

Summary of health insurance reimbursements for 2015



**Specially for you:
services, discounts
and excellent
reimbursements**



Good quality care means the right care at the right moment and in the right place. It does not matter whether you are an 18 year old student, over 50, single or have a family. We are there for you, when you need good quality care. Our basic insurance includes free extra services and excellent supplementary insurance.

We are there for you. At all those important moments in life. Specially for you: services

Our Zorgversneller (Care Accelerator), for when you have to wait for treatment.

Our staff can help you get rapid access to the best care and make all the necessary arrangements for you.

New! Behandelinformatie-Plus (Treatment Info Plus), for when you are looking for the best care provider.

Our medical team will send you a report showing how well various care providers score for a particular treatment method. After that the choice is yours. Unique in the Netherlands.

Our Second Opinion Service, for when you have any doubts about a diagnosis or treatment.

If you have supplementary insurance, our worldwide Second Opinion Service, provided by Best Doctors, entitles you to a reassessment of a diagnosis or treatment method by the world's best doctors.

We are there for you. If you have too much on your mind.

We can find you a new local GP, dentist or physiotherapist. This is a great help if you have just moved house.

We are there for you. If you need assistance when abroad.

You can call our Eurocross Assistance emergency centre 24 hours a day on +31 (0)71 364 18 50. You can also call the Holiday Doctor on telephone number +31 71 36 41 802, if the medical assistance you need is not urgent.

We are there for you. If you care for vulnerable people.

We can help you find your way through the maze of new, but increasingly complex legislation and rules and point you in the right direction if you are a voluntary carer or insured party.



We like to give you something extra in the form of discounts

If you have supplementary insurance, you can benefit from discounts on all kinds of care-related products and services, and save as much as 25%. This ranges from eye laser treatment to home care and from glasses to transport.

Glasses and lenses

- *Eye Wish Groeneveld*: a € 60 discount on complete standard glasses or a 15% discount on contact lenses and accessories.
- *Specsavers*: a 20% discount on a complete pair of (sun) glasses or 2 glasses, without any additional payment, for your reimbursement for glasses and lenses via your supplementary insurance. Or 1 month's free contact lenses.
- *Collectief van Zelfstandige Opticiens*: your independent optician is increasing your supplementary insurance reimbursement for glasses and contact lenses by 25%. Or 1 free set of monthly contact lenses.

Eye laser treatment / intraocular lenses

- *VisionClinics*: 10% discount on the rates for complete eye laser treatment or intraocular lenses.
- *Eyescan*: 15% discount on the Eyescan rates for complete eye laser treatment or intraocular lenses.
- *Oogkliniek Heuvelrug*: 10% discount on the rates for complete eye laser treatment or intraocular lenses.

Nursing articles

You will also get a 20% discount on all nursing articles for general daily living activities (Zimmer frames, stand-up chairs and ADL nursing articles).

- For example you will receive a € 650 discount on 5 models of stand-up chairs from Vegro and Hartingbank/Ligtvoet.
- In addition, a 25% discount is available on a turban from Capelle Haarwerken, the stylish alternative to a wig.
- A 20% discount is available on Underwunder incontinence underwear.

Diabetes Test Strips

- A discount scheme for diabetes test strips is available via Mediq Direct Diabetes for insured parties with diabetes 2.

Maternity pack

- A maternity pack from Natalis for a reduced price. You will not have to pay the € 5 delivery charge.

Cosmetic surgery

- *Bergman Clinics*. A discount of up to 20% on treatment provided by Bergman Clinics. For example you will receive a 20% discount on all MediSpa treatment, such as treatment to the face or body, laser epilation and scar treatment. Not including injectables. A 15% discount on upper eyelid and 10% discount on all injectables, a large and small abdominal wall operation, a breast lift with and without implants and C1 and C2 varicose veins.

Help at home

- *Home care*
Care for you. If you want extra home care in addition to the personal care provided via the basic insurance policy, you can arrange it quickly and easily via Zorg voor U (Care for You).
- *Home help*
Via Home Works. Cleaning work at your home. One-off or for a longer period of time. You will receive a 7.5% discount on the rate for the first 3 months.
- *Private help*
Via Zorg voor U. The private help arrangement means you receive help at home to relieve you of household chores as much as possible. This help is tailor-made.
- *Temporary childcare*
Care for you. Temporary childcare at your home. You can also arrange specific childcare (for children with ADHD, autism and Down's syndrome).

Personal alarms

- Eurocross Assistance. If you opt for a Eurocross personal alarm, suitable equipment will be installed at your home.
- 20% discount on the rental costs.
- 20% discount on the subscription costs.
- 25% discount on the one-off administration costs.
- 25% discount on the installation costs.



Chiropodist at home

- *Pedicurebijuthuis.nl*. If you are no longer able, for whatever reason, to physically go to a chiropodist, the chiropodist will simply come to you!

Transport

- *Chauffeur service*
From Nieuwe Koetsiers. Hire an experienced chauffeur if you have to travel long distances, or for a stress-free family visit. The chauffeur will drive you to your destination in your own car.
 - Surcharges apply for evenings, weekends and public holidays.

Transport by taxi

- *Connexion*. You can use individual or shared transport.
- *Taxi (shared transport)*
If you do not object to other passengers joining you on your trip (shared transport), you will certainly save money! You can use this service if you book 24 hours in advance. You will receive a 15%-30% discount on the statutory rate. The discount depends on the region you live in.
- *Taxi (individual)*
Travel to your destination in a comfortable car driven by your own private chauffeur (individual). You can use this service if you book 24 hours in advance. You will receive a 10%-15% discount on the statutory rate. The discount depends on the region you live in.

Discounts and arrangements with suppliers are subject to changes and only apply if you have supplementary insurance with Avéro Achmea. You can find details of the current arrangements on www.averoachmea.nl/kortingen.

Your health insurance

For which types of care are we insured in the Netherlands? What is the difference between the basic insurance and the supplementary insurance policies? Our care system in a nutshell.

The Dutch care system

The current care system consists of a basic insurance policy with an obligatory excess. Everyone in the Netherlands is obliged to be insured for medical expenses and everyone aged 18 or over pays a premium. You may be eligible for a premium costs subsidy.

This subsidy is called the 'care allowance'. More information is available at www.toeslagen.nl.

What is basic insurance?

Basic insurance is for everyone in the Netherlands. The government sets the basic insurance reimbursements every year. At Avéro Achmea you can choose from two supplementary policies, the Keuze Zorg (Options Care) Plan (reimbursement insurance) and the Select Zorg (Select Care) Plan (contract-based insurance).

Keuze Zorg (Options Care) Plan

The Keuze Zorg Plan gives you complete freedom to choose whichever care provider you want. It does not matter whether the care provider has a contract with us or not. You will receive a full reimbursement to the maximum of the statutory amount, or to the maximum of the rate applicable on the market in the Netherlands, with the exception of the excess and the (statutory) personal contributions.

Select Zorg Plan (Select Care Plan)

The Select Zorg Plan offers you care from care providers with whom we have made agreements. As a result you pay a slightly lower premium. We pay bills directly (less the statutory personal contributions). If you use other care providers, the reimbursements will be lower.

Contracted care provider

This is a care provider with whom we have made agreements about the quality of care, accessibility and costs.

The contracted care provider sends the bill directly to us. You will not be involved at all in this process. If you are entitled, the bill will be reimbursed in full with the exception of the (obligatory) excess and the (statutory) personal contributions.

Non-contracted care provider

A care provider with whom we do not have agreements is a non-contracted care provider. You then submit the bills to us yourself. You will receive a reimbursement of 75% of the average rate contracted by us. It is, therefore, a good idea to check beforehand whether you have an appointment with a contracted or non-contracted care provider. This will avoid any unpleasant surprises.

What cover do the Keuze Zorg Plan and Select Zorg Plan basic insurance policies provide?

- Medical care provided by GPs, hospitals, specialists and midwives
- Hospital admissions
- Nursing articles
- Medicines
- Maternity care
- Patient transport
- Paramedic assistance (limited physiotherapy/remedial therapy, speech and language therapy and occupational therapy)
- Dental care (up to the age of 18)
- Mental healthcare from the age of 18
- Nursing and care at home (for insured parties without grounds for admission)
- Sensory care for handicapped people at home (for insured parties without grounds for admission).

What cover does a supplementary insurance policy provide?

You can take out supplementary insurance in addition to basic insurance, for example for a reimbursement of the statutory personal contributions, or for more comprehensive cover for physiotherapy, alternative forms of treatment, orthodontics, dental costs or emergency help when abroad. Avéro Achmea allows you to choose from different supplementary insurance policies and separate dental insurance policies.

The following applies to the supplementary insurance policies (Start, Extra, Royaal and Excellent):

The higher the supplementary insurance policy, the more extensive the cover and the higher the reimbursements. In addition, we offer students and young people the *Recht voor Jou* (Right for You) policy and the *Beter voor Nu* (Better for Now) policy specially for senior citizens who have no children aged 18 or younger.

When will I receive a reimbursement?

This is subject to a number of terms and conditions. These terms and conditions are not referred to in this summary of reimbursements. Please refer to the policy terms and conditions for information on eligibility for a reimbursement. Here you will find information on whether you need a referral from a doctor, the grounds on which a reimbursement applies and instances in which you will not receive a reimbursement. The full text of the policy terms and conditions can be found at www.averachmea.nl/voorwaardenzorg

What do I have to pay myself?

In the Netherlands a statutory personal contribution applies to some forms of treatment or medicines. The government determines which forms of treatment or medicines are subject to a personal contribution. You have to pay this contribution yourself if you require the treatment or medicine in question. An obligatory excess also applies in the Netherlands. The amount of this excess is also set by the government. In 2015 the statutory excess will be € 375 per person. No statutory excess applies to children aged up to 18. You can also opt for a voluntary excess over and above the legal norm of € 375. Although you then run a greater risk, you pay less premium. The amount of the voluntary excess is added to the obligatory excess. If, for example, you opt for a voluntary excess of € 500, your total excess will be € 375 (statutory) + € 500 (voluntary) = € 875.

What is a statutory personal contribution?

A statutory personal contribution is the part of the medical costs of care covered by the basic insurance which you pay yourself. You pay a personal contribution for, among other things:

- Some medicines
- Some nursing articles
- Maternity care
- Seated patient transport
- Outpatient childbirth without medical grounds

You pay no excess for:

- GP care
- Care which is reimbursed via your supplementary and dental insurance policies
- Care for children aged up to 18
- Loan articles with the exception of the costs of maintenance and usage
- Maternity care and obstetrical assistance (but not medicines, blood tests, chorion biopsies or patient transport)
- Chain-based care
- Follow-up checks of the donor
- the donor's transport costs
- costs for nursing and caring provided by nurses in accordance with the article entitled 'Nursing and caring in your own neighbourhood' (district nursing)

NB!

The Select Zorg Plan offers you care from care providers with whom we have made agreements. If you use other care providers, the reimbursements will be lower.

If you have supplementary insurance, a small number of types of care will only qualify for a (higher) reimbursement if the care was provided by care providers we have contracted, irrespective of whether you have a Select Zorg Plan or Keuze Zorg Plan policy.

Summary of reimbursements for 2015

This list provides an overview of the reimbursements covered by Keuze Zorg Plan and Select Zorg Plan (basic insurance) and the supplementary insurance policies. The reimbursements covered by Keuze Zorg Plan and Select Zorg Plan are listed in the same column under the heading Keuze Zorg Plan or Select Zorg Plan (basic insurance). For a list of contracted care providers, the Achmea Reglement Hulpmiddelen (Achmea Medical Devices Regulations), the Achmea Reglement Farmaceutische Zorg (Achmea Pharmaceutical Care Regulations), conditions, brochures, forms and information about our insurance policies, visit our website: www.averoachmea.nl/zorg. No rights can be derived from this List of Reimbursements. A detailed description of the conditions and entitlements can be found in the policy conditions. Always refer to the policy conditions before visiting a care provider. The policy conditions can be found on www.averoachmea.nl/voorwaardenzorg.

In the case of the **Keuze Zorg Plan** the maximum reimbursement covered by Keuze Zorg Plan is the statutory amount or the prevailing market rate in the Netherlands.

In the case of the **Select Zorg Plan** care must be provided by a care provider who has a contract with Avéro Achmea.

What if you choose to be treated by a non-contracted care provider? Then a lower reimbursement will apply. A list of the reimbursement tariffs can be found on www.averoachmea.nl or obtained from us.

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
ADL medical devices (general activities of daily living)						75% up to € 100.00 only from Vegro and Harting-Bank/Ligtvoet	
Maternity care during adoption (child younger than 12 months) or medical screening related to adoption		10 hours maternity care or € 300.00 for a screening per adopted child					
Alternative treatment, therapies and medicines (anthroposophic and homeopathic)		€ 40.00 per day up to € 440.00 incl. medicines	€ 40.00 per day up to € 640.00 incl. medicines	€ 40.00 per day or doctors € 60.00 per day up to 16 consultations and medicines	€ 40.00 per day or doctors € 60.00 per day up to 20 consultations and medicines	€ 40.00 per day or doctors € 75.00 per day up to 20 consultations and medicines	€ 40.00 per day up to € 250.00 incl. medicines
Ambulance	Yes						
Contraceptives up to 21 years	yes, except for the statutory personal contribution			Statutory personal contribution € 500.00 (for all the medicines together)	Statutory personal contribution	Statutory personal contribution € 500.00 (for all the medicines together)	
Contraceptives 21 years or older	yes, only for endometriosis or menorrhagia, except the statutory personal contribution	yes, except for the statutory personal contribution		yes and the statutory personal contribution € 500.00 (for all the medicines together)	yes and the statutory personal contribution	yes and the statutory personal contribution € 500.00 (for all the medicines together)	yes, except the statutory personal contribution
Asthma Centre in Davos	yes						
Audiological centre	yes						

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royal	Excellent	Beter Voor Nu	Juist Voor Jou
Pelvic physiotherapy to treat urinary incontinence*	treatment 1 to 9	12 treatments	27 treatments		all treatments	27 treatments	
Best Doctors • InterConsultation • AskTheExpert		yes					
Childbirth without medical necessity	yes, clinical or outpatient						
Childbirth without medical necessity	€ 202.00 for use of delivery room (the outstanding balance is the statutory personal contribution)	"Statutory personal contribution					
Childbirth at home, without medical necessity	yes						
Exercise in extra heated water at rheuma			€ 150.00	€ 250.00	yes	€ 250.00	
Exercise programmes (obesity, former heart failure, diabetes type 2, COPD or rheumatoid arthritis)	€ 175.00 per disorder for the duration of the insurance	€ 350.00 per disorder for the duration of the insurance					
Breast pump (electrical)	€ 75.00 per childbirth only by contracted suppliers						
Spectacles and/or contact lenses	€ 100.00 per 3 years	€ 150.00 per 3 years	€ 200.00 per 3 years	€ 300.00 per 3 years	€ 250.00 per 3 years	€ 100.00 per 3 years	
Male circumcision (medical)	yes						yes
Male circumcision (religious)	€ 250.00, only by contracted care providers						
Upper eyelid correction with medical indication	yes, only by contracted care providers			yes			
Correction ear position up to 18 years	yes, only by contracted care providers			yes			
Cosmetic (without medical indication)					€ 500.00		
Dietary advice by dietitian (medical)	yes, 3 hours				€ 120.00		
Genetic research and advice	yes						
Occupational therapy	yes, 10 hours		up to 18 years: 3 hours	up to 18 years: 4 hours			
Fysiotherapy and remedial therapy up to 18 years: disorder included in the list established by the Dutch Minister of Health, Welfare and Sport (VWS) (Annex 1 of article 2.6 of the Health Insurance Decree (Besluit zorgverzekering))	all treatments						

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Fysiotherapy and remedial therapy up to 18 years: disorder not included in the list established by the Dutch Minister of Health, Welfare and Sport (VWS) (Annex 1 of article 2.6 of the Health Insurance Decree (Besluit zorgverzekering))	treatment 1 to 18 incl., per diagnosis	all treatments after the 19th treatment					
Fysiotherapy and remedial therapy, 18 years or older: 1 disorder* included in the list established by the Dutch Minister of Health, Welfare and Sport (VWS) (Annex 1 of article 2.6 of the Health Insurance Decree (Besluit zorgverzekering))	as of the 21st treatment (treatments 1 to 20 incl. you pay yourself)	12 treatments (13 to 20 incl. you pay yourself)	20 treatments				12 treatments (13 to 20 incl. you pay yourself)
Fysiotherapy and remedial therapy, 18 years or older: 1 disorder* not included in the list by the Dutch Minister of Health, Welfare and Sport (VWS) (Annex 1 of article 2.6 of the Health Insurance Decree (Besluit zorgverzekering))		12 treatments	27 treatments		all treatments	27 treatments	12 treatments
* This reimbursement applies only for 1 disorder. Do you have several disorders for which you visit a physiotherapist/remedial therapist? Then please contact us.							
Replacement of front teeth with implants (delayed) from 18 to 24 years		€ 10,000.00 for the duration of the insurance					
Guest house, during an outpatient treatment cycle (accommodation expenses)		€ 35.00 per day					
Guest house for your family members (accommodation expenses and transport costs of your family members in case of a hospital stay)		(single) journey house-hospital a minimum of 50 km and across the border up to 55 km over the border € 35.00 per day up to € 500.00 for all family members combined, public transport (2nd class) or own transport or taxi € 0.31 per km	(single) journey house-hospital across the border up to 55 km over the border € 35.00 per day up to € 500.00 for all family members combined public transport (2nd class) or own transport or taxi € 0.31 per km	(single) journey house-hospital across the border up to 55 km over the border € 35.00 per day up to € 1,000.00 for all family members combined public transport (2nd class) or own transport or taxi € 0.31 per km	(single) journey house-hospital across the border up to 55 km over the border € 35.00 per day up to € 1,000.00 for all family members combined public transport (2nd class) or own transport or taxi € 0.31 per km	(single) journey house-hospital a minimum of 50 km and across the border up to 55 km over the border € 35.00 per day up to € 500.00 for all family members combined public transport (2nd class) or own transport or taxi € 0.31 per km	
Medicines from the basic insurance	yes, see at the Achmea's Pharmaceutical Care Regulations (Achmea Reglement Farmaceutische Zorg)		Statutory personal contribution up to € 500.00 (for all medicines together)	Statutory personal contribution	Statutory personal contribution up to € 500.00 (for all medicines together)	Statutory personal contribution up to € 500.00 (for all medicines together)	

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
General Basic mental health care (GGZ) 18 years or older	yes, for a non-complex mental disorder						
Flu vaccination, up to 60 year				yes			
Herstel en Balans (Recovery and Balance)	€ 800.00 for the duration of the insurance	€ 1,000.00 for the duration of the insurance			€ 1,200.00 for the duration of the insurance	€ 1,000.00 for the duration of the insurance	
Convalescent home ore care hotel				€ 50.00 per day up to 28 days	€ 100.00 per day up to 28 days	€ 50.00 per day up to 28 days	
Health check					1x , only by a contracted care provider		
Hearing aid	yes, except for the 25% statutory personal contribution			Statutory personal contribution € 200.00 per hearing aid	Statutory personal contribution € 300.00 per hearing aid	Statutory personal contribution € 200.00 per hearing aid	
Hospice			€ 40.00 per day up to € 3,600.00		€ 50.00 per day up to € 4,500.00		
Skin care, acne treatment, camouflage therapy and/or epilation treatment and IPL			€ 300.00	€ 600.00	€ 1,000.00	€ 600.00	
General practitioner care	yes						
Assistance at home in cases of loss of ADL (activities of daily living) following hospitalisation (18 years or older)			€ 1,000.00 following hospitalisation (depending on the calculated loss of your ability to perform general daily activities (ADL loss))				
Medical devices from the basic insurance	yes, see the Achmea Medical Devices Regulations			€ 250.00 statutory personal contribution for other medical devices	Statutory personal contribution for other medical devices	€ 250.00 statutory personal contribution for other medical devices	
Implants for full set of removable dentures	yes, in case of serious development, growth disorder or hereditary disorder of the tooth-jaw-mouth system						
In-vitro fertilisation (IVF) up to 43 years	yes, first 3 attempts per attempted pregnancy						
Dental surgery	yes						
Integrated care in case of diabetes mellitus type 2 (18 years or older), COPD, asthma or vascular risk management (VRM)	yes, only by contracted care groups						
Child care at home (children up to 12 years) during and after hospitalisation of parent(s)			from the 3rd day of admission up to the 3rd day after discharge up to 50 hours per week. And file costs. Only with a contracted institution				
Maternity package	yes						
Maternity care at home or in a birth centre or a maternity centre	yes, except for the statutory personal contribution of € 4.15 per hour	Statutory personal contribution for 24 hours of maternity care per pregnancy		Statutory personal contribution			

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Maternity care in a hospital (medical)	yes						
Maternity care in a hospital (not medical)	yes, except for the statutory personal contribution of € 33.00 per day (admitted)+ the sum exceeding € 235.00 per day if charged by the hospital			Statutory personal contribution			
Maternity care (parturition assistance)	yes, except the statutory personal contribution of € 4.10 per hour	Statutory personal contribution					
Postponed maternity care (medical)		15 hours per pregnancy, statutory personal contribution of € 4.15 per hour	15 hours per pregnancy				
False teeth (dentures)	yes, except for the 25% statutory personal contribution						
Repair or adjustment of false teeth (dentures)	yes						
Artificial nipple or mamilla prosthesis (customised prosthesis)		yes					
X-rays and laboratory tests	yes						
Lactation care		€ 80.00		€ 115.00			
Lifestyle training courses for heart patients, whiplash patients and people with stress and burn-out related complaints		€ 1,000.00, only with Leefstijl Training & Coaching (LTC)		€ 1,500.00, only with Leefstijl Training & Coaching (LTC)	€ 1,000.00, only with Leefstijl Training & Coaching (LTC)		
Speech therapy	yes						
MammaPrint		yes, only with Agendia laboratory					
Informal care replacement for handicapped and chronically ill persons		21 days, only with stichting Handen-in-Huis foundation					
Mechanical respiration	yes						
Specialist medical care	yes						
Melatonin (for sleep-related problems)		yes, only with internet pharmacy eFarma					
Non-clinical specialist mental health care (GGZ) 18 years or older	yes, for a complex mental disorder						

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Non-urgent care abroad	yes, up to the Dutch tariff	care according to the reimbursement in the Netherlands with due regard to the conditions and exceptions					
Obesity treatment (BMI equal to or higher than 40)			€ 750.00 for the duration of the insurance, only with Santrion	€ 1,000.00 for the duration of the insurance, only with Santrion			
Oncology examination for children	only by Dutch Foundation for Children and Cancer (Stichting Kinderoncologie Nederland (SKION))						
Refractive eye surgery/ lens implants (additional costs for non-standard lens)			€ 500.00 for the duration of the insurance		€ 750.00 for the duration of the insurance	€ 500.00 for the duration of the insurance	
Transplantation of organs and tissue	yes						
<i>hospital nursing of person who has donated an organ (donor)</i>	3 months, 6 months for a liver transplantation						
Orthodontics (brace) incl. second opinion up to 18 years		90% up to € 1,500.00 for the duration of the insurance	90% up to € 2,000.00 for the duration of the insurance	90% up to € 2,500.00 for the duration of the insurance	yes		
Orthodontics (brace) 18 up to 22 years incl. second opinion				90% up to € 2,500.00 for the duration of the insurance	yes		
Orthodontics (brace) 22 years or older incl. second opinion				70% up to € 1,000.00 for the duration of the insurance	70% up to € 1,500.00 for the duration of the insurance		
Orthopaedic medicine		€ 150.00	€ 300.00		€ 500.00	€ 300.00	
Menopause consultation			75% up to € 115.00 only with Care for Women or the VVOC				
Accommodation expenses and transport costs of family members following care mediation if care is provided in Belgium or Germany		accommodation expenses: € 35.00 per day for the family members combined, own transport, public transport or taxi € 0.31 per km up to a max. of 700 km per admission					
Patient's associations				€ 25.00 per membership	yes per membership	€ 25.00 per membership	
Pedicure care (rheumatoid arthritis or diabetes)	yes, see foot care		€ 25.00 per treatment up to € 100.00	€ 25.00 per treatment up to € 200.00	yes	€ 25.00 per treatment up to € 200.00	
<i>for insured persons with a cerebrovascular accident (CVA)</i>					yes		
Personal alert system on medical grounds	yes, for a personal alert system	yes, subscription costs for a personal alert system, only with a contracted supplier					
Personal alert system and the subscription costs on social grounds					Yes, only with a contracted supplier		

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Personal alert system and the subscription costs, for temporary use					yes, 4 weeks only with a contracted supplier		
Adhesive strips breast prosthesis		yes					
Plastic surgery (medical)	yes, limited				for treatments with medical necessity not covered in the basic insurance		
Bedwetting alarm		€ 100.00 for the duration of the insurance			yes		
Podiatry/podology/podopostural therapy and/or arch supports			€ 100.00, including 1 pair of arch supports	€ 200.00, including 1 pair of arch supports	yes, including 1 pair of arch supports	€ 200.00, including 1 pair of arch supports	€ 100.00, including 1 pair of arch supports
Prenatal screening	yes						
(Preventive) courses		75% up to € 115.00 per course			per complaint 1 course	75% up to € 115.00 per course	
Preventative examination (check up)				1x per 2 calendar years up to tariff of a full examination by general practitioner			
Wig	€ 414.50 per wig		€ 75,50	€ 100.00	€ 100.00 and extra reimbursement may apply in case of proven allergic reaction	€ 100.00	
Psychiatric hospitalisation or admission to a GGZ institution, 18 years or older	yes						
Rehabilitation	yes						
Second opinion (for care from basic insurance)	yes						
Sperm cryopreservation	yes						
Urgent pharmaceutical care abroad (which is not reimbursed from the basic insurance)		€ 50.00					
Urgent care abroad	yes, up to the Dutch tariff	supplemented up to cost price					
Sports doctor		€ 130.00 for injury or follow-up consultation			€ 200.00 for injury or follow-up consultation	€ 130.00 for injury or follow-up consultation	
Sports medical examination		€ 100.00 per 2 calendar years		€ 150.00 per 2 years	€ 300.00 per 2 years	€ 100.00 per 2 years	
Sterilisation		yes					
Support pessary for prolapsed bladder or uterus		yes					

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Stop smoking programme	yes, 1x						
Stutter therapy	ja						
Stutter therapy (according to method Del Ferro, Hausdörfer, BOMA and McGuire)		€ 225.00 for the duration of the insurance	€ 450.00 for the duration of the insurance	€ 1,000.00 or the duration of the insurance	€ 1,250.00 for the duration of the insurance		
Dental costs as a consequence of an accident, 18 years or older		€ 10,000.00 per accident					
Dental care or orthodontics in special cases	yes						
Dental care for insured persons with a handicap	yes						
Dental care up to the age of 18 years	yes	€ 225.00 crowns, bridges, inlays and implants	€ 450.00 crowns, bridges, inlays and implants	yes			
TENS during childbirth (to combat pain)		1 apparatus for the duration of the insurance, only by a contracted supplier					
Therapeutic holiday camp for children			€ 150.00	€ 250.00	€ 500.00		
Therapeutisch vakantiecamp voor gehandicapten			€ 150.00	€ 250.00	€ 500.00		
Home dialysis	yes						
Toupim or headwear		1x up to € 150.00					
Trans-therapy for the treatment of incontinence (rental costs)		yes					
Thrombosis Service	yes						
Payment for loss of function of any part, capacity or organ of the body due to an accident			€ 250.00 per accident				
Full set of removable implant-retained dentures (overdentures)	yes, except for the statutory personal contribution of € 125.00 per upper or lower set of dentures						
Vaccinations, consultations and medicines in case of a journey abroad		yes					
Holiday hotels/bungalows or sailing holidays for handicapped and chronically ill persons		25%, only with Rode Kruis or Zonnebloem					
Obstetric or midwifery care	yes						
Nursing and care in your own surroundings (extramural)	yes						
Nursing at hospital	yes						

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royaal	Excellent	Beter Voor Nu	Juist Voor Jou
Transport (seated patients transport) for insured patients who are: <ul style="list-style-type: none"> undergoing kidney dialysis; undergoing oncology treatment (radio/ chemotherapy); visually impaired and unable to travel without supervision; wheelchair dependent. 	own transport € 0,31 per km, public transport (2nd class), (multi-person) taxi transport, except for the statutory personal contribution of € 97.00						
Patient transport for other medical indications than under the basic insurance and if there are medical reasons why you are unable to make use of public transport			up to 200 kilometres single journey and when crossing the border up to 55 kilometres from the border: own transport € 0.31 per km, transport (multi-person) taxi. You pay € 97.00 yourself. Total reimbursement € 1,000.00		when crossing the border up to 55 kilometres from the border: own transport € 0.31 per km, transport (multi-person) taxi		
Statutory personal contribution for patient transport				yes			
Transport of insured person and transport of mortal remains to the Netherlands (repatriation)		yes					
Transport costs following care mediation if care is provided in Belgium or Germany			taxi or public transport (second class) and own transport € 0.31 per km				
Freezing (vitrification) of human oocytes and embryos		yes					
Nutrition education by dietitian or weight management consultant					€ 120.00		
Footcare for insured persons with diabetes		yes, limited					
Fertility treatments		yes					
Slimmer Zwanger pregnancy self-help programme			1 subscription for the duration of the insurance				
Independent treatment centre		yes					
Hospital treatment, examination, operation and stay		yes					

Description of treatment	Keuze Zorg Plan or Select Zorg Plan (basic insurance)	Start	Extra	Royal	Excellent	Beter Voor Nu	Juist Voor Jou
Sensory impairment care	yes						
Care advice	yes						
Antenatal classes		€ 50.00 per pregnancy		€ 75.00 per pregnancy			

Extra Supplementary packages

Dental Insurance

Description of treatment	T Start	T Extra	T Royal	T Excellent
A. Dentist/oral hygienist, dental surgeon and clinical dental technician	100%	100%	100%	100%
<ul style="list-style-type: none"> • consultations (C-codes) and second opinion • oral hygiene (M-codes) • filling (V-codes) • pull teeth/molars (h-codes) 				
B. Other treatments	75%	75%	75%	100%
A + B added up	€ 250.00	€ 500.00	€ 1,000.00	€ 1,250.00



Disclaimer

Your privacy - why do we ask for your details?

We ask for your personal details and other details if you apply to us for an insurance policy or a financial service. We use your details within the Achmea Group to conclude and execute agreements. We also provide you with information about products and services which may be important to you.

What else do we use your details for?

We also use your details:

- to manage our customer database;
- to prevent and combat fraud;
- to perform statistical analyses;
- to meet our legal requirements.

Whenever we use your personal data, we observe the applicable rules, such as:

- the Wet Bescherming Persoonsgegevens (Personal Data Protection Act);
- the Gedragscode Verwerking Persoonsgegevens Financiële Instellingen (Code of Conduct for the Processing of Personal Data by Financial Institutions);
- the Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars (Code of Conduct for the Processing of Personal Data by Health Insurers).

If you would prefer not to receive any information about our products and services, or do you not want us to use your e-mail address, please send a letter or e-mail to:

Avéro Achmea
Postbus 101
7300 AC Apeldoorn
www.averoachmea.nl

Information about the Stichting Centraal Informatie Systeem (Central Information System Board) (CIS)

We may request your details from, or have them included in, the files of the Stichting CIS in The Hague. This is the central information system used by insurance companies that operate in the Netherlands. We may do so if you have failed to submit important information and we want to terminate the insurance. It is a way for us to manage risks and prevent fraud.

More information can be found at www.stichtingcis.nl. There, you can also read what the Board actually does with your details.

Applicable law and complaints procedure

The insurance policies are exclusively subject to Dutch law. It goes without saying that we do our very best to provide you with an optimal service at all times. Nevertheless, you may still be unhappy about some aspect of the services we provide. In such instances, you should first contact your adviser or contact person. If you still feel it is necessary to submit a complaint, you can do so by e-mail via our website www.averoachmea.nl (under the section klacht doorgeven ('submit complaint')) or in writing to Avéro Achmea, Centrale Klachtencoördinatie, Antwoordnummer 2241, 8000 VB Zwolle. If, in your opinion, we do not manage to solve the problem satisfactorily and if you are a natural person that is not involved in running a business or engaged in a profession, you can submit your complaint to the authorised complaints board to which we are affiliated: Stichting Klachten and Geschillen Zorgverzekeringen (SKGZ), Postbus 291, 3700 AG Zeist, tel. +31 (0)30 698 83 60, www.skgz.nl

What do we do and who are we?

We offer insurance policies and other financial services. We do not sell our products and solutions to our clients ourselves. Instead we work together with advisers. Our advisers can give you independent advice. This means you will always have insurance that is appropriate.

We are a brand of Achmea, Avéro Achmea Zorgverzekeringen N.V. in Leiden. Achmea is the largest insurer in the Netherlands. Avéro Achmea Zorgverzekeringen N.V. is registered with the Chamber of Commerce under number 30208633 and with the AFM (Stichting Autoriteit Financiële Markten (Netherlands Authority for the Financial Markets)) under number 12001023.

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2316 WZ Leiden

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Keurmerk Klantgericht Verzekeren

Avéro Achmea has acquired the Klantgericht Verzekeren (Customer-oriented Insurance) quality mark

Confidence and certainty are essential for the quality of services provided in the insurance sector. The Klantgericht Verzekeren quality mark is issued by the independent Stichting toetsing verzekeraars (Insurers Assessment Foundation) (Stvw). The quality mark is only awarded to insurers that provide honest information and dynamic services, are easy to contact, assess customer satisfaction and use the ensuing results to improve services, and pursue a consistent quality policy.

