



Supplementary Policy Conditions 2017

VGZ MiX Aanvullende Verzekering

(VGZ MiX Supplementary Insurance)

Arrange
everything
online yourself
with
My VGZ



Welcome to VGZ

These are the policy conditions that apply to your VGZ MiX Supplementary Insurance 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 prior 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

Reference guide

The MiX Supplementary Insurance is a special supplementary policy combining cover of healthcare and absence prevention. This insurance policy offers additional reimbursements and/or services relating to prevention, promoting a healthy lifestyle and preventing absence.

If you have taken out a supplementary VGZ insurance policy, there is an overlap between the MiX Supplementary Insurance and your supplementary insurance policy. Insofar as this healthcare is also included in your supplementary insurance policy, this applies to Exercise therapy, some components of Prevention, Mindfulness for burn-out complaints, Household assistance and Dietetics. If you are entitled to reimbursement of the costs of such healthcare services pursuant to the MiX Supplementary Insurance policy, your entitlement pursuant to your supplementary insurance policy lapses. Do you have a MiX Supplementary Insurance Policy and a VGZ Gezin Uitgebreid? Then you receive a reimbursement from both supplementary insurances for Household assistance.

Supplementary insurances include the following policies:

- VGZ Aanvullend Goed (VGZ Supplementary Good);
- VGZ Aanvullend Beter (VGZ Supplementary Better);
- VGZ Aanvullend Best (VGZ Supplementary Best);
- VGZ Jong Basis (VGZ Young Basic) and Uitgebreid (Comprehensive);
- VGZ Gezin Basis (VGZ Family Basic) and Uitgebreid (Comprehensive);
- VGZ Vitaal Basis (VGZ Vitality Basic) and Uitgebreid (Comprehensive).

Contents

I. General Section	5
Article 1. General	5
Article 2. Reimbursement of healthcare costs	5
Article 3. Start, term and termination of the MiX supplementary insurance policy	5
Article 4. Exercise therapy	6
PREVENTION	7
Article 5. Courses	7
Article 6. Lifestyle Check	7
Article 7. Weight consultant	8
Article 8. Medical sports advice	8
Article 9. Menopausal care for women	8
Article 10. Flu vaccination	8
Article 11. Preventive vaccinations and drugs in the context of holidays	8
DIETETICS	9
Article 12. Dietetics	9
MENTAL HEALTHCARE	9
Article 13. Mindfulness for burn-out complaints from age 18	9
SICK LEAVE	10
Article 14. Household assistance	10
Article 15. Transport by taxi	11
III. Definitions	11

I. General Section

Article 1. General

The Articles 1.1, 1.2, 1.5 (1.6 of VGZ Eigen Keuze), 1.7 through 1.12, 2.3 through 2.8, 2.11, 3, 4, 5.1, 6.1, 6.4 and 10, and Chapter III as set out in the policy conditions of the healthcare insurance policies of VGZ 2017 are similarly applicable to the MiX Supplementary Insurance policies.

Additionally, the MiX Supplementary Insurance is subject to the provisions relating to premium, premium payment, acceptance times, registration and acceptance as set out in the group contract as concluded between your employer and VGZ.

In addition to or in derogation of the above, the provision below apply.

Article 2. Reimbursement of healthcare costs

You are entitled to cover of healthcare (reimbursement of the cost) as set out in these policy conditions. 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.

2.1. Healthcare provided by a 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 provider.

2.2. 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 will be charged to you. This is set out in the relevant healthcare clause.

2.3. Healthcare provided by a non-preferred healthcare provider

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

2.4. Budget

If a budget applies for the relevant healthcare, the total amount reimbursed will not exceed the maximum amount of the budget set out in the relevant healthcare article.

Article 3. Start, term and termination of the MiX supplementary insurance policy

Termination by operation of law

The MiX 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 MiX Supplementary Insurance policy. We will disclose any such changes at least 3 months in advance.
- you can no longer participate in the group contract or upon termination of the VGZ healthcare insurance policy.

You, as the policy holder, 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 MiX Supplementary Insurance policy. If we conclude that the MiX Supplementary Insurance cover has terminated or will be terminated, we will send you a confirmation accordingly as soon as possible.

Article 4. 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, haptic 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).

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: occupational therapist.

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 budgets for each session or treatment in the 'List of maximum budgets 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

maximum 32 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 counts 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.

PREVENTION

A prevention budget consists of:

Article 5. 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 patients associations, please refer to www.npcf.nl.

Article 6. 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 contracted healthcare providers is also 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 7. 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 8. Medical sports advice

Description

Treatments, visits and physical sports-related tests.

Authorised healthcare providers

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

Article 9. 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 10. Flu vaccination

Description

A vaccination to prevent flu, the 'flu jab'. In consultation with the employer a date will be arranged once a year. The employer will make a space available in his business premises.

Authorised healthcare provider

Nurse to be engaged by us.

Article 11. Preventive vaccinations and medication in the context of holidays

Description

The visits and the vaccinations and/or preventive medication 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

A maximum of € 750 per calendar year.

DIETETICS**Article 12. 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 budgets 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

A maximum of € 500 per calendar year.

MENTAL HEALTHCARE**Article 13. 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

A maximum of € 350 per calendar year.

Medical indication

Burn-out complaints.

Referral letter required from
General practitioner, company doctor.

ABSENCE

Article 14. Household assistance

Description

1. offering household assistance to the employee who needs a home help because the insured person or his/her partner is temporarily incapacitated at that time due to, for instance, illness, an accident or hospitalisation;
2. offering household assistance to the employee in order to aid the recovery from his or her injury.

When household assistance is applied for, a resumption of work is expected within three months. Household assistance includes the general organisation of the household, such as the usual cleaning activities, preparation of the meals, taking care of the members of the family and doing the shopping. The assistance is provided at the home address as entered in our administrative system.

The aim of household assistance is

- preventing absenteeism due to serious problems in the family situation;
- aiding the recovery from injuries.

The assistance is offered in blocks of at least 3 hours a day. This means a maximum of 10 blocks of 3 hours. The assistance has to be scheduled within a period of no more than 10 weeks.

Authorised household assistance providers

A contracted healthcare organisation. The assistance can be deployed during working days from 7 am until 8 pm. Weekends and public holidays are excluded.

If you are not making use of a contracted healthcare organisation, we will not reimburse the cost.

Medical indication

Temporary incapacity with the consequence of absenteeism of the employee, due to illness, an accident or hospitalisation of yourself or your partner, where a recovery within three months is expected.

To be requested by

Your direct manager or a personnel officer of your employer. The request must be accompanied by:

- your customer number, name, address, town/city, date of birth;
- the telephone number on which you can be reached;
- a brief description of the medical ground/situation.

Cover

Once per calendar year, maximum 30 hours.

Notes

- 1 Your manager or a personnel officer may send an email to the VGZ Healthcare Advisor at zorgbemiddeling@vgz.nl listing the following details: the employee's name, address, town/city, customer number and telephone number. You can call during office hours on: +31 (0)88 131 16 11;
2. The household assistance will be offered within 3 working days after the application was submitted to us, unless such assistance is required at a later time;
3. You are not entitled to household assistance if the temporary incapacity is connected to a chronic disorder;
4. The care will be planned in advance for the full period;
5. the term household assistance does not include nursing or medical activities or body care.
6. household assistance is only offered in the Netherlands;

Article 15. Transport by taxi

Description

Transport by taxi between your place of residence or stay and your work location insofar as transport by public transport or private car is not possible due to medical reasons.

Authorised taxi transportation provider

A contracted transport company.

If you are not making use of a contracted transport firm, we will not reimburse the cost.

To be requested by

Your direct manager or a personnel officer of your employer.

Approval

You require our prior approval. The application must be accompanied by a statement of your manager or a personnel officer that demonstrates that transport by public transport or a private car is not possible because of a serious restriction in mobility. Please find the commuting transport application form on our website.

Cover

a maximum of € 350 per calendar year.

III. Definitions

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.

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.

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.

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

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 Paragraph d of the Health Insurance Act.

www.vgz.nl

for more information and contact information

Voor goede zorg zorg je samen

