



2021

Internationaal
policy terms and conditions

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General provisions

ONVZ *Internationaal* 2021

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Part A General provisions

ONVZ *Basisfit Internationaal*

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Part A

General provisions of ONVZ

Definitions

Clause 1

Abroad

Any country other than the country of residence.

Accident

A sudden, external violent impact on your body, outside your control, causing medically demonstrable physical injury.

Adjustment disorder

A general term for psychological disorders that involve disrupted behaviour, caused by emotional and psychiatric stress that results from major life changes (e.g. the death of someone close, divorce, losing your job or developments in society).

Admission

Admission to a hospital, mental health-care centre or specialist medical rehabilitation centre if treatment by a medical specialist or dental surgeon is required and, from a medical point of view, such care, examination and treatment can only be provided in a hospital, mental health-care centre or rehabilitation centre.

Alternative/non-conventional medicine

Treatments or diagnostic methods/tests not recognised by conventional medicine and aimed at curing or treating an illness. According to conventional medicine, there is no evidence of the effectiveness.

Anthroposophic medicine (registered)

Medicines classified in the *Handelsproduct antroposofisch volgens aanbieder* [anthroposophic trade product according to supplier] (HA) product category in Z-Index's *G-Standaard* and used in anthroposophic medicine.

Clinical psychologist

A health psychologist specialising in clinical psychology, registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act] and registered in the register of specialist clinical psychologists. The register is administered by the *Federatie van Gezondheidszorgpsychologen* [Federation of Health Psychologists] (FGzP).

Complex multi-morbidity

The existence of various illnesses which, in combination, lead to disorders, limitations, handicaps and loss of well-being. The causes of the problems are difficult to establish and the outcome of treating the various illnesses may also differ from what was expected.

Country of residence

The country where you reside.

Day treatment

Admission for a period of less than 24 hours.

DBC

Diagnose Behandeling Combinatie [Diagnosis treatment combination]. A DBC code describes the total combination of examination and treatment by health-care providers for a health problem.

DBC health-care product

A DBC health-care product is a chargeable specialist medical care package. A DBC health-care product describes the services (examination and treatment) provided by health-care providers for a particular health need. A DBC health-care product starts at the time of the initial consultation and ends within a maximum of 120 days.

The end date is determined by the following factors: clinical or non-clinical health care, operative or conservative treatment, a new health need or follow up of an existing health need. The services are included in a range of DBC and other health-care products. Only Dutch hospitals work with DBC health-care products.

ONVZ converts the costs of specialist medical health care provided by hospitals outside the Netherlands into (a) Dutch DBC health-care product(s) (see Part B, Clause 1).

Doctor

A doctor registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act].

Elderly medical care specialist (previously nursing home doctor)

A doctor registered as an elderly medical care specialist in the register of recognised elderly medical care specialists administered by the Royal Dutch Medical Association. The register is administered by the *Registratiecommissie Geneeskundig Specialisten* [Medical Specialists Registration Committee] (RGS).

Emergency treatment

Medically necessary treatment that could not have been reasonably foreseen upon departure and that cannot be deferred since, from a medical perspective, immediate intervention is required.

General remedial educationalist

A general remedial educationalist registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act]

Health-care plan

A health-care plan that covers the costs of health care equivalent to the ONVZ *Basisfit Internationaal* basic health-care plan.

Health psychologist

A health psychologist registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act].

Homeopathic medicine (registered)

Medicine registered under the *Geneesmiddelenwet* [Medicines Act] as a homeopathic medicine and classified in the *Homeopathisch geregistreerd geneesmiddel* [homeopathic registered medicines] (HM) product category in Z-Index's *G-Standaard*.

Inpatient treatment

Admission for a period of more than 24 hours.

Insurance policy

The ONVZ *Basisfit Internationaal* plan.

Insured person

A person specified on the policy documents as insured person.

Medical adviser

A doctor, dentist, nurse or allied health professional, who advises ONVZ on medical/allied health matters.

Medical necessity

The need for tests, treatment or other nursing care which has been rigorously tested and found to be sound, and which is necessary, effective and not specifically cosmetic.

Medical specialist

An anaesthetist, cardiologist, surgeon, cardiothoracic surgeon, dermatologist, gynaecologist, internist, ENT doctor, paediatrician, clinical geneticist, clinical geriatric specialist, pulmonologist, gastroenterologist, medical microbiologist, neurosurgeon, neurologist, nuclear medicine specialist, ophthalmologist, orthopaedic surgeon, pathologist, plastic surgeon, psychiatrist, radiologist, radiation therapist, rheumatologist, rehabilitation specialist, sports doctor or urologist.

Medical transportation

Transportation which, for medical reasons, cannot occur using public transport. Such transport is necessary for the purposes of medical investigation/tests or treatment.

Mental health-care centre

An organisation that provides specialist mental health care related to a psychological condition and which is legally registered to do so.

Non-medicines

Medicine that is not covered by the *Geneesmiddelenwet* [Medicines Act] and that is registered in Z-Index's *G-Standaard* as *Niet-Genesmiddelen* [unregistered or unlicensed medicine] (NG).

ONVZ

ONVZ Aanvullende Verzekering N.V., De Molen 66, Houten, Netherlands.

Paediatric psychologist

A paediatric psychologist registered as a full member in the appropriate register administered by the Dutch professional association of psychologists (NIP) or as an SKJ paediatric psychologist with the *Stichting Kwaliteitsregister Jeugd* [Youth Quality Register Foundation] (SKJ).

Physician assistant

A medical professional, qualified to higher vocational (HBO) level, registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act] with the specialism physician assistant. A physician assistant is authorised to perform certain duties independently, for example endoscopies, catheterisation, giving injections and prescribing prescription medicines. The physician assistant can also work on instruction from or under supervision of a medical specialist.

Policyholder

The person who took out insurance with ONVZ.

Practitioner

In the Netherlands:

A health-care provider with full membership of a professional organisation that is recognised by ONVZ for the type of care provided. A practitioner must have basic medical and psychosocial knowledge in accordance with the PLATO (*Platform Opleiding, Onderwijs en Organisatie* [Training, Education and Organisation Platform]) requirements. Information about the PLATO requirements is provided at www.onvz.nl (search for: *plato eisen*). The care provided should be considered common practice within the profession. The official rates or the prevailing rates within the profession determine the reimbursements to be paid. A professional organisation's standard rates will prevail.

Outside of the Netherlands:

In case of care outside the Netherlands, the health-care provider must be listed in the appropriate registers as instated by the government of the country where the insured person is domiciled or residing. If no such official state register is available, the health-care provider must be listed in the register of the appropriate professional organisation that is recognised in that country. The health care provided must be recognised as being common practice within the profession, and charges must conform to official rates prevailing at the time in the country in question.

Premium due date

The date on which a premium, excess, personal contribution, or similar amount is due for payment to ONVZ.

Preventive medical investigations

Preventive treatments or investigations by a medical specialist or general practitioner, with the exception of investigations conducted under the *Wet op het Bevolkingsonderzoek* [Population Screening Act].

Primary psychological health care

Diagnosis and short-term general treatment of simple psychiatric conditions. The involvement of a psychiatrist, clinical psychologist or psychotherapist is not required.

Psychiatrist

A doctor registered as a psychiatrist in the specialist register administered by the Royal Dutch Medical Association. The register is administered by the *Registratiecommissie Geneeskundig Specialisten* [Medical Specialists Registration Committee] (RGS).

Registered medicine

Medicine covered by the *Geneesmiddelenwet* [Medicines Act] in the Netherlands for which the Medicines Evaluation Board (CBG) has issued marketing authorisation and which is registered in the *Register van Geneesmiddelen* [Medicines Register]. You can consult the CBG database of medicines at www.cbg-meb.nl.

School doctor

A doctor registered as a Doctor of Public Health in the profile register for school doctors administered by the Royal Dutch Medical Association. The register is administered by the *Registratiecommissie Geneeskundig Specialisten* [Medical Specialists Registration Committee] (RGS).

Specialist medical rehabilitation

Tests, consultation and treatment of a specialist medical, allied health-care, behavioural and rehabilitative nature. The care is provided by a multidisciplinary team of experts under the supervision of a rehabilitation specialist. The team is affiliated with a legally authorised rehabilitation centre.

Specialist mental health care (GGZ)

Diagnostics and specialist treatment of complex and very complex psychiatric conditions.

Supplementary health-care plan

The supplementary health-care plan that you can take out in addition to ONVZ *Basisfit Internationaal* or health insurance provided through the social security system in Belgium, Germany or France.

Vulnerability

A simultaneous decrease across several fronts in the body's ability to withstand physical duress and threats presented by the environment, involving a loss of both physical and mental vitality.

Wet BIG

Wet op de beroepen in de individuele gezondheidszorg [Dutch Individual Health-Care Professions Act].

Wlz

The *Wet langdurige zorg* [Long-term Care Act] (Wlz) covers health care for vulnerable elderly people and for people who, as a result of disability, require care 24 hours a day. The *Centrum indicatiestelling zorg* [Care Needs Assessment Centre] (CIZ) will determine entitlement to health care.

Wmo

The 2015 *Wet maatschappelijke ondersteuning* [Social Support Act] (Wmo) is a kind of social insurance that covers access to and the costs of various health needs and facilities, such as the costs of domestic assistance, modifications to a private dwelling (e.g. stairlift or raised toilet), meals-on-wheels and long-term use of a wheelchair.

You

The insured person covered by the health-care plan.

Legal basis for the health-care plan and supplementary health-care plan(s)

Clause 2

- Paragraph 1 The health-care plan and/or (a) supplementary health-care plan(s) are based on the information submitted on the application form and the information provided separately by you or the policyholder.
- Paragraph 2 You will only be entitled to coverage in cases of medical necessity. This will partly be determined on the basis of effectiveness and quality of the health care and/or services. Health care and/or services may not be unnecessarily expensive or unnecessarily complicated.
- Paragraph 3 In compliance with these policy terms and conditions, you are entitled to reimbursement of health-care costs incurred within the term of the health-care plan. The date of treatment or delivery will be used in the assessment of entitlement, not the invoice date. If the invoice relates to a DBC or DBC health-care product from a Dutch health-care institution for specialist medical care, costs will only be reimbursed if the start date of the DBC or the DBC health-care product is within the term of the health-care plan. If the invoice relates to specialist medical care outside the Netherlands, costs will only be reimbursed if the treatment date of the care concerned is within the term of the health-care plan.
- Paragraph 4 You can claim reimbursement of health-care costs from ONVZ. ONVZ will reimburse the costs that are covered under the health-care plan, with the exception of the applicable personal contributions and excesses. If an agreement exists between the health-care provider and ONVZ, the health-care provider will claim reimbursement directly from ONVZ and ONVZ will pay the health-care provider directly. In that case, ONVZ will have honoured its payment obligations to you. In other cases, ONVZ will pay you directly. If ONVZ pays the health-care provider directly, ONVZ will advance your excess, personal contributions and any costs not covered. You may not transfer your right to the reimbursement of health-care costs to a third party without permission from ONVZ.

Paragraph 5 ONVZ may offset any such advanced amounts against subsequent reimbursements under your health-care plan. If this is not possible, ONVZ will send you an invoice.

Paragraph 6 If ONVZ pays more than is covered under the health-care plan, you will be deemed to have authorised ONVZ to collect the excess amount paid to the health-care provider.

Obligations of the insured person

Clause 3

Paragraph 1 You are obliged to:

1. request that the doctor or medical specialist in attendance notifies the medical adviser of the reason for admission or treatment, if requested to do so, with due regard to privacy/confidentiality legislation;
2. grant ONVZ, the medical adviser or such party assigned to the case for verification purposes, permission to access the information required, with due regard to privacy/confidentiality legislation;
3. assist ONVZ, free of charge, in recovering costs from liable third parties or an insurer/travel insurer and not to prejudice ONVZ' rights when settling your own claims, for injury or otherwise;
4. complete the claims form for each insured person with a clear statement of the illness/condition and treatment, and attach the applicable invoices;
5. in the case of medicines, specify for each medicine:
 - for which illness/condition the medicine was prescribed,
 - the number of items and the quantity in mg or ml,
 - the dosage of the medicine;
6. for invoices for hospitalisation or stays in a mental health-care centre or a rehabilitation centre, include details of:
 - the diagnosis of the attending doctor,
 - the treatment or operation report.

If you wish, you can forward the medical details to the ONVZ medical adviser under separate cover.

Paragraph 2 You must submit original invoices to ONVZ within 36 months of the date of treatment or delivery. Please submit the invoices as soon as possible after receiving them, so that any excess amounts or personal contributions can be settled.

Invoices must be in Dutch, English, French, German or Spanish. The invoice should be formulated in such a way that ONVZ can process it without any further information being required. If the invoice is in a language other than those stated, ONVZ may request a translation – possibly by a sworn translator or translation agency – at your expense.

Paragraph 3 If ONVZ processes a claim on the basis of a (clear) copy of the original invoice, for instance a scanned digital invoice, a photo or a fax, you must keep the original invoice for a year. This term starts at the point at which the claim is submitted. ONVZ may request the original invoice at any time during this term.

Paragraph 4 Failure to fulfil any of the obligations listed above may result in costs not being reimbursed or a delay in processing the invoice(s) concerned.

Other provisions

Clause 4 **Fraud**

Paragraph 1 ONVZ defines fraud as: the deliberate perpetration or attempt to perpetrate forgery of documents, deception, harm to creditors or rightful claimants and/or deception in arranging and/or implementation of the health-care plan, with the intent to obtain payment, reimbursement or medical care for which there is no entitlement, or to obtain insurance coverage under false pretext. Fraud may arise as a result of, for example, misrepresentation, submission of misleading or falsified documents, provision of a false statement in relation to a submitted claim or the concealment of facts that may have been relevant to the claim.

- Paragraph 2 ONVZ may investigate any case of suspected fraud. ONVZ will conduct the investigation in accordance with the *Protocol Verzekeraars en Criminaliteit* [Insurers and Criminality Protocol]. This protocol can be found at www.onvz.nl or requested from the ONVZ Service Centre.
- Paragraph 3 In the event of determination of fraud:
- there will be no entitlement to reimbursement of the costs of health care. This includes those parts of a claim for which nothing was falsified or misrepresented;
 - ONVZ will reclaim all amounts that were paid incorrectly and any other costs arising from the fraud, including the costs of investigation;
 - ONVZ may report the matter to the police;
 - ONVZ may register the policyholder and/or insured person in de registers defined in Clause 10, Paragraph 3;
 - ONVZ will be entitled to terminate the health-care plan with effect from the date on which fraud was committed.
- Paragraph 4 If no health-care plan would have been provided had the actual situation been known, any right to payment will be revoked. This will also be the case if ONVZ was intentionally misled when the health-care plan was taken out. If a health-care plan/supplementary health-care plan with a lower level of coverage would have been offered had the actual situation been known, any claim will be assessed on the basis of that lower level of coverage.

Clause 5 Payment obligations

- Paragraph 1 The policyholder must pay premiums for the basic/supplementary health-care plan(s). The premium is age-dependent and will increase when you come under a higher age category. The change will be effective from the 1st day of the calendar month following the month in which the age in question is reached. The premium is stated in the premium table, which constitutes part of the terms and conditions of the health-care plan. The policyholder must pay the premium and the surcharge referred to in Paragraph 3 in advance in the agreed manner. The policyholder is not entitled to offset the premium payable against any reimbursements to be claimed from ONVZ.
- Paragraph 2 If the policyholder fails to pay the premium, costs not covered, excesses or personal contributions, or fails to pay on time, ONVZ may demand payment in writing after the first (premium) due date.
ONVZ will point out that failure to pay within the specified period will lead to the termination of the health-care plan/supplementary health-care plan. The policyholder will still be obliged to pay any amounts due.
Should ONVZ take steps to collect its claim, all reasonable costs incurred in relation to said collection, through the courts or otherwise, will be borne by the policyholder.
- Paragraph 3 If you or the policyholder are required to pay certain taxes or duties in the country of residence, ONVZ will impose a surcharge on the premium to the value of the tax or duty as levied in the country in question.
- Paragraph 4 Any costs not covered by the health-care plan, excesses and personal contributions settled on behalf of the policyholder for direct payment to the health-care provider must be paid back by the policyholder.
- Paragraph 5 ONVZ reserves the right to charge an annual surcharge on top of the premium. The amount of the surcharge is stated in the premium table, which constitutes part of the terms and conditions of the health-care plan.
- Paragraph 6 If the policyholder fails to make any quarterly, half-yearly or annual payments or fails to make such payments on time, ONVZ may change the payment frequency to monthly.

Clause 6 Notification of relevant events

You or the policyholder will be obliged to notify ONVZ of any events of possible relevance to the correct administration of the health-care plan/supplementary health-care plan within 30 days. Examples of such relevant events include change of address, divorce and death.

ONVZ will send any written communications to you or the policyholder at the last known address.

Clause 7 Changes in premium or terms & conditions

- Paragraph 1 ONVZ may change the terms and conditions of and/or the premium for the basic/supplementary health-care plan(s) for all policyholders or for particular groups. Said change(s) will be effective from a date determined by ONVZ. ONVZ will notify the policyholder in writing of any changes.
- Paragraph 2 If the policyholder does not agree to the change, he/she may terminate the basic/supplementary health-care plan(s) as of the change date. ONVZ must receive written notification of the termination no later than 1 month after the policyholder has received notification of the change. If ONVZ receives no such notification, the basic/supplementary health-care plan(s) will continue subject to the new terms and conditions and/or the new premium.
- Paragraph 3 Collective discounts for the basic/supplementary health-care plan(s) will cease to apply if the terms of the collective health-care plan agreement are no longer fulfilled. The basic/supplementary health-care plan(s) will then continue subject to the individual terms and conditions. The terms and conditions of the collective health-care plan agreement can be obtained from the contracting party (e.g. the employer).

Clause 8 Changing supplementary health-care plans

- Paragraph 1 The policyholder can change the supplementary health-care plan with effect from 1 January each year. This may be subject to a screening procedure. A request to change the supplementary health-care plan must be made before the start of the calendar year or within 30 days of receiving the amended policy terms & conditions for the new calendar year.
- Paragraph 2 When you reach the age of 18, the policyholder can change the health-care plan with effect from the 1st day of the month after your 18th birthday. This may be subject to a screening procedure.
- Paragraph 3 The following will apply in the event of a change as referred to in Paragraphs 1 and 2. Reimbursements under a different supplementary health-care plan will be deducted from the reimbursement available for claims made under the selected health-care plan.

Clause 9 Commencement and termination of (supplementary) health-care plans

- Paragraph 1 The commencement date of the health-care plan is the day on which ONVZ receives the application for a health-care plan. At the request of the policyholder this may also be a later date. The commencement date is specified in the policy document.
- The commencement date of a supplementary health-care plan is 1 January after ONVZ receives the application (in the event that medical history questions are asked, the date that the application is approved).
- The policy is renewed from 1 January of the following year, and every year thereafter, for the duration of 1 calendar year, unless ONVZ has received written cancellation no later than 31 December.
- Paragraph 2 ONVZ is not entitled to terminate the basic/supplementary health-care plan(s) except in the case of concealment or fraud (Clause 4) or non-payment (Clause 5, Paragraph 2).
- Paragraph 3 If the basic/supplementary health-care plan(s) commence(s) within 1 month of the cancellation of a previous health-care plan as of 1 January or further to a change in premium or terms and conditions, the commencement date will be the date on which the previous health-care plan was terminated.
- Paragraph 4 The policyholder is entitled to terminate the health-care plan(s) for an insured person effective as of the date on which insurance becomes mandatory for the insured person in question on the basis of the *Zorgverzekeringswet* [Health Insurance Act].
- The policyholder is entitled to terminate the health-care plan(s) if he/she is informed by the *Nederlandse Zorgautoriteit* [Dutch Health-Care Authority] (NZa) that ONVZ has viewed medical data relating to the policyholder or the insured person not intended for ONVZ, such as the details in an electronic patient record. ONVZ must receive notification of termination no later than 6 weeks after NZa informs the policyholder of the occurrence.

Clause 10 Disputes

- Paragraph 1 This agreement is governed by Dutch Law.
- Paragraph 2 If you do not agree with a decision made by ONVZ, you may ask ONVZ to reconsider. Please address your request to ONVZ' complaints service. The above also applies to the policyholder.
- Paragraph 3 If ONVZ states its reasons for upholding its original decision or does not respond to a request to reconsider its decision, you or the policyholder may present the dispute or complaint relating to the health-care plan to the *Stichting Klachten en Geschillen Zorgverzekeringen*. The complaint may be written in Dutch or English, but the hearing will always be held in Dutch. The SKGZ's *Ombudsman Zorgverzekeringen* [Health-Care Insurance Ombudsman] will, in the first instance, try and resolve the complaint through mediation. If this proves unsuccessful, you or the policyholder may submit the dispute to the SKGZ's *Geschillencommissie Zorgverzekeringen* [Health-Care Insurance Disputes Committee], which will make a binding recommendation for both parties, unless you or the policyholder state before the proceedings begin that the binding recommendation is not wanted.

Stichting Klachten en Geschillen Zorgverzekeringen

Postbus 291, 3700 AG Zeist, Netherlands
Telephone: 088 900 69 00
Email: info@skgz.nl
Internet: www.skgz.nl

Deadlines apply for both you and the policyholder if a complaint or dispute is submitted.

- If you have received an answer from ONVZ to your request to look into your problem again, you can submit your complaint up to 1 year after they replied.
- If you have not received an answer from ONVZ to your request to look into your problem again, you can submit your complaint up to 13 months after your request to reconsider.
- If you would like to submit a dispute to the *Geschillencommissie Zorgverzekeringen* [Health-Care Insurance Disputes Committee], you can do this up to 1 year after the act or omission on ONVZ's part that led to the dispute. If you did not notice the act or omission straight away, the deadline of 1 year begins from the point at which you could reasonably have been aware of the act or omission.
If the *Ombudsman Zorgverzekeringen* [Health-Care Insurance Ombudsman] has considered your complaint and you would like to submit your complaint to the *Geschillencommissie Zorgverzekeringen* [Health-Care Insurance Disputes Committee], you can do this up to 3 months after the Ombudsman has informed you of the outcome of the mediation.

You or the policyholder may also bring the matter before the competent civil court. If you or the policyholder decide to do this, it will no longer be possible to submit the matter to the SKGZ.

- Paragraph 4 If you have any complaints about the way in which ONVZ has treated you or the policyholder, you or the policyholder may also contact our complaints service and, in the second instance, the *Stichting Klachten en Geschillen Zorgverzekeringen*.
- Paragraph 5 You or the policyholder may submit any complaints regarding ONVZ forms to the *Nederlandse Zorgautoriteit* [Dutch Health-Care Authority] (NZA). Such complaints relate to forms you consider superfluous or too complicated. The NZA's judgements are binding.

Nederlandse Zorgautoriteit

T.a.v. de Informatielijn/het Meldpunt
Postbus 3017, 3502 GA Utrecht, Netherlands
Telephone: 088 770 87 70
Email: informatielijn@nza.nl
Internet: www.nza.nl

Clause 11 Registration of personal details

- Paragraph 1 For applications for health insurance or financial services, ONVZ requests personal and other details and registers these in its personal details database. ONVZ uses this information for the purposes of effecting and implementing your health insurance or financial service, managing the ensuing relationships, activities aimed at increasing its customer base, statistical analysis, to satisfy legal requirements and for security and integrity purposes within ONVZ and the financial sector. In doing this, ONVZ will of course comply with the General Data Protection Regulation (GDPR) and the *Gedragcode Verwerking Persoonsgegevens Zorgverzekeraars* [Code of Conduct for the Processing of Personal Data by Health-Care Insurers]. This code of conduct can be found at www.onvz.nl or requested from the ONVZ Service Centre.

- Paragraph 2 If you do not wish to receive any information about products and/or services, or if you wish to revoke permission for the use of your email address, please write to us at ONVZ, Postbus 392, 3990 GD Houten, Netherlands, call us on +31 (0)30 639 62 22, or complete the contact form at www.onvz.nl.
- Paragraph 3 In relation to implementing responsible policies on acceptance, risk and fraud, ONVZ operates an Incident Database in accordance with the *Gedragcode Verwerking Persoonsgegevens Zorgverzekeraars* [Code of Conduct for the Processing of Personal Data by Health-Care Insurers]. ONVZ also operates an Incident Register in accordance with the *Protocol Incidentenwaarschuwingssysteem Financiële Instellingen* [Financial Institutions' Protocol for Incident Alert System]. Under this protocol, we may verify and/or record your details in the *Extern Verwijzingsregister* [External Reference Register] administered by the *Stichting Centraal Informatie Systeem (CIS)* in The Hague. The *Stichting CIS* privacy regulations will apply. More information can be found at www.stichtingcis.nl. You can also request a copy of the regulations from the ONVZ Service Centre.
- Paragraph 4 In administering the health-care plan/supplementary health-care plan, ONVZ may request information from, or provide information to, third parties (such as health-care providers and suppliers) in order to fulfil its obligations. ONVZ uses the national internet portal VECOZO (*Veilige Communicatie in de Zorg* [Secure Communications in Health Care]) for this purpose. Health-care providers and suppliers need this information in order to claim back the costs of health care provided to you. Information here includes your address and policy details. Please inform us in writing if there are important reasons why your address details should not be disclosed to health-care providers or suppliers.
- Paragraph 5 ONVZ has an obligation to include the *burgerservicenummer* [personal identification number] (BSN) in its records. Health-care providers and other service providers must use the BSN in their communications. ONVZ also uses the BSN in its contact with these parties.

Clause 12 Exclusions

- Paragraph 1 The health-care plan does not cover the costs of:
1. influenza vaccinations;
 2. alternative/non-conventional medicine;
 3. medication to prevent illness during travel;
 4. maternity package, surgical dressings and sterile hydrophilic gauze for obstetric care;
 5. prenatal screening for genetic defects, unless there are medical grounds for this;
 6. care provided under the *Wet langdurige zorg* [Long-term Care Act] (Wlz) or *Wet maatschappelijke ondersteuning* [Social Support Act] (Wmo), regardless of whether or not you are entitled to Wlz/Wmo coverage;
 7. personal contributions falling under the *Wet langdurige zorg* [Long-term Care Act] (Wlz), *Wet maatschappelijke ondersteuning* [Social Support Act] (Wmo) or in relation to population screening;
 8. medical examinations for employment or other purposes (e.g. driving licence, pilot's licence or in relation to sport), certification or vaccinations;
 9. fertility-related treatment for female insured persons over 43 years of age;
 10. sports-medical investigation, support and advice not involving necessary medical care. This also excludes coverage for the costs of sports activities aimed at achieving a certain level or improving performance;
 11. missed appointments;
 12. collection - through the courts or otherwise - should you fail to pay a health-care provider's invoice (on time);
 13. injury sustained as a result of armed conflict, civil war, insurrection, riot, rebellion or mutiny as provided in Article 3:38 of the *Wet op het financieel toezicht* [Financial Services (Supervision) Act];
 14. consultations, treatments, medicines or medical appliances provided, prescribed or issued by an insured person for himself/herself or, within a family, by a family member for an insured person, except with prior permission from ONVZ.
- Paragraph 2 This policy will not provide coverage if, in the absence of this policy, you are or would have been able to claim for reimbursement under another policy from an earlier date or otherwise, or under statutory provisions. If you are able to claim coverage through other insurance, from an earlier date or otherwise, or under statutory provisions, this policy will only apply over and above that coverage.

Paragraph 3 In addition to the costs defined in Paragraph 1, under 5 - 14 inclusive and exclusions defined in Paragraph 2, the supplementary health-care plans provide no coverage for:

1. personal contributions payable under foreign or domestic statutory provisions, which are not included in the coverage described in Part B;
2. care not covered under a health-care plan offering coverage in kind (or a variant offering in-kind coverage) taken out for you where the health care could be reasonably provided in a timely fashion by a health-care provider under contract with the health insurer in question, but where the insured person opted nonetheless for a non-contracted health-care provider.

Paragraph 4 For insured persons resident in the Netherlands, the following will apply. Obligations for ONVZ to cover injury sustained as a result of acts of terrorism are limited. Any reimbursement will be no more than ONVZ would receive under reinsurance, which has been placed with the *Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.* [Dutch Reinsurance Company for Losses from Terrorist Acts] (NHT). If ONVZ has not reinsured this risk with NHT, the obligation to pay out any reimbursement will remain limited to that which would be required of it, had this risk been reinsured. NHT reinsurance provides coverage for a maximum of €1 billion per calendar year. This amount may be adjusted annually and applies to all insurers affiliated to NHT combined.

The coverage of the health-care plan/supplementary health-care plan does not extend to the costs of injury caused by terrorism for insured persons who are not resident in the Netherlands.

Terrorist acts include but are not limited to: violent acts, malicious contamination or preparations to these ends, whereby it may be reasonably assumed that they are planned or carried out with intent to realise political, religious or ideological objectives. Preventive measures are included herein.

Clause 13 **Our right to scrutinise the care you receive**

ONVZ is entitled to verify whether the examination, test or treatment your health-care provider charges for were actually carried out and whether this care was necessary given your condition.

Clause 14 **Electronic communications**

Paragraph 1 If you or the policyholder decide to contact ONVZ using electronic means, ONVZ will also be able to communicate with you electronically. Where the policy terms and conditions refer to 'in writing', this also includes 'by email'. In this situation 'address' refers to 'email address'.

Paragraph 2 If you or the policyholder has given us permission to communicate electronically, or to send the policy by electronic means, such permission can be retracted at a later date. This can be done:

- by sending a written request to ONVZ, Verzekerdenadministratie, Postbus 392, 3990 GD Houten, Netherlands;
- by completing the contact form on our website at www.onvz.nl.

ONVZ *Basisfit* *Internationaal 2021*

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Part B Scope of coverage

ONVZ *Basisfit Internationaal* 2021

Clause 1 Basis for restitution

- Paragraph 1 The ONVZ *Basisfit Internationaal* plan offers coverage for the costs of the care and other services set out below. You are free to choose a health-care provider. The health-care provider must comply with current (quality) legislation.
- Paragraph 2 ONVZ will cover the costs up to a maximum of:
1. the rate agreed between the health-care provider and ONVZ,
 2. if there is no contract, the rate stipulated by the *Wet marktordening gezondheidszorg* [Organisation of Health-Care Markets Act] (Wmg), or
 3. if no Wmg rate exists, a prevailing market rate in the Netherlands. ONVZ defines prevailing market rate as an amount charged by the health-care provider which is not unreasonably high when compared with the amount calculated by other health-care providers in the Netherlands for similar activities. For specialist medical care, for example, the health insurer reimburses up to a maximum of the price that 95% of health-care providers charge less than. The health insurer can make an exception if the insured party has a special (medical) reason for a higher price.
- Paragraph 3 Costs of specialist medical health care received outside the Netherlands will be converted into the applicable Dutch DBC health-care product when applying the previous paragraph.
- Paragraph 4 ONVZ reimburses invoices from health-care providers in euros. This reimbursement will be based on the exchange rate that applied on the last working day of the month before that in which the health care or service was received.

Clause 2 Excess

- Paragraph 1 With an ONVZ *Basisfit Internationaal* plan you may opt for an excess. ONVZ deducts the excess from coverage payable under ONVZ *Basisfit Internationaal*. The chosen excess is specified on your policy document. The alternative excess amounts are specified in the premium table, which constitutes part of the terms and conditions of ONVZ *Basisfit Internationaal*.
- Paragraph 2 Costs not covered by ONVZ *Basisfit Internationaal* do not count as part of the excess.
- Paragraph 3 If the ONVZ *Basisfit Internationaal* plan commences or ends during a calendar year, ONVZ will calculate the level of excess by multiplying the applicable level of excess by the number of days the insurance was or will be effective, divided by the number of days in the calendar year. If you turn 18 at any time during a calendar year, ONVZ will calculate the level of excess by multiplying the applicable level of excess by the number of days for which the adult premium is due, divided by the number of days in the calendar year.
- The outcome of these calculations will be rounded off to the nearest whole euro.
- Paragraph 4 For the purposes of offsetting claims for specialist medical care as described in Clause 4 against the excess, any DBCs or DBC health-care products will be allocated to the year in which the DBC or DBC health-care product started. For the purposes of offsetting claims for specialist medical care outside the Netherlands against the excess, the costs of the invoice will be allocated to the year in which the treatment date of the applicable invoice falls.

Clause 3 General medical care

Coverage includes reimbursement of the costs of medical care as provided by general practitioners in the country of residence. The care is provided by a general practitioner or equivalent doctor/health-care provider working under the responsibility of a general practitioner. General medical care consequently also includes related (laboratory) tests.

Clause 4 Specialist medical care

Paragraph 1 Coverage includes reimbursement of the costs of medical care as provided by medical specialists. The care is provided by a medical specialist. With the exception of unforeseen urgent treatment, claims require a referral from a general practitioner, school doctor or corporate doctor before the health care begins. If the specialist medical care relates to pregnancy or delivery, the referral may also be given by a midwife.

In the case of treatments specified on the *Limitatieve lijst machtigingen medisch-specialistische zorg 2021* [Exhaustive list of authorisations for specialist medical care 2021], ONVZ will only reimburse the costs of care where it has granted permission before the health care begins. This list can be found at www.onvz.nl or requested from the ONVZ Service Centre. In the Netherlands, your health-care provider will generally be able to request this permission for you.

Paragraph 2 a. Hospital admission

Coverage includes reimbursement of the costs of basic hospitalisation for a maximum period of 365 days. An interval of a maximum of 30 days is not considered as an interval, but these days do not form part of the 365 days referred to above. Intervals associated with weekend/holiday leave do form part of the 365 days referred to above.

ONVZ will reimburse the costs of specialist medical treatment and hospital stay, whether or not associated with nursing and other care. ONVZ will also reimburse the costs of allied health care, medicines, medical appliances and dressings related to the treatment during the admission.

b. Non-clinical specialist medical care

Coverage includes reimbursement of the costs of specialist medical care provided in or by a hospital, at a private practice operated by the medical specialist or elsewhere. ONVZ will reimburse the costs of specialist medical treatment. ONVZ will also reimburse the costs of associated nursing, allied health care, medicines, medical appliances and dressings.

c. Plastic surgery

The costs of plastic surgery will only be covered if the treatment is to correct:

1. physical disfigurement associated with demonstrable physical dysfunctions;
2. disfigurement as a result of illness, accident or operation;
3. paralysed or weak upper eye lids causing serious impairment of the field of vision or as a result of a congenital abnormality or chronic condition present at birth;
4. the following congenital abnormalities: cleft lip, jaw or palate, deformations of the facial skeleton, benign proliferation of blood vessels, lymph vessels or connective tissue, birth marks or deformations of the urinary tract/genitalia;
5. primary features of genitals where sex reassignment surgery is required.

d. In vitro fertilisation (IVF)

Coverage for the reimbursement of the costs of IVF treatment will extend to the 1st, 2nd and 3rd attempts for each potential pregnancy, providing you are not yet 43 years old upon commencement of the attempt concerned.

If you are under 38 at the time of the 1st or 2nd IVF attempt, ONVZ will reimburse the costs, provided that no more than one embryo is transferred.

An IVF attempt entails:

1. hormone treatment to stimulate the maturation of ova within your ovaries;
2. follicle aspiration;
3. laboratory phase;
4. single or multiple intrauterine transfer of 1 or 2 embryos to initiate pregnancy.

Note:

1. An ICSI (intracytoplasmic sperm injection) treatment with IVF treatment is considered an IVF attempt, whether or not ovum donation is used. No coverage will be provided for the costs of the ovum donation;
2. Reimbursement of the costs of medicines related to the 1st 3 IVF attempts is covered under Clause 4 'Specialist medical care', not Clause 17 'Pharmaceutical care';
3. An attempt always includes successful follicle aspiration. Only attempts that are abandoned after follicle aspiration has taken place are counted in the number of attempts. The transfer of (all of) the embryos created during an attempt (whether or not they have been cryopreserved) is part of the attempt in which the embryos are created, as long as there is no continuing pregnancy;

4. For physiological pregnancies, a continuing pregnancy is defined as a living embryo from at least 12 weeks' pregnancy following the last menstruation. For IVF pregnancies, this is defined as 10 weeks after follicle aspiration. Fertilisation of the ovum takes place immediately after aspiration. For embryos that have been cryopreserved, the count starts at the time of transfer, not aspiration. This means that the defining period is 4 days shorter, i.e. a total of 9 weeks and 3 days;
5. A new attempt following a continuing pregnancy – either a natural or IVF pregnancy – is considered as a new 1st attempt.

- Paragraph 3 Coverage does not extend to costs relating to:
1. abdominoplasty (tummy tuck), unless the procedure is to correct physical disfigurement associated with demonstrable physical dysfunction or other disfigurement as the result of an illness, accident or operation;
 2. surgical placement or replacement of a breast prosthesis, unless this becomes necessary after a full or partial breast amputation, or in the case of agenesis or aplasia of the breast in women or a similar situation in the case of established transsexuality (male/female transgender individuals);
 3. surgical removal of a breast prosthesis without medical necessity;
 4. uvuloplasty (reconstruction of the uvula) to combat snoring;
 5. sterilisation (male or female);
 6. reversal of sterilisation (male or female).
- Paragraph 4 This clause does not cover the costs of specialist mental health care; these are covered by Clause 21. If, however, mental health care is required as part of the integrated treatment by a medical specialist, the costs will not be reimbursed separately under Clauses 20 and 21, rather they will come under the DBC health-care product for the specialist medical care.
- Paragraph 5 The coverage for dental health care provided by a dental surgeon is defined in Clause 16.

Clause 5 Specialist medical nursing care

- Paragraph 1 Coverage includes reimbursement of the costs of health care as provided by nurses. ONVZ will reimburse the costs if the nursing care is medically necessary due to specialist medical care, following or instead of hospitalisation. This health care is provided by a nurse or specialist nurse. This health care does not include: nursing care associated with hospitalisation.
- Paragraph 2 Coverage will only extend to the reimbursement of these costs where ONVZ has granted permission before the health care begins. A treatment plan drafted by a medical specialist must be submitted with the application for such approval to be given. This treatment plan must address the nature and complexity of the impairment or limitation, the disciplines involved in the treatment and the anticipated duration and intensity of the treatment.
- Paragraph 3 Coverage does not include reimbursement of the costs of personal care, artificial respiration at home, palliative terminal care, intensive care for children with a somatic ailment, case management and prevention.

Clause 6 Antenatal/post-natal care

Female insured persons may claim the costs of obstetric and maternity care set out below.

- Paragraph 1 If the birth takes place in a hospital, ONVZ will reimburse:
- the costs of hospital admission in accordance with Clause 4, Paragraph 2a;
 - the costs of a midwife and other specialist medical assistance, as well as the additional costs.

If you, the mother, leave hospital within 8 days of the day of the birth, you will receive a contribution towards the costs of maternity care. This contribution will amount to €200 for each unused day of the 8-day maximum hospital stay (i.e. up to a maximum of €1,600 if you leave hospital on the day of the birth). ONVZ will calculate this contribution on the basis of the number of days' admission charged by the hospital. The amount may be spent as you see fit.

- Paragraph 2 If the birth takes place in a birth centre, outpatient clinic or at home, ONVZ will reimburse:
- the fee for obstetric care provided by the medical specialist, general practitioner or midwife;
 - the use of the outpatient clinic;
 - the costs of maternity care provided in the birth centre.

If you, the mother, leave the birth centre within 8 days of the day of the birth, you will receive a contribution towards the costs of maternity care. This contribution will amount to €200 for each unused day of the 8-day maximum birth centre stay (i.e. up to a maximum of €1,600 if you leave the birth centre on the day of the birth). ONVZ will calculate this contribution on the basis of the number of days' admission charged by the birth centre.

If the birth takes place in an outpatient clinic or at home, the mother will receive €200 per day towards the costs of maternity care, for a maximum period of 8 days (up to a maximum of €1,600).

- Paragraph 3 If, having given birth as referred to in Paragraph 2, a medical necessity for hospitalisation arises within 8 days, the mother will be entitled, from that point in time, to coverage as stated in Paragraph 1.
- Paragraph 4 If the birth takes place in the Netherlands, you can opt for maternity care arranged by ONVZ instead of the contribution towards the costs of maternity care. The birth centre or maternity-care agency indicates based on the *Landelijk Indicatie Protocol Kraamzorg* (an instrument used in the Netherlands to calculate the extent of the required maternity care) what kind of maternity care you and your child need. The number of hours of maternity care will subsequently be determined and allocated in consultation with ONVZ. This maternity care at home is subject to a personal contribution of €4.60 per hour. Further information about maternity care and the procedure for requesting maternity care is set out in Part C (Health-care services). If you opt to have ONVZ arrange maternity care for you, the contribution towards the costs of maternity care as set out in paragraphs 1 and 2 will no longer apply.

Clause 7 Specialist medical rehabilitation

- Paragraph 1 Coverage includes reimbursement of the costs of specialist medical rehabilitation if:
1. this care is the most effective for you with regard to preventing, reducing or overcoming a handicap. The handicap is the result of impairments or limitations of the musculoskeletal system or of a condition of the central nervous system and leads to limitations in terms of communication, cognition or behaviour; and
 2. this care would enable you to achieve or maintain a level of independence which, given your handicap, is reasonably possible.
- Paragraph 2 Specialist medical rehabilitation may take place:
1. as part-time or day treatment;
 2. during a stay in hospital or in a rehabilitation centre, if this is expected to lead to a better result sooner than rehabilitation without admission.
- Paragraph 3 Coverage will only extend to the reimbursement of these costs where ONVZ has granted permission before the health care begins. A treatment plan must be submitted with the request for such approval. This treatment plan must address the nature and complexity of the impairment or limitation, the disciplines involved in the treatment and the anticipated duration and intensity of the treatment.
- Paragraph 4 Coverage does not extend to costs relating to geriatric rehabilitation. This involves integrated and multidisciplinary rehabilitation care, such as the care generally provided by elderly medical care specialists to elderly people suffering from vulnerability, complex multi-morbidity and diminished learning and training ability. In the Netherlands, this kind of care is provided in a legally registered facility with a specialist department for geriatric rehabilitation care.

Clause 8 Organ transplants

- Paragraph 1 Coverage includes reimbursement of the costs of transplant of the following tissues and organs: bone marrow, bone, cornea, skin tissue, kidney, heart, liver (orthotopic), lung, heart/lung, kidney/pancreas. ONVZ will also reimburse the costs of specialist medical care in relation to donor selection and the operative removal of the transplant material from the selected donor. ONVZ also covers the costs of tests, preservation, removal and transportation of cadaveric organ(s)/tissue for the transplant operation.
- Paragraph 2 The donor may claim reimbursement of the costs of care as defined in this health-care plan up to a maximum of 13 weeks after the date of discharge from the establishment to which the donor was admitted for selection or removal of the organ(s)/tissue for the transplant operation. In the event of a liver transplant, this period will be a maximum of six months. The coverage will extend only to the costs of care provided in relation to that admission.
- A donor who is not insured under the *Zorgverzekeringswet* [Health-Care Insurance Act] can claim reimbursement of the costs of transportation in the insured person's country of residence, by the lowest class of public transport, for the selection, admission to and discharge from the hospital and for the health care defined in this paragraph. This transportation may also be by car if medically necessary.
- Paragraph 3 If a donor who is not insured under the *Zorgverzekeringswet* [Health-Care Insurance Act] lives outside your country of residence and a kidney, bone marrow or liver transplant is to take place in your country of residence, ONVZ will reimburse the costs of transportation of the donor to your country of residence and back. ONVZ will also reimburse the other costs incurred by the donor in connection with the transplant, insofar as these costs relate to the donor living outside your country of residence. The latter costs are those incurred other than the cost of staying in your country of residence and other than costs associated with loss of income.
- Paragraph 4 Claims for reimbursement of costs listed under this clause will only be honoured by ONVZ if they have been authorised in advance. The costs of transplants of organs and tissues other than those listed are not covered by this health-care plan.

Clause 9 Dialysis care

Coverage includes reimbursement of the costs of non-clinical haemodialysis and peritoneal dialysis, and the related specialist medical care. The care is provided in a dialysis centre or at your home and may involve tests, treatment, nursing, pharmaceutical care and psychosocial support of yourself or the person(s) who help you perform dialysis at home.

Coverage for home dialysis also includes:

1. the costs of the training, by the dialysis centre, of those who perform or assist with the dialysis at home;
2. the provision or loaning of dialysis equipment and accessories;
3. the costs of regular monitoring and maintenance (including replacement), and the costs of chemicals and fluids required for dialysis;
4. any other items that need to be used for dialysis in the home (e.g. a dialysis chair), where this necessity can be considered reasonable;
5. costs of necessary expert assistance provided by the dialysis centre.

These items apply to haemodialysis and the different types of peritoneal dialysis. The costs are part of the DBC health-care product charged by the hospital or dialysis centre.

In the case of home dialysis, ONVZ will also reimburse other costs associated with home dialysis, in addition to the DBC health-care product. However, these costs come under medical appliances and will be reimbursed in accordance with Clause 20 of the *Reglement Hulpmiddelen* [Medical Appliance Regulations].

Clause 10 Mechanical respiration

Coverage includes reimbursement of the costs of mechanical respiration in a respiratory centre, and the specialist medical care associated with this. Respiration may also be performed at your home under the responsibility of a respiratory centre. In such cases, ONVZ will reimburse the costs of:

1. the provision by the respiratory centre of the required equipment in ready-to-use state;
2. the specialist medical and pharmaceutical care related to mechanical respiration, provided under the responsibility of a respiratory centre.

Clause 11 Oncological conditions

Paragraph 1 Oncological conditions in children

Coverage includes reimbursement of the costs of central diagnostics (reference diagnostics), coordination and registration of bodily samples received.

Paragraph 2 MammaPrint and Oncotype DX

ONVZ will reimburse the costs of MammaPrint and Oncotype DX, prescribed by the attending medical specialist associated with a hospital. MammaPrint and Oncotype DX are diagnostic tests for breast-cancer patients, which enable a better assessment of the risk of metastasis. The attending medical specialist can use the result to make a better decision as to which treatment would be most effective after the operation.

Clause 12 Thrombosis service

Coverage includes reimbursement of the costs of health care given by the thrombosis service. You are required to have a referral from a general practitioner or medical specialist before the health care begins. ONVZ will reimburse the costs of:

1. taking regular blood samples;
2. conducting the necessary laboratory tests (under the responsibility of the thrombosis service) to determine the blood coagulation time;
3. the provision of equipment and accessories to enable you to monitor your blood coagulation time yourself;
4. teaching you to use this equipment and assistance in taking your readings;
5. advice on the use of coagulants or anti-coagulants.

Additional terms and conditions with regard to the coverage under 3 are defined in the *Reglement hulpmiddelen* [Medical Appliance Regulations]. These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 13 Testing for and advice on hereditary diseases

Coverage includes reimbursement of the costs of central diagnostics (reference diagnostics), coordination and registration of blood and bone marrow products submitted, performed by a centre that tests for hereditary diseases. You are required to have a referral from a general practitioner, corporate doctor or medical specialist before the start of the tests and consultation.

ONVZ reimburses the costs of: the investigation of hereditary diseases by means of family tree research, chromosome analysis, biochemical diagnostics, ultrasound and DNA tests, advice on hereditary diseases, and the psychosocial support associated with this form of care. ONVZ will also reimburse the costs of testing people other than yourself, if such tests are necessary in order to give you advice. ONVZ will only reimburse costs incurred by you yourself.

Clause 14 Audiological health care

Coverage includes reimbursement of the costs of health care performed by an audiological centre. You are required to have a referral from a general practitioner, corporate doctor, school doctor, elderly medical care specialist, paediatrician or ENT doctor before the health care begins.

ONVZ will reimburse the costs of:

1. hearing test;
2. advice on hearing aids or other equipment as appropriate;
3. information on the use of the aforementioned equipment;
4. psychosocial care required in relation to the problems of impaired auditory function;
5. help in diagnosing speech and language disorders in children up to the age of 7.

Clause 15 Allied health care

Paragraph 1 Coverage includes reimbursement of the costs of care defined in this clause as provided by physiotherapists, remedial therapists, occupational therapists, speech therapists and dietitians. ONVZ will not reimburse additional costs relating to treatment outside regular working hours.

Paragraph 2 **Physiotherapy and remedial therapy**

Coverage includes reimbursement of the costs of treatment by a physiotherapist, physiotherapist specialising in children, manual therapist, Cesar/Mensendieck remedial therapist, pelvic therapist, geriatrics physiotherapist or oedema therapist.

This requires a medical assessment and diagnosis of a condition listed in Appendix 1 of the *Besluit zorgverzekering* [Health Insurance Decree]. The duration of treatment specified in the decree may not be exceeded.

If you are aged 18 or above, the costs of the first 9 sessions for the condition concerned will not be reimbursed.

Contrary to these provisions, if you are aged 18 or above, ONVZ will reimburse the costs of:

- a maximum of 37 supervised remedial therapy sessions for stage-2 peripheral artery disease for up to 12 months. In this case, coverage will apply from the 1st session;
- a maximum of 12 supervised remedial therapy sessions in relation to osteoarthritis (joint deterioration) in the knee and/or hip joint for up to 12 months. In this case, coverage will apply from the 1st session;
- a maximum of 9 pelvic physiotherapy sessions for urinary incontinence. In this case, coverage will apply from the 1st session;
- in case of COPD at GOLD class II or above:
 - class A, a maximum of 5 supervised remedial therapy sessions once only over a maximum period of 12 months
 - class B1, a maximum of 27 supervised remedial therapy sessions during the first 12-month period, and a maximum of 3 sessions per 12 months thereafter
 - class B2, C and D, a maximum of 70 supervised remedial therapy sessions during the first 12-month period, and a maximum of 52 sessions per 12 months thereafter.

Appendix 1 of the *Besluit zorgverzekering* [Health Insurance Decree] can be found at www.onvz.nl or requested from the ONVZ Service Centre. (*Lijst chronische fysio- en oefentherapie 2021* [List for ongoing physiotherapy and remedial therapy 2021]).

Paragraph 3 For physiotherapy and remedial therapy for children under 18, for cases other than those referred to in Paragraph 2, coverage will include reimbursement of the costs of a maximum of 9 sessions with a physiotherapist, physiotherapist specialising in children, manual therapist, pelvic therapist, or Cesar/Mensendieck remedial therapist per diagnosis per calendar year. If insufficient results have been achieved after 9 sessions, ONVZ will reimburse the costs of a maximum of 9 additional sessions with the aforementioned health-care providers for these insured persons per diagnosis per calendar year. The insured person is required to have a referral from a general practitioner or medical specialist before the additional sessions begin.

Paragraph 4 **Occupational therapy**

Coverage includes reimbursement of the costs of advice, instruction, training or treatment by an occupational therapist with the aim of improving or restoring the insured person's ability to look after himself/herself. ONVZ will reimburse a maximum of 10 hours' treatment per calendar year. The occupational therapist may provide the care at their practice or at your home.

Paragraph 5 **Speech therapy**

Coverage includes reimbursement of the costs of treatment performed by a speech therapist. ONVZ will reimburse the costs of speech therapy where there is a medical aim and treatment is expected to restore or improve speech. The costs of treatment of language development problems involving a dialect or foreign language will not be reimbursed.

Paragraph 6 **Dietetics**

Coverage includes reimbursement of the costs of information and advice on nutrition and eating habits provided with a medical purpose by a dietitian. ONVZ will reimburse a maximum of 4 hours' treatment per calendar year.

Clause 16 Dental health care

Paragraph 1 General dental health care

1. ONVZ will reimburse the following costs up to a combined maximum of €340 per insured person per calendar year:
 - for insured persons up to the age of 18, the costs of general dental health care (including technical costs) as provided by a dentist (or, where dental prostheses are involved, a prosthodontist);
 - for insured persons up to the age of 18, contributions for a children's dental care service;
 - for insured persons up to the age of 23, the costs of tooth replacement using non-plastic materials and the placing of dental implants. The care provided must involve the replacement of 1 or more missing, permanent incisors or canine teeth (front teeth) which have not fully developed or are missing as the direct result of an accident. The necessity of this care must be determined before you reach the age of 18.
2. Coverage will include reimbursement (regardless of age) of the costs of dental treatment if a physical condition or a congenital or acquired dental abnormality has led to a serious chewing dysfunction.

You will only be eligible for this coverage if:

 - the treatment is carried out in a centre affiliated with a university or equivalent;
 - the treatment requires a team approach and/or specific expertise; and
 - ONVZ has granted prior permission. A treatment plan must be submitted with the request for such approval. ONVZ may also impose stricter conditions.

Paragraph 2 Dental surgery

Coverage includes reimbursement of the costs of dental surgery performed by a dental surgeon.

- Paragraph 3 Coverage includes reimbursement of the costs of hospitalisation in relation to specialist surgical dental care for a continuous period of no more than 365 days. An interval of a maximum of 30 days is not considered as an interval, but these days do not form part of the 365 days referred to above. Intervals associated with weekend/holiday leave do form part of the 365 days referred to above.

ONVZ will reimburse the costs of specialist dental surgery and hospital stay, whether or not associated with nursing and other care. ONVZ will also reimburse the costs of allied health care, medicines, medical appliances and dressings related to the treatment during the admission.

- Paragraph 4 Coverage includes reimbursement of the costs of dental implants and the costs of fitting them, if:

- the treatment is performed by a dental surgeon;
- your jaw is severely shrunk and toothless;
- the implant serves to anchor a full removable prosthesis;
- the proposed treatment is effective and not unnecessarily expensive or unnecessarily complicated;
- ONVZ has granted prior permission.

ONVZ will only reimburse the dental surgeon's fee and related hospital costs. Coverage does not include the costs of fitting the fixed part of the suprastructure on to the implants and of the overdenture. The suprastructure is the part of the implant above the gum.

Paragraph 5 Jaw orthopaedics

Coverage includes reimbursement of the costs of orthopaedic jaw treatment performed by an orthodontist upon referral from the general practitioner or dentist before the treatment begins in cases of:

- an orthopaedic abnormality of the jaw as a direct result of a cleft lip and/or jaw and/or palate;
- an orthopaedic abnormality of the upper and/or lower jaw which can only be corrected by means of surgery requiring preliminary or follow-up orthopaedic jaw treatment;
- an orthopaedic abnormality of the jaw as a direct result of a physical development disorder, 1 symptom of which is an excessive number of teeth in combination with late or abnormal eruption.

Clause 17 Pharmaceutical care

- Paragraph 1 Coverage extends to costs relating to:

1. medicines listed in Appendix 1 of the *Regeling zorgverzekering* [Health-Care Regulations].
2. medicines (as long as rational pharmacotherapy is applied) referred to in:
 - a. Article 40, Paragraph 3, Sub-paragraph a, of the *Geneesmiddelenwet* [Medicines Act]. This clause relates to pharmacy preparations, also known as magistral preparations. The costs of pharmacy preparations equivalent or practically equivalent to a registered medicine that is not listed in Appendix 1 of the *Regeling zorgverzekering* [Health-Care Regulations] are excluded from cover;

- b. Article 40, Paragraph 3, Sub-paragraph c of the *Geneesmiddelenwet* [Medicines Act] that are prepared in the Netherlands by a manufacturer as defined in Article 1, Paragraph 1, Sub-paragraph mm of that Act. This article relates to medicines that do not have marketing authorisation in the Netherlands. Such medicines may be covered in individual cases, if the attending doctor has obtained permission from the government to have the medicine prepared in the Netherlands by an authorised Dutch manufacturer;
- c. Article 40, Paragraph 3, Sub-paragraph c of the *Geneesmiddelenwet* [Medicines Act] that are available commercially in another country and are brought into the Netherlands, and are intended for one of the doctor's patients who is suffering from an illness which does not commonly occur in the Netherlands (less than 1 case per 150,000 heads of the population). This article relates to medicines that do not have marketing authorisation in the Netherlands. Such medicines may be covered in individual cases if the attending doctor has obtained permission from the government to order the medicine from outside of the Netherlands;
- d. Article 40, Paragraph 3, Sub-paragraph c of the *Geneesmiddelenwet* [Medicines Act] that are available commercially in another country and are brought into the Netherlands, if the medicine is intended to replace a registered medicine as referred to under 1 which temporarily cannot be supplied or cannot be supplied in sufficient quantity by the holder(s) of the marketing authorisation or the parallel marketing authorisation that has been granted under the *Geneesmiddelenwet* [Medicines Act] or the regulation referred to in Article 1, Paragraph 1, Sub Paragraph fff of said act; or
- e. Article 52, Paragraph 1 of the *Geneesmiddelenwet* [Medicines Act], if the medicine is intended to replace a registered medicine as referred to under 1 which temporarily cannot be supplied or cannot be supplied in sufficient quantity by the holder(s) of the marketing authorisation or the parallel marketing authorisation that has been granted under the *Geneesmiddelenwet* [Medicines Act] or the regulation referred to in Article 1, paragraph 1, Sub Paragraph fff of said act.

Rational pharmacotherapy is interpreted as treatment or diagnosis with a form of medicine that is suitable for the patient, the effectiveness of which has been demonstrated in scientific literature and which is the most economical.

- 3. polymeric, oligomeric, monomeric and modular dietary preparations.
- 4. dispensing the aforementioned medicines and the costs of advice and support as provided by pharmacists in relation to selection of the right medicine and the responsible use of the medicines. This advice and support is provided by health-care providers registered under the terms of the *Wet BIG* [Dutch Individual Health-Care Professions Act].

Advice and support includes:

- a. introductory support in relation to new medicines;
- b. explanation of the use of medicine-related medical appliances prescribed for the patient;
- c. assessment of chronic use of prescription medication;
- d. pharmaceutical support where day treatment or a visit to an outpatient clinic is concerned;
- e. pharmaceutical support where hospital admission is concerned;
- f. pharmaceutical support in relation to discharge from hospital.

Paragraph 2 The substances listed in Paragraph 1 must be prescribed by the attending doctor, medical specialist, dentist, dental specialist, midwife, specialist nurse or physician assistant. In the case of dietary preparations, a dietitian can also prescribe the substances. Such medicines must be dispensed by a licensed pharmacist or dispensing practice. A dietary preparation can also be provided by a specialist supplier.

It may be that a medicine as defined in 1, 2 or 3 of Paragraph 1 is not available in the country where you are residing, or that, instead of a medicine as defined in 1, 2 or 3 of Paragraph 1, an equivalent medicine is commonly used in routine health care in that country. In such cases, ONVZ will cover the costs of the equivalent medicine. If it concerns a medicine that is equivalent to a medicine included in Appendix 2 of the *Regeling zorgverzekering* [Health-Care Regulations], ONVZ will only cover the costs if there is a medical assessment in accordance with the provisions defined in this Appendix. Coverage will only extend to reimbursement of the costs of a medicine and the dietary preparations listed in Appendix 2 of the *Regeling zorgverzekering* [Health-Care Regulations] if there is a medical assessment in accordance with the provisions defined in this Appendix.

Appendices 1 and 2 of the *Regeling zorgverzekering* [Health-Care Regulations] may be amended during the course of the year. An up-to-date summary is available on request from the ONVZ Service Centre and can also be found at www.wetten.nl.

Dispensing quantities

ONVZ will reimburse the costs of a medicine for:

- a. 15 days for medication you have not taken before;
- b. 15 days for antibiotics to combat an acute ailment or for cytostatics (chemotherapy drugs);
- c. up to 3 months for a medicine to treat a chronic illness, excluding hypnotics (sleep-inducing drugs) and anxiolytics (anti-anxiety drugs);
- d. up to 1 year for oral contraceptives;
- e. up to 1 month for the 1st dispensation of medicines for which the costs amount to over €1,000 per month during the adjustment period (first 6 months);
- f. up to 1 month for hypnotics and anxiolytics;
- g. up to 1 month in all other cases.

If a medicine falls under more than one category, the shortest period applies.

Paragraph 3 ONVZ will only reimburse the costs of dietary preparations if adjustments in normal nutrition and nutritional supplements alone will not suffice and you:

1. suffer from a metabolic disorder; or
2. suffer from a food allergy; or
3. suffer from a resorption disorder; or
4. suffer from illness-related malnutrition or a risk to that effect and this has been determined using a validated screening instrument; or
5. rely on dietary preparations as per the guidelines used by the relevant professional groups.

Paragraph 4 With regard to over-the-counter medication for chronic use listed in the *Regeling zorgverzekering* [Health-Care Regulations], ONVZ will not reimburse the costs of use during the first 15 days. This includes laxatives, calcium tablets, anti-allergy products, products to stop diarrhoea, products to prevent dry eyes and emetics, as well as other medicines with an equivalent active substance and the same dosage form.

Also, with regard to proton-pump inhibitors for chronic use (including combination preparations that contain proton-pump inhibitors) listed in the *Regeling zorgverzekering* [Health-Care Regulations], ONVZ will not reimburse the costs of use during the first 15 days.

ONVZ will reimburse the costs of over-the-counter medication and proton-pump inhibitors (including combination preparations that contain proton-pump inhibitors) if they are listed in the *Regeling zorgverzekering* [Health-Care Regulations] and they are prescribed to you for chronic use. In that case, the attending doctor must specify on the repeat prescription that you have been prescribed the medication for longer than 6 months and that it is prescribed to treat a chronic ailment. The term 'C.G.' is used to indicate this. The pharmacist will also specify it on the invoice.

Paragraph 5 **Personal contribution**

The medicines listed in the *Regeling zorgverzekering* [Health-Care Regulations] have been classified, as far as possible, into groups of equivalent medicines. The government sets a maximum reimbursement amount for each group.

If the price charged for a particular medicine is higher than the maximum reimbursement amount, the difference will be charged as a personal contribution. A personal contribution will also apply for a medicine prepared from a medicine subject to a personal contribution.

Paragraph 6 **Permission**

Prior permission from ONVZ is required for the reimbursement of a number of substances. Any request for permission must include a written explanation from the attending doctor, also stating the reasons. When giving permission, ONVZ can decide the length of time for which the permission applies.

Prior permission is required for the following substances:

- a. medicines specified in Paragraph 1, Sub-paragraphs 2b and 2c of this clause;
- b. dietary preparations specified in Paragraph 1, Sub-paragraph 3 of this clause;
- c. a number of medicines listed in Appendix 2 of the *Regeling zorgverzekering* [Health-Care Regulations]. A list of these medicines and more information about the request procedure is available in the *Toestemming geneesmiddelen 2021* [2021 permission for medicines] document, the latest version of which can be found at www.onvz.nl or requested from the ONVZ Service Centre.

ONVZ will reimburse the costs of assessment of chronic use of prescription medication without prior permission once per calendar year. Reimbursement of the costs of a 2nd and additional medication assessment is subject to prior permission from ONVZ. To this end, you must submit a written explanation from your attending doctor or pharmacist, also stating the reasons, to ONVZ in good time.

- Paragraph 7 Coverage does not extend to costs relating to:
- pharmaceutical care in the cases defined in the *Regeling zorgverzekering* [Health-Care Regulations];
 - medicines registered in the Netherlands not listed in Appendix 1 of the *Regeling zorgverzekering* [Health-Care Regulations];
 - the personal contribution in accordance with Paragraph 5;
 - over-the-counter medication other than that listed in the *Regeling zorgverzekering* [Health-Care Regulations];
 - medicines relating to a health risk when travelling;
 - medicines for tests as defined in Article 40, Paragraph 3, Sub-paragraph b of the *Geneesmiddelenwet* [Medicines Act];
 - medicines that are equivalent or practically equivalent to a registered medicine that is not listed in Appendix 1 of the *Regeling zorgverzekering* [Health-Care Regulations];
 - medicines as defined in Article 40, Paragraph 3, Sub-paragraph f of the *Geneesmiddelenwet* [Medicines Act]. These are medicines for which an application for marketing authorisation has been submitted to the European Medicines Agency or for which clinical tests are still ongoing.

Clause 18 Medical appliances

- Paragraph 1 Coverage includes reimbursement of the costs or loan of functioning medical appliances and dressings as listed in the *Reglement Hulpmiddelen* [Medical Appliance Regulations]. These regulations also define the conditions for reimbursement, loan of medical appliances and the specific requirements for each appliance. These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Contrary to the *Reglement Hulpmiddelen* [Medical Appliance Regulations], ONVZ will reimburse the costs of pessaries and copper IUDs for insured persons of all ages.

- Paragraph 2 If the *Reglement Hulpmiddelen* [Medical Appliance Regulations] specifies as such, prior permission from ONVZ will be required for the provision, replacement, correction or restoration of a medical appliance. ONVZ may also impose stricter conditions.

- Paragraph 3 The costs of normal use, for example the costs of energy consumption and batteries, will not be reimbursed unless the *Reglement Hulpmiddelen* [Medical Appliance Regulations] specifies otherwise.

- Paragraph 4 ONVZ will only reimburse the costs of, or lend out medical appliances if the appliances in question are necessary, effective and not unnecessarily expensive or complicated.

Coverage will not extend to the reimbursement of the costs or loan if the medical appliance is only to be used at the place of work or education. Personal medical appliances for hearing disorders, used to modify the workplace for someone who is hard-of-hearing, may be an exception to this rule. The terms and conditions for this are specified in the *Reglement Hulpmiddelen* [Medical Appliance Regulations].

- Paragraph 5 ONVZ will only reimburse the costs of dressings in the event of a serious condition requiring long-term medical treatment with such materials.

- Paragraph 6 In some cases, specialist medical care will include the costs of medical appliances and dressings used at home under the responsibility of a medical specialist. Such items will be reimbursed through a DBC health-care product, not under the provision for medical appliances. The report *Afbakening hulpmiddelenzorg en geneeskundige zorg zoals medisch-specialisten die plegen te bieden 2* [Specification of medical appliances and medical care as provided by medical specialists 2] published by the Health-Care Insurance Board (CVZ), currently known as the National Health Care Institute, is authoritative on this. This report can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 19 Ambulances and medical transportation

- Paragraph 1 Medical transportation is defined as transportation by:

1. ambulance;
2. taxi;
3. private car;
4. helicopter.

ONVZ will only reimburse the costs of transportation by ambulance or helicopter in cases of emergency.

Transportation by car will be reimbursed at the rate of €0.28 per kilometre, using the shortest normal route. Within Europe, the amount reimbursed will be ascertained with reference to the optimum route by car according to the Routenet route planner.

The costs of transportation of a companion will not be reimbursed if you are not travelling at the same time, for example if you are admitted and the companion travels home alone.

- Paragraph 2 Coverage includes reimbursement of the costs of medical transportation for a maximum distance of 300 kilometres. This relates to transportation:
- to a health-care provider or institution where you will receive care, the costs of which are covered under the ONVZ *Basisfit Internationaal* plan;
 - from this health-care provider or institution to your own home, or to someone else's home if you cannot reasonably receive the necessary care in your own home.
- This limit of 300 kilometres does not apply if ONVZ gives prior permission for the health care to be provided at a specific health-care provider's practice.
- Paragraph 3 If medical transportation by ambulance, helicopter, taxi or private car is not possible, you may request prior permission from ONVZ to use another form of transportation.
- Paragraph 4 ONVZ will also cover the transportation of a companion if necessary or if the patient is a child under the age of 16. In exceptional cases, you can request prior permission from ONVZ for transportation with 2 companions.
- Paragraph 5 In giving permission for transportation referred to in paragraphs 3 and 4, ONVZ may impose specific conditions in relation to the mode of transportation.
- Paragraph 6 If the medical transportation takes place within the Netherlands, ONVZ can arrange taxi transportation for you. The procedure for requesting this is set out in Part C (Health-care services).

Clause 20 Primary psychological health care

- Paragraph 1 Coverage includes reimbursement of the costs of primary psychological health care as provided by clinical psychologists. The health care may be provided by a health psychologist, clinical psychologist, psychotherapist, paediatric psychologist, or a general remedial educationalist.
- Paragraph 2 ONVZ will reimburse a maximum of 8 sessions of primary psychological care per calendar year, up to a maximum of €98 per consultation (of 60 minutes).
- ONVZ will not cover accommodation expenses.
- Paragraph 3 Primary psychological health care requires a referral from a general practitioner, corporate doctor, school doctor or medical specialist before the health care begins. This requirement will be waived in acute cases.

Clause 21 Specialist mental health care (GGZ)

- Paragraph 1 **Admission to a psychiatric hospital**
Coverage includes reimbursement of the costs of admission to a psychiatric hospital, or the psychiatric wing of a hospital for no longer than 365 days. An interval of a maximum of 30 days is not considered as an interval, but these days do not form part of the 365 days referred to above. Intervals associated with weekend/holiday leave do form part of the 365 days referred to above.
- ONVZ will reimburse the costs of specialist psychiatric treatment and accommodation, whether or not associated with nursing and other care, in accordance with a suitable Dutch DBC for Specialist mental health care (GGZ) or the Wmg rate for this. ONVZ will also reimburse the costs of allied health care, medicines, medical appliances and dressings related to the treatment during the admission.
- Paragraph 2 **Specialist mental health care (GGZ)**
Coverage includes reimbursement of the costs of specialist mental health care (GGZ) by a psychiatrist or at a mental health-care centre (*GGZ-instelling*) under the responsibility of a psychiatrist. ONVZ will reimburse the costs of treatment, in accordance with a suitable Dutch DBC for Specialist mental health care (GGZ) and the associated Wmg rate. ONVZ will also reimburse the costs of nursing, medicines, medical appliances and dressings associated with the treatment.

Paragraph 3 The extent of coverage is limited to care such as psychiatrists and clinical psychologists typically offer. Such health care does not include primary psychological health care as referred to in Clause 20.

Paragraph 4 Admission to a psychiatric hospital and non-clinical specialist mental health care requires a referral by a general practitioner, school doctor, or medical specialist.

Paragraph 5 **Personal contribution**

If you are 18 or older, a personal contribution will be incurred for any period of admission exceeding 31 days in the context of specialist psychiatric treatment. This personal contribution applies from the 32nd day of admission and is €145 per month. An interval of a maximum of 7 days is not considered as an interval, but these days do not form part of the 31 days referred to above. Intervals associated with weekend/holiday leave do form part of the 31 days referred to above.

For periods of admission of part of a month, ONVZ calculates the personal contribution by multiplying €145 by 12, dividing the result by 365 and then multiplying the quotient obtained by the number of days' admission in that particular month.

Paragraph 6 Coverage does not extend to costs relating to:

- treatment of adjustment disorders;
- assistance in the event of work-related and relationship problems;
- psychoanalysis.

Clause 22 Preventive care

Coverage includes reimbursement of the costs of the following forms of preventive care, carried out by the general practitioner or medical specialist:

- preventive check-ups for bowel cancer, cervical cancer and breast cancer, once every 5 years;
- vaccinations for the prevention of serious infectious diseases in children aged 4 years or younger.

Clause 23 Assistance and repatriation

Paragraph 1 **ONVZ Zorgassistance**

In the event of hospitalisation due to an acute illness or accident outside your country of residence, you are obliged to contact (or have someone else contact) ONVZ *Zorgassistance*. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week (see Part C).

Paragraph 2 **Repatriation**

In the event of serious illness or serious injury, coverage will include reimbursement of the costs of essential medical repatriation to your country of residence or, if the treatment cannot be provided in your country of residence, to the Netherlands.

Repatriation must be arranged by ONVZ *Zorgassistance*. For repatriation, you are obliged to seek the assistance from ONVZ *Zorgassistance* immediately.

Paragraph 3 **Medical details**

You will grant ONVZ *Zorgassistance*'s medical adviser permission to pass on all relevant details to ONVZ's medical adviser where necessary. This includes information relating to the cause and background of hospitalisation or repatriation.

Part C Health-care services

ONVZ *Basisfit Internationaal* 2021

ONVZ *ZorgConsulent*: from prevention to aftercare

Being healthy and staying healthy is of paramount importance to ONVZ. This means that ONVZ does more than just reimburse customers' invoices. You can contact ONVZ for waiting list and other mediation, if you need health care to be arranged and for information on health, illness, prevention and health care. Please contact the ONVZ *ZorgConsulent*.

The ONVZ *ZorgConsulent* adviser can be contacted during office hours on 0800 022 14 50 in the Netherlands (free of charge) or on +31 (0)30 639 62 24 from abroad.

Information about health, illness, prevention and health care

The ONVZ *ZorgConsulent* also provides you with the following services:

- general information by telephone from a doctor or dietitian about illnesses, ailments and nutrition;
- information on subjects relating to health care, a healthy lifestyle, exercise and nutrition.

ONVZ *Zorgassistance*

If you are unexpectedly admitted to a hospital outside your country of residence, you must contact (or have someone else contact) ONVZ *Zorgassistance*. This also applies in the event of essential repatriation. You will be asked to provide the customer number and name of the insured person. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week on the following telephone number: +31 (0)88 668 97 67.

The following is furthermore applicable to insured persons staying in the Netherlands for the express purpose of receiving treatment under the coverage of this health-care plan:

eHealth

ONVZ believes that it is important that you have as much personal control over your health and treatment as possible. eHealth can help you in this respect. eHealth uses information and communication technology (ICT) to support or improve your health. In many cases, it offers alternative ways of providing health care, which are covered in your health-care plan. For further information about the options and reimbursement of eHealth, please contact the ONVZ *ZorgConsulent*.

ONVZ *Kraamzorg Service*

Maternity care is part of the coverage for antenatal/post-natal care as defined in Clause 6 in Part B of the ONVZ *Basisfit Internationaal* basic health-care plan. For information on maternity care, or if you would like ONVZ to arrange your maternity care, please call ONVZ *Kraamzorg Service*. You can also request maternity care by visiting www.onvz.nl/kraamzorg. ONVZ *Kraamzorg Service* will arrange maternity care through a recognised maternity-care organisation. You should request maternity care at least 4 months before the expected date of birth. The ONVZ *Kraamzorg Service* is ready to take your call between 8am and 5.30pm on working days, on +31 (0)88 668 97 05.

Transportation by taxi

Transportation by taxi is part of the coverage for other medical transportation as defined in Clause 19 in Part B of the ONVZ *Basisfit Internationaal* basic health-care plan. To ensure the best service for its members, ONVZ has contracted a taxi company to arrange taxi transportation for insured persons within the Netherlands. To make use of this service, please call the taxi company on 0900 333 33 30, between 8.30am and 5pm on working days.

Health-care mediation

If you need medical assistance but it cannot be provided quickly (enough), you can request health-care mediation from the ONVZ *ZorgConsulent*, who will endeavour to shorten the waiting time. The ONVZ *ZorgConsulent* will also try to help if you request health-care mediation for any other reason.

ONVZ *Extrafit*

Internationaal 2021

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Part B Scope of coverage

ONVZ *Extrafit Internationaal*

If coverage is offered under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and ONVZ *Extrafit Internationaal* offers supplementary coverage, you must act in accordance with the terms and conditions of *Basisfit Internationaal* or the other health-care plan.

Unless stated otherwise, the (maximum) coverage applies per insured person. Coverage will only be provided in the event of medical necessity.

ONVZ will reimburse the costs of the health care and other services **set out in the clauses below, provided in your country of residence**, on the basis of statutory rates and performance or the prevailing market conditions in that country up to:

- a maximum of 200% of the statutory rates and performance in the Netherlands or prevailing market conditions in the Netherlands for the same health care; and/or
- the maximum amount specified in the clauses below.

Costs of treatment received **in the Netherlands** will be reimbursed up to a maximum of 100% of the statutory rates and performance or in accordance with the market conditions in the Netherlands. ONVZ defines prevailing market rate as an amount charged by the health-care provider which is not unreasonably high when compared with the amount calculated by other health-care providers in the Netherlands for similar activities.

For health care and services **outside your country of residence**, please see Clause 10.

Clause 1 **Antenatal/post-natal care for deliveries in the Netherlands**

Female insured persons who stay in the Netherlands to give birth are entitled to a maternity package, provided by the ONVZ *Kraamzorg Service*. The procedure for requesting this is described in Part C (Health-care services).

Clause 2 **Physiotherapy and remedial therapy**

ONVZ will reimburse the costs of treatment provided by a physiotherapist, manual therapist or Cesar/Mensendieck remedial therapist for a maximum of 9 sessions per calendar year.

Clause 3 **Pharmaceutical care**

- Paragraph 1 ONVZ will reimburse up to a maximum of €100 per calendar year for:
- registered medicines which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan. If, in the country where you reside, a registered medicine as referred to here is not available or if a medicine equivalent to this registered medicine is used as part of routine health care, ONVZ will cover the costs of that equivalent medicine;
 - the costs of provision of and advice and support with these medicines;
 - the personal contributions for medicines in accordance with Clause 17, Paragraph 5, of the ONVZ *Basisfit Internationaal* basic health-care plan;
 - dressings used to cover or dress skin conditions or wounds under the responsibility of the attending doctor which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan.

The medicines and dressings must be prescribed by the attending doctor, medical specialist, dental specialist, midwife, specialist nurse or physician assistant. The medicines must, however, be supplied by a pharmacist or dispensing practice.

- Paragraph 2 This clause provides no coverage for costs relating to:
- medicines administered in hospital as part of hospital treatment (intramural) and charged by the hospital (as specialist medical care);
 - substances classified as unlicensed medicine (*Niet Geneesmiddel*);
 - homeopathic or anthroposophic medicines;
 - vaccinations and preventive medicines. See the terms of coverage in Clause 5;
 - over-the-counter medications which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan;
 - medicines used for fertility treatment or artificial reproduction techniques;
 - medicines for erectile dysfunction;
 - medicines to treat hair loss (baldness);
 - pharmaceutical health-care services, other than dispensing prescription medications (and providing introductory support in relation to new medicines);
 - the medicine or statutory personal contribution where a refund scheme applies. Some medicines are covered by a manufacturer's refund scheme, under which the manufacturer refunds the costs of or statutory personal contribution for that medicine. ONVZ will not cover the medicine or statutory personal contribution where this kind of scheme is in operation. This is the case even where the manufacturer insists that you first claim the costs back from your health insurance company.

Clause 4 **Alternative/non-conventional medicine**

- Paragraph 1 ONVZ will reimburse the costs of consultation or treatment provided by a doctor or practitioner who practices alternative/non-conventional medicine. The coverage is for no more than 1 consultation/treatment per day and up to €30 per consultation/treatment, up to a maximum of €100 per calendar year.
- Paragraph 2 ONVZ will not reimburse the cost of tests (laboratory or otherwise) relating to the treatment and prescribed by the doctor or practitioner referred to in Paragraph 1.

Clause 5 **Vaccinations**

ONVZ will reimburse the costs of vaccinations against hepatitis A and B, DTP, yellow fever, typhoid, cholera, meningococcal disease and rabies, and the costs of malaria prophylactics in connection with travel abroad from your country of residence, up to a maximum of €75 per calendar year.

Clause 6 **Personal contribution for medical appliances**

ONVZ will reimburse a maximum of €250 per calendar year for personal contributions in accordance with ONVZ's *Reglement Hulpmiddelen* [Medical Appliance Regulations].

ONVZ will reimburse, up to a maximum of €100 per calendar year, the costs of a wig not otherwise covered because the maximum coverage offered under the ONVZ *Basisfit Internationaal* basic health-care plan has been exceeded.

These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 7 **Other medical appliances**

- Paragraph 1 **SIDS (cot death) monitoring equipment**
ONVZ will reimburse the costs of the hire or loan of monitoring equipment for a period of up to 18 months, upon referral from the attending doctor and provided ONVZ has granted prior permission. For more information, please contact the ONVZ *ZorgConsulent* (see Part C).
- Paragraph 2 **Wheelchairs/Invalid carriages**
ONVZ will reimburse the costs of the loan of non-electrically driven wheelchairs or invalid carriages where their use is medically necessary. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.

- Paragraph 3 **Arch supports**
ONVZ will reimburse the costs of arch supports, if prescribed by the attending doctor and supplied by an orthopaedic technician. The maximum reimbursement is €100 per calendar year.
- Paragraph 4 **Nursing equipment**
ONVZ will reimburse the costs of hiring nursing equipment. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.
- Paragraph 5 **Bed-wetting alarm**
ONVZ will reimburse the costs of the hire or purchase of a bed-wetting alarm (incl. sensor underwear), up to a maximum of €85 for the duration of the health-care plan, if prescribed by the attending doctor.

Clause 8 **Special treatments/therapies**

- Paragraph 1 **Acne treatment**
ONVZ will reimburse the costs of acne treatment by a skin therapist or beautician for insured persons up to 21 years of age. Treatment must be prescribed by the attending dermatologist. The costs will only be reimbursed if ONVZ has given prior permission. The maximum reimbursement is €250 per calendar year.
- Paragraph 2 **Cosmetic camouflage instruction**
ONVZ will reimburse the costs of a maximum of 2 sessions of cosmetic camouflage instruction provided by a skin therapist or beautician. Coverage will only be provided in cases of serious neck and/or facial skin disfigurements. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must state the nature and severity of the disfigurement(s). The maximum reimbursement is €70 per calendar year.
- Paragraph 3 **Epilation (electrical or laser treatment)**
In case of excessive facial hair growth, ONVZ will cover the costs of epilation (electrical or laser treatment) up to a maximum of €150 for the duration of the health-care plan. Treatment must be prescribed by the attending doctor. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must show the nature and severity of the ailment, the nature of any complaints in which it may result and details of any other treatment that has already taken place.
- Paragraph 4 **Lymph drainage therapy**
ONVZ will reimburse the costs of treatment of serious lymphoedema, if the treatment is prescribed by the attending doctor and provided by a skin therapist. The costs will only be reimbursed if ONVZ has given prior permission.
- Paragraph 5 **Podiatry**
ONVZ will reimburse the costs of care provided by a foot specialist, *registerpodoloog* [registered podiatrist/chiroprapist] or *podoposturaal therapeut* [podopostural therapist], if the treatment is prescribed by the attending doctor. ONVZ will also reimburse the costs of manufactured podiatric soles and orthoses and nail braces. The maximum reimbursement is €150 per calendar year.
- Paragraph 6 **Psoriasis day treatment**
ONVZ will reimburse the costs of treatment in a recognised psoriasis day treatment centre up to a maximum of €500 per calendar year. Treatment must be prescribed by the attending doctor.
- Paragraph 7 **Stuttering therapy**
ONVZ will reimburse the costs of stuttering therapy received at a stuttering therapy institute up to a maximum of €350 for the duration of the health-care plan. The treatment must be prescribed by the attending doctor and the costs will only be reimbursed if ONVZ has given prior permission.

Clause 9 Accommodation costs

Paragraph 1 **Stay in a guest house for insured persons temporarily in the Netherlands**

If you are younger than 18 and are being treated in a hospital, ONVZ will reimburse €12.50 per day of the personal contribution owed up to a maximum of €260 per calendar year for your co-insured parents to stay in a Ronald McDonald House or in a guest house associated with the hospital.

If you are aged 18 or above and have been admitted to hospital, ONVZ will reimburse the costs for a co-insured family member to stay in a guest house associated with the hospital during your admission, up to a maximum of €25 per day.

Paragraph 2 **Therapeutic camp for asthmatic children**

ONVZ will reimburse the personal contribution up to a maximum of €6 per day for a maximum of 42 days per calendar year. An attending doctor must give a referral for such a stay.

Clause 10 Abroad

ONVZ will reimburse the following costs **outside your country of residence**:

Paragraph 1 **Emergency treatment**

ONVZ will reimburse costs incurred outside your country of residence, in accordance with the terms and conditions of ONVZ *Extrafit Internationaal*, if they relate to emergency treatment. These costs will be reimbursed in accordance with the statutory rate or prevailing market rate in the country in question up to a maximum of twice the statutory rate or prevailing market rate in the Netherlands or the maximum amount specified in the terms and conditions.

Paragraph 2 **Planned treatment**

- ONVZ will reimburse costs incurred outside your country of residence, in accordance with the terms and conditions of ONVZ *Extrafit Internationaal*, if they relate to planned treatment. These costs will be reimbursed in accordance with the statutory rate or prevailing market rate in the country in question up to a maximum of the statutory rate or prevailing market rate in the Netherlands or the maximum amount specified in the terms and conditions;
- ONVZ will reimburse the costs of specialist medical care in accordance with Clause 4 of Part B of the ONVZ *Basisfit Internationaal* basic health-care plan when it is provided in a hospital in Belgium or Germany. This only applies where the costs are higher than the amount that would have been reimbursed if the health care had been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market amount in this country. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this.

However, prior to the treatment you must contact the *ZorgConsulent* that has helped you in your selection of a health-care provider.

Exclusions

The above reimbursement excludes the costs of:

- use of a *Chefarzt* or *Oberarzt* (medical specialist in Germany) and *ereloon(supplementen)* (doctor's fee (and any supplements) in Belgium), or associated costs;
- alternative/non-conventional health care.

Paragraph 3 **Exchange rate**

ONVZ reimburses invoices from health-care providers in euros. This reimbursement will be based on the exchange rate that applied on the last working day of the month before that in which the health care or service was received.

Clause 11 ONVZ Zorgassistance

Paragraph 1 **ONVZ Zorgassistance**

If you are admitted to hospital due to an acute illness or accident during a temporary stay outside your country of residence, you are obliged to contact (or have someone else contact) ONVZ *Zorgassistance*. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week (see Part C).

Paragraph 2 **Repatriation**

Coverage includes essential medical repatriation to your country of residence, including the prescribed medical accompaniment, in the event of a serious illness or severe injury. ONVZ *Zorgassistance* will arrange the repatriation.

For repatriation, you are obliged to seek immediate assistance from ONVZ *Zorgassistance*.

Paragraph 3 **Medical details**

Wherever necessary, you will grant ONVZ *Zorgassistance*'s medical adviser permission to provide all relevant details to ONVZ's medical adviser relating to the cause and background of the hospital admission and/or repatriation.

Part C Health-care services

ONVZ *Extrafit Internationaal* 2021

ONVZ *ZorgConsulent*: from prevention to aftercare

Being healthy and staying healthy is of paramount importance to ONVZ. This means that ONVZ does more than just reimburse customers' invoices. You can contact ONVZ for waiting list mediation, if you need health care to be arranged and for information on health, illness, prevention and health care. Please contact the ONVZ *ZorgConsulent*.

The *ZorgConsulent* can be contacted during office hours on 0800 022 14 50 in the Netherlands (free of charge), or on +31 (0)30 639 62 24 from abroad.

Information about health, illness, prevention and health care

The ONVZ *ZorgConsulent* also provides you with the following services:

- general information by telephone from a doctor or dietitian about illnesses, ailments and nutrition;
- information on subjects relating to health care, a healthy lifestyle, exercise and nutrition.

ONVZ *Zorgassistance*

If you are unexpectedly admitted to a hospital outside your country of residence, you must contact (or have someone else contact) ONVZ *Zorgassistance*. This also applies in the event of essential repatriation. You will be asked to provide the customer number and name of the insured person. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week on the following telephone number: +31 (0)88 668 97 67.

The following is furthermore applicable to insured persons staying in the Netherlands for the express purpose of receiving treatment under the coverage of this health-care plan:

eHealth

ONVZ believes that it is important that you have as much personal control over your health and treatment as possible. eHealth can help you in this respect. eHealth uses information and communication technology (ICT) to support or improve your health. In many cases, it offers alternative ways of providing health care, which are covered in your health-care plan. For further information about the options and reimbursement of eHealth, please contact the ONVZ *ZorgConsulent*.

Maternity package

If you have any questions about maternity care or would like to request the maternity package, please contact the ONVZ *Kraamzorg Service*. ONVZ *Kraamzorg Service* is ready to take your call between 8am and 5.30pm on working days, on +31 (0)88 668 97 05. You can also request maternity care by visiting www.onvz.nl/kraamzorg. Details of the maternity package can be found at www.onvz.nl.

Health-care mediation

If you need medical assistance but it cannot be provided quickly (enough), you can request health-care mediation from the ONVZ *ZorgConsulent*, who will endeavour to shorten the waiting time. The ONVZ *ZorgConsulent* will also try to help if you request health-care mediation for any other reason.

ONVZ *Benefit*

Internationaal 2021

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Part B Scope of Coverage

ONVZ *Benefit Internationaal* 2021

If coverage is offered under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and ONVZ *Benefit Internationaal* offers supplementary coverage, you must act in accordance with the terms and conditions of *Basisfit Internationaal* or the other health-care plan.

Unless stated otherwise, the (maximum) coverage applies per insured person. Coverage will only be provided in the event of medical necessity.

ONVZ will reimburse the costs of the health care and other services **set out in the clauses below, provided in your country of residence**, on the basis of statutory rates and performance or the prevailing market rates in that country up to:

- a maximum of 200% of the statutory rates and performance in the Netherlands or prevailing market conditions in the Netherlands for the same health care; and/or
- the maximum amount specified in the clauses below.

Costs of treatment received **in the Netherlands** will be reimbursed up to a maximum of 100% of the statutory rates and performance or in accordance with the market conditions in the Netherlands. ONVZ defines prevailing market rate as an amount charged by the health-care provider which is not unreasonably high when compared with the amount calculated by other health-care providers in the Netherlands for similar activities.

For health care and services **outside your country of residence**, please see Clause 12.

Clause 1 **Antenatal/post-natal care for deliveries in the Netherlands**

The following is applicable to female insured persons who stay in the Netherlands to give birth and who opt for maternity care arranged by ONVZ:

Paragraph 1 A payment of €250 for maternity care. You can use this to pay, for example, the personal contribution for maternity care.

Paragraph 2 **Maternity package**
The expectant mother is entitled to a maternity package, provided by the ONVZ *Kraamzorg Service*. The procedure for requesting this is described in Part C (Health-care services).

Clause 2 **Allied health care**

Paragraph 1 **Physiotherapy and remedial therapy**
ONVZ will reimburse the costs of treatment provided by a physiotherapist, manual therapist or Cesar/Mensendieck remedial therapist for a maximum of 9 sessions per calendar year.

Paragraph 2 ONVZ shall reimburse the costs of the following treatments up to a combined maximum of €500 per calendar year:

- orthoptic care provided by an orthoptist;
- chiropractic therapy by a chiropractor;
- osteopathy by an osteopath.

Treatments must be prescribed by the attending general practitioner or medical specialist.

Clause 3 **Pharmaceutical care**

Paragraph 1 ONVZ will reimburse a maximum of €200 per calendar year of the costs of:

- registered medicines which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan. If, in the country where you reside, a registered medicine as referred to here is not available or if a medicine equivalent to this registered medicine is used as part of routine health care, ONVZ will cover the costs of that equivalent medicine;

- the costs of provision of and advice and support with these medicines;
- the personal contributions for medicines in accordance with Clause 17, Paragraph 5, of the ONVZ *Basisfit Internationaal* basic health-care plan;
- dressings used to cover or dress skin conditions or wounds under the responsibility of the attending doctor which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan.

The medicines and dressings must be prescribed by the attending doctor, medical specialist, dental specialist, midwife, specialist nurse or physician assistant. The medicines must, however, be supplied by a pharmacist or dispensing practice.

- Paragraph 2 This clause provides no coverage for costs relating to:
- medicines administered in hospital as part of hospital treatment (intramural) and charged by the hospital (as specialist medical care);
 - substances classified as unlicensed medicine (*Niet Geneesmiddel*);
 - homeopathic or anthroposophic medicines;
 - vaccinations and preventive medicines. See the terms of coverage in Clause 5;
 - dispensing over-the-counter medications which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan;
 - medicines used for fertility treatment or artificial reproduction techniques;
 - medicines for erectile dysfunction;
 - medicines to treat hair loss (baldness);
 - pharmaceutical health-care services, other than dispensing prescription medications (and providing introductory support in relation to new medicines);
 - the medicine or statutory personal contribution where a refund scheme applies. Some medicines are covered by a manufacturer's refund scheme. In this case, the manufacturer will refund the medicine if it is not covered under the *Basis* health-care plan or will refund the statutory personal contribution. ONVZ will not cover the medicine or statutory personal contribution where this kind of scheme is in operation. This is the case even where the manufacturer insists that you first claim the costs back from your health insurance company.

Clause 4 **Alternative/non-conventional medicine**

Paragraph 1 ONVZ will reimburse the costs of consultation or treatment provided by a doctor or practitioner who practices alternative/non-conventional medicine. The coverage is for no more than 1 consultation/treatment per day and up to €30 per consultation/treatment, up to a maximum of €250 per calendar year.

Paragraph 2 ONVZ will not reimburse the cost of tests (laboratory or otherwise) relating to the treatment and prescribed by the doctor or practitioner referred to in Paragraph 1.

Clause 5 **Vaccinations**

ONVZ will reimburse the costs of vaccinations against hepatitis A and B, DTP, yellow fever, typhoid, cholera, meningococcal disease and rabies, and the costs of malaria prophylactics in connection with travel abroad from your country of residence, up to a maximum of €75 per calendar year.

Clause 6 **Personal contribution for medical appliances**

ONVZ will reimburse a maximum of €250 per calendar year for personal contributions in accordance with ONVZ's *Reglement Hulpmiddelen* [Medical Appliance Regulations].

ONVZ will reimburse, up to a maximum of €100 per calendar year, the costs of a wig not otherwise covered because the maximum coverage offered under the ONVZ *Basisfit Internationaal* basic health-care plan has been exceeded.

These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 7 Other medical appliances

- Paragraph 1 **SIDS (cot death) monitoring equipment**
ONVZ will reimburse the costs of the hire or loan of monitoring equipment for a maximum period of 18 months, upon referral from the attending doctor and provided ONVZ has granted prior permission. For further information, please contact the ONVZ *ZorgConsulent* (see Part C).
- Paragraph 2 **Wheelchairs/Invalid carriages**
ONVZ will reimburse the costs of the loan of non-electrically driven wheelchairs or invalid carriages where their use is medically necessary. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.
- Paragraph 3 **Arch supports**
ONVZ will reimburse the costs of arch supports, if prescribed by the attending doctor and supplied by an orthopaedic technician. The maximum reimbursement is €150 per calendar year.
- Paragraph 4 **Nursing equipment**
ONVZ will reimburse the costs of hiring nursing equipment. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.
- Paragraph 5 **Bed-wetting alarm**
ONVZ will reimburse the costs of the hire or purchase of a bed-wetting alarm (incl. sensor underwear), up to a maximum of €85 for the duration of the health-care plan, if prescribed by the attending doctor.

Clause 8 Special treatments/therapies

- Paragraph 1 **Acne treatment**
ONVZ will reimburse the costs of acne treatment by a skin therapist or beautician for insured persons up to 21 years of age. Treatment must be prescribed by the attending dermatologist. The costs will only be reimbursed if ONVZ has given prior permission. The maximum reimbursement is €500 per calendar year.
- Paragraph 2 **Cosmetic camouflage instruction**
ONVZ will reimburse the costs of a maximum of 2 sessions of cosmetic camouflage instruction provided by a skin therapist or beautician. Coverage will only be provided in cases of serious neck and/or facial skin disfigurements. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must state the nature and severity of the disfigurement(s). The maximum reimbursement is €70 per calendar year.
- Paragraph 3 **Dietetics**
ONVZ will reimburse the costs of information and advice on nutrition and eating habits provided by a dietitian up to a maximum of €120 per calendar year.
- Paragraph 4 **Epilation (electrical or laser treatment)**
In case of excessive facial hair growth, ONVZ will cover the costs of epilation (electrical or laser treatment) up to a maximum of €350 for the duration of the health-care plan. Treatment must be prescribed by the attending doctor. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must show the nature and severity of the ailment, the nature of any complaints in which it may result and details of any other treatment that has already taken place.
- Paragraph 5 **Lymph drainage therapy**
ONVZ will reimburse the costs of treatment of serious lymphoedema, if the treatment is prescribed by the attending doctor and provided by a skin therapist. The costs will only be reimbursed if ONVZ has given prior permission.
- Paragraph 6 **Pedicure**
ONVZ will reimburse the costs of foot care provided by a pedicurist in cases of diabetes mellitus or rheumatoid arthritis, and of the orthoses and toenail braces provided, up to a maximum of €100 per calendar year.

Paragraph 7 **Podiatry**
ONVZ will reimburse the costs of care provided by a foot specialist, *registerpodoloog* [registered podiatrist/chiroprapist] or *podoposturaal therapeut* [podopostural therapist], if the treatment is prescribed by the attending doctor. ONVZ will also reimburse the costs of manufactured podiatric soles and orthoses and nail braces. The maximum reimbursement is €250 per calendar year.

Paragraph 8 **Psoriasis day treatment**
ONVZ will reimburse the costs of treatment in a recognised psoriasis day treatment centre up to a maximum of €500 per calendar year. Treatment must be prescribed by the attending doctor.

Paragraph 9 **Stuttering therapy**
ONVZ will reimburse the costs of stuttering therapy received at a stuttering therapy institute up to a maximum of €350 for the duration of the health-care plan. The treatment must be prescribed by the attending doctor and the costs will only be reimbursed if ONVZ has given prior permission.

Clause 9 Accommodation costs

Paragraph 1 **Stay in a guest house for insured persons temporarily in the Netherlands**
If you are younger than 18 and are being treated in a hospital, ONVZ will reimburse €12.50 per day of the personal contribution owed up to a maximum of €260 per calendar year for your co-insured parents to stay in a Ronald McDonald House or in a guest house associated with the hospital.

If you are aged 18 or above and have been admitted to hospital, ONVZ will reimburse the costs for a co-insured family member to stay in a guest house associated with the hospital during your admission, up to a maximum of €25 per day.

Paragraph 2 **Therapeutic camp for young people**
ONVZ will reimburse the personal contribution towards the costs of a therapeutic camp for young people who are overweight or who have asthma, diabetes mellitus, constitutional eczema, or an oncological condition. The maximum reimbursement is €250 for a maximum of 1 camp per calendar year. An attending doctor must give a referral for such a stay.

Clause 10 Orthodontics

If you are aged 18 or younger, ONVZ will reimburse the costs of orthodontic treatment (such as a brace) by a dentist or orthodontist, as follows. For the entire duration of the health-care plan, the maximum reimbursement will be €750 in the first 12 months after the treatment starts and up to €750 in the subsequent 12 months. Reimbursement will cease at the end of these 2 years, or when you reach the age of 18.

Clause 11 Influenza vaccination

ONVZ will reimburse the costs of the annual influenza vaccination.

Clause 12 **Abroad**

ONVZ will reimburse the following costs **outside your country of residence**:

Paragraph 1 **Emergency treatment**

In cases of acute illness or accidents during time spent outside your country of residence, ONVZ will reimburse the cost of care as provided for in this paragraph.

In an EU/EEA or treaty country:

- costs which are not otherwise covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan, but only where these exceed the amount that would have been reimbursed had the care been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market rate in the country concerned. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this;
- costs which, under the terms and conditions of the ONVZ *Benefit Internationaal* health-care plan, are covered up to a maximum of the statutory or prevailing market rate in the country concerned.

Outside EU/EEA and treaty countries:

- costs which are not otherwise covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan, but only where these exceed the amount that would have been reimbursed had the care been provided in the Netherlands. In such cases the coverage will be limited to twice the statutory rate or prevailing market rate in the Netherlands. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this;
- costs which, under the terms and conditions of the ONVZ *Benefit Internationaal* health-care plan, are covered up to a maximum of twice the statutory or prevailing market rate in the Netherlands.

Paragraph 2 **Planned treatment**

- ONVZ will reimburse costs incurred outside your country of residence, in accordance with the terms and conditions of ONVZ *Benefit Internationaal*, if they relate to planned treatment. These costs will be reimbursed in accordance with the statutory rate or prevailing market rate in the country in question up to a maximum of the statutory rate or prevailing market rate in the Netherlands or the maximum amount specified in the terms and conditions; ONVZ will reimburse the costs of specialist medical care in accordance with Clause 4 of Part B of the ONVZ *Basisfit Internationaal* basic health-care plan when it is provided in a hospital in Belgium or Germany. This only applies where the costs are higher than the amount that would have been reimbursed if the health care had been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market amount in this country. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this.

However, prior to the treatment you must contact the *ZorgConsulent* that has helped you in your selection of a health-care provider.

Exclusions

The above reimbursement excludes the costs of:

- use of a *Chefarzt* or *Oberarzt* (medical specialist in Germany) and *ereloon(supplementen)* (doctor's fee (and any supplements) in Belgium), or associated costs;
- alternative/non-conventional health care.

Paragraph 3 **Exchange rate**

ONVZ reimburses invoices from health-care providers in euros. This reimbursement will be based on the exchange rate that applied on the last working day of the month before that in which the health care or service was received.

Clause 13 **ONVZ Zorgassistance**

Paragraph 1 **ONVZ Zorgassistance**

If you are admitted to hospital due to an acute illness or accident during a temporary stay outside your country of residence, you are obliged to contact (or have someone else contact) ONVZ *Zorgassistance*. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week (see Part C).

Paragraph 2 **Repatriation**

Coverage includes essential medical repatriation to your country of residence, including the prescribed medical accompaniment, in the event of a serious illness or severe injury. In the event of death, ONVZ will reimburse the costs of repatriation of the physical remains to the country of residence. ONVZ *Zorgassistance* will arrange the repatriation.

For repatriation, you are obliged to seek immediate assistance from ONVZ *Zorgassistance*.

Paragraph 3 **Medical details**

Wherever necessary, you will grant ONVZ *Zorgassistance*'s medical adviser permission to provide all relevant details to ONVZ's medical adviser relating to the cause and background of the hospital admission and/or repatriation.

Part C Health-care services

ONVZ *Benefit Internationaal* 2021

ONVZ *ZorgConsulent*: from prevention to aftercare

Being healthy and staying healthy is of paramount importance to ONVZ. This means that ONVZ does more than just reimburse customers' invoices. You can contact ONVZ for waiting list mediation, if you need health care to be arranged and for information on health, illness, prevention and health care. Please contact the ONVZ *ZorgConsulent*.

The *ZorgConsulent* can be contacted during office hours on 0800 022 14 50 in the Netherlands (free of charge), or on +31 (0)30 639 62 24 from abroad.

Information about health, illness, prevention and health care

The ONVZ *ZorgConsulent* also provides you with the following services:

- general information by telephone from a doctor or dietitian about illnesses, ailments and nutrition;
- information on subjects relating to health care, a healthy lifestyle, exercise and nutrition.

ONVZ *Zorgassistance*

If you are unexpectedly admitted to a hospital outside your country of residence, you must contact (or have someone else contact) ONVZ *Zorgassistance*. This also applies in the event of essential repatriation. You will be asked to provide the customer number and name of the insured person. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week on the following telephone number: +31 (0)88 668 97 67.

The following is furthermore applicable to insured persons staying in the Netherlands for the express purpose of receiving treatment under the coverage of this health-care plan:

eHealth

ONVZ believes that it is important that you have as much personal control over your health and treatment as possible. eHealth can help you in this respect. eHealth uses information and communication technology (ICT) to support or improve your health. In many cases, it offers alternative ways of providing health care, which are covered in your health-care plan. For further information about the options and reimbursement of eHealth, please contact the ONVZ *ZorgConsulent*.

Maternity package

If you have any questions about maternity care or would like to request the maternity package, please contact the ONVZ *Kraamzorg Service*. ONVZ *Kraamzorg Service* is ready to take your call between 8am and 5.30pm on working days, on +31 (0)88 668 97 05. You can also request maternity care by visiting www.onvz.nl/kraamzorg. Details of the maternity package can be found at www.onvz.nl.

Health-care mediation

If you need medical assistance but it cannot be provided quickly (enough), you can request health-care mediation from the ONVZ *ZorgConsulent*, who will endeavour to shorten the waiting time. The ONVZ *ZorgConsulent* will also try to help if you request health-care mediation for any other reason.

ONVZ *Optifit*

Internationaal 2021

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Part B Scope of Coverage

ONVZ *Optifit Internationaal* 2021

If coverage is offered under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and ONVZ *Optifit Internationaal* offers supplementary coverage, you must act in accordance with the terms and conditions of *Basisfit Internationaal* or the other health-care plan.

Unless stated otherwise, the (maximum) coverage applies per insured person. Coverage will only be provided in the event of medical necessity.

ONVZ will reimburse the costs of the health care and other services **set out in the clauses below, provided in your country of residence**, on the basis of statutory rates and performance or the prevailing market conditions in that country up to:

- a maximum of 200% of the statutory rates and performance in the Netherlands or prevailing market conditions in the Netherlands for the same health care; and/or
- the maximum amount specified in the clauses below.

Costs of treatment received **in the Netherlands** will be reimbursed up to a maximum of 100% of the statutory rates and performance or in accordance with the market conditions in the Netherlands. ONVZ defines prevailing market rate as an amount charged by the health-care provider which is not unreasonably high when compared with the amount calculated by other health-care providers in the Netherlands for similar activities.

For health care and services **outside your country of residence**, please see Clause 14.

Clause 1 **Antenatal/post-natal care for deliveries in the Netherlands**

The following is applicable to female insured persons who stay in the Netherlands to give birth and who opt for maternity care arranged by ONVZ:

Paragraph 1 A payment of €350 for maternity care. You can use this to pay, for example, the personal contribution for maternity care.

Paragraph 2 **Maternity package**
The expectant mother is entitled to a maternity package, provided by the ONVZ *Kraamzorg Service*. The procedure for requesting this is described in Part C (Health-care services).

Clause 2 **Allied health care and sports doctors**

Paragraph 1 **Physiotherapy and remedial therapy**
ONVZ will reimburse the costs of treatment by the following therapists up to a maximum of 35 sessions per calendar year:

- physiotherapist;
- manual therapist (maximum of 9 sessions per year);
- Mensendieck remedial therapist;
- Cesar remedial therapist.

Paragraph 2 ONVZ shall reimburse the costs of the following treatments up to a combined maximum of €750 per calendar year:

- orthoptic care provided by an orthoptist;
- chiropractic therapy by a chiropractor;
- osteopathy by an osteopath;
- sports-medical investigation, sports-medical and exercise advice, sports-medical support, preventive medical investigations and sports examination, all performed by a sports doctor.

Treatments must be prescribed by the attending general practitioner or medical specialist.

Clause 3 Primary psychological health care

ONVZ will reimburse the costs of primary psychological health care from the 9th consultation up to a maximum of €500 per calendar year. The health care may be provided by a health psychologist, clinical psychologist, psychotherapist, paediatric psychologist, or a general remedial educationalist.

ONVZ will not cover accommodation expenses.

Clause 4 Pharmaceutical care

- Paragraph 1 ONVZ will reimburse a maximum of €4,540 per calendar year of the costs of:
- over-the-counter medications that are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan;
 - registered medicines which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan. If, in the country where you reside, a registered medicine as referred to here is not available or if a medicine equivalent to this registered medicine is used as part of routine health care, ONVZ will cover the costs of that equivalent medicine;
 - the personal contributions for medicines in accordance with Clause 17, Paragraph 5, of the ONVZ *Basisfit Internationaal* basic health-care plan;
 - melatonin that can only be obtained from the pharmacist with a doctor's prescription. ONVZ will not reimburse the costs of freely available melatonin (i.e. without a prescription);
 - provision of and advice and support with these medicines;
 - dressings used to cover or dress skin conditions or wounds under the responsibility of the attending doctor which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan.

The medicines and dressings must be prescribed by the attending doctor, medical specialist, dental specialist, midwife, specialist nurse or physician assistant. The medicines must, however, be supplied by a pharmacist or dispensing practice.

- Paragraph 2 This clause provides no coverage for costs relating to:
- medicines administered in hospital as part of hospital treatment (intramural) and charged by the hospital (as specialist medical care);
 - all substances classified as unlicensed medicine (*Niet Geneesmiddel*);
 - homeopathic or anthroposophic medicines. See the terms of coverage in Clause 5, Paragraph 2;
 - vaccinations and preventive medicines. See the terms of coverage in Clause 6;
 - medicines for erectile dysfunction;
 - medicines to treat hair loss (baldness);
 - pharmaceutical health-care services other than dispensing prescription medications (and providing introductory support in relation to new medicines);
 - the medicine or statutory personal contribution where a refund scheme applies. Some medicines are covered by a manufacturer's refund scheme. In this case, the manufacturer will refund the medicine if it is not covered under the *Basis* health-care plan or will refund the statutory personal contribution. ONVZ will not cover the medicine or statutory personal contribution where this kind of scheme is in operation. This is the case even where the manufacturer insists that you first claim the costs back from your health insurance company.

Clause 5 Alternative/non-conventional medicine

- ONVZ will reimburse the following costs combined up to a maximum of €400 per calendar year:
- the costs of consultation or treatment provided by a doctor or practitioner who practices alternative/non-conventional medicine. The coverage is for no more than 1 consultation/treatment per day and up to €65 per consultation/treatment;
 - the costs of registered homeopathic or anthroposophic medicines. The homeopathic or anthroposophic medicines must have been prescribed by a doctor or practitioner as referred to above and supplied by a licensed pharmacist or dispensing practice;
 - the costs of tests (e.g. laboratory tests) relating to the treatment and prescribed by the doctor or practitioner as referred to above.

Clause 6 Vaccinations

ONVZ will reimburse the costs of vaccinations against hepatitis A and B, DTP, yellow fever, typhoid, cholera, meningococcal disease and rabies, and the costs of malaria prophylactics in connection with travel abroad from your country of residence, up to a maximum of €100 per calendar year.

Clause 7 Personal contribution for medical appliances

ONVZ will reimburse a maximum of €500 per calendar year for personal contributions in accordance with ONVZ's *Reglement Hulpmiddelen* [Medical Appliance Regulations].

ONVZ will reimburse, up to a maximum of €150 per calendar year, the costs of a wig not otherwise covered because the maximum coverage offered under the ONVZ *Basisfit Internationaal* basic health-care plan has been exceeded.

These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 8 Other medical appliances

Paragraph 1 Glasses/contact lenses/intraocular lenses/laser eye treatment

ONVZ will reimburse the costs of prescription/corrective lenses for glasses (including the frame), prescription/corrective contact lenses or intraocular lenses to correct defective vision, and laser eye treatment, up to a combined maximum of €175 per 2 consecutive calendar years. When making a reimbursement, reimbursements made in the previous calendar year will be deducted. Reimbursements made in the previous calendar year will count towards the maximum reimbursement in the current calendar year. In other words, we will never reimburse more than the maximum reimbursement less the reimbursement made last year.

Paragraph 2 SIDS (cot death) monitoring equipment

ONVZ will reimburse the costs of the hire or loan of monitoring equipment for a maximum period of 18 months, upon referral from the attending doctor and provided ONVZ has granted prior permission. For more information, please contact the ONVZ *ZorgConsulent* (see Part C).

Paragraph 3 Wheelchairs/invalid carriages

ONVZ will reimburse the costs of the loan of non-motorised/non-electric wheelchairs or invalid carriages. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.

Paragraph 4 Arch supports

ONVZ will reimburse the costs of arch supports, if prescribed by the attending doctor and supplied by an orthopaedic technician.

Paragraph 5 Nursing equipment

ONVZ will reimburse the costs of hiring nursing equipment. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.

Paragraph 6 Bed-wetting alarm

ONVZ will reimburse the costs of the hire or purchase of a bed-wetting alarm (incl. sensor underwear), up to a maximum of €85 for the duration of the health-care plan, if prescribed by the attending doctor.

Clause 9 Special treatments/therapies

Paragraph 1 Acne treatment

ONVZ will reimburse the costs of acne treatment by a skin therapist or beautician for insured persons up to 21 years of age. Treatment must be prescribed by the attending dermatologist. The costs will only be reimbursed if ONVZ has given prior permission.

- Paragraph 2 **Cosmetic camouflage instruction**
ONVZ will reimburse the costs of a maximum of 2 sessions of cosmetic camouflage instruction provided by a skin therapist or beautician. Coverage will only be provided in cases of serious neck and/or facial skin disfigurements. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must state the nature and severity of the disfigurement(s). The maximum reimbursement is €70 per calendar year.
- Paragraph 3 **Dietetics**
ONVZ will reimburse the costs of information and advice on nutrition and eating habits provided by a dietitian up to a maximum of €200 per calendar year.
- Paragraph 4 **Epilation (electrical or laser treatment)**
In case of excessive facial hair growth, ONVZ will cover the costs of epilation (electrical or laser treatment) up to a maximum of €750 for the duration of the health-care plan. Treatment must be prescribed by the attending doctor. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must show the nature and severity of the ailment, the nature of any complaints in which it may result and details of any other treatment that has already taken place.
- Paragraph 5 **Lymph drainage therapy**
ONVZ will reimburse the costs of treatment of serious lymphoedema, if the treatment is prescribed by the attending doctor and provided by a skin therapist. The costs will only be reimbursed if ONVZ has given prior permission.
- Paragraph 6 **Pedicure**
ONVZ will reimburse the costs of foot care provided by a pedicurist in cases of diabetes mellitus or rheumatoid arthritis, and the orthoses and nail braces provided, up to a maximum of €200 per calendar year.
- Paragraph 7 **Podiatry**
ONVZ will reimburse the costs of care provided by a foot specialist, *registerpodoloog* [registered podiatrist/chiropractist] or *podoposturaal therapeut* [podopostural therapist], if the treatment is prescribed by the attending doctor. ONVZ will also reimburse the costs of manufactured podiatric soles and orthoses and nail braces.
- Paragraph 8 **Psoriasis day treatment**
ONVZ will reimburse the costs of treatment in a recognised psoriasis day treatment centre up to a maximum of €500 per calendar year. Treatment must be prescribed by the attending doctor.
- Paragraph 9 **Stuttering therapy**
ONVZ will reimburse the costs of stuttering therapy received at a stuttering therapy institute up to a maximum of €500 for the duration of the health-care plan. The treatment must be prescribed by the attending doctor and the costs will only be reimbursed if ONVZ has given prior permission.
- Paragraph 10 **Sterilisation**
No coverage will be provided for the reversal of sterilisation.

ONVZ will reimburse, once only for the duration of the health-care plan, the costs of:
 - male sterilisation up to a maximum of €400
 - female sterilisation up to a maximum of €1,200.
- Paragraph 11 **Plastic surgery**
As long as it has given prior permission, ONVZ will reimburse the costs of:
 - surgery to correct the position of the ears (sticky-out ears) in children up to 18 years of age;
 - plastic and reconstructive surgery in cases of demonstrable physical dysfunction:
 1. upper eyelid correction (blepharoplasty),
 2. replacement of breast prostheses.
For an explanation of the reimbursement of plastic surgery, please see the *Plastische chirurgie 2021* [2021 plastic surgery] brochure at www.onvz.nl. You can also request the brochure from the ONVZ Service Centre.

Clause 10 Accommodation costs

- Paragraph 1 **Stay in a guest house for insured persons temporarily in the Netherlands**
If you are younger than 18 and are being treated in a hospital, ONVZ will reimburse €12.50 per day of the personal contribution owed up to a maximum of €260 per calendar year for your co-insured parents to stay in a Ronald McDonald House or in a guest house associated with the hospital.
- If you are aged 18 or above and have been admitted to hospital, ONVZ will reimburse the costs for a co-insured family member to stay in a guest house associated with the hospital during your admission, up to a maximum of €25 per day.
- Paragraph 2 **Stay in a hospice for insured persons temporarily in the Netherlands**
ONVZ will reimburse the personal contribution for a stay in a hospice or other palliative care facility, up to a maximum of €25 per day for a maximum period of 3 months, provided an indication has been issued for the stay by the *Centrum Indicatiestelling Zorg* [Care Needs Assessment Centre] (CIZ), the general practitioner, or the attending medical specialist. ONVZ will not reimburse the income-dependent personal contribution payable under the *Wet langdurige zorg* [Long-term Care Act] (Wlz) or the 2015 *Wet maatschappelijke ondersteuning* [Social Support Act] (Wmo).
- Paragraph 3 **Therapeutic camp for young people**
ONVZ will reimburse the personal contribution towards the costs of a therapeutic camp for young people who are overweight or who have asthma, diabetes mellitus, constitutional eczema, or an oncological condition. The maximum reimbursement is €300 for a maximum of 1 camp per calendar year. An attending doctor must give a referral for such a stay.

Clause 11 Medical transportation

ONVZ will reimburse the costs of medical transportation in your country of residence, where the transportation is for treatment covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and, for medical reasons, public transport cannot be used.

ONVZ will reimburse:

1. €0.28 per kilometre, for transportation by car using the shortest possible route. Within Europe, the amount reimbursed will be ascertained with reference to the optimum route by car according to the Routenet route planner;
2. transportation by taxi;
3. transportation by helicopter for emergency assistance.

The costs of transportation of a companion will not be reimbursed if you are not travelling at the same time, for example if you are admitted and the companion travels home alone.

Claims should be accompanied by a declaration from the attending doctor, stating the medical reasons why public transport cannot be used.

Costs associated with transportation, for example parking charges, will not be reimbursed.

Clause 12 Dental health care

- Paragraph 1 If you are younger than 18, ONVZ will reimburse the costs of orthodontic treatment by a dentist or orthodontist, as follows. Over the entire duration of the health-care plan, the maximum reimbursement will be €1,000 in the first 12 months after the treatment starts, €1,000 in the subsequent 12 months, and up to €1,000 in the 12 months after that. Reimbursement will cease at the end of these three years, or when you reach the age of 18.
- Paragraph 2 If you are younger than 18, ONVZ shall reimburse the costs of general dental health care (including technical costs) up to a maximum of €500 per calendar year. The care must be provided by a dentist or, where dental prostheses are involved, a prosthodontist.
- Paragraph 3 ONVZ will not reimburse the costs of:
- general anaesthetic;
 - teeth whitening;
 - making and fitting an MRA (Mandibular Repositioning Appliance). This is an appliance which forces both jaws into a particular position, whilst keeping the airway clear.

Clause 13 Preventive care

Paragraph 1 Influenza vaccination

ONVZ will reimburse the costs of the annual influenza vaccination.

Paragraph 2 Preventive medical investigations

ONVZ will reimburse 50% of the costs of preventive medical investigations up to a maximum of €250 per calendar year. Excluded from coverage are:

- the costs of tests carried out within a context other than medical necessity (e.g. on behalf of an employer);
- preventive medical investigation by a sports doctor. Clause 2, Paragraph 2 covers this.

For further information, please contact the ONVZ *ZorgConsulent* (see Part C).

Paragraph 3 Patients' association membership

ONVZ will reimburse the minimum contribution for membership of a patients' association affiliated with the *Patiëntenfederatie Nederland* [Federation of Patients in the Netherlands], *leder(in)* [Umbrella organisation for people with a physical disability, mental disability, or chronic illness], or the *MIND Landelijk Platform Psychische Gezondheid* [MIND National Psychological Health-Care Platform], or the membership fee for the Mezzo carers' organisation, up to a maximum of €25 per calendar year. ONVZ will reimburse the contribution upon presentation of a copy of proof of registration and payment.

Clause 14 Abroad

ONVZ will reimburse the following costs **outside your country of residence**:

Paragraph 1 Emergency treatment

In cases of acute illness or accidents during time spent outside your country of residence, ONVZ will reimburse the cost of care as provided for in this paragraph.

In an EU/EEA or treaty country:

- costs which are not otherwise covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan, but only where these exceed the amount that would have been reimbursed had the care been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market rate in the country concerned. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this;
- costs which, under the terms and conditions of the ONVZ *Optifit Internationaal* health-care plan, are covered up to a maximum of the statutory or prevailing market rate in the country concerned.

Outside EU/EEA and treaty countries:

- costs which are not otherwise covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan, but only where these exceed the amount that would have been reimbursed had the care been provided in the Netherlands. In such cases the coverage will be limited to twice the statutory rate or prevailing market rate in the Netherlands. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this;
- costs which, under the terms and conditions of the ONVZ *Optifit Internationaal* health-care plan, are covered up to a maximum of twice the statutory or prevailing market rate in the Netherlands.

Paragraph 2 Planned treatment

- ONVZ will reimburse costs incurred outside your country of residence, in accordance with the terms and conditions of ONVZ *Optifit Internationaal*, if they relate to planned treatment. These costs will be reimbursed in accordance with the statutory rate or prevailing market rate in the country in question up to a maximum of the statutory rate or prevailing market rate in the Netherlands or the maximum amount specified in the terms and conditions;
- ONVZ will reimburse the costs of specialist medical care in accordance with Clause 4 of Part B of the ONVZ *Basisfit Internationaal* basic health-care plan when it is provided in a hospital in Belgium or Germany. This only applies where the costs are higher than the amount that would have been reimbursed if the health care had been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market amount in this country. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this.

However, prior to the treatment you must contact the *ZorgConsulent* that has helped you in your selection of a health-care provider.

Exclusions

The above reimbursement excludes the costs of:

- use of a *Chefarzt* or *Oberarzt* (medical specialist in Germany) and *ereloon(supplementen)* (doctor's fee (and any supplements) in Belgium), or associated costs;
- alternative/non-conventional health care.

Paragraph 3 **Exchange rate**

ONVZ reimburses invoices from health-care providers in euros. This reimbursement will be based on the exchange rate that applied on the last working day of the month before that in which the health care or service was received.

Clause 15 **ONVZ Zorgassistance**

Paragraph 1 **ONVZ Zorgassistance**

If you are admitted to hospital due to an acute illness or accident during a temporary stay outside your country of residence, you are obliged to contact (or have someone else contact) ONVZ *Zorgassistance*. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week (see Part C).

Paragraph 2 **Repatriation**

Coverage includes essential medical repatriation to your country of residence, including the prescribed medical accompaniment, in the event of a serious illness or severe injury. In the event of death, ONVZ will reimburse the costs of repatriation of the physical remains to the country of residence. ONVZ *Zorgassistance* will arrange the repatriation.

For repatriation, you are obliged to seek immediate assistance from ONVZ *Zorgassistance*.

Paragraph 3 **Medical details**

Wherever necessary, you will grant ONVZ *Zorgassistance*'s medical adviser permission to provide all relevant details to ONVZ's medical adviser relating to the cause and background of the hospital admission and/or repatriation.

Part C Health-care services

ONVZ *Optifit Internationaal* 2021

ONVZ *ZorgConsulent*: from prevention to aftercare

Being healthy and staying healthy is of paramount importance to ONVZ. This means that ONVZ does more than just reimburse customers' invoices. You can contact ONVZ for waiting list mediation, if you need health care to be arranged and for information on health, illness, prevention and health care. Please contact the ONVZ *ZorgConsulent*.

The *ZorgConsulent* can be contacted during office hours on 0800 022 14 50 in the Netherlands (free of charge), or on +31 (0)30 639 62 24 from abroad.

Information about health, illness, prevention and health care

The ONVZ *ZorgConsulent* also provides you with the following services:

- general information by telephone from a doctor or dietitian about illnesses, ailments and nutrition;
- information on subjects relating to health care, a healthy lifestyle, exercise and nutrition.

ONVZ *Zorgassistance*

If you are unexpectedly admitted to a hospital outside your country of residence, you must call (or have someone else call) ONVZ *Zorgassistance*. This also applies in the event of essential repatriation. You will be asked to provide the customer number and name of the insured person. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week on the following telephone number: +31 (0)88 668 97 67.

The following is furthermore applicable to insured persons staying in the Netherlands for the express purpose of receiving treatment under the coverage of this health-care plan:

eHealth

ONVZ believes that it is important that you have as much personal control over your health and treatment as possible. eHealth can help you in this respect. eHealth uses information and communication technology (ICT) to support or improve your health. In many cases, it offers alternative ways of providing health care, which are covered in your health-care plan. For further information about the options and reimbursement of eHealth, please contact the ONVZ *ZorgConsulent*.

Maternity package

If you have any questions about maternity care or would like to request the maternity package, please contact the ONVZ *Kraamzorg Service*. ONVZ *Kraamzorg Service* is ready to take your call between 8am and 5.30pm on working days, on +31 (0)88 668 97 05. You can also request maternity care by visiting www.onvz.nl/kraamzorg. Details of the maternity package can be found at www.onvz.nl.

Transportation by taxi

Transportation by taxi is part of the coverage for other medical transportation as defined in Clause 13 in Part B of the ONVZ *Optifit Internationaal* health-care plan. To ensure the best service for its members, ONVZ has contracted a taxi company to arrange taxi transportation for insured persons within the Netherlands. To make use of this service, please call the taxi company on 0900 333 33 30, between 8.30am and 5pm on working days.

Preventive medical investigations

The ONVZ *ZorgConsulent* provides information about preventive medical investigations for insured persons provided by ONVZ.

Health-care mediation

If you need medical assistance but it cannot be provided quickly (enough), you can request health-care mediation from the ONVZ *ZorgConsulent*, who will endeavour to shorten the waiting time. The ONVZ *ZorgConsulent* will also try to help if you request health-care mediation for any other reason.

ONVZ *Topfit* *Internationaal* 2021

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Part B Scope of Coverage

ONVZ *Topfit Internationaal* 2021

If coverage is offered under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and ONVZ *Topfit Internationaal* offers supplementary coverage, you must act in accordance with the terms and conditions of *Basisfit Internationaal* or the other health-care plan.

Unless stated otherwise, the (maximum) coverage applies per insured person. Coverage will only be provided in the event of medical necessity.

ONVZ will reimburse the costs of the health care and other services **set out in the clauses below, provided in your country of residence**, on the basis of statutory rates and performance or the prevailing market conditions in that country up to:

- a maximum of 200% of the statutory rates and performance in the Netherlands or prevailing market conditions in the Netherlands for the same health care; and/or
- the maximum amount specified in the clauses below.

Costs of treatment received **in the Netherlands** will be reimbursed up to a maximum of 100% of the statutory rates and performance or in accordance with the market conditions in the Netherlands. ONVZ defines prevailing market rate as an amount charged by the health-care provider which is not unreasonably high when compared with the amount calculated by other health-care providers in the Netherlands for similar activities.

For health care and services **outside your country of residence**, please see Clause 14.

Clause 1 **Antenatal/post-natal care for deliveries in the Netherlands**

The following is applicable to female insured persons who stay in the Netherlands to give birth and who opt for maternity care arranged by ONVZ:

Paragraph 1 A payment of €455 for maternity care. You can use this to pay, for example, the personal contribution for maternity care.

Paragraph 2 **Maternity package**
The expectant mother is entitled to a maternity package, provided by the ONVZ *Kraamzorg Service*. The procedure for requesting this is described in Part C (Health-care services).

Paragraph 3 **Oreastfeeding specialist**
ONVZ will reimburse the costs of health care provided by a breastfeeding specialist.

Clause 2 **Allied health care and sports doctors**

Paragraph 1 **Physiotherapy and remedial therapy**
ONVZ will reimburse the costs of treatment by the following therapists:

- physiotherapist;
- manual therapist (maximum of 9 sessions per year);
- Mensendieck remedial therapist;
- Cesar remedial therapist.

- Paragraph 2 ONVZ shall reimburse the costs of the following treatments up to a combined maximum of €1,000 per calendar year:
- orthoptic care provided by an orthoptist;
 - chiropractic therapy by a chiropractor;
 - osteopathy by an osteopath;
 - sports-medical investigation, sports-medical and exercise advice, sports-medical support, preventive medical investigations and sports examination, all performed by a sports doctor.

Treatments must be prescribed by the attending general practitioner or medical specialist.

Clause 3 Primary psychological health care

ONVZ will reimburse the costs of primary psychological health care from the 9th consultation up to a maximum of €1,000 per calendar year. The health care may be provided by a health psychologist, clinical psychologist, psychotherapist, paediatric psychologist, or a general remedial educationalist.

ONVZ will not cover accommodation expenses.

Clause 4 Pharmaceutical care

- Paragraph 1 ONVZ will reimburse a maximum of €4,540 per calendar year of the costs of:
- over-the-counter medications that are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan;
 - registered medicines which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan. If, in the country where you reside, a registered medicine as referred to here is not available or if a medicine equivalent to this registered medicine is used as part of routine health care, ONVZ will cover the costs of that equivalent medicine;
 - the personal contributions for medicines in accordance with Clause 17, Paragraph 5, of the ONVZ *Basisfit Internationaal* basic health-care plan;
 - melatonin that can only be obtained from the pharmacist with a doctor's prescription. ONVZ will not reimburse the costs of freely available melatonin (i.e. without a prescription);
 - provision of and advice and support with these medicines;
 - dressings used to cover or dress skin conditions or wounds under the responsibility of the attending doctor which are not covered under the ONVZ *Basisfit Internationaal* basic health-care plan.

The medicines and dressings must be prescribed by the attending doctor, medical specialist, dental specialist, midwife, specialist nurse or physician assistant. The medicines must, however, be supplied by a pharmacist or dispensing practice.

- Paragraph 2 This clause provides no coverage for costs relating to:
- medicines administered in hospital as part of hospital treatment (intramural) and charged by the hospital (as specialist medical care);
 - all substances classified as unlicensed medicine (*Niet Geneesmiddel*);
 - homeopathic or anthroposophic medicines. See the terms of coverage in Clause 5, Paragraph 3;
 - vaccinations and preventive medicines. See the terms of coverage in Clause 6;
 - medicines for erectile dysfunction;
 - medicines to treat hair loss (baldness);
 - pharmaceutical health-care services, other than dispensing prescription medications (and providing introductory support in relation to new medicines);
 - the medicine or statutory personal contribution where a refund scheme applies. Some medicines are covered by a manufacturer's refund scheme. In this case, the manufacturer will refund the medicine if it is not covered under the *Basis* health-care plan or will refund the statutory personal contribution. ONVZ will not cover the medicine or statutory personal contribution where this kind of scheme is in operation. This is the case even where the manufacturer insists that you first claim the costs back from your health insurance company.

Clause 5 **Alternative/non-conventional medicine**

ONVZ will reimburse the following costs combined up to a maximum of €1,000 per calendar year:

- the costs of consultation or treatment provided by a doctor or practitioner who practices alternative/non-conventional medicine. The coverage is for no more than 1 consultation/treatment per day and up to €65 per consultation/treatment;
- the costs of registered homoeopathic or anthroposophic medicines. The homoeopathic or anthroposophic medicines must have been prescribed by a doctor or practitioner as referred to above and supplied by a licensed pharmacist or dispensing practice;
- the costs of tests (e.g. laboratory tests) relating to the treatment and prescribed by the doctor or practitioner as referred to above.

Clause 6 **Vaccinations**

ONVZ will reimburse the costs of vaccinations and malaria prophylactics in connection with travel outside your country of residence.

Clause 7 **Personal contribution for medical appliances**

ONVZ will reimburse a maximum of €1,000 per calendar year for personal contributions in accordance with ONVZ's *Reglement Hulpmiddelen* [Medical Appliance Regulations].

ONVZ will reimburse, up to a maximum of €250 per calendar year, the costs of a wig not otherwise covered because the maximum coverage offered under the ONVZ *Basisfit Internationaal* basic health-care plan has been exceeded.

These regulations can be found at www.onvz.nl or requested from the ONVZ Service Centre.

Clause 8 **Other medical appliances**

Paragraph 1 **Glasses/contact lenses/intraocular lenses/laser eye treatment**

ONVZ will reimburse the costs of prescription/corrective lenses for glasses (including the frame), prescription/corrective contact lenses or intraocular lenses to correct defective vision, and laser eye treatment, up to a combined maximum of €350 per 2 consecutive calendar years. When making a reimbursement, reimbursements made in the previous calendar year will be deducted. Reimbursements made in the previous calendar year will count towards the maximum reimbursement in the current calendar year. In other words, we will never reimburse more than the maximum reimbursement less the reimbursement made last year.

Paragraph 2 **SIDS (cot death) monitoring equipment**

ONVZ will reimburse the costs of the hire or loan of monitoring equipment, upon referral from the attending doctor and provided ONVZ has granted prior permission. For further information, please contact the ONVZ *ZorgConsulent* (see Part C).

Paragraph 3 **Wheelchairs/Invalid carriages**

ONVZ will reimburse the costs of the loan of non-motorised/non-electric wheelchairs or invalid carriages. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.

Paragraph 4 **Arch supports**

ONVZ will reimburse the costs of arch supports if supplied by an orthopaedic technician.

Paragraph 5 **Nursing equipment**

ONVZ will reimburse the costs of hiring nursing equipment. No coverage will be provided if coverage is provided elsewhere under statutory regulations, or in the event that the provision of such equipment is deemed excessive, unnecessarily expensive or complex, or inappropriate.

Paragraph 6 **Bed-wetting alarm**

ONVZ will reimburse the costs of hiring or purchasing a bed-wetting alarm (including sensor underwear).

Clause 9 Medical transportation

ONVZ will reimburse the costs of medical transportation in your country of residence, where the transportation is for treatment covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan and, for medical reasons, public transport cannot be used.

ONVZ will reimburse:

1. €0.28 per kilometre, for transportation by car using the shortest possible route. Within Europe, the amount reimbursed will be ascertained with reference to the optimum route by car according to the Routenet route planner;
2. transportation by taxi;
3. transportation by helicopter for emergency assistance.

Claims should be accompanied by a declaration from the attending doctor, stating the medical reasons why public transport cannot be used.

Costs associated with transportation, for example parking charges, will not be reimbursed. Nor will the costs of transportation of a companion be reimbursed if you are not travelling at the same time, for example if you are admitted and the companion travels home alone.

Clause 10 Dental health care

Paragraph 1 If you are younger than 18, ONVZ will reimburse the costs of orthodontic treatment by a dentist or orthodontist.

Paragraph 2 If you are aged 18 or above, ONVZ will reimburse the costs of orthodontic treatment performed by a dentist or orthodontist up to a maximum of €500 per calendar year if ONVZ has given prior permission. In this case, you must submit (or have someone submit on your behalf) to ONVZ a written explanation from the health-care provider, a treatment plan and a budget.

Paragraph 3 If you are younger than 18, ONVZ will reimburse the costs of general dental health care (including technical costs). The care must be provided by a dentist or, where dental prostheses are involved, a prosthodontist.

Paragraph 4 ONVZ will not reimburse the costs of:

- general anaesthetic;
- teeth whitening;
- making and fitting an MRA (Mandibular Repositioning Appliance). This is an appliance which forces both jaws into a particular position, whilst keeping the airway clear.

Clause 11 Special treatments/therapies

Paragraph 1 **Acne treatment**
ONVZ will reimburse the costs of acne treatment by a skin therapist or beautician for insured persons up to 21 years of age. Treatment must be prescribed by the attending dermatologist. The costs will only be reimbursed if ONVZ has given permission before the health care begins.

Paragraph 2 **Cosmetic camouflage instruction**
ONVZ will reimburse the costs of a maximum of 2 sessions of cosmetic camouflage instruction provided by a skin therapist or beautician. Coverage will only be provided in cases of serious neck and/or facial skin disfigurements. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must state the nature and severity of the disfigurement(s). The maximum reimbursement is €120 per calendar year.

Paragraph 3 **Dietetics**
ONVZ will reimburse the costs of information and advice on nutrition and eating habits provided by a dietitian.

- Paragraph 4 **Epilation (electrical or laser treatment)**
In case of excessive facial hair growth, ONVZ will cover the costs of epilation (electrical or laser treatment) up to a maximum of €1,500 for the duration of the health-care plan. Treatment must be prescribed by the attending doctor. The costs will only be reimbursed if ONVZ has given prior permission. The request for permission must show the nature and severity of the ailment, the nature of any complaints in which it may result and details of any other treatment that has already taken place.
- Paragraph 5 **Occupational therapy**
ONVZ will reimburse the costs of advice, instruction, training or treatment by an occupational therapist.
- Paragraph 6 **In vitro fertilisation (IVF)**
ONVZ will reimburse the costs of IVF treatments in a hospital, providing you are not yet 43 years old at the start of the attempt. The provisions of Clause 4, Paragraph 2, sub-paragraph d. of the ONVZ *Basisfit Internationaal* health-care plan apply also to this clause. The treatment must take place in a hospital with the prior permission of ONVZ.
- Paragraph 7 **Lymph drainage therapy**
ONVZ will reimburse the costs of treatment of serious lymphoedema by a skin therapist.
- Paragraph 8 **Menopause consultant**
ONVZ will reimburse the costs of information, advice and care provided by a menopause consultant during the menopause.
- Paragraph 9 **Pedicure**
ONVZ will reimburse the costs of foot care provided by a pedicurist in cases of diabetes mellitus or rheumatoid arthritis, and the orthoses and nail braces provided.
- Paragraph 10 **Podiatry**
ONVZ will reimburse the costs of care provided by a foot specialist, *registerpodoloog* [registered podiatrist/chiropractist] or *podoposturaal therapeut* [podopostural therapist]. ONVZ will also reimburse the costs of manufactured podiatric soles and orthoses and nail braces.
- Paragraph 11 **Psoriasis day treatment**
ONVZ will reimburse the costs of treatment in a recognised psoriasis day treatment centre.
- Paragraph 12 **Stuttering therapy**
ONVZ will reimburse the costs of stuttering therapy received at a stuttering therapy institute.
- Paragraph 13 **Sterilisation and reversal operation**
ONVZ will reimburse the costs of sterilisation and the reversal of a sterilisation operation.
- Paragraph 14 **Plastic surgery**
As long as it has given prior permission, ONVZ will reimburse the costs of:
 - surgery to correct the position of the ears (sticky-out ears) in children up to 18 years of age;
 - plastic and reconstructive surgery in cases of demonstrable physical dysfunction.

For an explanation of the reimbursement of plastic surgery, please see the *Plastische chirurgie 2021* [2021 plastic surgery] brochure at www.onvz.nl. You can also request the brochure from the ONVZ Service Centre.

Clause 12 Accommodation costs

- Paragraph 1 **Stay in a guest house for insured persons temporarily in the Netherlands**
If you are younger than 18 and are being treated in a hospital, ONVZ will reimburse the personal contribution for your co-insured parents to stay in a Ronald McDonald House or in a guest house associated with the hospital.
- If you are aged 18 or above and have been admitted to hospital, ONVZ will reimburse the costs for a co-insured family member to stay in a guest house associated with the hospital during your admission.
- Paragraph 2 **Stay in a hospice for insured persons temporarily in the Netherlands**
ONVZ will reimburse the personal contribution for a stay in a hospice or other palliative care facility, up to a maximum of €50 per day for a maximum period of 3 months, provided an indication has been issued for the stay by the *Centrum Indicatiestelling Zorg* [Care Needs Assessment Centre] (CIZ), the general practitioner, or the attending medical specialist.

ONVZ will not reimburse the income-dependent personal contribution payable under the *Wet langdurige zorg* [Long-term Care Act] (Wlz) or the 2015 *Wet maatschappelijke ondersteuning* [Social Support Act] (Wmo).

- Paragraph 3 **Stay in a *zorghotel* for insured persons temporarily in the Netherlands**
ONVZ will reimburse the costs of a stay in a *zorghotel* (also known as a recuperation home) recognised by ONVZ. The stay is intended for recuperation following a physical illness or associated medical treatment. The stay will take place under the referral of the attending doctor and with the prior permission of ONVZ. A list of recognised *zorghotels* can be found at www.onvz.nl or requested from the ONVZ Service Centre.
- Paragraph 4 **Therapeutic camp for young people**
ONVZ will reimburse the personal contribution towards the costs of a therapeutic camp for young people who are overweight or who have asthma, diabetes mellitus, constitutional eczema, or an oncological condition. The attending doctor must give a referral for such a stay.
- Paragraph 5 **Health resort**
ONVZ will reimburse the costs of treatment and a stay at a health resort in Europe, if you suffer from rheumatoid arthritis or psoriasis, up to a maximum of €500 per calendar year.

Clause 13 Preventive care

- Paragraph 1 **Influenza vaccination**
ONVZ will reimburse the costs of the annual influenza vaccination.
- Paragraph 2 **Preventive medical investigations**
ONVZ will reimburse a maximum of €500 per calendar year for the costs of:
- preventive medical investigations;
 - pharmacogenetic testing, in relation to being treated for the first time using a new medicine, as advised by the attending doctor and in accordance with the guidelines of the KNMP [Royal Dutch Association of Pharmacists].
- Excluded from coverage are:
- the costs of tests carried out within a context other than medical necessity (e.g. on behalf of an employer);
 - preventive medical investigation by a sports doctor. Clause 2, Paragraph 2 covers this.
- For further information, please contact the ONVZ *ZorgConsulent* (see Part C).
- Paragraph 3 **Patients' association membership**
ONVZ will reimburse the minimum contribution for membership of a patients' association affiliated with the *Patiëntenfederatie Nederland* [Federation of Patients in the Netherlands], *Ieder(in)* [Umbrella organisation for people with a physical disability, mental disability, or chronic illness], or the *MIND Landelijk Platform Psychische Gezondheid* [MIND National Psychological Health-Care Platform], or the membership fee for the Mezzo carers' organisation. ONVZ will reimburse the contribution upon presentation of a copy of proof of registration and payment.

Clause 14 Abroad

ONVZ will reimburse the following costs **outside your country of residence**:

- Paragraph 1 **Emergency treatment**
In case of acute illness or accidents during time spent outside your country of residence, ONVZ will reimburse:
- the cost of care not otherwise covered by the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan, but only where it exceeds the amount that would have been reimbursed had the care been provided in the Netherlands. The coverage will be limited to the statutory or prevailing market rate in the country concerned; the reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this;
 - costs which are covered under the terms and conditions of the ONVZ *Topfit Internationaal* health-care plan. The reimbursement will be limited to the statutory rate or prevailing market rate in the country concerned.

Paragraph 2 **Planned treatment**

- ONVZ will reimburse costs incurred outside your country of residence, in accordance with the terms and conditions of ONVZ *Topfit Internationaal*, if they relate to planned treatment. These costs will be reimbursed in accordance with the statutory rate or prevailing market rate in the country in question up to a maximum of the statutory rate or prevailing market rate in the Netherlands and the maximum amount specified in the terms and conditions.
- ONVZ will reimburse the costs of specialist medical care in accordance with Clause 4 of Part B of the ONVZ *Basisfit Internationaal* basic health-care plan when it is provided in a hospital in Belgium or Germany. This only applies where the costs are higher than the amount that would have been reimbursed if the health care had been provided in the Netherlands. The reimbursement will be limited to the statutory rate or prevailing market amount in this country. Reimbursement under the ONVZ *Basisfit Internationaal* basic health-care plan or another health-care plan will constitute part of this.

However, prior to the treatment you must contact the *ZorgConsulent* that has helped you in your selection of a health-care provider.

Exclusions

The above reimbursement excludes the costs of:

- use of a *Chefarzt* or *Oberarzt* (medical specialist in Germany) and *ereloon(supplementen)* (doctor's fee (and any supplements) in Belgium), or associated costs;
- alternative/non-conventional health care.

Paragraph 3 **Exchange rate**

ONVZ reimburses invoices from health-care providers in euros. This reimbursement will be based on the exchange rate that applied on the last working day of the month before that in which the health care or service was received.

Clause 15 **ONVZ Zorgassistance**

Paragraph 1 **ONVZ Zorgassistance**

If you are admitted to hospital due to an acute illness or accident during a temporary stay outside your country of residence, you are obliged to contact (or have someone else contact) ONVZ *Zorgassistance*. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week (see Part C).

Paragraph 2 If you are temporarily staying outside your country of residence, ONVZ shall reimburse additional services provided by or through ONVZ *Zorgassistance*.

- a. In the event of acute illness or an accident ONVZ will reimburse:
 - the provision of a guarantee of direct payment to the health-care institution concerned of the health-care costs incurred;
 - essential advance payments;
 - shipping of essential medicines, if these are not available at the location in question;
 - the costs of essential medical repatriation to your country of residence, including the prescribed medical accompaniment, in the event of a serious illness or severe injury;
 - the essential additional costs of accommodation incurred by the insured person if repatriation is necessary but not yet possible for medical reasons;
 - the travel expenses for one visit by a member of your family if repatriation is necessary but not yet possible for medical reasons.
- b. In the event of death, ONVZ will reimburse the costs of:
 - transportation of the physical remains to the country of residence; or
 - burial or cremation abroad, and the travel of family members up to a maximum equal to that of the costs had the physical remains been repatriated.
- c. If you find yourself in an emergency situation, involving essential search or rescue, ONVZ will reimburse the search and rescue costs up to a maximum of €11,345.

Paragraph 3 **Medical details**

Wherever necessary, you will grant ONVZ *Zorgassistance*'s medical adviser permission to provide all relevant details to ONVZ's medical adviser relating to the cause and background of the hospital admission and/or repatriation.

Part C Health-care services

ONVZ *Topfit Internationaal* 2021

ONVZ *ZorgConsulent*: from prevention to aftercare

Being healthy and staying healthy is of paramount importance to ONVZ. This means that ONVZ does more than just reimburse customers' invoices. You can contact ONVZ for waiting list mediation, if you need health care to be arranged and for information on health, illness, prevention and health care. Please contact the ONVZ *ZorgConsulent*.

The *ZorgConsulent* can be contacted during office hours on 0800 022 14 50 in the Netherlands (free of charge), or on +31 (0)30 639 62 24 from abroad.

Information about health, illness, prevention and health care

The ONVZ *ZorgConsulent* also provides you with the following services:

- general information by telephone from a doctor or dietitian about illnesses, ailments and nutrition;
- information on subjects relating to health care, a healthy lifestyle, exercise and nutrition.

ONVZ *Zorgassistance*

If you are unexpectedly admitted to a hospital outside your country of residence, you must contact (or have someone else contact) ONVZ *Zorgassistance*. This also applies in the event of essential repatriation. You will be asked to provide the customer number and name of the insured person. You can also contact ONVZ *Zorgassistance* for advice on medical assistance in emergency situations.

ONVZ *Zorgassistance* is available 24 hours per day, 7 days per week on the following telephone number: +31 (0)88 668 97 67.

The following is furthermore applicable to insured persons staying in the Netherlands for the express purpose of receiving treatment under the coverage of this health-care plan:

eHealth

ONVZ believes that it is important that you have as much personal control over your health and treatment as possible. eHealth can help you in this respect. eHealth uses information and communication technology (ICT) to support or improve your health. In many cases, it offers alternative ways of providing health care, which are covered in your health-care plan. For further information about the options and reimbursement of eHealth, please contact the ONVZ *ZorgConsulent*.

Maternity package

If you have any questions about maternity care or would like to request the maternity package, please contact the ONVZ *Kraamzorg Service*. ONVZ *Kraamzorg Service* is ready to take your call between 8am and 5.30pm on working days, on +31 (0)88 668 97 05. You can also request maternity care by visiting www.onvz.nl/kraamzorg. Details of the maternity package can be found at www.onvz.nl.

Transportation by taxi

Transportation by taxi is part of the coverage for other medical transportation as defined in Clause 9 in Part B of the ONVZ *Topfit Internationaal* health-care plan. To ensure the best service for its members, ONVZ has contracted a taxi company to arrange taxi transportation for insured persons within the Netherlands. To make use of this service, please call the taxi company on 0900 333 33 30, between 8.30am and 5pm on working days.

Preventive medical investigations

The ONVZ *ZorgConsulent* provides information about preventive medical investigations for insured persons provided by ONVZ.

Health-care mediation

If you need medical assistance but it cannot be provided quickly (enough), you can request health-care mediation from the ONVZ *ZorgConsulent*, who will endeavour to shorten the waiting time. The ONVZ *ZorgConsulent* will also try to help if you request health-care mediation for any other reason.



ONVZ

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