insurance commencing from the 21st treatment.
- 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

SOS Assistance

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

Explanation

- If you are living abroad **temporarily**, you are entitled to assistance and advice by SOS International. Call **+31 (0)20 651 51 51**.

Care during a temporary stay abroad

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
<ul style="list-style-type: none"> – 100%, for care provided in an EU, EEA or treaty country. 	<ul style="list-style-type: none"> – 100%, for care provided in an EU, EEA or treaty country. – Up to twice the Dutch rate for care in the rest of the world. 	<ul style="list-style-type: none"> – 100%, for care provided in an EU, EEA or treaty country. – 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 health insurance, we will deduct that amount.

Explanation

- In the event of an emergency abroad, always contact SOS International.
Call **+31 (0)20 651 51 51**.

Vaccinations and preventive medicines for a temporary stay abroad

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	100%, up to 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 and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie.
- Further information:
 - www.LCR.nl
 - www.ggdreisvaccinaties.nl
 - www.meditelopreis.nl
 - www.thuisvaccinatie.nl

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 health insurance will reimburse €119 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 health 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 health 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 health 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)70 699 79 30.

Consultation on breastfeeding

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	100%, maximum of 4 hours per childbirth	100%, 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
-	100%, up to a maximum of €150 per calendar year, maximum €35 per day	100%, up to a maximum of €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 to 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*] or the Scientific Doctor's Association for Acupuncture in the Netherlands [*Wetenschappelijke Artsen Vereniging voor Acupunctuur in Nederland, WAVAN*].
 - Anthroposophy: The practitioner is an anthroposophical doctor affiliated to 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, chiophonetic therapy and balneotherapy.

- Chiropraxy: The practitioner is affiliated to 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.
- Phytotherapy: The practitioner is affiliated to the Netherlands Association for Phytotherapy [*Nederlandse Vereniging voor Fytotherapie, NVF*].
- Haptotherapy/Haptonomy: The practitioner is affiliated to the Netherlands Association of Haptotherapists [*Vereniging Van Haptotherapeuten, VVH*].
- Iridology: The practitioner is an iridologist.
- Children's therapy: The practitioner is affiliated to the Netherlands Association of and for children's therapists [*Vereniging van en voor kindertherapeuten, Vvvk*].
- Classical homeopathy: The practitioner is affiliated to 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*] or the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktijns in de Natuurlijke Geneeskunst, NWP*]. Reimbursement for regular consultations and treatment.
- Moerman therapy: The practitioner is affiliated to the Dutch Medical Association for Non-Toxic Tumour Therapy [*Artsenvereniging voor Niet-Toxische Tumor Therapie, ANTTT*].
We do not reimburse:
 - treatment provided by non-physician practitioners.
- Naturopathy: The practitioner is a naturopathic doctor affiliated to the Professional Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*] or is a non-physician practitioner affiliated to the National Association of Naturology [*Landelijke Vereniging Natuurlijke Geneeswijzen, LVNG*], the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktijns in de Natuurlijke Geneeskunst, NWP*], the Association of Natural Medicine Therapists [*Vereniging van Natuurgeneeskundig Therapeuten, VNT*] or the Association for the Promotion of the Interests of Therapists and Consumers [*Belangen Associatie Therapeut en Consument, BATC*]. We reimburse regular consultations and treatment.
We do not reimburse:
 - Massage therapy.
- Neural therapy: The practitioner is affiliated to the Professional Association for Integrated Medicine [*Artsenvereniging voor Integrale Geneeskunde, AVIG*]. We reimburse segmental therapy and disturbance field therapy.

We do not reimburse:

- treatment provided by non-physician practitioners.
- Orthomanual medicine: The practitioner is affiliated to the Register of Orthomanual Medicine [*Register OrthoManuele Geneeskunde*, ROMG] or the Netherlands Medical Association for Orthomanual Medicine [*Nederlandse Vereniging van artsen voor OrthoManuele Geneeskunde*, NVOMG], or the treatment must be performed by a non-physician affiliated to 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 to 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].
- Proctology: The practitioner is a physician who practises independently.

We do not reimburse:

- treatment provided by non-physician practitioners.
- Reflex Zone therapy: The practitioner is affiliated to the Association of Dutch Reflex Zone Therapists [*Vereniging van Nederlandse Reflexzone Therapeuten*, VNRT], or the Union of European Reflexologists, Netherlands Chapter [*Bond van Europese Reflexologen afdeling Nederland*, BER].
- Shiatsu therapy: The practitioner is affiliated to 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] or the Netherlands Working Group for the Practice of Natural Medicine [*Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst*, NWP].
- We only reimburse alternative medicines registered as ‘homeopathic’ or ‘anthroposophic’ listed in the Z-index G-Standaard database.
- We only reimburse registered medicines that are not reimbursed under your health 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
-	-	100%, up to 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. Alternatively, in 2016 the treatment may still be provided by a beautician. However, with effect from 2017 this treatment will no longer qualify for reimbursement if provided by a beautician.
- 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.

Depilation of your face and/or neck

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest

-	-	75%, up to a maximum of €250 per calendar year
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Conditions

- You suffer from 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.

2.6 Contraceptives

Contraceptives from age 21 (contraceptive pill, diaphragm and copper IUD)

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

Conditions

- Reimbursement of the costs of contraceptive pill, diaphragm or copper IUD.
- Placement of a copper IUD in hospital is covered by your healthcare 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
100%, up to a maximum of €250 per calendar year	100%, up to a maximum of €500 per calendar year	100%, 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 during the period you are insured by Ditzo under this insurance policy	75%, up to a maximum of €750 during the period you are insured by Ditzo under this insurance policy

Conditions

- The treatment must be provided by an orthodontist or dentist.

2.9 Circumcision

Circumcision

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

Conditions

- You have a referral from your general practitioner, or a medical specialist.
- The treatment must be a medical necessity.
- The treatment must be carried out by a medical specialist, an independent treatment centre or a general practitioner.

Explanation

- Circumcision 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 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.

2.11 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 to a regional patients' and consumer platform, a Cesar/Mensendieck or pelvic physiotherapist, by *Bevallen en Opstarten* [Delivery and Starting Up], *Kraamzus* [Maternity Care Nurse] or *Samen Bevallen* [Giving birth together].

2.12 Other reimbursements

Cancer counselling and aftercare

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	100%, up to a maximum of €1,000 per calendar year

Conditions

- You have a referral from the medical specialist treating you.

- The treatment is performed by an institution established in the Netherlands licensed by the Stichting Herstel & Balans.

Explanation

- The reimbursement applies to participation in the Rehabilitation & Balance [*Herstel & Balans*] programme for (former) cancer patients.
- For more information, visit www.herstelenbalans.nl.
- We reimburse Care for Cancer under the health insurance policy.

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.

Reimbursement of statutory personal contribution for registered medicines

What will be reimbursed?		
ZorgGoed	ZorgBeter	ZorgBest
-	-	100%, up to 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 2016 Pharmaceutical Care Regulations, and which are reimbursed under your health insurance.

Explanation

- The statutory personal contribution refers to the costs that you yourself must pay under the health 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 2016 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 the health 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.
- The arch supports are prescribed by the doctor, podotherapist, podiatrist or podopostural therapist treating you.

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

-	-	100%, up to a maximum of €250 per 24 months
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Conditions

- The sport medical examination and the sports injury consultations 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 must 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 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
-	-	€0.30 per calendar year, 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. We calculate this distance via www.routenet.nl.
- 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; - €0.30 per kilometre for transport using your own car; - €0.70 per kilometre for transport by a taxi operator.

Conditions

- We only reimburse the costs of transport by taxi or your own car. We do not reimburse the costs of public transportation.
- You have a referral from your general practitioner or the medical specialist treating you indicating medical grounds.
- You require our prior consent. Call us on +31 (030)-699 79 30 51 (local rate).
- The treatment must be reimbursed under your health insurance or supplementary insurance under physiotherapy and remedial therapy or Rehabilitation & Balance [*Herstel & Balans*].
- 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. We calculate this distance via www.routenet.nl.

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' and 'Specialist treatment' combined.

Regular treatment

What will be reimbursed?		
TandGoed	TandBeter	TandBest
75%, up to a maximum of €250* per calendar year	100%, up to a maximum of €250* per calendar year	100%, up to 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.
- Dental surgery performed by a dental surgeon that cannot be performed by a conventional dentist is not covered by the dental insurance, but by the health insurance, to which policy excess applies.
- 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	100%, up to 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.
- Dental surgery performed by a dental surgeon that cannot be performed by a conventional dentist is not covered by the dental insurance, but by the health insurance, to which policy excess applies.
- 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;
 - Facing (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 health insurance, to which policy excess may apply.

Explanation

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

4. Eye Wish Glasses & Contact Lenses Module

Ditzo's Eye Wish Glasses & Contact Lenses Module entitles you to an exclusive discount at Eye Wish Opticiens. You pay €3 a month and qualify for the following discounts on the purchase of an annual contact lenses package or a full set of glasses plus frame:

- *Contact lenses*

You will receive a €110 discount on the purchase of an annual contact lenses package in an Eye Wish store.

- *Single glasses*

You will receive a €170 discount upon the purchase of a full set of thin, single 'ultra-clean' reflection-free prescription glasses.

- *Multifocal glasses*

You will receive a €230 discount upon the purchase of a full set of thin, multifocal 'ultra-clean' reflection-free prescription glasses.

Discount and temporary offers at Eye Wish

Eye Wish Opticiens launch various temporary special offers during the course of the year. When a temporary special offer is more advantageous than the discount under the Glasses & Contact Lenses Module, you will qualify for the temporary special offer. The discount under the special offer will be increased by €56.

This is how it works

- You pay €3 per month.
- Drop by at one of the many Eye Wish stores in the Netherlands.
- Choose an annual contact lenses package or a full set of glasses plus frame.
- The discount mentioned above will be deducted from the purchase amount.

Conditions

- You must be 18 years of age or older.
- The discount will be granted once a year and only at Eye Wish Opticiens.
- The discount does not apply in combination with other discounts or special offers by Eye Wish Opticiens.
- 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.
- Contact lenses purchased via the EyeWish@Home Internet service do not qualify for a discount.

Children's glasses

Children co-insured on a Ditzo healthcare insurance policy qualify for a €100 discount on a full set of thin children's 'ultra clean' reflection-free prescription glasses plus frame. You do not need to take out the Eye Wish Glasses & Contact Lenses Module to qualify for this discount. Children do not however qualify for an additional discount in combination with the glasses & contact lenses module.

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 health 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.

- If you live in the Netherlands, we will only reimburse your costs of care if the care was provided to you in the Netherlands by a care provider registered in the Netherlands. If you live in Zeeuws Vlaanderen or within 40 kilometres from the border with Belgium or Germany, we will also reimburse the costs of care that you have incurred in Belgium or Germany, respectively. If the distance exceeds 40 kilometres, you require our prior consent.
- If you live abroad, we will only reimburse your costs of care if the care was provided

to you a care provider in the country where you live. The following exceptions apply:

- Physiotherapy and remedial therapy;
- Medical assistance abroad;
- Orthodontics.

You will also receive these types of care in a different EU, EEA or treaty state; the costs will be reimbursed on the basis of an amount that is reasonably consistent with the prevailing market rate.

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 health 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 health 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 prevailing market rate as determined by us.

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.

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 to 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.

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
- and you will only be insured under your basic health 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 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 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)70 699 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 play 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?

If you commit fraud, your right to care or reimbursement of the costs of care will lapse. We will claim back any reimbursements paid. You are also obliged to pay the costs arising from the fraud investigation.

Should you commit fraud, we will register your personal details as well as those of your accessory or co-perpetrator in our Incident Register, which is managed by our Security Affairs Department. The incidents recorded in the Incident Register are reported to the Dutch Data Protection Authority [*College bescherming persoonsgegevens*].

Your personal details and those of your accessory or co-perpetrator may also be registered with:

- the Insurance Fraud Bureau [*Centrum Bestrijding Verzekeringsfraude*] of the Dutch Association of Insurers;
- the external referral register held by Stichting CIS.

We also report fraud to the police, the Ministry of Justice and Security, the Dutch Healthcare Authority (NZa) and/or the Social Affairs and Employment Inspectorate.

As a consequence of fraud relating to insurance taken out with our company, we will terminate your health insurance(s) and may refuse to conclude a new health insurance with you for a period of five years. Your supplementary insurance(s) may similarly be terminated. In that case you may not conclude any supplementary insurances with any of the a.s.r. insurance companies 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)70 699 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

A supplementary health insurance covers the care that is not covered in full or in part by the health 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.

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.

Pharmacy

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

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.

Company doctor

A physician who is listed as a company doctor in the register established by the Commission for the Registration of Medical Specialists [*Registratiecommissie Geneeskundig Specialisten*, RGS] maintained by the Royal Dutch Medical Association (KNMG) and who acts on behalf of an employer or the Occupational Health and Safety Service [*Arbodienst*] to which the employer is affiliated.

Pelvic therapist

A physiotherapist who is registered as such in accordance with the terms and conditions referred to Section 3 of the Individual Healthcare Professions Act and who is also registered in the Central Register for Quality Physical Therapy [*Centraal Kwaiteitsregister Fysiotherapie*, CKR] maintained by the Royal Dutch Society for Physical Therapy (KNGF).

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 DCB 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 health 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 States

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).

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 in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF).

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 in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF).

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 in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF).

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.

Optometrist

An optometrist 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.

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 in the Central Register for Quality Physical Therapy (CKR) maintained by the Royal Dutch Society for Physical Therapy (KNGF).

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, fax +31 (0)20 651 51 09.

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

Each country with which the Netherlands has signed a convention on social security incorporating regulations for the provision of medical care, other than Member States of the European Union, a state which is party to the Agreement on the European Economic Area, or Switzerland. These

countries are: Australia (only during temporary residence), Bosnia and Herzegovina, Japan, 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 institution. A referral letter must contain the insured party's name and date of birth, the name and signature of his or her doctor, the date of issue, the reason for the referral and any other relevant information. 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*].

Z-Index

Intermediary in the field of care information on all care products available from care providers, such as dispensing practitioners, doctors, hospitals etc.

Independent treatment centre (ZBC)

A centre for specialist medical care (examinations and treatment) [*zelfstandig behandelcentrum*, *ZBC*], 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'.

Health insurance

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

These English policy conditions are a translation of the Dutch policy conditions. No rights may be derived from this translation. In the event of an irregularity between the Dutch and the English version of the policy conditions, the Dutch version is leading.