Supplementary Policy Conditions 2017

VGZ Aanvullend Goed, Beter, Best
VGZ Tand Goed, Beter, Best

(VGZ Supplementary Good, Better, Best,
VGZ Dental Good, Better, Best)

Arrange everything online yourself with My VGZ

VGZ

Welcome to VGZ

These are the policy conditions that apply to your supplementary VGZ healthcare insurance policy/policies. For more information, for example about expense forms or our healthcare insurance packages, please visit www.vgz.nl.

Voor goede zorg zorg je samen

My VGZ
At My VGZ, you can change your policy, check the status of your expense forms and pay your premium. Use your DigiD for safe and direct login on www.mijnvgz.nl.

Important information

Contact
Check our contact information on www.vgz.nl/contact.

Contracted, preferred and accredited healthcare providers
Please find our contracted and preferred healthcare providers on www.vgz.nl/vergelijkenkies.

Requesting approval
If you would like to know which reimbursements are subject to our approval, please check our policy conditions. Would you like to request our approval? Then download the approval application form from www.vgz.nl. Please print, complete, sign and send the form to:
VGZ
Attn Approvals
PO Box 25150
5600 RS Eindhoven, the Netherlands

Easy online expense forms
It is easy to submit expense forms online through www.mijnvgz.nl. Logging in is safe using your DigiD.
The amount to be reimbursed will be processed within 10 working days.
If you prefer submitting expense forms by post, then please send the original invoice and the expense form to:
VGZ
PO Box 25030
5600 RS Eindhoven, the Netherlands

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I. General Section

Article 1. Healthcare insured

1.1. Contents and scope of the cover

Your supplementary insurance entitles you to cover of healthcare and reimbursement of the cost as set out in these policy conditions.

Medical necessity

You are entitled to healthcare (reimbursement of the cost) as set out in these policy conditions if you are in reasonableness relying on the relevant form and content of healthcare, provided that the form of healthcare is effective and efficient. A key factor in the content and scope of the healthcare form is 'what the relevant healthcare providers generally offer'. Other factors in the content and scope of the healthcare are the state of science and real statistics and experience. This is determined using the Evidence-Based Medicine (EBM) method. If information on the state of science and practice is not available, the content and form of the healthcare is determined by what is regarded in the relevant discipline as responsible and adequate care.

1.2. Authorised healthcare providers

Your healthcare provider must comply with certain conditions. The relevant healthcare Article sets out which healthcare providers may provide the healthcare services, and the supplementary conditions that the healthcare provider must fulfil. For certain forms of healthcare we selected contracted, preferred or accredited healthcare providers.

An overview of contracted and preferred healthcare providers is also available from our website.

1.3 Reimbursement of healthcare costs

You are entitled to reimbursement of healthcare costs (covered), up to the maximum of the Wmg (Healthcare Market Organisation Act) rates applicable in the Netherlands. If no Wmg rates apply, we will reimburse the costs up to the market price perceived as reasonable in the Netherlands.

1.3.1. Healthcare provided by a non-contracted healthcare provider

If you make use of a healthcare provider we contracted for the relevant care, then we will reimburse the healthcare costs based on the rate agreed with the relevant care providers.

1.3.2. Healthcare provided by a non-contracted healthcare provider

If you selected a healthcare provider that we have not contracted for the relevant care, then some or all of the bill total could be charged to you. This is set out in the relevant healthcare clause.

1.3.3. Healthcare provided by a non-preferred or non-contracted healthcare provider

If you go to a healthcare provider that is not on our contracted or preferred list, we will not reimburse the cost. This is set out in the relevant healthcare clause.

1.3.4. Budget

If a budget applies for the relevant healthcare, the total amount reimbursed will never exceed the maximum amount of the budget set out in the relevant healthcare article.

1.4. Submitting invoices

Many healthcare providers send us their invoices directly. If you receive an invoice at home, please complete an expense form and submit it together with the original invoice. Please do not send us a copy or a reminder. We can only process originals. You may submit invoices latest up to three years of the start of your treatment.
Please check that the following details are listed in the invoice:

- your name, address and date of birth;
- type of treatment, the amount per treatment and the date of the treatment;
- the name and address of the healthcare provider.

These invoices have to be specified, ensuring that the reimbursements that we must pay out can be derived from the specifications directly and without any ambiguity. The exchange rates for converting foreign invoices into euros are based on the historical rates on www.xe.com. This is based on the exchange rate on the date of treatment. Invoices must in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may

request you to provide a certified translation of the invoice. We will not refund the translation expenses. We reserve the right to suspend payment of the invoice until receipt of proof that you paid the invoice.

Online expense forms
Online submission of expense forms is easy and quick. Go to www.mijnvgz.nl. You must keep the original invoice for one year after submitting the expense form. We may request the invoices for inspection. If you are unable to show us the invoices, we reserve the right to recover the amounts paid out from you, or settle the amounts with any future reimbursements.

1.5. Direct payment

We reserve the right to pay the cost of healthcare directly to the relevant healthcare providers. Such direct payment cancels your right to reimbursement of the relevant invoices.

1.6. Settlement of costs

If we pay the healthcare provider directly and we pay out a higher amount than what is covered for you, or the healthcare costs are otherwise chargeable to you, we will charge you as the policyholder for such costs. These amounts will be subsequently invoiced to you. You have a legal obligation to pay such amounts. We may settle these amounts with any amounts to be paid out to you.

1.7. Referral, prescription or approval

For some forms of healthcare, you are required to obtain a referral, prescription and/or prior approval in writing, proving that this healthcare is necessary for you. Details are set out in the relevant healthcare article.

Referral or prescription
Does the healthcare article set out that you require a referral or a prescription? Then you can request one from the relevant healthcare provider. This is generally the general practitioner.

Approval
In some cases you also require our permission prior to receiving the healthcare. This permission is referred to as prior approval. If you have not obtained prior approval where required, then you are not entitled to healthcare or to reimbursement of the cost of the relevant healthcare.

If you have selected a contracted healthcare provider, you do not require prior approval. Your healthcare provider will in such cases assess if you fulfil the conditions and/or requests prior approval from us on your behalf. Alternatively, you may submit a request for approval to us. Please find our address on the cover sheet of the policy conditions.

If you selected a healthcare provider that we have not contracted for the relevant care, you need to personally submit the request for approval to us.

1.8. When are you entitled covered healthcare or to reimbursement of the cost of such?

You are entitled to cover of healthcare or reimbursement of the cost if the healthcare was provided during the term of your supplementary insurance policy. Should these Policy Conditions refer to a year or calendar year, the actual date of treatment or date on which services/goods were provided as stated by the healthcare provider will determine the year or calendar year to which the relevant costs should be allocated. If a treatment falls in two calendar years and the healthcare provider may charge the cost as a single amount (for example the Diagnosis and Treatment Combination), we will reimburse these costs if the treatment was started within the term of the supplementary insurance policy and the cost will be allocated to the calendar year of the first treatment.

1.9. Exclusions

You are not entitled to:
- forms of healthcare or healthcare services that are funded pursuant to legal regulations, including the Wlz (Long-Term Healthcare Act), the Youth Act or the Wmo (Social Support Act) 2015;
- healthcare or reimbursement of the cost of healthcare related to pre-existent diseases or deficiencies which presented before or at the time that the insurance came into effect and of which you were or could have been aware, or in relation to which you were already suffering symptoms at that time, and of which we were not informed in writing. This exclusion does not apply if the supplementary insurance policy came into effect without medical or dental screening;

- reimbursement of fees for not appearing at your appointment with a healthcare provider (the 'no show fee');
- reimbursement of fees for written statements, mediation fees charged by third parties without our prior approval in writing, administrative fees or charges incurred by past-due payment of invoices from healthcare providers;
- reimbursement of personal contributions or excess payable under the terms of any other insurance, except if and where articles in these policy conditions determine otherwise;
- healthcare and reimbursement of healthcare costs that could be claimed pursuant to the Zorgverzekeringswet (Healthcare Insurance Act) if you are subject to mandatory insurance pursuant to this Act;
- healthcare and reimbursement of healthcare costs that can or could be claimed pursuant to the Wlz (Long-term Healthcare Act), Zorgverzekeringswet (Healthcare Insurance Act) or any other Act, provision or insurance, of an older date or not, if the supplementary insurance would not have been covered with us. In that case this supplementary insurance policy will only be valid in the last resort. In that case, under these Policy Conditions, only claims would become eligible for reimbursement that exceed the amount that may be claimed from other parties. We adhere to the covenant on overlap of travel insurance policies and supplementary health insurance. Please find the text of the covenant on our website;
- pay-out on consequential loss claims resulting from our actions or omissions;
- healthcare and reimbursement of healthcare costs caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny occurring in the Netherlands, as defined in Section 3.38 of the Wet op het financieel toezicht (Financial Supervision Act);
- healthcare and reimbursement of healthcare costs due to negligence or malintent;
- reimbursement if costs are charged by yourself, your partner, child, parent or live-in (other) family member.

1.10 Right to care and other services as a result of terrorist acts

If you need healthcare as a result of one or more terrorist events, then the following rule applies. If the total amount of claims submitted within a year or calendar year for non-life, life or in-kind funeral insurers (including healthcare insurers) according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT or Dutch Reinsurance Company for Terrorism-related Claims) exceeds the maximum amount that this company annually reinsures, you are entitled to only a certain percentage of the cost or value of the healthcare. The NHT determines the exact percentage. This applies for non-life, life and funeral insurers (including healthcare insurers) that are subject to the Financial Supervision Act. The exact definitions and provisions for the above-mentioned entitlement are included in NHT's Clauses Sheet Terrorism Cover.

Guarantee pay-out on terrorism-related claims

In order to be able to guarantee that you will receive payment on terrorism-related claims, (almost all) insurers in the Netherlands are party to NHT (the Dutch Reinsurance Company for Terrorism-related Claims). We are also a member. NHT issued regulations that ensure pay-out of at least part of any terrorism-related claim.
This is subject to a maximum: the total amount to be paid out on a claim related to a terrorist act is capped by the NHT. The maximum amounts to 1 billion euros per year for all insured together. If the total claim amount is higher, each insured that submitted a claim will receive pay-out at an equal percentage of the maximum amount. In reality, this may mean you are not paid out the full amount claimed. However, you are at least assured that you will receive payment of at least part of your claim.

Article 2. General provisions

2.1 Basis of supplementary insurance

The insurance contract was concluded based on the details you submitted in the application form or in writing.

2.2 Supplementary insurance

The insurance contract applies to the supplementary insurance policies confirmed to you on the policy cover or in a different document in writing. These Policy Conditions form part of the insurance contract and apply to the following supplementary insurance policies: VGZ Aanvullend Goed, VGZ Aanvullend Beter, VGZ Aanvullend Best, VGZ Tand Goed, VGZ Tand Beter, VGZ Tand Best (VGZ Supplementary Good, VGZ Supplementary Better, VGZ Supplementary Best, VGZ Dental Good, VGZ Dental Better and VGZ Dental Best}, in these policy conditions referred to as: supplementary insurance.

Do you have a MiX Supplementary Insurance based on the group contract concluded between your employer and the healthcare insurer? Then you are entitled to reimbursement of the cost of Exercise therapy, Prevention, Mindfulness for burn-out complaints, Household assistance and Dietetics pursuant to the MiX Supplementary Insurance. In that case you are not entitled to reimbursement of such costs pursuant to VGZ Aanvullend Goed, Beter or Best.

2.3 Corresponding documents

These policy conditions refer to documents. These documents are an integral part of the policy conditions insofar applicable. It concerns the following documents:

- Appendix 1 to the Healthcare Insurance Decree;
- Healthcare Insurance Regulations;
- Clauses Sheet Terrorism Cover;
- List maximum reimbursements non-contracted healthcare providers;
- Overview contracted and preferred healthcare providers;
- Referral protocol to the lactation consultant NVL;
- Healthcare Module Prevention Diabetic Foot Ulcers;
- Reglement hulpmiddelen (Visual Aids Regulations);

You can find these documents on our website.

2.4. Fraud

Specific inspections and fraud audits are performed in accordance with the relevant provisions in or pursuant to the Healthcare Insurance Act.

Fraud (full or partial fraud) results in not receiving any reimbursement and/or recovering any amounts paid out. If you commit fraud, your entitlement to reimbursement of healthcare costs lapses. We will claim any amounts paid out from you in a recovery process. You will also be charged the cost ensuing from the fraud audit/inspections.

In the event of fraud, we will register your personal details and the personal details of the accessory/accessories to the fraud and/or fraud partners in our Incidents Register. This Incidents Register is reported to Autoriteit persoonsgegevens (CBP or Dutch Data Protection Authority) and is managed by our Security Affairs Department. Your personal details and the personal details of the accessory/accessories to the fraud and/or fraud partners may also be registered in:

- Centrum Bestrijding Verzekeringsfraude (CBV or Centre for countering insurance fraud) of Verbond van Verzekeraars (VvV or Dutch Association of Insurers);
- the external reference register of the CIS foundation (Stichting Centraal Informatiesysteem or Foundation Central Information System).

We may additionally decide on reporting the fraud to the police and other detection agencies.

If we have detected fraud relating to an insurance policy with us, we reserve the right to terminate your supplementary insurance policy/policies. In that event, any applications for supplementary insurance will be rejected for a period of 8 years by any insurer that is a member of Coöperatie VGZ U.A.

2.5. Personal details protection

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Processing personal details

Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group agreement: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts;
- promotion for this insurance policy and our own and similar services and products, and the associated marketing activities (up to 1 year after terminating the insurance contract).

Processing your personal details is subject to private data legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the Act general provisions BSN, the Act application of BSN in healthcare, and the Privacy Declaration of Coöperatie VGZ U.A. Please find the Code of Conduct and the Privacy Declaration on our website.

It is mandatory for us to use your BSN (citizen service number) in our administrative system, and in communications (data exchange) with the healthcare providers. The BSN is also used in data exchange on expense forms. Both are completed on a statutory basis.

We may decide to check your data at CIS Foundation for the security and integrity of the financial sector (CIS), www.stichtingcis.nl.

If you would like to receive more information, view or correct your personal details or submit objections, you can contact the Private Data Protection officer (FG) via the email address listed on our website in the section 'Privacy'.

Application of personal details by healthcare providers
If we receive your invoices directly from healthcare providers and pay out to them directly, your supplementary insurance is administered quicker and easier. This may require your healthcare provider to be able to see your type of insurance. For that reason, the healthcare providers may request secure access to your address and policy data and your BSN. They may do so only if they are actually treating you. If you have an urgent reason to not grant healthcare providers access to your address details, please notify us accordingly. We will then ensure that these data are not accessible.

2.6. Notifications

Any notifications sent to the most recent address in our system are deemed to have reached you. If you wish to receive all notifications from us in digital format, please indicate this in 'My VGZ'.

Email
Where the policy conditions refer to 'in writing', this also includes 'by e-mail' if you have chosen the e-mail option. 'Address' in that context then also includes 'e-mail address'.

2.7. Membership of the Cooperative Society

Upon acceptance to this supplementary insurance policy/policies, you, as the policy holder, also become a member of Coöperatie VGZ U.A., the cooperative society VGZ U.A., unless you notify us in writing that you do not wish such membership. This Cooperative Society represents the interests of its members in the field of healthcare or other insurance. You may terminate your membership at any time, subject to a one-month notice period. The membership will in any case be terminated on the termination date of the insurance contract.

2.4 Cooling-off period

Upon taking out supplementary insurance, you have a 14-day cooling-off period as the policy holder. You are entitled to cancel the supplementary insurance policy in writing within 14 days of signing the contract. In that event the insurance contract is deemed to have never been concluded.

2.9. Dutch law

The supplementary insurance contract is governed by Dutch law.

Article 3. Premium

3.1. Who pays the premium?

The policy holder has the obligation to pay premiums. No premium is due for an insured person under age 18 until the first day of the calendar month following the person's 18th birthday. From age 18, the premium amount is related to your age. You can look up the premium amount associated with the age bracket in the premium table on our website. If you reach a new age bracket, we will update the premium amount as per the first day of the calendar month following the month in which you reach the next age bracket.

Upon death of an insured, premium is due only up to the date of death. After a change of the supplementary insurance policy, we will recalculate the premium as per the effective date of the change.

Example
Someone who turns 18 on 1 July pays premium commencing on 1 August.

3.2. Premium discount, group contract

3.2.1. The premiums and conditions as set out in the group contract apply from the day of your participation in the group contract.

3.2.2. The premium discount and conditions as set out in the group contract will lapse on the date you can no longer participate in the group contract. From this date onwards, the supplementary insurance is continued on an individual basis.

3.2.3. You may not participate in more than one group contract at the same time.

3.3 Payment of premium, statutory contributions and costs

3.3.1. Payment of the premium and domestic and/or foreign statutory contributions must be pre-paid for all insured in advance, unless otherwise agreed. If you pay the premium annually in advance, you will receive a term cash discount on the premium due. The amount of the discount is stated on the policy cover.

3.3.2. You pay the premium, personal contributions and any reimbursement amounts paid out to you that prove unjustified as agreed with us.

No-fee payment options

a. You authorise us for automatic direct debit of the amounts due (see also Article 3.3.3).
b. You are making use of the option to receive a digital invoice through 'My VGZ' free of charge. In that case you are expected to personally ensure on-time payment. Direct online payment via iDeal is an option.
c. Your employer withholds the premium from your salary and transfers it to us. This payment option applies only to the premiums.

These payment options are free of charge.

Payment fee for paper invoice (acceptance giro payment)

If you are not making use of the free payment methods to pay your premium, you are charged a € 1.50 administrative fee for all expenses incurred for maintaining, preparing and providing a paper invoice and processing your payment. This also applies if you do not make use of the paper invoice.
You will also receive a paper invoice if the direct debit transaction of your premium cannot be executed, or if you agree on a payment schedule with us with payment per paper invoice. This is also subject to the € 1.50 fee for paper invoices. If you pay your premiums on a quarterly or annual basis and you selected payment based on a paper invoice, This form of payment is free of charge for you.

3.3.3. Your authorisation for direct debit is valid for payment of the premium, the excess, personal contributions and any reimbursement amounts paid out to you unjustified. Your authorisation is valid during and, if necessary, after termination of the insurance contract. We will inform you of the amount and date of the direct debit transaction at least 3 days in advance. If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. The monthly amount to be automatically collected for your personal contributions and any reimbursement amounts paid out to you unjustified is capped at € 220 per month. For any amounts exceeding € 220, you will receive a paper invoice. If we choose to send you a paper invoice, this form of payment is free of charge for you.

3.4. Settlement

3.4.1. You may not settle any amounts due with any amounts payable to you.

3.5. Overdue payments

3.5.1. If you do not pay the premium, statutory contributions, the excess, personal contributions and any reimbursement amounts paid out to you unjustified in due time, we will send you a reminder. If you do not pay within the reminder period of at least 14 days as specified in the reminder, we may decide to suspend cover of this supplementary insurance policy/policies. In that case you are not entitled to healthcare and reimbursement of healthcare costs from the last premium due date before the reminder.
Your obligation to pay the premium will continue during any period of suspension. Cover (entitlement to reimbursement of costs) is restored on the date following the date on which the amount due plus any fees were received. We reserve the right to terminate the supplementary insurance policy/policies if payments are in arrears. In the event of termination of the insurance contract, you may submit an application for supplementary insurance after payment of the amount and any fees due. If we accept, the supplementary insurance policy will be effective as per 1 January of the following calendar year.

3.5.2. We may charge the following fees in the event of overdue payment:
- statutory interest from the day following the due date of the original invoice;
- debt collection fees from the day following the due date of the original invoice.

3.5.3. If you already received a reminder for overdue payment of premiums, statutory contributions, excess, personal contributions, reimbursement amounts paid out to you unjustified or fees, we are not required to send a separate written reminder to you if a subsequent invoice is past due.

3.5.4. We reserve the right to settle any arrears in premiums, costs and statutory interest due with any healthcare expense forms or other amounts payable to you.

3.5.5. If we terminate the supplementary insurance policy/policies due to overdue payment of the premium, we reserve the right to reject any applications from you for insurance contracts for 5 years.

Article 4. Other obligations

You have a legal obligation:
- to inform us of any facts that mean (or could mean) that expenses may be recovered from third parties with actual or potential liability, and to provide us with all necessary information in this context. You may not make any arrangements with a third party without our prior approval in writing. You must refrain from any actions that may harm our interests;
- to cooperate with our medical advisor or employees in order to obtain the information required for inspection of the actual execution of the supplementary insurance cover;
- to ask the treating professional to disclose the reason for hospitalisation to our medical advisor;
- you must report any facts and conditions that may be relevant to correct execution of the supplementary insurance policy/policies. This includes start and end of detention, marriage, separation or divorce, birth, adoption, or a change in bank or giro account number. We do not bear any risk relating to non-compliance with the above mandatory disclosures.

If you fail to fulfil your obligations and this harms our interests, we reserve the right to suspend your entitlement to healthcare and reimbursement of healthcare costs.

Article 5. Changes in the premium and conditions

5.1 Changes in the premium and conditions

We reserve the right to change the policy conditions and the premium of the supplementary insurance policy/policies at any time. We will inform you, the policy holder, in writing accordingly. Such changes will be effective on the date determined to our discretion.

5.2. Cancellation right

If we change any conditions and/or the premium of the supplementary insurance policy/policies to your disadvantage, you, as the policyholder, have the right to cancel the insurance contract as per the effective date of the change. You may cancel the contract during 1 month after having received notice relating to the change from us. This cancellation right is not granted if a change to the Policy Conditions results directly from statutory measures, regulations or provisions, or if your premium amount changes due to reaching a new age bracket (see Article 3.1.).

Article 6. Start, term and termination of supplementary insurance

6.1 Start date and term

The insurance contract becomes effective on the date at which our healthcare insurance cover starts, or on 1 January of a calendar year. The supplementary insurance is concluded for the calendar year in which the supplementary insurance cover became effective. Upon expiration of this term, the supplementary insurance policy is subject to automatic renewal for a period of one calendar year.

6.2. Acceptance for supplementary insurance policy/policies

6.2.1. **Acceptance for supplementary insurance policy/policies**

You may take out the supplementary insurance policy/policies supplementary to any healthcare insurance of the healthcare insurer. For the dental policies VGZ Dental Better Package and VGZ Dental Best Package, you are required to complete the Dental Care Statement for persons age 8 and older.

6.2.2. Family cover

Children under age 18 will have the same supplementary insurance policy/policies as the highest level insured for a parent/foster parent on the policy. We may deviate from this policy if you or your child are not accepted for a VGZ Dental Better or VGZ Dental Best package.

6.2.3. Change to supplementary insurance

You may decide to change your supplementary insurance policy/policies. The provisions of 6.2.1 and 6.2.2 apply in this context. You, as the policy holder, have the obligation of informing us of such changes latest by 31 December of any year. The change will become effective as per 1 January of the next calendar year. Relating to healthcare with reimbursement terms longer than one calendar year, these terms continue in the event of changes to a supplementary insurance policy within VGZ. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3. Termination by operation of law

The supplementary insurance policy terminates by operation of law on the date following the day on which:

- the healthcare insurer is no longer permitted to offer or execute healthcare insurance policies due to a change in or suspension of its licence to operate a non-life insurance business. We will disclose any such changes at least 2 months in advance;
- the insured person dies;
- the healthcare insurer suspends its activities in offering and executing the supplementary insurance policy/policies as set out in these policy conditions. We will disclose any such changes at least 3 months in advance.

You, as the policyholder, have the obligation to inform us of the death of an insured as soon as possible, and also of any other facts and circumstances about the insured that resulted or may result in termination of the supplementary insurance policy.

If we conclude that the supplementary insurance cover has terminated or will be terminated, we will send you a confirmation accordingly as soon as possible.

6.4. When can you cancel your supplementary insurance policy/policies?

6.4.1. Annually

You, as the policyholder, are entitled to terminate the supplementary insurance policy/policies annually as per 1 January, subject to receiving your notice in writing latest by 31 December of the previous year.

You are entitled to terminate the supplementary insurance policy/policies annually as per 1 January, subject to receiving your notice in writing latest by 31 December of the previous year.

6.4.2. Intermediate

You, as the policyholder, are entitled to intermediate termination of the supplementary insurance policy/policies in writing:

- in the event of changes to the premium and/or policy conditions as set out in Article 5.2;
- simultaneously with termination of our healthcare insurance policy;
- of a covered child upon reaching age 18. The termination will become effective on the first day of the month following the month in which your child reaches age 18, on the condition that we receive your notice of termination before the end of the month in which your child reaches age 18.

6.4.3. Cancellation service

For cancellation of the supplementary insurance policy/policies as set out in Articles 6.4.1 and 6.4.2, you may also make use of the cancellation service of the Dutch healthcare insurers. This means that you authorise the insurer of your new supplementary insurance policy/policies to cancel the supplementary insurance policy/policies with the previous insurer.

6.5 When are we entitled to cancel, dissolve or suspend the insurance contract?

We are entitled to cancel, dissolve or suspend the insurance contract in writing:

- in the event of past due payments as set out in Article 3.5;
- in the event of fraud (see Article 2.4);
- if you intentionally have not provided any, incomplete or incorrect information or documents that have or could have worked to our disadvantage;

- if you acted with the intention of misleading us or if we would not have entered into a supplementary insurance policy/policies if we had been aware of the true state of affairs. In such cases we reserve the right to cancel the supplementary insurance policy/policies within 2 months of detection and with immediate effect. In such cases we are not liable for paying out any amounts, or we may reduce the amount to be paid out.

We reserve the right to set off such recovery claims against other payments.

Article 7. Complaints and disputes

7.1 Do you have a complaint? Please submit your complaint to the Complaints Management department

You may rest assured that we organise everything carefully relating to your supplementary insurance policy. However, one hundred percent satisfaction is not always achievable. We are open to hearing your complaints and suggestions. It is easy to submit your complaint via the online complaints form on our website. If you do not have the option of digital submission of your complaint, please feel free to submit your complaint in writing to the Complaints Management department, PO Box 1256, 5602 BG in Eindhoven, the Netherlands. The Complaints Management department acts on behalf of the board.

Tips for submission of a complaint

- Please indicate in as much detail as possible what happened, what you are dissatisfied with, what you think is the best solution and when you can best be reached.
- Please attach all relevant documents. Please do not send any originals with your complaint. After all, you may still need the originals.
- If you are unable or unwilling to submit your complaint, you can have someone else do this on your behalf and designate a proxy. However, for data protection reasons, we will require your permission in writing to deal with such a proxy. We cannot process the complaint until we receive your permission.

You will receive a response from us within 30 days. If you are not satisfied with the decision or if you have not received any response within 30 days, please feel free to submit your complaint or dispute to SKGZ (Foundation Complaints and Disputes Healthcare Insurance), PO Box 291, 3700 AG Zeist, the Netherlands, www.skgz.nl. Alternatively, you may submit the dispute to the competent court of law.

7.2. Complaints about our forms

If you feel one of our forms is superfluous or complicated, please submit your complaint via the online complaints form on our website. Alternatively, you
may submit your complaint in writing to the Complaints Management department, PO Box 1256, 5602 BG in Eindhoven, the Netherlands.
You will receive a response to your complaint about our forms from us within 30 days. If you are not satisfied with the decision or if you have not received a response within 30 days, please feel free to submit your complaint to the Dutch Healthcare Authority for the attention of the Information Line/the Notification Centre, PO Box 3017, 3502 GA Utrecht, the Netherlands,
email: info@nza.nl. The website of the Dutch Healthcare Authorities, www.nza.nl, sets out how to submit a complaint about forms.

Article 8. Healthcare advice and mediation

You are entitled to mediation for care in the event of an unacceptably long waiting time for treatment by a care provider who may provide this care according to this supplementary insurance policy. You may use the services of our Healthcare Advice and Mediation department for such mediation services.

You may also approach this department for general questions on care, such as relating to looking for a healthcare provider with a certain area of expertise or help in navigating through the care sector. We will be happy to review the options with you.

II. VGZ Aanvullend Goed, VGZ Aanvullend Beter, VGZ Aanvullend Best

VGZ Supplementary Good, VGZ Supplementary Better, VGZ Supplementary Best

Article 9. Alternative care

Description
Alternative care consists of:
1. treatments and visits that fall under the following methods:
   a. acupuncture and other Oriental medicine;
   b. anthroposophic alternative medicine;
   c. homoeopathy;
   d. natural healing methods;
   e. psychological/social healthcare.

Authorised healthcare providers
A healthcare provider that we have designated as 'preferred'. An overview of preferred healthcare providers is also available from our website. If you go to a healthcare provider that is not on our preferred list, we will not reimburse the cost.

2. homeopathic or anthroposophic drugs registered in accordance with the Medicines & Drugs Act, and homeopathic or anthroposophic drugs with an HA or HM registration in the Homoeopathy Taxe of the Z index. The medication or drug must be prescribed by a doctor with a BIG registration, GP, medical specialist, dental surgeon or obstetrician and must be delivered by a pharmacist or dispensing general practitioner.

If you want to know if a certain drug is covered, please request the Z index item number from your healthcare provider and contact us. Our telephone number is available from our website. With this number, we will be able to tell you whether or not the drug is covered. Your pharmacy or dispensing general practitioner can also check to see if the drug has an HA or HM registration in the Homoeopathy Taxe.

The total alternative treatments budget amounts to:

VGZ Supplementary Good	a maximum of € 300 per calendar year; treatments and visits are subject to a maximum reimbursement of € 45 per day
VGZ Aanvullend Beter	a maximum of € 500 per calendar year; treatments and visits are subject to a maximum reimbursement of € 45 per day
VGZ Aanvullend Best	a maximum of € 800 per calendar year; treatments and visits are subject to a maximum reimbursement of € 45 per day

Notes
1. Alternative care does not include visits and group or individual treatments for:
   - prevention, wellbeing and/or self-development;
   - social services and coaching;
   - work-related or school-related problems and problems relating to raising children;
   - relationship therapy;
   - beautification;
   - providing nutritional advice and exercise education relating to weight problems (see Article 19);
   - cell and chelating therapy.
2. You are not entitled to reimbursement of the cost of diagnose testing, including laboratory tests, scans, psychological school tests, intelligence testing and tests for applications for a personal budget, for example.

Article 10. Exercise therapy

Description
Exercise therapy consists of:
1. physiotherapy;
2. oedema therapy;
3. Cesar/Mensendieck remedial therapy;
4. occupational therapy.

In addition to these regular therapies, you may also make use of alternative exercise therapies:
5. chiropractic therapy, osteopathy, manual therapy E.S., orthomanual medicine, craniosacral therapy, hapto therapy and Dixhoorn relaxation and breathing therapy.

Authorised healthcare providers
1. Physiotherapy: physiotherapist or specialist physiotherapist.
   A specialist physiotherapist is a paediatric physiotherapist, pelvic physiotherapist, psychosomatic physiotherapist, geriatric physiotherapist or manual therapist. The specialist physiotherapist must be registered in the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy or the Physiotherapy Certificate Register.
2. Oedema therapy: oedema therapist or physiotherapist or skin therapist.
   The oedema therapist/physiotherapist must be registered in the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy or the Physiotherapy Certificate Register.
   The skin therapist must be registered in the Quality Register Paramedics (KP).
3. Cesar/Mensendieck remedial therapy: Cesar/Mensendieck remedial therapist and the specialist exercise therapists must be registered in the Quality Register Paramedics (KP). This concerns the paediatric and psychosomatic remedial therapists;
4. Occupational therapy.
5. Alternative exercise therapies: a healthcare provider that we have designated as ‘preferred’.

If you have selected a non-contracted healthcare provider for the care as set out under items 1 through 4, then part of the bill total may be charged to you. Please find the maximum reimbursements for each session or treatment in the ‘List of maximum reimbursements non-contracted healthcare providers’. This list is also available from our website.

Please note
For occupational therapy and physiotherapy in the context of treating Parkinson’s disease, we have only contracted specialist healthcare providers that participate in ParkinsonNet. For more information on ParkinsonNet, please visit our website.

If you have selected a contracted healthcare provider for the care as set out under item 5, we will not reimburse the cost.

An overview of contracted and preferred healthcare providers is also available from our website.

Where may the care be provided?
The healthcare may be provided in the practice space of your healthcare provider or in a hospital, nursing home or convalescence home. If the healthcare provider treating you feels this is medically necessary, the care or treatment may be provided at home.

Cover

VGZ Supplementary Good	maximum 7 treatments per calendar year for all exercise therapy combined; alternative exercise therapies are subject to a maximum reimbursement of 1 treatment per day up to € 45
VGZ Supplementary Better	maximum 12 treatments per calendar year for all exercise therapy combined; alternative exercise therapies are subject to a maximum reimbursement of 1 treatment per day up to € 45; for manual therapy a maximum of 9 sessions per medical indication per calendar year applies
VGZ Supplementary Best	maximum 18 treatments per calendar year for all exercise therapy combined; alternative exercise therapies are subject to a maximum reimbursement of 1 treatment per day up to € 45; for manual therapy a maximum of 9 sessions per medical indication per calendar year applies

Notes

Up to age 18

1. Non-chronic conditions:
   you are entitled to reimbursement of the costs of physiotherapy or paediatric physiotherapy and Cesar/Mensendieck remedial therapy or Cesar/Mensendieck paediatric remedial therapy from the 19th treatment onwards. The first 18 treatments are covered by the healthcare insurance policy.

Over age 18

2. Chronic conditions:
   you are entitled to reimbursement of healthcare costs of the first twenty treatments up to the maximum of your supplementary insurance budget. From the 21st treatment, you are entitled to reimbursement of the costs pursuant to the healthcare insurance policy. This is subject to prior referral by your general practitioner, company doctor or medical specialist and to our prior approval. These chronic conditions were determined by the Minister of VWS (Public Health, Wellbeing and Sports). These are specified in the List of conditions for physiotherapy and remedial therapy (Appendix 1 to the Healthcare Insurance Decree).
3. Pelvic physiotherapy for urine incontinence from age 18:
   reimbursement of the cost of pelvic physiotherapy relating to urine incontinence applies from the tenth treatment onwards. The first nine treatments are charged to the healthcare insurance policy.
4. Peripheral hardening of the arteries in the leg stage 2 Fontaine (claudication):
   reimbursement of the healthcare costs of this treatment applies from the 38th treatment onwards. The first 37 sessions during a maximum period of 12 months are charged to the healthcare insurance policy.

All ages

5. The costs of occupational therapy are reimbursed starting with the 11th treatment hour. The first 10 hours are charged to the healthcare insurance policy. The occupational therapist provides 15-minute sessions. We count two quarters of an hour as a single session.
6. A screening, intake and examination performed on the same day count as 1 session. If the screening, intake and examination are not performed on the same day, this counts as two sessions.
7. You are not entitled to any treatments not classed as Exercise therapy. This includes:
   - occupational curative care. This concerns healthcare focusing on healing and treating both acute and chronic occupational physical disorders;
   - reintegration processes. Reintegration is the system of measures designed to ensure the occupationally disabled employee's return to the labour process;
   - treatments and treatment programmes with the aim of improving physical condition, such as medical training therapy, physio fitness, movement exercises for seniors, movement exercises for obese persons and cardio training.
8. You are not entitled to reimbursement of the cost of diagnose testing, including laboratory tests, scans, psychological school tests, intelligence testing and tests for applications for a personal budget, for example.

Article 11. Contraceptives from age 21

Description
Contraceptives for insured over age 21 and that may be provided pursuant to the Healthcare Insurance Regulations, including contraceptive pills, contraceptive rods, diaphragm, ring or cervical cap.

Authorised healthcare providers
Pharmacist or dispensing general practitioner.

Prescription
General practitioner, obstetrician or medical specialist for the first prescription of a new or existing contraceptive.

Cover

VGZ Supplementary Good VGZ Supplementary Better VGZ Supplementary Best	up to the amount as set out in GVS (Medication Reimbursement System)

The cost of placing and removing a contraceptive, such as a diaphragm, is covered by the healthcare insurance policy irrespective of your age.
If you are under 21, you are entitled to reimbursement of contraceptives, including contraceptive pills, a contraceptive rod, diaphragm, ring or cervical cap pursuant to the healthcare insurance policy.

Article 12. Fall prevention

Description
A fall prevention course teaches you how to prevent falling down. You will also be given balance training and how to fall as safely as possible.

For whom
A fall prevention training is for people having trouble moving or walking, are afraid to fall and/or have fallen down before. Please visit our website for more information.

Which training is eligible for reimbursement
1. In Balans (Balanced);
2. Vallen Verleden Tijd (Falling, a Thing of the Past);
3. Zicht op Evenwicht (View on Balance).

Authorised course providers
A contracted physiotherapist or remedial therapist with a Fall Training certificate, or a physiotherapist with a Fall Training certificate working with a home care institution.

Cover

VGZ Supplementary Good	max € 50 for one course during the entire term of the supplementary insurance policy
VGZ Supplementary Better	max € 100 for one course during the entire term of the supplementary insurance policy
VGZ Supplementary Best	max € 150 for one course during the entire term of the supplementary insurance policy

Notes
After completion of the course, please send us proof of participation and the invoice, together with an expense form.

VISION

Article 13. Spectacles and contact lenses

Description
Once in 3 calendar years you may choose between:
1. A single or multifocal complete pair of spectacles with prescription glasses, supplied by a contracted supplier, in accordance with the Visual Aids Regulations **or**;
2. A contribution to the costs of purchasing a pair of spectacles with prescription glasses from an optician or optical service that is not contracted for this healthcare **or**;
3. A contribution to the costs of prescription contact lenses supplied by an optician or optical service of choice **or**;
4. If you are under age 18, this also covers the statutory personal contribution to prescription glasses or filter glasses provided to the insured under the healthcare insurance policy.

Budget once in 3 calendar years for the healthcare set out under Description items 1 through 4

VGZ Supplementary Good	no cover
VGZ Supplementary Better	1. 1 pair of single or multifocal spectacles from the basic range of our contracted suppliers 2. maximum € 50 3. maximum € 80 4. full
VGZ Supplementary Best	1. 1 pair of single or multifocal spectacles from the comprehensive range of our contracted suppliers 2. maximum € 75 3. maximum € 125 4. full

Notes
1. Please refer to the Visual Aids Regulations for a list of the contracted suppliers and their ranges.
2. The cost of testing, assembly and fitting the spectacles or contact lenses is not paid separately. These costs are part of the purchase.
3. The period of 3 calendar years includes the calendar year in which you purchased spectacles or contact lenses plus the two preceding calendar years.

Have you put in an expense form for the cost of spectacles, prescription glasses and/or contact lenses in 2015 and do you still have room in your budget? Then the 2016 Policy Terms and Conditions will continue to apply for you until 1 January 2018.
Have you put in an expense form for the cost of spectacles, prescription glasses and/or contact lenses in 2016 and do you still have room in your budget? Then the 2016 Policy Terms and Conditions will continue to apply for you until 1 January 2019.

Article 14. Eye lasering or lens implants

Description
A contribution towards the costs of laser eye treatments or lens implantation. The reimbursement also applies for the supplementary cost of a multi-focal or toric lens for cataract operations (glaucoma surgery).

Authorised healthcare providers
Ophthalmologist.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	maximum € 500 for the entire term of the supplementary insurance policy

ABROAD

Article 15. Emergency care in connection with holiday and temporary stay abroad

Description
A supplement to the reimbursement of the cost of emergency care you receive pursuant to the healthcare policy. Transport by ambulance is reimbursed only if medically required in order to receive treatment as close as possible to the place where the insured person is staying or to the site of the accident.
You will be reimbursed if:
- it concerns emergency medical care. This is defined as unforeseen care which cannot reasonably be postponed until your return to the Netherlands;
- you stayed abroad no longer than 365 days;
- the cost of healthcare and transport in the Netherlands is covered.

We reimburse in euros to a Dutch account number. This is based on the exchange rate on the day of treatment. We make use of the historical rates listed on www.xe.com to convert foreign currencies to euros.

You can make use of the VGZ Emergency Response Unit. Please find the telephone number on your healthcare card or on our website. This is advisable in particular concerning high-cost healthcare, for example with hospitalisation.

Cover

VGZ Supplementary Good	full
VGZ Supplementary Better	full
VGZ Supplementary Best	full

Article 16. Repatriation

Description
Your transport, if medically required, or in the event of your death, carrying your remains to the Netherlands. This includes the following:
- the costs of transport by ambulance and/or airplane or transport by an undertaker;
- the costs of an escort if (medically) required;
- the necessary communication costs;
- the costs of taking and/or sending necessary medicines not available abroad.

Authorised repatriation providers
VGZ Emergency Response Unit. Please find the telephone number on your healthcare card or on our website.
If repatriation is not arranged by VGZ Emergency Response Unit, we will not reimburse the cost.

Cover

VGZ Supplementary Good	full
VGZ Supplementary Better	full
VGZ Supplementary Best	full

Notes
The VGZ Emergency Response Unit determines the medical necessity of your return in consultation with the doctor treating you abroad.

PREVENTION

A prevention budget consists of:

Article 17. Courses

Description

- Courses are aimed at learning to deal with a disease or condition, such as asthma, COPD, diabetes, joint disorders, cancer or cardiovascular diseases, organised by a patients association that is a member of or participates in the NPCF (Dutch Patients Consumers Federation) or a family care organisation;
- Courses in dealing with dementia organised by a family care organisation, the GGD (Municipal Health Service) or a GGZ (Municipal Mental Care) institution;
- First Aid for Accidents course (First Aid) by an organisation in compliance with the guidelines as issued by Oranje Kruis. For the range of courses available near you, please refer to www.ehbo.nl;
- Reanimation course provided by an instructor or institutions certified by NRR (Dutch Reanimation Council).

For the patient associations, please refer to www.npcf.nl.

Article 18. Lifestyle Check

Description

Integral medical Lifestyle Check, aimed at prevention or early detection of diseases and conditions, followed by an advice. The check consists of the following tests:

- general health questionnaire;
- measuring blood pressure, girth and BMI (Body Mass Index);
- blood test: cholesterol and glucose;
- urine test: protein, blood and glucose;
- lung function test;
- audiological screening;
- vision test;
- cycling test;
- personal lifestyle interview with a lifestyle coach;
- final report in writing with an advice and the test results.

Authorised healthcare providers

A contracted healthcare provider. An overview of the contracted healthcare providers is available from our website. If you select a non-contracted healthcare provider, we will not reimburse the cost.

Notes

You are not entitled to reimbursement of the costs if the Lifestyle Check is part of the PMO (Preventive Medical Test of working persons) pursuant to the Arbo Act (Working Conditions Act).

Article 19. Weight consultant

Description

Nutrition advice and exercise information for healthy people with overweight issues. If your overweight has a medical or mental cause or in the case of extreme overweight, the weight consultant will refer you to a dietician.

Authorised healthcare providers

Weight consultant who is a member of BGN (Weight Consultant Association Netherlands).
To find a weight consultant near you, please refer to www.gewichtsconsulenten.nl.

Article 20. Medical sports advice

Description
Treatments, visits and physical sports-related tests.

Authorised healthcare providers
A sports physician working for a medical sports institution who is a member of the Federatie van Sportmedische Instellingen (FSMI or Sports Medical Centres Federation).

Article 21. Menopausal care for women

Description
Giving information, advice and treatment to women going through menopause.

Authorised healthcare providers
Nurse specialised in advice relating to women and hormonal issues.

Article 22. Preventive vaccinations and drugs in the context of holidays

Description
The visits and the vaccinations and/or preventive medicine necessary for holidays abroad for the prevention of: hepatitis A and B, DTP, yellow fever, typhus, cholera, meningitis (meningococcal), rabies, malaria, tuberculosis, Japanese encephalitis or tick-borne encephalitis.

Authorised healthcare providers
Vaccination clinics and general practitioner clinics with a doctor or general practitioner with an LCR registration and yellow fever registration. The healthcare providers with LCR registration are available from the website of the National Coordination Centre for Traveller Advice (www.lcr.nl). This website also shows whether your doctor has a yellow fever registration.

The vaccinations and/or preventive medication may be delivered by these vaccination clinics and general practitioner clinics directly. Dispensing general practitioners and pharmacies may deliver such drugs when prescribed by the vaccination clinics and general practitioner clinics.

The total prevention budget amounts to

VGZ Supplementary Good	a maximum of € 200 per calendar year
VGZ Supplementary Better	a maximum of € 400 per calendar year
VGZ Supplementary Best	a maximum of € 500 per calendar year

MATERNITY CARE

Maternity care concerns healthcare services relating to pregnancy, childbirth and the maternity period.

Article 23. Pregnancy courses

Description
To female insured, we reimburse the cost of attending:
1. The Slimmer Zwanger (Smarter Pregnant) self-help programme. A subscription to this programme covers 26 weeks and can be used before and during pregnancy.
2. Courses:
   - preparing you for childbirth;
   - enhancing your physical post-delivery recovery (maximum 6 months after childbirth).

Authorised course providers
- a home care of maternity care organisation;
- an obstetrician or obstetric clinic;
- a yoga teacher who is a member of VYN (Yoga Teachers Association Netherlands).
- a physiotherapist or Cesar/Mensendieck remedial therapist who is a member of ZwangerFit® (Pregnant Fit);
- a haptonomist who is a member of VHZB (Haptonomist Pregnancy Counsellors Association Netherlands).
- a course leader who is a member of NVHBC (Dutch Association for HypnoBirthing® Course Leaders);
- a course leader who is a member of Samen Bevallen (Giving Birth Together).

Cover

VGZ Supplementary Good	a maximum of € 50 per calendar year
VGZ Supplementary Better	a maximum of € 75 per calendar year
VGZ Supplementary Best	a maximum of € 100 per calendar year

Article 24. Obstetric care

Description
Reimbursement of the cost charged to you if you give birth in a hospital or birth clinic without medical necessity. The reimbursement concerns the difference between the amount invoiced and the amount reimbursed by the healthcare insurance policy.

Cover

VGZ Supplementary Good	full
VGZ Supplementary Better	full
VGZ Supplementary Best	full

Article 25. Personal contribution for maternity care

Description
Full reimbursement of the personal contribution to maternity care. This personal contribution applies to the health-care insurance policy. The personal contribution is reimbursed on the same number of hours that you may claim pursuant to the healthcare insurance policy.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	a maximum of € 125 per delivery
VGZ Supplementary Best	full

Article 26. Postnatal care and neonatal care

Description
Support and care for a mother who, due to her or the newborn's medical complications in hospital, was unable to receive the necessary healthcare within the regular maternity care hours. In the event of the mother having medical complications, the healthcare is given consecutive to the 10th day after childbirth. In the event of the child being hospitalised, the healthcare is given if the baby is released after the 10th day after childbirth. The maternity clinic will determine the number of necessary maternity care hours.

Authorised postnatal care providers
A qualified maternity assistant or a nurse working as such.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	a maximum of 6 hours spread over a maximum of 2 days
VGZ Supplementary Best	a maximum of 12 hours spread over a maximum of 4 days

Article 27. Birth package

Description
A birth package that we compile in consultation with the obstetricians. If you are pregnant, you can apply for this package through our website or via VGZ Maternity Care.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	full
VGZ Supplementary Best	full

Article 28. Electrical breast pump

Description
Renting or buying an electrical breast pump.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	maximum € 80, one-off
VGZ Supplementary Best	maximum € 80, one-off

Article 29. Visit with a lactation consultant

Description
Reimbursement of a visit with a lactation consultant for the mother in the event of problems with nursing.

Authorised healthcare providers
Lactation consultant who is a member of NVL (Dutch Association of Lactation Consultants).

Referral letter required from
Obstetrician, maternity centre, doctor affiliated with an infant/child health centre (consultatiebureau) or a youth healthcare professional. The referral to the NVL lactation consultant is issued in accordance with the Referral Protocol to the Lactation Consultant. This protocol is available from our website.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	max € 50 per delivery
VGZ Supplementary Best	max € 75 per delivery

SKIN TREATMENTS

A skin treatment budget consists of:

Article 30. Acne treatment

Description
Treatment of severe forms of acne and acne scars on the face.

Authorised healthcare providers
A healthcare provider that we have designated as 'preferred'. An overview of preferred healthcare providers is also available from our website.
If you go to a healthcare provider that is not on our preferred list, we will not reimburse the cost.

Referral letter required from
General practitioner, company doctor or medical specialist.

Article 31. Camouflage therapy

Description
Treatment aimed at making scars, varicose veins and dark or light marks on the skin less visible, including the resources required for the treatment. This is subject to having severe disfigurement (permanent) of the face and/or the neck.

Authorised healthcare providers
A healthcare provider that we have designated as 'preferred'. An overview of preferred healthcare providers is also available from our website.
If you go to a healthcare provider that is not on our preferred list, we will not reimburse the cost.

Referral letter required from
General practitioner, company doctor or medical specialist.

Article 32. Depilation

Description
Treatment aimed at permanently removing extreme facial hair growth.

Authorised healthcare providers
A healthcare provider that we have designated as 'preferred'. An overview of preferred healthcare providers is also available from our website.
If you go to a healthcare provider that is not on our preferred list, we will not reimburse the cost.

Referral letter required from
General practitioner, company doctor or medical specialist.

The total skin treatment budget amounts to:

VGZ Supplementary Good	a maximum of € 300 per calendar year
VGZ Supplementary Better	a maximum of € 500 per calendar year
VGZ Supplementary Best	a maximum of € 700 per calendar year

MEDICAL AIDS

A budget to be spent on medical aids referred to below:
- reimbursement of the statutory personal contributions/private payments for the medical aids below; or
- purchasing the medical aids listed below (or accessories for those medical aids) that are not listed in the Healthcare Insurance Regulations.

Article 33. Audiological medical aids

Description
A contribution towards the costs relating to the acquisition of audiological medical aids.
The reimbursement is the difference between the amount charged by the supplier pursuant to the Healthcare Insurance Regulations and the cost of purchasing the relevant audiological medical aid.
Audiological medical aids include: hearing aids, accessories and peripherals (batteries, chargers) for hearing aids, solo equipment, ring tube, infrared equipment, FM equipment and masks for treating tinnitus.

Article 34. Hand and/or finger splint for temporary use

Description
Reimbursement of healthcare costs for a maximum of 2 hand and/or finger splints per calendar year. The hand and/or finger splint is used temporarily to stabilise, support and/or correct a joint as part of a treatment.

Authorised healthcare providers
A contracted healthcare provider. An overview of contracted healthcare providers is also available from our website. If you select a non-contracted healthcare provider, we will not reimburse the cost.

Notes
1. The contracted healthcare provider will assess whether or not your splint is eligible for reimbursement.
2. The cost of a splint for preventive use, for example for exercising sports, is not reimbursed.

Article 35. Mammary prosthesis

Description
A contribution towards the cost of purchasing adhesive tape for a mammary prosthesis, a mammary prosthesis brassiere and a prosthetic bathing suit to be used after mastectomy. This also includes the necessary cleaning supplies for removing the adhesive tape residues.

Article 36. Wigs or ‘mutssjas’

Description
A contribution towards the costs relating to the acquisition of a wig under the Healthcare Insurance Regulations. The reimbursement is the difference between the amount charged by the supplier and the reimbursement you receive from the healthcare insurer.

Notes
If you have an indication for a wig, you may choose a contribution towards the cost of a wig or towards the cost of a ‘mutssja’.

Article 37. Prolapse pessary

Description
Reimbursement of the cost of a pessary, including reimbursement of the placement cost. Such a pessary is designed to hold the bladder and/or uterus in the right place in patients with prolapse.

The total medical aids budget amounts to

VGZ Supplementary Good	no cover
VGZ Supplementary Better	a maximum of € 250 per calendar year
VGZ Supplementary Best	a maximum of € 500 per calendar year

SPECIALIST MEDICAL CARE

Article 38. Abdominal wall correction

Description
Abdominal wall correction.

Authorised healthcare providers
Medical specialist.

Referral letter required from
General practitioner or medical specialist.

Medical indication
An overhanging fold in the belly skin, with a fold depth (measured on the inside) of 6 cm or more, where blemish is likely to occur. Your weight must be in proportion to your height (BMI ≤ 35).

You can calculate your Body Mass Index (BMI) by dividing your body weight by your height squared (height x height).
Example: your weight is 85 kg and your height is 1.75 m. Your BMI is 85 divided by (1.75 x 1.75) = 85 divided by 3.0625 = 27.76. Rounded off, your BMI is 28.

Approval
You require our prior approval. The application must be accompanied by an explanation from your medical specialist, setting out the nature and size of the anomaly.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	maximum € 2,500

Notes
If you are eligible for reimbursement by your healthcare insurance policy, the reimbursement by the supplementary cover does not apply.

Article 39. Eyelid correction

Description
You are entitled to upper eyelid correction or levator plastic surgery:
- if one-third of the pupil is covered by the lower edge of the upper eyelid or the overhanging skin fold when looking straight ahead; or
- if the side vision is clearly limited. This is apparent from explicit drooping of the upper eyelid or overhanging skin fold on the side of the eye; or
- if untreatable blemishes are demonstrated in the upper eyelid skin fold.

Authorised healthcare providers
Medical specialist.

Referral letter required from
General practitioner or medical specialist.

Approval
You require our prior approval. The application must be accompanied by an explanation from your medical specialist, setting out the nature and size of the anomaly. We will also ask you to send a picture (taken by the hospital/independent treatment centre or by yourself) clearly showing the abnormality, as described under 'Description'.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	maximum € 950

Article 40. Sterilisation

Description
Reimbursement of sterilisation.

Authorised healthcare providers
Medical specialist or, in the case of a vasectomy (sterilisation of the male), a general practitioner.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	male sterilisation: maximum € 800; female sterilisation: maximum € 1,250
VGZ Supplementary Best	male sterilisation: maximum € 800; female sterilisation: maximum € 1,250

MENTAL HEALTHCARE

Article 41. Mindfulness for burn-out complaints from age 18

Description
A contribution towards the cost of an 8-week training: Mindfulness-Based Cognitive Therapy (MBCT) or Mindfulness-Based Stress Reduction (MBSR) for insured age 18 and older.
These therapies combine scientific knowledge of medical biology and psychology with meditation and yoga.

Authorised healthcare providers
Mindfulness trainer who is a member of VMBN (Association Mindfulness-Based Netherlands) and falls in category 1. A list of such trainers is available from the Association's website (www.vmbn.nl).

Cover

VGZ Supplementary Good	a maximum of € 350 per calendar year
VGZ Supplementary Better	a maximum of € 350 per calendar year
VGZ Supplementary Best	a maximum of € 350 per calendar year

Medical indication
Burn-out complaints.

Referral letter required from
General practitioner, company doctor.

Article 42. Sex therapy

Description
Care by a sexologist focusing on the professional area of sexology. This field covers a wide range of aspects such as intimacy, eroticism, fertility, birth control, sexual functions, ethics, etc. This also includes relationship therapy and partner therapy.

Authorised healthcare providers
Sexologist. The sexologist must be registered with the Vereniging voor Seksuologie (NVVS or Netherlands Association for Sexology).

Referral letter required from
General practitioner, company doctor.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	maximum 4 sessions, capped at € 60 per session

Notes
A session takes at least 60 minutes.

Article 43. Cogmed up to age 18

Description
A contribution towards the cost of Cogmed for insured up to age 18 with a working memory problem or learning difficulties due to ADHD (Attention Deficit Hyperactivity Disorder) or ADD (Attention Deficit Disorder). The reimbursement of the method concerns treatment and licensing costs.

Authorised healthcare providers
Psychotherapist, clinical psychologist, clinical neuropsychologist, psychiatrist, healthcare psychologist, paediatric psychologist registered by NIP (Netherlands Institute of Psychologists) or ortho-pedagogist generalist registered with NVO (Dutch Association of pedagogists and education professionals). The
healthcare provider must be a certified Cogmed coach. Please check the Cogmed website to see which Cogmed coach may provide this care.

Referral letter required from
General practitioner, youth health care physician or medical specialist.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	a maximum of € 400 per calendar year

Article 44. Neuro feedback up to age 18

Description
A contribution towards the cost of neurofeedback for insured up to age 18 diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) or ADD (Attention Deficit Disorder).

Authorised healthcare providers
Psychotherapist, clinical psychologist, clinical neuropsychologist, psychiatrist, paediatric psychologist and healthcare psychologist registered as a neurofeedback professional in the neurofeedback register of NIP (Netherlands Institute of Psychologists).

Referral letter required from
General practitioner, company doctor, youth health care physician or medical specialist.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	a maximum of € 1,000 per calendar year

FOOT TREATMENTS

A foot treatment budget consists of:

Article 45. Foot treatments for rheumatic and diabetic foot

Description
1. Foot treatments for insured with rheumatoid arthritis;
2. Foot treatments for diabetics with care profile 1. This concerns treatments with the purpose of reducing complaints or pain due to skin and nail conditions and/or excessive pressure on foot or nails to prevent wounds. These foot treatments do not include foot care such as removing hard skin for purely cosmetic or personal care reasons and general nail care such as clipping nails.

Authorised healthcare providers
1. Podotherapist who is a member of the Nederlandse Vereniging van Podotherapeuten (NVvP, Dutch Association of Podotherapists) and as such also has a registration in the Quality Register Paramedics; or
2. A pedicure with the qualification 'rheumatic foot' (for rheumatic foot) or 'diabetic foot' (for diabetic foot) or medical pedicure registered in ProCert's Quality Register for Pedicures (KRP).

Notes
1. You are entitled to certain foot care if you have diabetes mellitus based on your healthcare insurance. This concerns annual foot examination, foot care advice, more frequent specific foot examinations and diabetic foot treatments for care profile 2 and up. You can find a list of such foot care in detail in the policy conditions of your healthcare insurance policy.
2. Your podotherapist or pedicure must state your care profile on the invoice.
3. The care profiles stated above have been set out in the Healthcare Module Prevention Diabetic Foot Ulcers. Care profiles give insight into the foot care required based on a risk classification of patients with diabetes mellitus. The Healthcare Module is available from our website. Your general practitioner can tell you which care profile applies to you.

Article 46. Podotherapy

Description
Treatment of foot anomalies, skin and nail disorders, or problems relating to the supportive and locomotor system of the feet.

Authorised healthcare providers

Podotherapist who is a member of the Nederlandse Vereniging van Podotherapeuten (NVvP, Dutch Association of Podotherapists) and as such also has a registration in the Quality Register Paramedics.

The total foot treatments budget amounts to

VGZ Supplementary Good	a maximum of € 100 per calendar year
VGZ Supplementary Better	a maximum of € 300 per calendar year
VGZ Supplementary Best	a maximum of € 500 per calendar year

Article 47. Arch supports and therapy soles

Description
A contribution towards the cost of customised inlay soles supporting the joints, ligaments and capsules of the feet. You are also entitled to a contribution towards the costs of repair and modification of the soles.

Authorised sole providers
Podotherapist, orthopaedic shoe manufacturer (SEMH-OSB) or shoe shop (SEMH-OIM), or podopostural therapist. SEMH means Foundation Certification Scheme Medical Aids, OSB means Orthopaedic
Shoe Manufacturing Companies, and OIM means Orthopaedic Instrument Manufacturers.

Cover

VGZ Supplementary Good	a maximum of € 70 per calendar year
VGZ Supplementary Better	a maximum of € 125 per calendar year
VGZ Supplementary Best	a maximum of € 125 per calendar year

DIETETICS

Article 48. Dietetics

Description
Information with a medical purpose about food and eating habits as offered by dieticians. The healthcare insurance covers 3 hours of dietetics. Reimbursement pursuant to the supplementary insurance is additional to that basic cover. If you have diabetes mellitus type 2, COPD (chronic obstructive pulmonary disease), increased vascular risk or asthma (age 16 and older), and you are receiving healthcare through a healthcare programme as set out in the policy conditions of our healthcare insurance policies, then dietetics for such conditions are delivered in the context of the relevant healthcare programme. This lapses your entitlement to reimbursement pursuant to this Article.

Authorised healthcare providers
Dietician.
An overview of contracted dieticians is available from our website.
If you have selected a non-contracted dietician to provide the care, then part of the bill total may be charged to you. Please find the maximum reimbursements per treatment in the 'List of maximum reimbursements non-contracted healthcare providers'. This list is also available from our website.

Where the care must be performed
The care must be provided in the practice space of your healthcare provider or in a hospital, nursing home or convalescence home. If the healthcare provider treating you feels this is medically necessary, the care may be provided at home.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	no cover
VGZ Supplementary Best	a maximum of € 250 per calendar year

HOME CARE

Article 49. Household assistance from age 18

Description
Assistance in doing the household in the Netherlands consecutive to your hospitalisation of at least 24 hours.

Authorised household assistance providers
A contracted organisation. To request household assistance, please contact the VGZ Healthcare Advisor during office hours. Our telephone number is available from our website.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	maximum 9 hours per calendar year
VGZ Supplementary Best	maximum 12 hours per calendar year

Notes
1. The household assistance will be offered at your home within 2 working days after receiving your application, unless such assistance is required at a later time. The household assistance must start latest within 4 weeks of hospitalisation and must be scheduled consecutively within a maximum period of 2 months.
2. The assistance is provided at the home address as entered in our administrative system.
3. The term household assistance does not include nursing or medical activities or body care.
4. The personal contributions pursuant to the Social Support Act and the Long-Term Healthcare Act are not covered.

FAMILY CARE

A family care provider provides services to a chronically sick, disabled or dependent partner, parent, child or other member of the family, friend or acquaintance.
This concerns services that exceed what is considered customary in a personal relationship.

Ask your family care questions
People who are receiving or providing family care can contact the VGZ Healthcare Advisor for any questions. Our employees inform and advise you about family care. They are aware of the regulations and know where you can go for assistance.

Family care consists of the family care mediator and replacement family care.

Article 50. Family care mediator

Description
A family care mediator temporarily provides professional support for the family care provider. A family care mediator can take over some organising tasks relating to healthcare, welfare or finance on a temporary basis in order to prevent work overload, such in consultation with the family care provider. The family care provider continues to serve as the leading provider. You can involve the family care mediator if you are receiving or providing family care. The family care mediator determines the required number of hours.

Authorised healthcare providers
For any questions on family care, please contact the VGZ Healthcare Advisor during working hours. Our telephone number is available from our website. If necessary, our employees can refer you to a contracted family care mediator registered in the Central Quality Register of Family Care Mediators of the BMZM (Professional Association of Family Care Mediators). If you are using the services of a family care mediator without being referred by the VGZ Healthcare Advisor, or if you are using the services of a non-contracted family care mediator not registered in the Central Quality Register of Family Care Mediators of the BMZM, we will not reimburse the cost.

Cover

VGZ Supplementary Good	a maximum of € 250 per calendar year
VGZ Supplementary Better	a maximum of € 500 per calendar year
VGZ Supplementary Best	a maximum of € 750 per calendar year

Notes
The services provided by a family care mediator are eligible for one-off reimbursement. The services performed cannot be expensed by both the family care provider and the family care receiver.

Please note
You are taking care of your father, who is also insured with VGZ. Either you or your father may submit the expenses of the family care mediator. Not both of you.

Article 51. Replacement family care

Description
Temporary replacement of the family care provider in order to allow the regular family care provider time off. You can request replacement family care if you are receiving or providing family care. The contracted organisation will determine if a replacement family care provider can fulfil your request. The replacement family care can be requested for a minimum of three days.

Authorised replacement family care providers
A contracted healthcare organisation. To request replacement family care, please contact the VGZ Healthcare Advisor. Our telephone number is available from our website.
If you have selected a non-contracted organisation, we will not reimburse the cost.

Cover

VGZ Supplementary Good	a maximum of 5 days per calendar year
VGZ Supplementary Better	a maximum of 10 days per calendar year
VGZ Supplementary Best	a maximum of 15 days per calendar year

Please note
If you make an application for the first time, please submit it at least 8 weeks before you or your family care provider would like the time off. This time is required to ensure everything can be organised adequately.

STAY

Article 52. Convalescence homes and assisted accommodation

Description
Staying in a convalescence home or assisted accommodation is possible:
1. immediately following discharge from a hospital or treatment in an independent treatment centre after full completion of the treatments in the hospital or independent treatment centre;
2. if your family care provider is unable to perform the work, permanently or temporarily, and there is no other option for care at home;
3. if you want to recover from mental or physical overburden or burn-out.

Authorised healthcare providers
A contracted convalescence home or assisted accommodation. An overview of contracted convalescence homes and assisted accommodation is available from our website. If you have selected a non-contracted convalescence home or assisted accommodation, we will not reimburse the cost.

Referral letter required from
You need a referral letter from your general practitioner or medical specialist in the event of recovery from mental or physical overburden or burn-out (as set out under Description, item 3).

Cover

VGZ Supplementary Good	a maximum of € 100 per day, capped at € 1,000 per calendar year
VGZ Supplementary Better	a maximum of € 100 per day, capped at € 1,500 per calendar year
VGZ Supplementary Best	a maximum of € 100 per day, capped at € 2,000 per calendar year

Article 53. Hospice

Description
Stay in a hospice/Almost Home accommodation if you are terminally ill and can no longer be adequately taken care of at home. You can stay here until your death.

Authorised healthcare providers
A hospice or Almost Home accommodation accredited by VGZ.
An overview of accredited hospices/Almost Home accommodations in your area is available from our website.
If you select a hospice or Almost Home accommodation that is not accredited by VGZ, we will not reimburse the cost.

Cover

VGZ Supplementary Good	maximum € 30 per day
VGZ Supplementary Better	maximum € 30 per day
VGZ Supplementary Best	maximum € 30 per day

Article 54. Short-stay or family guesthouse during hospitalisation

Description
1. Reimbursement of the cost of staying in a short-stay or family guesthouse associated with any hospital in the Netherlands if your child/children or partner is/are staying in a hospital more than 40 km away from your residential address. Examples of family guesthouses specifically for accompanying children are the Ronald McDonald houses and the Kiwanis houses associated with various hospitals in the Netherlands. If your child or partner is hospitalised in the Antwerp University Hospital, you have an option of staying in Onthaaltehuis Ter Weijde.
2. If you must attend two day treatments in a hospital more than 40 km away from your residential address, you may make use of the family or lodging house. This is subject to day treatments taking place on consecutive days.

The hospital generally determines if you are eligible for staying in a guesthouse or family guesthouse.

Cover

VGZ Supplementary Good	a maximum of € 300 per calendar year
VGZ Supplementary Better	a maximum of € 400 per calendar year
VGZ Supplementary Best	a maximum of € 600 per calendar year

TRANSPORT

Article 55. Transport relating to organ transplants

Description
Reimbursement of the cost of transport by taxi or by private car, single journey, with a maximum of 200 km, between your place of permanent or temporary residence and the institution where you are receiving care relating to an organ transplant, insofar as you are not entitled to such transportation under the healthcare insurance cover. The care referred to here is: pre-transplant examination, hospitalisation and follow-up examinations. The distance is calculated based on the quickest route as provided by the ANWB route planner. The two single journeys (there and return) are calculated separately.

Authorised taxi transportation provider
A contracted transport company. An overview of contracted transport providers is available from our website. If you have selected a non-contracted transport provider, we will not reimburse the cost.

Subject to prescription by
General practitioner or medical specialist.

Approval
You require our prior approval. To request authorisation, please use the form Medische Verklaring Zittend Ziekenvervoer (Medical Declaration for Seated Transport of the Patient). You can download the form from our website.

Cover

VGZ Supplementary Good	taxi transportation: full; transportation with personal vehicle: € 0.28 per km
VGZ Supplementary Better	taxi transportation: full; transportation with personal vehicle: € 0.28 per km
VGZ Supplementary Best	taxi transportation: full; transportation with personal vehicle: € 0.28 per km

Notes
This does not include the transport of the donor.

DENTAL CARE/ORAL CARE

Article 56. Dental prostheses (dentures)

Description
Reimbursement of the statutory personal contribution for removable full dental prosthesis and/or removable full dental prosthesis on implants as applicable pursuant to the healthcare insurance.

Cover

VGZ Supplementary Good	no cover
VGZ Supplementary Better	full
VGZ Supplementary Best	full

III. VGZ Tand Goed Pakket, VGZ Tand Beter Pakket, VGZ Tand Best Pakket

(VGZ Dental Good Package, VGZ Dental Better Package, VGZ Dental Best Package)

Article 57. Dental care

Description
Dental care as customarily offered by a dentist. This would include items such as annual/bi-annual check-ups, cleaning treatment, filling cavities, pulling teeth, crowns or partial dental prosthesis. The reimbursement includes the cost of technology and supplies.

Dental care also includes:
- non-complex extractions performed by a dental surgeon (code 234032);
- implantology in the non-toothless jaw performed by a dental surgeon. For such items, we reimburse the cost of the surgeon's fee, the cost of technology and supplies, and any additional expenses for the institution/hospital.

Authorised healthcare providers
Dentist, dental hygienist, orthodontist or prosthodontist. The care may also be provided by a dental hygienist or prosthodontist if the indicated care falls under their respective areas of expertise. The dental prosthodontist may only provide the dental services on implants under the medical supervision of a dentist or dental implantologist. Your dentist or dentist / implantologist will charge your the costs in that event.
The dental surgeon may perform the service of implantology in the non-toothless jaw and non-complex extractions.

Are you considering having an implant placed? Have the treatment performed by a contracted dental surgeon or dental implantologist. This ensures you can count on excellent healthcare. An overview of contracted healthcare providers is also available from our website.

Reimbursement for all dental care jointly

VGZ Dental Good Package	80% up to maximum of € 250 per calendar year (100% for periodical check-ups (C11) and problem-specific visits (C13)). The cost of dental hygiene (M03) is covered up to a maximum of 60 minutes per calendar year.
VGZ Dental Better Package	80% up to maximum of € 500 per calendar year (100% for periodical check-ups (C11) and problem-specific visits (C13)). The cost of dental hygiene (M03) is covered up to a maximum of 60 minutes per calendar year.
VGZ Dental Best Package	80% up to maximum of € 1,000 per calendar year (100% for periodical check-ups (C11) and problem-specific visits (C13)). The cost of dental hygiene (M03) is covered up to a maximum of 60 minutes per calendar year.

Notes
1. The following costs are not reimbursed:
   - missed appointments;
   - orthodontic care;
   - external bleaching (E97 and E98);
   - general anaesthetic and preparation treatment fully anaesthetised (A20 and C84).
2. The cost of dental services abroad is covered up to a maximum of the rates applicable in the Netherlands. These costs fall within the maximum amount per calendar year.

Article 58. Orthodontic care

58.1. For insured persons under age 18

Description
Orthodontic care as offered by dentists and orthodontists.

Authorised healthcare providers
Dentist or orthodontist.

Cover

VGZ Dental Good Package	no cover
VGZ Dental Better Package	maximum € 1,500 for the entire term of the supplementary insurance policy
VGZ Dental Best Package	maximum € 2,500 for the entire term of the supplementary insurance policy

58.2. For insured persons age 18 and older

Description
Orthodontic care as offered by dentists and orthodontists.

Authorised healthcare providers
Dentist or orthodontist.

Cover

VGZ Dental Good Package	no cover
VGZ Dental Better Package	maximum € 500 for the entire term of the supplementary insurance policy
VGZ Dental Best Package	maximum € 1,500 for the entire term of the supplementary insurance policy

Your dentist or orthodontist specifies the treatments carried out on the invoice in accordance with the description and codes in the rate list of dental and orthodontic care. These rate lists, also setting out the maximum rates, are determined by Nza (Dutch Healthcare Authorities) for 2017.

Article 59. Dental care due to accident

Description
Reimbursement of the cost of non-scheduled dental care as offered by a dentist, to repair damage due to your teeth due to an accident. The costs of technology and supplies are also eligible for reimbursement.

An accident is a sudden physical trauma sustained to your body from an external source not at your will, due to which medically demonstrable physical injury was sustained.

The accident and treatment must take place during the term of the supplementary insurance VGZ Dental Good, VGZ Dental Better or VGZ Dental Best. Also, treatment must take place within 1 year of the accident, unless postponing a treatment or final treatment is required.
Our dental consultant will assess the grounds for necessary postponement.

Authorised healthcare providers
Dentist or dental surgeon in the Netherlands.

Approval
You require our prior approval. In your application for approval, you must provide a completed form 'Questionnaire Accident', a treatment plan with a cost budget and available X-rays. The treatment plan must be prepared by your dental surgeon or dentist. Our dental consultant will assess if you reasonably require the healthcare service and if the cost of treatment is reasonable.

Cover

VGZ Dental Good Package	maximum of € 10,000 per accident
VGZ Dental Better Package	maximum of € 10,000 per accident
VGZ Dental Best Package	maximum of € 10,000 per accident

Notes
You are not entitled to reimbursement of:
- costs due to disease or disorder;
- costs due to gross negligence or intent/recklessness;
- costs due to abuse of alcohol and/or drugs;
- costs due to participating in fighting other than self-defence;
- costs that were unplanned and cannot be attributed to an accident;
- the costs of treatment abroad;
- the costs of orthodontic care.

IV. Definitions

Supplementary insurance: the supplementary insurances VGZ Aanvullend Goed, VGZ Aanvullend Beter, VGZ Aanvullend Best, VGZ Tand Goed, VGZ Tand Beter, VGZ Tand Best (VGZ Supplementary Good, VGZ Supplementary Better, VGZ Supplementary Best, VGZ Dental Good, VGZ Dental Better, VGZ Dental Best).

Group health insurance contract: a group healthcare insurance contract (group contract) concluded between the healthcare insurer and an employer or legal entity with the object of offering associated participants the option of obtaining a healthcare insurance policy and any supplementary covers under the conditions as set out in this contract.

Diagnose Behandeling Combinatie (DBC or Diagnosis Treatment Combination): by means of a DBC code, which is determined by the NZa (Dutch Healthcare Authority), a DBC describes the closed and validated regimen of specialist medical care and specialist mental healthcare (second-line curative mental healthcare). This includes the full process of the diagnosis as made by the healthcare provider up to the ensuing treatment (if any). The DBC regimen begins at the moment that the insured person registers with the care need, and ends at the end of the treatment or after 120 days for medical specialist care and after 365 days for specialist mental healthcare.

Fraud: the intentional commission or attempted commission of forgery, deception, injuring the rights of debt collectors or title holders and/or misappropriation in the process of entering into and/or performing an insurance contract or healthcare insurance contract, with the objective of obtaining a benefit, reimbursement or performance to which the party is not entitled, or obtaining insurance cover under false pretences.

Institution:

1. an institution as referred to in the Wet toelating zorginstellingen (Care Institutions (Eligibility) Act);
2. a legal entity with its primary place of business abroad providing care in the country concerned according to the social security system existing in that country or which is aimed at providing care to specific groups of public officials.

Family care provider: a family care provider provides long-term care, unpaid, for more than 8 hours a week or longer than 3 months, to someone who is chronically ill, disabled or in need of assistance, and with whom he or she has a personal relationship. This may be a family member, a friend or acquaintance. A family care provider is not a professional.

In writing: where the policy conditions refer to 'in writing', this also includes 'by email'.

Approval (authorisation): approval in writing for receiving certain care provided to you by or on behalf of the healthcare insurer, prior to receiving the relevant healthcare service.

You: policyholder and/or insured.

Stay (hospitalisation): a stay of 24 hours or longer.

Insured: a person for whose benefit this insurance contract has been taken out and who is mentioned on the policy cover or on another certificate of insurance issued by the healthcare insurer.

Policyholder: the person who concluded the insurance contract with the healthcare insurer. These policy conditions refer to the policy holder and the insured as 'you'. Provisions referring only to the policyholder specifically state this in the relevant article.

Wmg rates: rates as established by or pursuant to the Wet marktordening gezondheidszorg (Wmg or Healthcare Market Organisation Act).

Hospital: an institution for specialist medical care that is duly licensed under the Wet toelating zorginstellingen (WTZi - Care Institutions Accreditation Act). Hospital stays of 24 hours or longer are covered.

Assisted accommodation: an establishment contracted as such by the healthcare insurer, in which, in a hotel-like setting, 24-hour care and services, at a minimum consisting of nursing and care, are guaranteed.

Zorgverzekeraar, VGZ, the healthcare insurer: VGZ Zorgverzekeraar N.V. (VGZ Healthcare Insurer, VGZ) with its registered office in Arnhem, Chamber of Commerce number: 09156723. The healthcare insurer is registered in the Insurers Register of AFM (Financial Markets Authorities Netherlands) and DNB (the Dutch Central Bank), licence number: 12000666. The healthcare insurer is part of Coöperatie VGZ U.A. These policy conditions refer to the healthcare insurer as 'we' and 'us'.

Healthcare insurance: a non-life insurance or healthcare non-life insurance contract concluded between a healthcare insurer and a policy holder for a person subject to mandatory insurance as set out in Section 1 subsection d of the Health Insurance Act.

www.vgz.nl

for more information and contact information

Voor goede zorg zorg je samen

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