

The healthcare insurance of university medical centres

UMC Zorgverzekering 2019

UMC Extra Zorg
UMC Extra Tand

Good healthcare is a personal choice

UMC
zorgverzekering

Welcome to Zorgverzekeraar UMC

These are the policy conditions that apply to your Supplementary healthcare insurance policy/policies with Zorgverzekeraar UMC. For more information, for example regarding claiming expenses or our healthcare insurance packages, please visit www.umczorgverzekering.nl.

Mijn UMC Zorgverzekering

At Mijn UMC Zorgverzekering, you can change your policy, check the status of your excess and submit claim forms. You can immediately log in securely on www.mijnumczorgverzekering.nl with your DigiD.

Contact

For our contact details, please check www.vgz.nl/contact.

Contracted, preferred and accredited healthcare providers

Our contracted, preferred and accredited healthcare providers are listed at www.umczorgverzekering.nl/zorgzoeker.

Requesting approval

Do you want to know which reimbursements require our prior approval? this is set out in these policy conditions. Would you like to request our approval? Then download the approval application form from www.umczorgverzekering.nl. Please print, complete and send the form to:

UMC Zorgverzekering
Attn Approvals
PO Box 25150
5600 RS Eindhoven, the Netherlands

Easy online claim forms

It is easy to submit claim forms online through www.mijnumczorgverzekering.nl. Logging in is safe using your DigiD. The amount to be reimbursed will be processed within 10 working days. If you prefer to send claim forms by post, then please send the original invoice and the claim form to:

UMC Zorgverzekering
PO Box 25030
5600 RS Eindhoven, the Netherlands



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I. General Section

Article 1. Healthcare insured

1.1. Contents and scope of covered healthcare

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

Medical necessity

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

1.2. Authorised healthcare providers

Your healthcare provider must comply with certain conditions. The relevant healthcare article sets out which healthcare providers may provide the healthcare services and the supplementary conditions the healthcare provider must fulfil. For some forms of healthcare, we offer contracted, preferred or accredited healthcare providers. Relating to the other forms of healthcare, you are free to choose a healthcare provider, subject to compliance with the other requirements in these policy conditions.

A list of our contracted, preferred and accredited healthcare providers is available from our website.

1.3. Reimbursement of the cost of covered healthcare

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

1.3.1. Healthcare provided by a contracted healthcare provider

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

1.3.2. Healthcare provided by a non-contracted healthcare provider

Certain forms of healthcare may only be provided by one of our contracted healthcare providers. Did you select a healthcare provider with whom we have not concluded a contract for the relevant healthcare? Then you may be required to personally pay all or some of the invoice. Details are set out in the relevant healthcare article.

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

Certain forms of healthcare are subject to selecting preferred or accredited healthcare providers. Did you select a non-preferred or non-accredited healthcare provider? Then we do not reimburse the cost.

1.3.4. Budget

For certain forms of healthcare, the treatments are grouped together. Each group of treatments is reimbursed up to a certain maximum amount per calendar year. This is referred to as a budget. The maximum amount of the budget is stated in the relevant healthcare article. The total reimbursement cannot exceed the maximum budget amount. You can personally determine which treatments you spend this budget on.

1.4. Sending invoices

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



Please check that the following details are listed in the invoice:

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

These invoices have to be specified, ensuring that the reimbursements we must pay out can be derived from the specifications directly and without any ambiguity. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from www.XE.com. This is based on the exchange rate on the date of treatment. Invoices must be in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may request you to provide a certified translation of the invoice. The translation fees are not reimbursed. We reserve the right to suspend payment of the invoice until receipt of proof that you paid the invoice.

Online expense forms

Online submission of claim forms is quick and easy. Go to www.mijnumczorgverzekering.nl. You must keep the original invoice for one year after submitting the claim form. We may request the invoices for inspection.

If you are unable to submit the invoices, we may recover the amounts paid out from you, or settle the relevant amounts with amounts due to you.

1.5. Direct payment

We reserve the right to directly pay the healthcare costs to the healthcare provider. This payment voids your right to reimbursement.

1.6. Settlement of costs

If we pay costs directly to the healthcare provider and we reimburse an amount higher than our contractual obligation pursuant to your supplementary insurance policy/policies, or the cost of the relevant healthcare services is otherwise charged to you, the relevant excess amount is charged to you as the policyholder. We will charge these amounts to you at a later stage. You have a legal obligation to pay such amounts. We reserve the right to settle such amounts with amounts due to you.

1.7. Referral, prescription or approval

For some forms of healthcare you require a referral, prescription and/or prior approval in writing demonstrating that you are dependent on this healthcare. Details are set out in the relevant healthcare article.

Referral or prescription

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

Approval

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

Did you select a healthcare provider with whom we have concluded a contract for the relevant healthcare? Then you do not require prior approval. Your healthcare provider will in such cases assess if you fulfil the conditions and/or requests approval from us on your behalf. Alternatively, you may submit a request for approval to us. Our address is available from these policy conditions.

Did you select a healthcare provider with whom we have not concluded a contract for the relevant healthcare? Then you need to personally submit the request for approval to us.

1.8. When are you entitled to covered healthcare and/or reimbursement?

You are entitled to healthcare or reimbursement of such healthcare if the healthcare was delivered during the term of your supplementary insurance policy. Should these policy conditions refer to a year or calendar year, the actual date of treatment or date on which services/goods were provided as stated by the healthcare provider will determine the year or calendar year to which the relevant costs should be allocated. If a treatment is spread out over two calendar years, and the healthcare provider is permitted to charge such costs as a single amount, for example for a diagnosis and treatment combination, then we will reimburse such costs if the treatment was started within the term of the supplementary insurance, and the costs will be allocated to the calendar year during which the treatment was started.

1.9. Exclusions

You are not entitled to:

- forms of healthcare or healthcare services that are funded pursuant to legal regulations, including the Wlz (Long-Term Healthcare Act), the Youth Act or the 2015 Wmo (Social Support Act);
- healthcare or reimbursement of the cost of healthcare related to pre-existing conditions, diseases or anomalies which presented before or at the time that the supplementary insurance came into effect and of which you were or could have been aware, or in relation to which you were already suffering symptoms at that time, and of which we were not informed in writing. This exclusion does not apply if the supplementary insurance policy came into effect without medical or dental screening;
- reimbursement of costs incurred for not being on time for your appointment with a healthcare provider (the 'no-show fee');
- reimbursement of fees for written statements, mediation fees charged by third parties without our prior approval in writing, administrative fees or charges incurred by past-due payment of invoices from healthcare providers;
- reimbursement of personal contributions or excess payable under the terms of any other insurance, except if and where articles in these policy conditions determine otherwise;
- healthcare and reimbursement of healthcare costs that could be claimed pursuant to the Zorgverzekeringswet (Healthcare Insurance Act) if you are subject to mandatory insurance pursuant to this Act;
- healthcare and reimbursement of healthcare costs that can or could be claimed pursuant to the Wlz (Long-Term Healthcare Act), Zorgverzekeringswet (Healthcare Insurance Act) or any other Act, provision or insurance, of an older date or not, if the supplementary insurance had not been covered with us. In that case this supplementary insurance policy will only be valid in the last resort. In that case, under these policy conditions, only claims would become eligible for reimbursement that exceed the amount that may be claimed from other parties. We adhere to the covenant on overlap of travel insurance policies and supplementary health insurance. Please find the text of the covenant on our website;
- reimbursement of losses that are an indirect result of our actions or omissions;
- healthcare and reimbursement of healthcare costs caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny occurring in the Netherlands, as defined in Section 3.38 of the Wet op het financieel toezicht (Financial Supervision Act);
- healthcare and reimbursement of healthcare costs due to negligence or malintent;
- reimbursement if the costs are charged by you, your partner, your child, your parent or (other) relative in your household.

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

If you need healthcare as a result of one or more terrorist events, then the following rule applies. If the total amount of claims submitted within a year or calendar year for non-life, life or in-kind funeral insurers (including healthcare insurers) according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT or Dutch Reinsurance Company for Terrorism-Related Claims) exceeds the maximum amount that this company reinsures annually, you are entitled to only a certain percentage of the cost or value of the healthcare.

The NHT determines the exact percentage. This applies for non-life, life and funeral insurers (including healthcare insurers) that are subject to the Financial Supervision Act.

The exact definitions and provisions for the above-mentioned entitlement are included in NHT's Clauses Sheet Terrorism Cover.

Guarantee pay-out on terrorism-related claims

In order to be able to guarantee that you will receive payment on terrorism-related claims, (almost all) insurers in the Netherlands are party to NHT (the Dutch Reinsurance Company for Terrorism-Related Claims). We are also a member. The NHT issued regulations that ensure pay-out of at least part of any terrorism-related claim.

The NHT has set a maximum to the total amount to be paid out relating to terrorist actions. The maximum amounts to 1 billion euros per year for all insured together. If the total claim amount is higher, each insured that submitted a claim will receive pay-out at an equal percentage of the maximum amount. In reality, this implies that you may be paid out less than the actual value of the loss amount. However, you are at least assured that you will receive payment of at least part of your claim.

Article 2. General provisions

2.1. Basis of supplementary insurance

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

2.2. Supplementary insurance

The insurance contract applies to the supplementary insurance policies confirmed to you on the policy schedule or in a different document in writing. These policy conditions form part of the insurance contract and apply to the following supplementary insurance policies: UMC Extra Zorg and UMC Extra Tand insurance policies, referred to as supplementary insurance in these policy conditions.

2.3. Corresponding documents

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

- Appendix 1 to the Healthcare Insurance Decree;
- Healthcare Insurance Scheme;
- Clauses Sheet Terrorism Cover;
- Overview contracted and preferred healthcare providers;
- Referral protocol to the lactational consultant;
- Healthcare Module Prevention Diabetic Foot Ulcers;
- We adhere to the covenant on overlap of travel insurance policies and supplementary health insurance.

You can find these documents on our website.

2.4. Fraud

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

Reporting and registration

In the event of fraud, we reserve the right to report the event to the police. Additionally, we may have your information and details of the co-perpetrators and accessories registered in:

- our Incident Register;
- Centrum Bestrijding Verzekeringsfraude (CBV or Centre for Countering Insurance Fraud) of Verbond van Verzekeraars (VvV or Dutch Association of Insurers);
- the external referral register of the CIS foundation (Stichting Centraal Informatiesysteem or Foundation Central Information System).

Termination of insurance policy/policies

If you commit fraud, we will terminate your healthcare insurance policy. In that event, you will not be accepted for a new healthcare insurance policy for 5 years. We will also terminate your supplementary insurance. In that event, any applications for supplementary insurance will be rejected for a period of 8 years by any insurer that is a member of Coöperatie VGZ.

2.5. Private data protection

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights.

If you have any questions regarding processing private data, please contact our Data Protection Officer. For more information about privacy, please check the Privacy page on our website.

Confidentiality of your address

In the implementation of your insurance policy, we reserve the right to share your BSN (social security number) and address with parties such as healthcare providers. If you wish to keep your address confidential, please contact us. In that case we will not share your address with any other parties.

2.6. Notifications

Any notifications sent to the most recent address in our system are deemed to have reached you. If you want to receive all our messages in electronic format, please indicate your choice in the Mijn environment.

2.7. Membership of the Cooperative

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

2.8. Cooling-off period

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

2.9. Dutch law

The supplementary insurance is governed by Dutch law.

Article 3. Premium

3.1. Who pays the premium?

The policyholder has the obligation to pay premiums. No premium is due for an insured person under age 18 until the first day of the calendar month following the person's 18th birthday. Upon death of an insured, premium is due up to the date of death. After a change of the supplementary insurance policy/policies, we will recalculate the premium as per the effective date of the change.

Example

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

3.2. Premium discount for group contract

- 3.2.1. If you participate in a group contract, you will receive a discount on the premium basis. The premiums and conditions as set out in the group contract apply from the day of your participation in the group contract.
- 3.2.2. From the day you can no longer participate in the group contract, the premium discount and the policy conditions set out in the group contract no longer apply. From this day onwards, the supplementary insurance cover is continued on an individual basis.
- 3.2.3. You can only participate in a single group contract at any given time.

3.3. Payment of premium, statutory contributions and fees

- 3.3.1. Payment of the premium and domestic and/or foreign statutory contributions must be pre-paid for all insured in advance, unless otherwise agreed. If you pay the premium annually in advance, you will receive a term cash discount on the premium due. The amount of the discount is stated on the policy schedule.
- 3.3.2. You pay the premium, personal contributions and any unjustified reimbursements paid out to you based on the payment method agreed with us.

Payment options free of charge

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

No extra fees are charged for the above payment options.

Fees for payment based on a paper invoice (payment order form)

If you do not make use of the free payment options to pay for your premium, excess and personal contributions, you will be charged a €1.50 fee for each paper invoice. This amount serves to cover all costs we incur for maintaining the system, preparing and offering a paper invoice and processing your payment. Even if you do not use the paper invoice to make your payment. You will also receive a paper invoice if the direct debit transaction of

your premium, excess and personal contributions cannot be executed, or if you agree on a payment schedule with us with payment per paper invoice. This is also subject to the €1.50 fee for paper invoices. If you pay your premium on a quarterly or annual basis and you selected payment based on a paper invoice, this form of payment is free of charge for you.

3.3.3. Continuous direct debit authorisation

Your authorisation for direct debit applies to payment of the premium, excess, personal contributions and any unjustified reimbursements. Your authorisation is valid during and, if necessary, after cancellation of the insurance contract. Please refer to your policy schedule to check the date of direct debit collection of the premium for the entire calendar year. For the other costs, we will notify you at least 3 days before the date on which the amount is collected, stating the amount to be taken out of your account and the direct debit transaction date. If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment. The monthly amount to be automatically collected for your excess, personal contributions and any unjustified reimbursements paid out to you is capped at €220 per month. For any amounts exceeding €220, you will receive a paper invoice. If we choose to send you a paper invoice, this form of payment is free of charge for you.

3.4. Settlement

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

3.5. Overdue payments

- 3.5.1.** If you are overdue in payment of the premium, statutory contributions, personal contributions, the excess and any unjustified reimbursements, we will send you a reminder. If you do not pay within the term of at least 14 days stated in the reminder letter, we may suspend cover of the supplementary insurance policy/policies. In that case you are not entitled to reimbursement of healthcare costs from the last premium due date before the reminder. Your obligation to pay the premium will continue during any period of suspension. Entitlement to reimbursement of costs of healthcare is restored on the date following the date on which the amount due plus any fees were received. We reserve the right to terminate the supplementary insurance policy/policies if payments are in arrears. In the event of termination of the insurance contract, you may submit an application for supplementary insurance after payment of the amount and any fees due. If we accept you, the supplementary insurance policy will be effective as per 1 January of the following calendar year.
- 3.5.2.** We will charge the following fees to you if your payment is overdue:
- statutory interest from the day following the due date of the original invoice;
 - debt collection fees from the day following the due date of the reminder.
- 3.5.3.** If you have received a reminder for overdue payment of premiums, statutory contributions, excess, personal contributions or unjustified reimbursements paid out to you, then we do not have a legal obligation to send you a separate written reminder if payment for the subsequent invoice is overdue.
- 3.5.4.** We reserve the right to directly settle the premium due, fees and statutory interest with any amounts of claimed healthcare costs or other amounts payable to you.
- 3.5.5.** If we terminate the supplementary insurance policy/policies because of overdue payment of the premiums, we reserve the right to not accept you for any new insurance contracts for a period of 5 years.

Article 4. Other obligations

You have the following obligations:

- to inform us regarding facts that (may) facilitate recovery of costs from potentially or actually liable third parties, and to provide us with full information in that context. You may not make any arrangements with a third party without our prior approval in writing. You must refrain from any actions that may harm our interests;
- to cooperate with our medical advisor or employees in obtaining all information they require for ensuring the implementation of the supplementary insurance policy/policies;
- to ask the healthcare provider to disclose the reason for hospitalisation to our medical advisor;
- to inform us as quickly as possible relating to any facts and circumstances that may be relevant for correct implementation of the supplementary insurance policy/policies. This includes end of mandatory insurance, start and end of detention, separation or divorce, birth, adoption, or a change in bank or giro account number. We are not liable for any risks in the event of non-compliance with the above provisions.

If you do not fulfil your obligations and this affects our interests, we reserve the right to suspend your right of cover and reimbursement of healthcare costs.

Article 5. Changes in the premium and conditions

5.1. Changes in the premium and conditions

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

5.2. Cancellation right

If we amend the conditions and/or the premium of the supplementary insurance policy/policies to your disadvantage, you, as the policyholder, have the right to cancel the insurance contract as per the effective date of the change. You may cancel the contract in any case during one month after being notified of the amendment. You do not have the right to cancellation if amendment of the policy conditions directly ensues from statutory measures, arrangements or provisions.

Article 6. Start, term and termination of supplementary insurance

6.1. Start date and term

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

6.2. Acceptance

6.2.1. Acceptance of supplementary insurance

You may close supplementary insurance policy/policies in addition to a UMC Zorgverzekering policy, but this is not mandatory.

6.2.2. Dental Care Statement

For UMC Extra Tand 3, insured are subject to a dental care statement. Please complete a Dental Care Statement if you are age 18 or older:

- if you register for the supplementary policy UMC Extra Tand 3;
- if you want to change your dental cover to UMC Extra Tand 3.

6.2.3. Freedom of choice

All insured age 18 and older stated on the healthcare policy may take out a supplementary insurance cover of their choice. Children under age 18 will have the same supplementary insurance policy/policies as the highest level insured for a parent/foster parent on the policy.

6.2.4. Change to supplementary insurance

You may decide to change your supplementary insurance policy/policies. This is subject to the provisions of 6.2.2. and 6.2.3. You, as the policyholder, are required to forward us such changes latest by 31 January 2019. The change will then become effective as per 1 January 2019 (with retroactive effect). A change is defined as switching to a different supplementary insurance in our range. If you want to switch to a supplementary insurance policy provided by a different insurer, you need to cancel your current supplementary insurance policy. In that event, you need to inform us in writing accordingly latest by 31 December (see Article 6.4).

Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within NV Zorgverzekeraar UMC. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3. Termination by operation of law

Regulatory termination of the supplementary insurance cover is effective on the day following the day on which:

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

As the policyholder, you are required to inform us as soon as possible of the death of an insured or other facts and circumstances relating to the insured that have resulted or may result in termination of the supplementary insurance cover.

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

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

6.4.1. Annually

As the policyholder, you may cancel the supplementary insurance policy/policies in writing or by email as per 1 January of any year, subject to our receipt of your notice of termination by 31 December of the previous year at the latest.

You may cancel the supplementary insurance policy/policies in writing annually as per 1 January, on the condition that we receive your notice of termination by 31 December at the latest.

6.4.2. Intermediate

As the policyholder, you may cancel the supplementary insurance policy/policies in writing intermediately in the following cases:

- in the event of changes to the premium and/or policy conditions as set out in Article 5.2;
- at the same date as termination of our healthcare insurance;
- for a co-insured child, upon the child's 18th birthday. The cancellation becomes effective on the first day of the month following the month in which your child reaches age 18, on the condition of having received your notice of termination by the end of the month of your child's 18th birthday.

6.4.3. Cancellation service

Alternatively, you may make use of the cancellation service provided by the Dutch healthcare insurers to cancel your supplementary insurance policy/policies. Details are set out in Articles 6.4.1. and 6.4.2. This means you authorise the insurer of your new healthcare policy to cancel the existing supplementary insurance policy with the previous insurer.

6.5. When are we entitled to cancel, dissolve or suspend the supplementary insurance policy/policies?

We are entitled to cancel, dissolve or suspend the supplementary insurance policy/policies in writing:

- in the event of past-due payments as set out in Article 3.5;
- in the event of fraud (see Article 2.4);
- if you intentionally have not provided any, incomplete or incorrect information or documents that have or could have worked to our disadvantage;
- if you acted with the intent of misleading us, or if we had not accepted your application for supplementary insurance policy/policies if we had known the actual circumstances. In such cases we reserve the right to cancel the supplementary insurance policy/policies within 2 months of detection and with immediate effect. In such cases we are not liable for paying out any amounts, or we may reduce the amount to be paid out. We reserve the right to set off such recovery claims against other payments.

Article 7. Complaints and disputes

7.1. Submitting a complaint

You may rest assured that we organise everything carefully relating to your supplementary insurance policy. However, one hundred percent satisfaction is not always achievable. We are open to hearing your complaints and suggestions. Please contact our customer service. The telephone number is available from our website. Please feel free to submit your complaint in writing to the Complaints Management department, PO Box 1256, 5602 BG Eindhoven, the Netherlands. The Complaints Management department acts on behalf of the management board.

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

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

7.2. Complaints about our forms

If you feel one of our forms is superfluous or complicated, please contact our customer service. The telephone number is available from our website. Please feel free to submit your complaint in writing to the Complaints Management department, PO Box 1256, 5602 BG Eindhoven, the Netherlands. You will receive a reaction to your complaints about forms within 30 days. Alternatively, you can submit your complaint to the Dutch Healthcare Authority for the attention of the Information Line/the Notification Centre, PO Box 3017, 3502 GA Utrecht, the Netherlands, email: info@nza.nl. The website of the Dutch Healthcare Authority, www.nza.nl, sets out how to submit a complaint about forms.

Article 8. Healthcare advice and mediation

You are entitled to mediation for healthcare if you are confronted with a non-acceptable long waiting time for treatment by a healthcare provider authorised to provide the relevant healthcare according to this supplementary insurance cover. For such waiting periods, you may request assistance from our Healthcare Advice and Mediation department.

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



II. UMC Extra Zorg

Article 9. Exercise therapy

You have a budget for exercise therapy. This can be used for physiotherapy, Cesar/Mensendieck remedial therapy, oedema therapy, occupational therapy and alternative exercise therapies as set out below in Articles 9.1 through 9.4.

What is your budget for all exercise therapy combined?

UMC Extra Zorg 1	A maximum of €250 per calendar year.
UMC Extra Zorg 2	A maximum of €500 per calendar year.
UMC Extra Zorg 3	A maximum of €1,000 per calendar year.
UMC Extra Zorg 4	A maximum of €1,200 per calendar year.

Within your budget, manual physiotherapy is covered up to a maximum of 9 sessions per medical indication per calendar year.

9.1. Physiotherapy and Cesar/Mensendieck remedial therapy

Description

1. Physiotherapy
2. Cesar/Mensendieck remedial therapy

Your budget for exercise therapy is set out in Article 9.

This is not covered:

- Occupational curative care. This concerns healthcare aimed at curing and treating acute and chronic physical occupational conditions.
- Reintegration processes. The purpose of reintegration is that the occupationally disabled employee is able to get back to work.
- Treatments and treatment programmes with the aim of improving physical condition, such as medical training therapy, physio fitness, movement exercises for seniors, movement exercises for obese persons and cardio training.

The treatments covered by the healthcare policy are not covered by the supplementary insurance policy.

This applies to:

Up to age 18

- Chronic conditions: all treatments.
- Non-chronic conditions: the first 18 sessions.

Over age 18

- Chronic conditions: from the 21st session onwards.
- Pelvic physiotherapy for urine incontinence: the first 9 sessions.
- Remedial therapy:
 - For claudication: the first 37 sessions;
 - For arthrosis of the hip or knee joint: the first 12 sessions;
 - For COPD from stadium Gold II: the healthcare insurance policy covers a maximum number of remedial therapy sessions.

The chronic conditions are set out in the List of Conditions for Physiotherapy and Remedial Therapy (Appendix 1 of the Healthcare Insurance Decree). Please refer to our website to see this list.

Authorised healthcare providers

1. Physiotherapy: a physiotherapist, paediatric physiotherapist, pelvic physiotherapist, psychosomatic physiotherapist, geriatric physiotherapist or a manual therapist.
2. Cesar/Mensendieck remedial therapy: a Cesar/Mensendieck remedial therapist, paediatric remedial therapist or psychosomatic remedial therapist.



Relating to physiotherapy and Cesar/Mensendieck remedial therapy, we only have contracts with healthcare providers that fulfil the quality requirements of the professional group.

9.2. Oedema therapy

Description

Oedema therapy.

Your budget for exercise therapy is set out in Article 9.

Authorised healthcare providers

Oedema therapist or oedema physiotherapist, or skin therapist.

Relating to oedema therapy, we only have contracts with healthcare providers that fulfil the quality requirements of the professional group.

The treatments covered by the healthcare policy are not covered by the supplementary insurance policy. This applies to:

Over age 18

- Chronic conditions: from the 21st session onwards.

The chronic conditions are set out in the List of Conditions for Physiotherapy and Remedial Therapy (Appendix 1 of the Healthcare Insurance Decree). Please refer to our website to see this list.

9.3. Occupational therapy

Description

Occupational therapy. The treatments are designed to ensure you optimise your independence in performing daily actions and activities in your own environment.

Your budget for exercise therapy is set out in Article 9.

Authorised healthcare providers

Occupational therapist.

9.4. Alternative exercise therapy

Description

- Chiropractic
- Osteopathy
- Manual therapy E.S
- Orthomanual healing methods
- Craniosacral therapy
- Haptotherapy
- Van Dixhoorn breathing and relaxation therapy

Your budget for exercise therapy is set out in Article 9.

Authorised healthcare providers

Only one of our preferred healthcare providers. This list is available from our website.

If you choose a non-preferred healthcare provider for alternative exercise therapy, Then we do not reimburse the cost.



Article 10. Alternative care

Description

Alternative care consists of:

1. treatments and visits that fall under the following methods:
 - a. acupuncture and other Oriental medicine;
 - b. anthroposophic alternative medicine;
 - c. homoeopathy;
 - d. natural healing methods;
 - e. psychological/social care.
2. homeopathic or anthroposophic drugs registered in accordance with the Medicines Act, and homeopathic or anthroposophic drugs with an HA or HM registration in the Homoeopathy Taxe of the Z index. The medication or drug must be prescribed by a doctor with a BIG registration, general practitioner, medical specialist, dental surgeon or obstetrician.

Authorised healthcare providers (description 1)

1. One of our preferred healthcare providers. Please find the contact details of our preferred healthcare providers on our website. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost.

Authorised medical aids suppliers (description 2)

2. A pharmacist or dispensing general practitioner.

Do you want to know if a certain drug is covered?

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

Reimbursement

The total budget for alternative healthcare amounts to:

UMC Extra Zorg 1	A maximum of €300 per calendar year.
UMC Extra Zorg 2	A maximum of €300 per calendar year.
UMC Extra Zorg 3	A maximum of €500 per calendar year.
UMC Extra Zorg 4	A maximum of €750 per calendar year.

Specifics

1. Alternative care does not include visits and group or individual treatments for:
 - prevention, well-being and/or self-development;
 - social services and coaching;
 - work-related or school-related problems and/or problems relating to raising children;
 - relationship therapy;
 - beautifying treatment;
 - nutritional advice and exercise information in the context of weight problems;
 - cell therapy and chelation therapy.
2. You are not entitled to reimbursement of the cost of diagnose testing, including laboratory tests, scans, psychological school tests, intelligence testing and tests for applications for a personal budget, for example.

Article 11. Contraceptives for insured from age 21

Description

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

Authorised healthcare providers:

Pharmacist or dispensing general practitioner.



Prescription

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

Reimbursement

UMC Extra Zorg 1	Up to the amount as set out in GVS (Medication Reimbursement System).
UMC Extra Zorg 2	
UMC Extra Zorg 3	
UMC Extra Zorg 4	

The fees of placing and removing a contraceptive such as a diaphragm are reimbursed by the healthcare insurance policy, irrespective of your age.

If you are under age 21, you are entitled to contraceptives and reimbursement of the cost of contraceptives, including the contraceptive pill, a contraceptive rod, diaphragm, ring or cervical cap pursuant to your healthcare insurance policy.

VISION

For the following entitlements, you have a budget for restoring your vision. This budget can be spent on:

- spectacles and contact lenses;
- eye laser treatment or lens implants.

Article 12. Prescription glasses and contact lenses

Description

A contribution towards the costs of contact lenses and/or prescription glasses with the associated frames and the assembly cost. This also covers the statutory personal contribution if the spectacle glasses or filter glasses were provided to insured under age 18 under the healthcare insurance policy.

Authorised suppliers of prescription glasses and contact lenses

Optician or optical retailer.

Specifics

The cost of testing and measuring for prescription glasses or contact lenses is not paid separately. Such costs are part of the purchase price.

Article 13. Eye laser treatment or lens implants

Description

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

Authorised healthcare providers

Ophthalmologist.

The total vision budget (see Articles 12 and 13) amounts to:

UMC Extra Zorg 1	None
UMC Extra Zorg 2	A maximum of €100 per 3 calendar years.
UMC Extra Zorg 3	A maximum of €200 per 3 calendar years.
UMC Extra Zorg 4	A maximum of €250 per 3 calendar years.



Explanation

The period of 3 calendar years includes the calendar year of the treatment or purchase and the previous 2 calendar years.

MEDICAL AIDS

A budget for medical aids you may spend on:

- reimbursement of the statutory personal contributions/personal payments for the medical aids listed below; or
- purchasing the medical aids listed below (or accessories for those medical aids) that are not listed in the Healthcare Insurance Scheme.

Article 14. Arch supports and therapy soles

Description

Reimbursement of the cost of customised inlay soles supporting the joints, ligaments and capsules of the feet. You are also entitled to reimbursement of the cost of repair and modification of the supports or soles.

Authorised healthcare providers

Orthopedic shoemaker or workshop, podiatrist or podo-postural therapist.

Article 15. Prolapse pessary

Description

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

Subject to prescription by

General practitioner or medical specialist.

Article 16. Support/compression stockings

Description

Reimbursement of the cost of support or compression stockings pressure class 1.

Subject to prescription by

General practitioner or medical specialist.

Article 17. Alarm device/Urination alarm

Description

Reimbursement of the purchase or lease cost of a urination alarm in the context of nightly bedwetting for insured between age 6 and age 18, including any special underwear required. This reimbursement is applicable for the entire term of the supplementary insurance policy.

Authorised urination alarm suppliers

You may buy or lease a urination alarm from any supplier.

Article 18. Personal contribution hearing aids

Description

We reimburse the statutory personal contribution for a hearing aid and a tinnitus masker covered by the healthcare insurance policy.



Article 19. Wigs

Description

A contribution towards the costs relating to the acquisition of a wig under the Healthcare Insurance Scheme. The reimbursement is the difference between the amount charged by the supplier and the reimbursement you receive from the healthcare insurer. You may choose chemo beanies instead of a wig.

Subject to prescription by

General practitioner or medical specialist.

Article 20. Mammary prosthesis

Description

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

Article 21. Simple walking crutches

Description

Dispensing or reimbursement of the cost of purchasing simple walking crutches. Dispensing is classed as being issued the aids for a period shorter than 26 weeks.

Subject to prescription by

General practitioner or medical specialist if you purchase the item.

Authorised healthcare providers

Supplier of medical aids.

Reimbursement

UMC Extra Zorg 1	None
UMC Extra Zorg 2	A maximum of €25 per calendar year.
UMC Extra Zorg 3	A maximum of €25 per calendar year.
UMC Extra Zorg 4	A maximum of €25 per calendar year.

Article 22. Hand and/or finger splint for temporary use

Description

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

Authorised healthcare providers

One of our contracted healthcare providers. An overview of our contracted healthcare providers is available from our website. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost.

Specifics

1. The contracted healthcare provider will assess whether or not your splint is eligible for reimbursement.
2. The costs of a splint for preventive use, for example when performing sports, are not covered.

The total medical aids budget (see Articles 14 through 22) amounts to:

UMC Extra Zorg 1	None
UMC Extra Zorg 2	A maximum of €250 per calendar year.
UMC Extra Zorg 3	A maximum of €350 per calendar year.
UMC Extra Zorg 4	A maximum of €750 per calendar year.

PREVENTIVE CARE

Article 23. Medical sports advice

Description

Reimbursement for medical sports testing and medical sports assistance/coaching, and sports examinations.

Authorised healthcare providers

Sports doctor (medical specialist).

Specifics

The healthcare policy covers:

- physiological strain or endurance tests and assistance/coaching by sports doctors in the context of a recovery process;
- diagnostics and treatment by the sports doctor of certain injuries to the locomotor system or posture due to physical strain or overload.

Such healthcare is not covered by the supplementary insurance policy.

Reimbursement

UMC Extra Zorg 1	A maximum of €55 per calendar year.
UMC Extra Zorg 2	A maximum of €55 per calendar year.
UMC Extra Zorg 3	A maximum of €125 per calendar year.
UMC Extra Zorg 4	A maximum of €500 per calendar year.

Article 24. Health test

Description

Integral medical health test for prevention or early detection of health conditions and diseases, followed by medical advice. The health test consists of the following tests:

- general questionnaire about your health;
- measuring blood pressure, girth and BMI (Body Mass Index);
- blood test: cholesterol and glucose;
- urine test: protein, blood and glucose;
- pulmonary function testing (PFT);
- vision test;
- final report in writing with the test results and medical advice.

The health test may be expanded to include:

- audiological screening;
- cycling test;
- personal lifestyle review.

Authorised healthcare providers

General practitioner, company doctor or medical specialist, or one of our preferred healthcare providers. An overview of our preferred healthcare providers is available from our website. Did you select a different healthcare provider? Then we do not reimburse the cost.

Reimbursement

UMC Extra Zorg 1	A maximum of €75 per 2 consecutive calendar years.
UMC Extra Zorg 2	A maximum of €75 per 2 consecutive calendar years.
UMC Extra Zorg 3	A maximum of €75 per 2 consecutive calendar years.
UMC Extra Zorg 4	A maximum of €75 per 2 consecutive calendar years.



Specifics

You are not entitled to reimbursement of the cost of:

- preventive medical tests for cancer or other serious diseases or anomalies for which no preventative treatment or medication is available;
- preventive medical testing as part of the Preventive Medical Examination of working people pursuant to the ARBO Act (Occupational Health and Safety Act);
- MRI scans, CT scans and so-called total body scans.

The invoice should indicate which tests are part of the health test.

Article 25. Courses

Description

1. Reimbursement of the cost of courses designed to promote health and prevent health complaints based on improving lifestyle.

For example courses aimed at:

- advice on healthy nutrition;
- first aid to children;
- reanimation course.

Presented by

Home care association or GGD (Mental Healthcare Department). The First-Aid (EHBO) course must be organised by an organisation working in accordance with the Dutch first-aid guidelines.

The reanimation course by an instructor or institution certified by NRR (Dutch Reanimation Council).

Description

2. Reimbursement of the cost of training courses aimed at learning to deal with a disease or condition, such as asthma, COPD, diabetes, rheumatism, dementia, joint disorders, cancer or cardiovascular diseases.

Presented by

A home care association, GGD, RIAGG or a patients association that is a member of or participates in the NPCF (Dutch Patients Consumers Federation). For the patient associations, please refer to www.npcf.nl.

Description

3. Reimbursement of the cost of a Quitting Smoking course.

Presented by

Allen Carr, Sinefuma or organised by the GGD.

Reimbursement

UMC Extra Zorg 1	A maximum of €50 per calendar year.
UMC Extra Zorg 2	A maximum of €100 per calendar year.
UMC Extra Zorg 3	A maximum of €150 per calendar year.
UMC Extra Zorg 4	A maximum of €500 per calendar year.

Article 26. Fall prevention

Description

A fall prevention course teaches you how to prevent falling down. Additionally, you will receive balance training and you learn safer ways to fall.

For which insured

A fall prevention training is designed to help people who have trouble moving or walking, are afraid of falling, or have fallen before. For more information, please check our website.



Which training is eligible for reimbursement

1. In Balans
2. Vallen Verleden Tijd
3. Zicht op Evenwicht

Authorised training providers

A contracted physiotherapist, remedial therapist Cesar/Mensendieck or occupational therapist with a fall trainer certificate, or a physiotherapist, remedial therapist Cesar/Mensendieck or occupational therapist with a fall trainer certificate associated with a home care institution.

Reimbursement

UMC Extra Zorg 1	No cover.
UMC Extra Zorg 2	No cover.
UMC Extra Zorg 3	A maximum of €100 per calendar year
UMC Extra Zorg 4	A maximum of €150 per calendar year

Specifics

Upon completion of the course, please send us your participation certificate and the invoice, together with a claim form.

On the invoice, the healthcare provider states that he/she has a fall prevention certificate.

Article 27. Menopausal care for women

Description

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

Authorised healthcare providers

Menopause adviser of Care for Women or of the VVO (Association Menopause Nurses).

Reimbursement

UMC Extra Zorg 1	Maximum 4 visits, one-off. Maximum €50 per session.
UMC Extra Zorg 2	Maximum 4 visits, one-off. Maximum €50 per session.
UMC Extra Zorg 3	Maximum 4 visits, one-off. Maximum €50 per session.
UMC Extra Zorg 4	100%.

Article 28. Replacement family care

Description

Reimbursement of the cost of temporary replacement of the family care provider in order to allow the regular family care provider time off. You can request replacement family care if you are receiving or providing family care. The replacement family care provider can be requested for a minimum of one day.

Authorised healthcare providers

An application for replacement family care can be submitted to the Healthcare Advice and Mediation department. Please find our telephone number in the policy conditions. You can contact us on this phone number during office hours. Our employees will refer you to an organisation. Are you visiting an organisation that provides replacement family care without a referral from the Healthcare Advice and Mediation department? Then we do not reimburse the cost.

Initial application

Is this the first time you request family care? Then please submit it at least 8 weeks before you or your family care provider would like the time off. This time is required to ensure everything can be organised adequately.



Reimbursement

UMC Extra Zorg 1	A maximum of 15 days per calendar year.
UMC Extra Zorg 2	A maximum of 15 days per calendar year.
UMC Extra Zorg 3	A maximum of 15 days per calendar year.
UMC Extra Zorg 4	A maximum of 24 days per calendar year.

Article 29. Family care mediator

Description

A family care mediator provides temporary professional support of the family care provider. A family care mediator can consult with the family care provider to take over administrative tasks relating to healthcare, wellbeing or finance on a temporary basis in order to prevent work overload. The family care provider continues the decision-making role. You may involve the family care mediator if you are either receiving or providing family care. The family care mediator will determine the required number of hours.

Authorised healthcare providers

For any questions relating to family care, please contact the Healthcare Advice and Mediation department during office hours. Our employees may refer you to an independent family care mediator registered in the national Central Quality Register for Family Care Mediators of the Professional Board for Family Care Mediators (BMZM). Are you visiting a family care mediator without a referral from the Healthcare Advice and Mediation department? Or are you visiting a family care mediator that is not registered in the national Central Quality Register for Family Care Mediators of the Professional Board for Family Care Mediators (BMZM)? Then we do not reimburse the cost.

Reimbursement

UMC Extra Zorg 1	€500 per calendar year
UMC Extra Zorg 2	€500 per calendar year
UMC Extra Zorg 3	€500 per calendar year
UMC Extra Zorg 4	€500 per calendar year

Specifics

The services provided by a family care mediator are eligible for one-off reimbursement. The services provided may not be claimed by both the person providing the family care and the person receiving the family care.

Article 30. Preventive vaccinations and medication when travelling abroad

Description

If you travel abroad, you are entitled to reimbursement of the costs of visits, necessary vaccinations and/or preventative drugs to prevent hepatitis A and B, DTP, yellow fever, typhus, cholera, meningitis, meningococcal meningitis, rabies, malaria, tuberculosis, Japanese encephalitis and tick encephalitis. Necessary vaccinations and/or preventative medications are defined as the vaccinations and/or preventative drugs that are necessary in accordance with the advice of LCR (National Coordination Centre Travel Advice). Please find more details at the website www.lcr.nl/Landen

Authorised healthcare providers

Thuisvaccinatie, Reisprik, Universitair Medisch Centrum, GGD, Travel Health Clinic, and general practitioner clinics with a doctor or general practitioner with an LCR registration and yellow fever registration. The healthcare providers with LCR registration are available from the website of the National Coordination Centre for Traveller Advice (www.lcr.nl). This website also shows whether your doctor has a yellow fever registration.

If you go to Thuisvaccinatie or Reisprik, you are entitled to a higher reimbursement with Extra Zorg 2 and 3, i.e. of 100%, up to the maximum amount. The assistants can also come to your home for advice and vaccination. The preventive medications will be delivered to your home address.



Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	80% of the cost up to a maximum of €125 per calendar year. Does Reisprik or Thuisvaccinatie give you the vaccination? Then we will reimburse 100% up to maximum €125 per calendar year.
UMC Extra Zorg 3	80% of the cost up to a maximum of €175 per calendar year. Does Reisprik or Thuisvaccinatie give you the vaccination? Then we will reimburse 100% up to maximum €175 per calendar year.
UMC Extra Zorg 4	100%.

Specifics

- The reimbursement includes the cost of any malaria tablets.
- The reimbursement also covers prevention aids supplied by a pharmacy or dispensing practitioner.

DELIVERY AND MATERNITY CARE

Article 31. Pregnancy courses

Description

To female insured, we reimburse the cost of attending:

1. The Slimmer Zwanger (Smarter Pregnant) self-help programme. A subscription to this programme covers 26 weeks and can be used before and during pregnancy.
2. Courses:
 - preparing you for childbirth;
 - enhancing your physical post-partum recovery (max 6 months after childbirth).

Authorised course providers

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

Reimbursement

UMC Extra Zorg 1	A maximum of €50 per calendar year.
UMC Extra Zorg 2	A maximum of €50 per calendar year.
UMC Extra Zorg 3	A maximum of €75 per calendar year.
UMC Extra Zorg 4	A maximum of €100 per calendar year.

Article 32. Maternity package

Description

You will only receive a maternity package if you have arranged maternity care via UMC Maternity. Please find more details about requesting maternity care in the privacy statement on our website.

Reimbursement

UMC Extra Zorg 1	In-kind maternity care package via UMC Maternity Care.
UMC Extra Zorg 2	In-kind maternity care package via UMC Maternity Care.
UMC Extra Zorg 3	In-kind maternity care package via UMC Maternity Care.
UMC Extra Zorg 4	In-kind maternity care package via UMC Maternity Care.



Article 33. Personal contribution maternity care

Description

Reimbursement of the personal contribution due when using maternity care covered by the UMC Zorgverzekering policy.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Article 34. Alternative maternity care

Description

Reimbursement of maternity care not covered by the UMC Zorgverzekering policy.

Maternity care you have arranged personally, other than a nurse or maternity care provider.

Reimbursement

UMC Extra Zorg 1	A maximum of €296 per childbirth.
UMC Extra Zorg 2	A maximum of €296 per childbirth.
UMC Extra Zorg 3	A maximum of €296 per childbirth.
UMC Extra Zorg 4	A maximum of €296 per childbirth.

Specifics

If you deliver your baby in hospital due to a medical indication, you will receive a contribution of €37 per day up to a maximum of €296 (8 days) for the days you are having maternity care at home. The days you are in hospital after childbirth, charged by the hospital, are deducted from this maximum of 8 days. This means you do not receive €37 per day for days spent in hospital during the childbirth period.

Article 35. Post-partum care and neonatal care

Description

Support and care for a mother who, due to her or the newborn's medical complications in hospital, was unable to receive the necessary healthcare within the regular maternity care hours. In the event of the mother having medical complications, the healthcare is given consecutive to the 10th day after childbirth. If the child is admitted to hospital, this care is provided if the child is dismissed from hospital after the 10th day of being born. The maternity care organisation determines the amount of necessary maternity care hours.

Who may provide the post-partum care

A qualified maternity assistant or a nurse working as such.

Reimbursement

UMC Extra Zorg 1	100% of the cost for a maximum of 12 hours spread over a maximum of 4 days.
UMC Extra Zorg 2	100% of the cost for a maximum of 12 hours spread over a maximum of 4 days.
UMC Extra Zorg 3	100% of the cost for a maximum of 12 hours spread over a maximum of 4 days.
UMC Extra Zorg 4	100% of the cost for a maximum of 12 hours spread over a maximum of 4 days.

Article 36. Electric breast pump

Description

Renting and/or buying an electrical breast pump.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	Maximum €80, one-off.
UMC Extra Zorg 4	Maximum €80, one-off.

Article 37. Lactation care

Description

Reimbursement for each childbirth for a lactation consultation for the mother in the event of breastfeeding problems. The maternity care provider or obstetrician determines the necessity.

Authorised healthcare providers

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

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	A maximum of €50 per childbirth.
UMC Extra Zorg 3	A maximum of €100 per childbirth.
UMC Extra Zorg 4	100% per delivery.

Article 38. Maternity TENS machine

Description

Reimbursement of the rental or purchase cost of a maternity TENS machine.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	Maximum €80 for the entire term of the insurance policy.
UMC Extra Zorg 4	Maximum €150 for the entire term of the insurance policy.

HOME CARE

Article 39. Household assistance from age 18

Description

Household assistance in the Netherlands following hospitalisation for at least 24 hours.

Who may provide such assistance

An organisation we contracted. To apply for household assistance, please contact Healthcare Advice and Mediation department. Our telephone number is available from our website.



Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	Maximum 12 hour per calendar year.
UMC Extra Zorg 4	Maximum 12 hour per calendar year.

Specifics

1. The household assistance is offered within two working days of the Healthcare and Mediation department receiving your application, unless you asked to have assistance at a later stage. The household assistance will start latest within 4 weeks of hospitalisation discharge, and should be scheduled for a maximum consecutive period of 2 months.
2. The assistance is provided at your residential address as entered in our system.
3. Household assistance does not include nursing, medical help or physical care.
4. The personal contribution pursuant to the Social Support Act and the Long-Term Healthcare Act is not reimbursed.

Article 40. Child care

Description

Child care in the Netherlands at your home for your children up to age 12 if:

1. your child is sick and cannot go to regular child care;
2. you or your partner, or a different child in your family, is hospitalised.

Authorised child care providers

You can contact an organisation we contracted. To apply for child care, please contact our Healthcare Advice and Mediation department. Our telephone number is available from our website.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	Maximum 24 hours per calendar year.
UMC Extra Zorg 4	Maximum 50 hours per calendar year.

Specifics

Child care is offered in your home within a maximum of two working days, unless you asked to have assistance at a later stage.

PARAMEDICAL CARE

Article 41. Group swimming for rheumatism patients

Description

Therapy swimming for rheumatism patients with several rheumatism patients simultaneously in water with a higher temperature.

Authorised healthcare providers

Physiotherapist.

Referral

Medical specialist.



Reimbursement

UMC Extra Zorg 1	100%.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Article 42. Foot treatments

You have a budget for foot treatments. This can be used for rheumatism in feet and diabetic feet, and for podiatry as set out below in Articles 42.1 and 42.2.

The total budget for foot treatments amounts to:

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	For all care combined: a maximum of €115 per calendar year.
UMC Extra Zorg 3	For all care combined: a maximum of €115 per calendar year.
UMC Extra Zorg 4	For all care combined: a maximum of €115 per calendar year.

42.1. Foot treatments for rheumatic foot and diabetic foot

Description

1. Foot treatments for insured with rheumatoid arthritis;
2. Foot treatments for diabetics with care profile 1. The purpose of the treatments is to reduce or prevent complaints or pain and wounds due to skin and nail conditions and/or excessive pressure on foot or nails.

The healthcare provider may also carry out additional foot care not set out in the treatment plan. This would include cutting healthy nails and removing hard skin that does not contribute to risk of wounds, massaging feet and other footcare services. It is important to have prior consultation about such non-medically required foot care, as such expenses are not covered.

Authorised healthcare providers

1. A podiatrist who is registered with the Quality Register Paramedics;
2. A medical pedicurist registered in ProCert's KRP (Quality Register for Pedicures);
3. A pedicurist with the certification 'Rheumatic foot' or 'Diabetic foot';
4. A pedicurist registered in the Stipezo Register Paramedische Voetzorg (RPV or Register Paramedic Foot care);
5. A pedicurist registered in the Kwaliteitsregister Medisch Voetzorgverleners (KMV or Quality Register Medical Foot care Providers) of Nederlandse Maatschappij Medisch Voetzorgverleners (NMMV or Dutch Association of Medical Foot care Providers).

Specifics

1. Your podiatrist or pedicurist must state your care profile on the invoice.
2. You are entitled to certain foot care if you have diabetes mellitus based on your healthcare insurance. This concerns annual foot examination and foot care advice. You are entitled to more frequent specific foot examinations and diabetic foot treatments for care profiles 2 and up. You can find a list of such foot care in detail in the policy conditions of your healthcare insurance policy in the article General practitioner care.

Care profiles

Please find an explanation of care profiles on our website in the Healthcare Module Prevention Diabetic Foot Ulcera. Your general practitioner can tell you which care profile applies to you.



42.2. Podiatry

Description

Treatment of foot anomalies. This includes: skin and nail conditions, foot complaints or complaints of the posture and locomotor system due to deviating functionality and/or deviating position of the feet.

Authorised healthcare providers

Podiatrist registered in the Kwaliteitsregister Paramedici (KP or Quality Register Paramedics).

Article 43. Dietetics

Description

Information with a medical purpose about food and eating habits as generally offered by dietitians. The healthcare policy covers 3 hours of dietetics treatment hours. Reimbursement pursuant to the supplementary insurance is additional to that basic cover.

Authorised healthcare providers

Dietician.

Reimbursement

UMC Extra Zorg 1	Maximum 4 treatment hours per calendar year.
UMC Extra Zorg 2	Maximum 4 treatment hours per calendar year.
UMC Extra Zorg 3	Maximum 4 treatment hours per calendar year.
UMC Extra Zorg 4	Maximum 4 treatment hours per calendar year.

SKIN TREATMENTS

Article 44. Camouflage therapy

Description

Treatment aimed at making scars, varicose veins and dark or light marks on the skin less visible, including the resources required for the treatment. This is subject to having severe (permanent) disfigurement of the face and/or the neck that cannot be surgically removed.

Authorised healthcare providers

You can contact one of our preferred healthcare providers. A list of our preferred healthcare providers is available from our website. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost.

Referral letter required from

General practitioner, company doctor or medical specialist.

Reimbursement

UMC Extra Zorg 1	A maximum of €165 per 3 consecutive calendar years.
UMC Extra Zorg 2	A maximum of €165 per 3 consecutive calendar years.
UMC Extra Zorg 3	A maximum of €165 per 3 consecutive calendar years.
UMC Extra Zorg 4	A maximum of €165 per 3 consecutive calendar years.



Article 45. Hair removal

Description

Treatment aimed at permanently removing extreme facial hair growth for women.

Authorised healthcare providers

You can contact one of our preferred healthcare providers. A list of our preferred healthcare providers is available from our website. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost.

Referral letter required from

General practitioner, company doctor or medical specialist.

Reimbursement

UMC Extra Zorg 1	A maximum of €445 per calendar year.
UMC Extra Zorg 2	A maximum of €445 per calendar year.
UMC Extra Zorg 3	A maximum of €445 per calendar year.
UMC Extra Zorg 4	A maximum of €445 per calendar year.

Article 46. Acne treatment

Description

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

Authorised healthcare providers

You can contact one of our preferred healthcare providers. A list of our preferred healthcare providers is available from our website. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost.

Referral

Severe form of acne.

Referral letter required from

General practitioner, company doctor or medical specialist.

Reimbursement

UMC Extra Zorg 1	Maximum €26 per treatment for a maximum total of 15 treatments per calendar year.
UMC Extra Zorg 2	Maximum €26 per treatment for a maximum total of 15 treatments per calendar year.
UMC Extra Zorg 3	Maximum €26 per treatment for a maximum total of 15 treatments per calendar year.
UMC Extra Zorg 4	Maximum €26 per treatment for a maximum total of 15 treatments per calendar year.

MEDICAL CARE

Article 47. Reconstructive and cosmetic or aesthetic surgery

46.1. Reconstructive surgery

Description

Reimbursement of the cost of:

- a reshaping intervention after mutilation due to injury or disease; or
- a reshaping intervention to correct a severe anomaly present and detected at birth; or
- correction of demonstrable physical dysfunction for indications set out below



Referral

1. Correction of upper eyelids or levator plastic surgery:
 - if one third of the pupil is covered by the lower edge of the upper eyelid or the overhanging skin fold when looking straight ahead; or
 - if the side vision is clearly limited. This is apparent from explicit drooping of the upper eyelid or overhanging skin fold on the side of the eye; or
 - if untreatable blemishes are demonstrated in the upper eyelid skin fold.
2. Surgical placement or replacement of a mammary prosthesis, excepting if you are entitled to such care based on your healthcare insurance policy.
3. Surgical removal of a breast prosthesis without medical necessity.
4. Abdominal wall correction of an overhanging abdominal skin fold with an inner side depth measurement of 6 cm or more, where blemishes are likely to occur. Your weight must be in proportion to your length. Your maximum BMI is 30. For abdominal wall correction after bariatric surgery, your BMI may not exceed 35 (BMI ≤35).
5. Correction of protruding ears in children up to age 18.

Authorised healthcare providers

Medical specialist.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Approval

Medical indications 1 through 4 require our prior approval. The application must be accompanied by a medical statement and an explanation from your medical specialist, setting out the nature and size of the anomaly and the treatment to be applied.

To apply for permission for upper eyelid corrections or levator plastic surgery, we will also ask you to send a picture (taken by the hospital/independent treatment centre or by yourself) clearly showing the anomaly, as described under 'Medical indication'.

Specifics

Correction of paralysed or weakened upper eyelids is covered in the healthcare insurance policy if resulting in serious limitation of the visual field, or if it is a result of a congenital deformity, anomaly or chronic disorder present at birth.

46.2. Cosmetic or aesthetic surgery

Approval

You require our prior approval. This is reimbursed exclusively in special circumstances at the discretion of our medical advisor.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	- 50% of the fee of a medical specialist; -50% of the additional cost in a hospital or hospital polyclinic.
UMC Extra Zorg 3	- 50% of the fee of a medical specialist; -50% of the additional cost in a hospital or hospital polyclinic.
UMC Extra Zorg 4	- 50% of the fee of a medical specialist; -50% of the additional cost in a hospital or hospital polyclinic.



Article 48. Sterilisation and sterilisation reversal operation

Description

Reimbursement of the cost of sterilisation and the cost of reversing the sterilisation.

Authorised healthcare providers

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

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Article 49. In-vitro fertilisation (IVF)

Description

Reimbursement of the cost of a fourth IVF (In-vitro fertilisation) attempt for each pregnancy to be realised in addition to the reimbursement available in the healthcare insurance policy. The medications necessary for treatment are reimbursed as part of the medical specialist care in the context of an IVF treatment. If you started a fourth IVF attempt, you may complete this attempt after your 43rd birthday with cover of your healthcare policy.

Authorised healthcare providers

Gynaecologist in an institution licensed to this end.

A list of healthcare providers we contracted for this type of care is available from our website.

Referral letter required from

Gynaecologist or urologist.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	Fourth IVF attempt.
UMC Extra Zorg 4	Fourth IVF attempt.

IVF treatment abroad

Your eligibility for IVF treatment depends on your personal situation, for example your age and how long you have attempted to become pregnant. You are entitled to reimbursement of the cost of this care up to the maximum of the reasonable market rates applicable in the Netherlands. If you want to have IVF treatment abroad, please contact us prior to your decision. Our telephone number is available from our website.



MENTAL HEALTHCARE (GGZ)

Article 50. Sex therapy

Description

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

Authorised healthcare providers

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

Referral letter required from

General practitioner, company doctor.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	Maximum 4 sessions per calendar year, up to a maximum of €60 per session.
UMC Extra Zorg 3	Maximum 4 sessions per calendar year, up to a maximum of €60 per session.
UMC Extra Zorg 4	Maximum 4 sessions per calendar year, up to a maximum of €60 per session.

Specifics

A session takes at least 60 minutes.

Article 51. Mindfulness for burn-out complaints from age 18

Description

A contribution towards the cost of an 8-week training Mindfulness-Based Cognitive Therapy (MBCT) or Mindfulness-Based Stress Reduction (MBSR) for insured age 18 and older.

These therapies combine scientific knowledge of medical biology and psychology with meditation and yoga.

Authorised healthcare providers

Mindfulness trainer that is a member of VMBN (Association of Mindfulness Based Netherlands), and falls into category 1. You can find such trainers on the Association's website (www.vmbn.nl).

Referral

Burn-out complaints.

Referral letter required from

General practitioner, company doctor.

Reimbursement

UMC Extra Zorg 1	a maximum of €350 per calendar year.
UMC Extra Zorg 2	a maximum of €350 per calendar year.
UMC Extra Zorg 3	a maximum of €350 per calendar year.
UMC Extra Zorg 4	a maximum of €350 per calendar year.



Article 52. Cogmed up to age 18

Description

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

Authorised healthcare providers

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

Referral letter required from

General practitioner, paediatrician and/or doctor working in youth health care or medical specialist.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	a maximum of €400 per calendar year.
UMC Extra Zorg 4	a maximum of €400 per calendar year.

Article 53. Neurofeedback up to age 18

Description

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

Authorised healthcare providers

This care may be provided by a psychotherapist, clinical psychologist/neuropsychologist, psychiatrist, paediatric psychologist and healthcare psychologist registered as a neurofeedback professional in the neurofeedback register of NIP (Netherlands Institute of Psychologists).

Referral letter required from

General practitioner, company doctor, paediatrician and/or doctor working in youth healthcare or medical specialist.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	a maximum of €1,000 per calendar year.
UMC Extra Zorg 4	a maximum of €1,000 per calendar year.

MEDICATION, DRUGS AND VITAMINS

Article 54. Medications

Description

Reimbursement of the personal contributions due for medications covered by the supplementary insurance policy in accordance with GVS (Medication Reimbursement System).

Authorised healthcare providers

Pharmacist or dispensing general practitioner.

Reimbursement

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	A maximum of €250 per calendar year.
UMC Extra Zorg 4	A maximum of €250 per calendar year.

Article 55. Vitamins

Description

Reimbursement of the cost of singular vitamin preparations for vitamins A - B1 - B2 - B3 - B6 - B8 - B11 - B12 - D - E - K for treatment of severe vitamin deficiencies.

Authorised healthcare providers

Pharmacist or dispensing general practitioner.

Subject to prescription by

The relevant doctor.

Reimbursement

UMC Extra Zorg 1	100%.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

STAY

Article 56. Treatment in a health spa resort

Description

You are entitled to reimbursement of the cost of treatment in a health spa resort for one of the medical indications below.

Authorised healthcare providers

Reimbursement is granted exclusively if the treatment takes place in one of our preferred health spa resorts. Please find a list of such preferred health spa resorts on our website.

Referral

Bechterew's disease (Ankylosing spondylitis), rheumatoid arthritis, arthritis psoriatica or morbus Forestier.

Approval

Referral by a medical specialist. You require our prior approval.



Reimbursement

UMC Extra Zorg 1	A maximum of €885 per calendar year.
UMC Extra Zorg 2	A maximum of €885 per calendar year.
UMC Extra Zorg 3	A maximum of €885 per calendar year.
UMC Extra Zorg 4	A maximum of €885 per calendar year.

Specifics

We do not reimburse the cost of your stay in the health spa resort.

Article 57. Stay in a convalescence home or assisted accommodation, or holiday travel longer than a day trip

Description

Reimbursement of the cost of your stay in a convalescence home or assisted accommodation, or holiday travel longer than a day trip.

1. Stay in one of our contracted convalescence home or assisted accommodation.
2. Holiday travel longer than a day trip.

Authorised healthcare providers

For care as stated in the description under 1: one of our contracted convalescence homes or assisted accommodations, or; for care as stated in the description under 2, Stichting De Zonnebloem.

To apply for staying in a convalescence home or assisted accommodation, please contact the Healthcare Advice and Mediation department. The telephone number is available from our website. The adviser discusses with you to determine if you are eligible for first-line stay based on the Healthcare Insurance Act, the Wet Maatschappelijke Ondersteuning (Wmo or Social Support Act) or Wet Langdurige Zorg (Wlz or Long-Term Healthcare Act).

An overview of contracted convalescence homes and assisted accommodation is available from our website. Did you select a non-contracted convalescence home or assisted accommodation, or did you book your holiday travel via a different organisation? Then we do not reimburse the cost.

Referral

Exclusively for care as stated in the description under 1, the following applies:

Necessary stay for:

1. recovery from disease if adequate care is not available at home. Immediately following discharge from a hospital or treatment in an independent treatment centre after full completion of the treatments in the hospital or independent treatment centre;
2. recovery from mental overburden or burn-out, subject to referral by your general practitioner or medical specialist;
3. learning to deal with an impairment and offering support in building up a future perspective.

Referral letter required from

Your general practitioner or medical specialist in the event of recovery from mental or physical overburden or burn-out (as set out under Indication, item 2).

Reimbursement

UMC Extra Zorg 1	50% during a maximum of 6 weeks.
UMC Extra Zorg 2	50% during a maximum of 6 weeks.
UMC Extra Zorg 3	50% during a maximum of 6 weeks.
UMC Extra Zorg 4	50% during a maximum of 6 weeks.



Article 58. Accommodation expenses

Description

Stay of next of kin or parents/foster parents of minors in a hospital residence associated with a hospital in the Netherlands.

Reimbursement

UMC Extra Zorg 1	Maximum €18 per day.
UMC Extra Zorg 2	Maximum €18 per day.
UMC Extra Zorg 3	Maximum €18 per day.
UMC Extra Zorg 4	Maximum €18 per day.

Specifics

- You are exclusively entitled to reimbursement if the cost of hospitalisation in the Netherlands is reimbursed pursuant to your Healthcare Insurance policy.
- The reimbursement also covers overnight stay of an insured who has 2 daytime treatments in a hospital on two consecutive days.

Article 59. Hospice

Description

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

Authorised healthcare providers

A hospice/Almost Home accommodation we accredited. A list of accredited hospices/Almost Home accommodation in your region is available from our website.

Did you select a non-accredited hospice/Almost Home accommodation?

Then we do not reimburse the cost.

Reimbursement

UMC Extra Zorg 1	Maximum €130 per day.
UMC Extra Zorg 2	Maximum €130 per day.
UMC Extra Zorg 3	Maximum €130 per day.
UMC Extra Zorg 4	Maximum €130 per day.

ABROAD

Article 60. Emergency medical care during holiday or temporary stay abroad

Description

A supplement to the reimbursement of the cost of emergency care you receive pursuant to the healthcare policy. This is defined as unforeseen care which cannot reasonably be postponed until your return to the Netherlands. Transport by ambulance is only reimbursed if medically required in order to receive treatment as close as possible to the place where the insured person is staying or to the site of the accident. If you are hospitalised, we will reimburse the cost based on the lowest service class.

You will be reimbursed if:

- it concerns emergency medical care. At the discretion of UMC Emergency Response;
- you stayed abroad no longer than 365 days;
- the cost of healthcare and transport in the Netherlands is covered.



The actions you need to take

If you are hospitalised and/or you need long-term medical care, you need to involve UMC Emergency Response. Please find the emergency response telephone number on both your healthcare card and our website. Do you not contact the UMC Emergency Response? Then we reimburse the cost based on the rates that would have applied if the treatment had been performed in the Netherlands.

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

Reimbursement

UMC Extra Zorg 1	100%.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Article 61. Repatriation

Description

Reimbursement of the cost of your transport if medically required or, in the event of your death, carrying your remains to a location in the Netherlands.

Authorised repatriation providers

UMC Emergency Response. Please find the emergency response telephone number on both your healthcare card and our website.

If repatriation is not arranged by UMC Emergency Response Emergency Response Unit, then we do not reimburse the cost.

Reimbursement

UMC Extra Zorg 1	100%.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

Specifics

1. We do not reimburse the cost if the repatriation reason was foreseeable based on a pre-existing medical condition.
2. The UMC Emergency Response doctor assesses whether or not repatriation is medically necessary if:
 - the right medical treatment is not available or not reasonably feasible abroad, and it is available and feasible in the country of residence/the Netherlands;
 - if local treatment abroad is medically unsafe.
3. The cost of carrying your remains to the Netherlands is only reimbursed if you stayed abroad on a temporary basis (non-residential stay).

Article 62. Non-emergency medical care during holiday or temporary stay abroad

Description

If you stay abroad on a temporary basis, you are also entitled to reimbursement of the cost of care as set out in this supplementary insurance policy/these policies. Temporary is defined as a stay of maximum 365 days.

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



Reimbursement

UMC Extra Zorg 1	Reimbursement is based on these policy conditions and based on the Dutch rates that would have applied if treatment/purchase had taken place in the Netherlands.
UMC Extra Zorg 2	
UMC Extra Zorg 3	
UMC Extra Zorg 4	

ORAL CARE

Article 63. Dental crowns due to accident

Description

Dental crowns and bridges due to an accident for insured up to age 27. After medical indication, a crown implant may be eligible for reimbursement instead of a bridge.

Accident in this context is defined as a sudden, unexpected external impact on the insured's body causing a physical injury that can directly be medically determined.

Authorised healthcare providers

Dentist.

Approval

You require our prior approval.

Reimbursement

UMC Extra Zorg 1	100%.
UMC Extra Zorg 2	100%.
UMC Extra Zorg 3	100%.
UMC Extra Zorg 4	100%.

ORTHODONTIC CARE

Article 64. Orthodontic care for insured under age 18

64.1. Special orthodontic care for insured persons under the age of 18

Description

Orthodontic care as offered by dentists and orthodontists.

Referral

1. An orthodontic anomaly due to recent trauma (accident) or surgical intervention (other than an extraction) provided that the need for treatment is a direct result of such trauma or intervention.
2. An orthodontic anomaly due to retinal frontal elements if there is a need for combined surgical and orthodontic treatment.

Authorised healthcare providers

Dentist or orthodontist.

Approval

You require our prior approval for the medical indications under 1 and 2.



Reimbursement

UMC Extra Zorg 1	80% of the cost.
UMC Extra Zorg 2	80% of the cost.
UMC Extra Zorg 3	80% of the cost.
UMC Extra Zorg 4	100% of the cost.

Specifics

1. Reimbursement is granted only if the first treatment month falls before the insured's 18th birthday. The first treatment month is defined as the calendar month during which the insured actually started the active treatment, for example by taking moulds for the equipment or separating the dental elements.
2. No reimbursement is granted if the equipment must be repaired after careless use or in the event of loss.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and coding in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). This list is broken down into three categories (A, B and C) with the associated rates. The supplementary policy covers only the rates in category A.

64.2. Orthodontic care for insured under age 18

Description

Orthodontic care as offered by dentists and orthodontists.

Authorised healthcare providers

Dentist or orthodontist.

Reimbursement

UMC Extra Zorg 1	No cover.
UMC Extra Zorg 2	80% up to €1,250 for the entire term of the supplementary insurance policy.
UMC Extra Zorg 3	80% up to €2,500 for the entire term of the supplementary insurance policy.
UMC Extra Zorg 4	100% of the cost.

Specifics

1. Reimbursement is only granted if the first treatment month falls before the insured's 18th birthday. The first treatment month is defined as the calendar month during which the insured actually started the active treatment, for example by taking moulds for the equipment or separating the dental elements.
2. No reimbursement is granted if the equipment must be repaired after careless use or in the event of loss.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and coding in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). This list is broken down into three categories (A, B and C) with the associated rates. The supplementary policy covers only the rates in category A.

Article 65. Orthodontic care for insured age 18 and older

65.1. Special orthodontic care for insured age 18 and older

Description

Orthodontic care as offered by dentists and orthodontists.



Referral

1. An orthodontic anomaly due to recent trauma (accident) or surgical intervention (other than an extraction) provided that the need for treatment is a direct result of such trauma or intervention.
2. An orthodontic anomaly due to retinal frontal elements if there is a need for combined surgical and orthodontic treatment.

Authorised healthcare providers

Dentist or orthodontist.

Approval

You require our prior approval for the medical indications under 1 and 2.

Reimbursement

UMC Extra Zorg 1	80% of the cost.
UMC Extra Zorg 2	80% of the cost.
UMC Extra Zorg 3	80% of the cost.
UMC Extra Zorg 4	100% of the cost.

Specifics

No reimbursement is granted if the equipment must be repaired after careless use or in the event of loss.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and coding in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). This list is broken down into three categories (A, B and C) with the associated rates. The supplementary policy covers only the rates in category A.

65.2. Orthodontic care for insured age 18 and older

Description

Orthodontic care as offered by dentists and orthodontists.

Authorised healthcare providers

Dentist or orthodontist.

UMC Extra Zorg 1	None.
UMC Extra Zorg 2	None.
UMC Extra Zorg 3	None.
UMC Extra Zorg 4	100% up to €300 for the entire term of the supplementary insurance policy.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and coding in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). This list is broken down into three categories (A, B and C) with the associated rates. The supplementary policy covers only the rates in category A.



III. UMC Extra Tand

DENTAL CARE

Article 66. Oral care

You have a budget for oral care. You can use this budget for general dental care and for the personal contribution for a dental prosthesis (dentures) as set out below in Articles 66.1 and 66.2.

The total budget for oral care amounts to

UMC Extra Tand 1	A maximum of €250 per calendar year: 100% for visits (C codes), preventive oral care (M codes), certain gum treatments by a dental hygienist (T21, T22, T41, T42, T43 and T44) and 80% for other treatments.
UMC Extra Tand 2	A maximum of €750 per calendar year: 100% for visits (C codes), preventive oral care (M codes), certain gum treatments by a dental hygienist (T21, T22, T41, T42, T43 and T44) and 80% for other treatments.
UMC Extra Tand 3	A maximum of €1,250 per calendar year: 100% for visits (C codes), preventive oral care (M codes), certain gum treatments by a dental hygienist (T21, T22, T41, T42, T43 and T44) and 80% for other treatments.

66.1 General dental care

Description

For example annual/bi-annual check-ups, dental deep cleaning, filling cavities or pulling a tooth.

The following treatments and services are included in the dental care budget:

- visits and diagnostics (C codes, excepting C84 (preparing anaesthetics));
- preventive oral care (M codes), we reimburse the cost of dental deep cleaning (M03) up to a maximum of 60 minutes per calendar year;
- anaesthetics (A and B codes, excepting A20 (general anaesthesia or full sedation));
- taking and assessing images (X codes);
- fillings (V codes);
- root canal treatments (E codes, excepting E97 and E98 (external bleaching));
- treatment after maxillary joints (G codes);
- surgical interventions (H codes);
- gum treatments (T codes);
- crowns, bridges and build-up (R codes);
- implants in a non-toothless jaw (J codes);
- partial prosthesis (P codes).

The reimbursement includes the cost of technology and supplies.

Authorised healthcare providers

Dentist, dental hygienist, orthodontist or prosthodontist. The dental hygienist and the prosthodontist may provide the care if this is within their area of expertise.

For non-complex extractions (pulling teeth and molars) and implants in a non-toothless jaw, you can also visit a dental surgeon.



66.2 Personal contribution dental prosthesis (dentures)

Description

Reimbursement of the statutory personal contribution relating to the full removable dental prosthesis and/or the full removable dental prosthesis on implants. The budget includes the statutory personal contribution for:

- your full dentures;
- the treatments your dentist may charge you in combination with placing full dentures;
- the mesostructure (buttons, bars), which applies for full dentures on implants;
- rebasing and repairing your full dentures.



IV. Definitions

- Supplementary insurance:** the supplementary insurance policies UMC Extra Zorg and UMC Extra Tand as set out in these policy conditions. In UMC Extra Zorg, you may choose from 4 packages: UMC Extra Zorg 1, UMC Extra Zorg 2, UMC Extra Zorg 3 and UMC Extra Zorg 4. In UMC Extra Tand, you may choose from 3 packages: UMC Extra Tand 1, UMC Extra Tand 2 and UMC Extra Tand 3. You may close supplementary insurance policy/policies to be added to a healthcare insurance policy of UMC Zorgverzekering.
- Group health insurance contract:** a group healthcare insurance contract (group contract) concluded between the healthcare insurer and an employer or legal entity with the object of offering associated participants the option of obtaining a healthcare insurance policy and any supplementary covers under the conditions as set out in this contract.
- Diagnosis Treatment Combination (DTC):** a DBC is based on a DBC code issued by the Nederlandse Zorgautoriteit (Nza or Netherlands Healthcare Authority), describing the completed and validated process of specialist medical care and specialist GGZ (mental healthcare) (second-line curative GGZ). This comprises the full process of the diagnosis performed by the healthcare provider up to and including completion of (any) treatment following the diagnosis. The DTC regimen begins at the moment that the insured person registers with the care need, and ends at the end of the treatment or after 120 days for medical specialist care and after 365 days for specialist mental healthcare.
- Fraud:** the intentional commission or attempted commission of forgery, deception, injuring the rights of debt collectors or title holders and/or misappropriation in the process of entering into and/or performing an insurance contract or healthcare insurance contract, with the objective of obtaining a benefit, reimbursement or performance to which the party is not entitled, or obtaining insurance cover under false pretences.
- Institution:** 1. an institution as referred to in the Wet toelating zorginstellingen (Care Institutions Accreditation Act);
2. a legal entity established abroad providing healthcare in the relevant country in the legal framework of the social security system applicable in that country, or focusing on providing care to specific groups of public officers.
- Family care provider:** a family care provider provides long-term unpaid care for over 8 hours per week or longer than 3 months for someone who is chronically ill, disabled or non-independent, and whom he or she has a personal relation with. This may be a family member, a friend or an acquaintance. A family care provider is not a professional.
- In writing:** where the policy conditions refer to 'in writing', this also includes 'by email'.
- Approval (authorisation):** approval in writing for receiving certain care provided to you by or on behalf of the healthcare insurer, prior to receiving the relevant healthcare service.
- You:** policyholder and/or insured.
- UMC Zorgverzekering:** a healthcare insurance policy contract concluded between NV Zorgverzekeraar UMC and the policyholder.
- Stay (hospitalisation):** a stay of 24 hours or longer.
- Insured:** the person for whom this insurance contract was concluded and who is stated accordingly on the policy schedule or other insurance certificate issued by the healthcare insurer.
- Policyholder:** the person that closed the insurance policy contract with the healthcare insurer. These policy conditions refer to the policyholder and the insured as 'you'. If provisions refer to the policyholder only, this is stated specifically in the relevant article.
- Wmg rates:** rates as established by or pursuant to the Wet marktordening gezondheidszorg (Wmg or Healthcare Market Organisation Act).
- Hospital:** an institution for specialist medical care that is duly licensed under the Wet toelating zorginstellingen (WTZI - Care Institutions Accreditation Act). Hospital stays of 24 hours or longer are covered.

Assisted accommodation: an institution contracted by the healthcare insurer, guaranteeing a hotel-like setting with 24-hour care and services, in any case providing nursing and care.

Healthcare Insurer/ NV Zorgverzekeraar UMC: insurer with its registered office in Arnhem and with its statutory office in Nijmegen, Chamber of Commerce number: 09154428. Zorgverzekeraar UMC is registered in the Insurers Register of AFM (Financial Markets Authorities Netherlands) and DNB (the Dutch Central Bank), licence number: 12001037. Zorgverzekeraar UMC is part of Coöperatie VGZ U.A. Zorgverzekeraar UMC is referred to as 'we' and 'our' in these policy conditions.

Healthcare Insurance: an agreement between the healthcare insurer and a policyholder for a person subject to mandatory insurance for non-life or healthcare, as set out in Section 1 subsection d of the Healthcare Insurance Act.



UMC Zorgverzekering

The healthcare insurance of university medical centres

More information

Do you have any questions after having read this leaflet?
Or would you like more information? Then please visit our website,
www.umczorgverzekering.nl.