

The healthcare insurance of University Medical Centres

UMC Healthcare Insurance 2021

UMC Extra Zorg
UMC Extra Tand

Welcome to Zorgverzekeraar UMC

These are the policy conditions that apply to your supplementary healthcare insurance with Zorgverzekeraar UMC. Please find more information on issues such as expense forms and our healthcare packages on umczorgverzekering.nl.

Mijn UMC Zorgverzekering

Via Mijn UMC Zorgverzekering, you can change your policy, check your claim forms and pay your premium. You can directly log in securely on mijnumczorgverzekering.nl with your DigiD.

UMC Zorg app

Did you hear about the UMC Zorg app (UMC Healthcare app)? With this app, claim forms are submitted super fast, you can see all your budgets and reimbursements, and it is easy to pay bills with iDeal. You always have your healthcare card and key phone numbers at hand. The app has secure DigiD logon.

Contact

We are ready to assist you. Check our contact information on umczorgverzekering.nl/contact.

Contracted, preferred and accredited healthcare providers

Please find our contracted, preferred and accredited healthcare providers at umczorgverzekering.nl/zorgzoeker.

Requesting approval

Do you want to know which reimbursements require our prior approval (an authorisation)? Please check these policy conditions. Go to umczorgverzekering.nl/machtiging for full details.

Simply submit claim forms online

It is easy to submit claim forms online through Mijn UMC Zorgverzekering. Or even quicker with the UMG Zorg app. The app has secure DigiD logon. You will receive your reimbursement within 10 working days.

If you prefer submitting expense 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

Artikel 1. Healthcare insured

1.1. Contents and scope of the covered healthcare

Under your supplementary cover, you are entitled to (reimbursement of the cost of) healthcare as set out in these policy conditions.

1.2. Authorised healthcare providers

Your healthcare provider must comply with certain conditions. For each healthcare provision, you can see which care providers are permitted to provide the care and which additional conditions the care provider must meet. For a number of forms, we have contracted, preferred or accredited care providers. For other forms of care, you are free to choose a care provider, provided that the other requirements in these insurance conditions are met. An overview of contracted, preferred and accredited healthcare providers is available from our website.

1.3. Reimbursement of healthcare costs

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

1.3.1. Healthcare provided by a 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 that does not have a contract with us for the relevant healthcare? then you may be required to personally pay all or some of the invoice. Please find more information in this reference guide per type of care. Your claim on us for mindfulness for burn-out complaints or sex therapy cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder's account number.

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

Did you select a non-preferred or non-accredited healthcare provider? Then we do not reimburse the cost. Please find more information in this reference guide per type of care.

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 what we call 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.

1.3.5. We also reimburse some healthcare types if the care is provided by a care provider established abroad, provided that this care provider offers comparable care. This is set out in the relevant care provisions. If these insurance terms and conditions entitle you to reimbursement of a statutory personal contribution on the grounds of the healthcare insurance, we will also reimburse you if this care has been provided abroad and is covered for reimbursement under the healthcare insurance policy.

1.4. Sending invoices

Many healthcare providers send invoices directly to us. If you have received an invoice yourself, you can submit your claims online via the Mijn-omgeving or via the UMC Zorg app. To do this, take a photo or scan of the invoice, or upload a PDF.

You must retain the original invoice for at least one year after submitting the relevant claim form. We may request the invoices for inspection. If you are unable to submit the invoices, we may recover the amounts paid out to you, or settle the relevant amounts with amounts due to you. Submitting claim forms by post is also possible. You can complete a claim form and submit it to us. Please attach the original invoice.

Please don't send a copy or a reminder. We can only process originals. You can submit invoices to us up to a maximum of 3 years after the start of treatment.

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

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

The invoices must be clear enough that we can immediately conclude from the invoice what reimbursement you are entitled to under the applicable terms and conditions. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from www.XE.com. Our starting point is the price on the day you were treated. 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. We will not refund the translation expenses. We may delay payment of the invoice until you have proven full payment of the costs.

1.5. Direct payment

We may pay the healthcare costs directly to the healthcare provider. This means you are not entitled to reimbursement.

1.6. Settlement of costs

If we pay directly to the healthcare provider, sometimes a small contribution is required from you. Sometimes we have reimbursed more than you are formally entitled to pursuant to your supplementary insurance policies. Or the costs of care are charged to you for another reason. In that case, as the policyholder, such costs are payable to us. We will charge such amounts to you in arrears. You have a legal obligation to pay such amounts. We reserve the right to settle such amounts with amounts due to you.

1.7. Reference, regulation 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. Please find information about this in the healthcare provision.

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.

Permission (authorisation)

Sometimes you require our approval before receiving healthcare. Such approval is also called an authorisation. If you have not received such an authorisation beforehand, you are not entitled to (reimbursement of the costs of) care. Did you select a healthcare provider that has a contract with us 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. You can also submit your request directly to us. Please find our address on our website. Are you going to a care provider that does not have a contract with us for the care that concerns you? Then you need to personally submit the request for approval to us.

1.8. When are you entitled to (reimbursement of the cost of) covered healthcare?

You are entitled to (reimbursement of the cost of) care if the care has been provided during the term of your supplementary insurance. In these Policy Terms and Conditions, this is based on years or calendar years. To determine the year or calendar year associated with the submitted expenses, we check the date the healthcare service was delivered by the healthcare provider. This date is leading. Suppose that your treatment falls in two calendar years and the healthcare provider may charge the cost as a single amount (for example a Diagnosis Treatment Combination), In that case, we will reimburse these costs if the treatment was started within the term of the supplementary insurance policy and the cost will be allocated to the calendar year of the first treatment.



1.9. Exclusions

You are not entitled to:

- forms of healthcare or healthcare services that are funded pursuant to legal regulations, including the Wlz (Long-Term Healthcare Act), the Youth Act or the 2015 Wmo (Social Support Act);
- healthcare or reimbursement of the cost of healthcare related to pre-existing illnesses or conditions that presented before or at the time that the insurance came into effect, of which you were or could have been aware, or in relation to which you were already having 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 costs for statements in writing, mediation costs charged by third parties without having been issued our prior approval statement in writing, administrative fees or charges due to overdue payment of invoices of healthcare providers;
- reimbursement of personal contributions or excess payable under the terms of any other insurance, except if and where clauses 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), 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

Do you need care resulting from one or more terrorist acts? 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 of this claim are set out in the NHT's Terrorism Cover Clauses Sheet.

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 loss amount is higher, then each insured claiming a loss will be paid out the same percentage of the maximum amount. In reality, this implies that you may be paid out less than the actual value of the loss amount. But it also means that you are assured that you will at least be compensated (part of the loss/cost).

Artikel 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 cover

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 an integral part of the insurance contract and apply to the following supplementary insurance policies: UMC Extra Zorg and UMC Extra Tand; referred to as supplementary insurance in these policy conditions.

2.3. Related documents

In these insurance conditions, we refer to documents. These form 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
- List of maximum reimbursements abroad
- Overview contracted and preferred healthcare providers
- Reference protocol to the lactational NVL en VSBB
- Healthcare Module Prevention Diabetic Foot Ulcers
- The Visual Aids Regulations
- 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 right to (reimbursement of the costs of) care expires. 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 reference 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.



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 Mijn Omgeving

2.7. Membership of the Cooperative

Upon acceptance for this healthcare insurance policy, you, as the policyholder, also become a member of the cooperative society Coöperatie VGZ U.A., unless you notify us in writing that you prefer not to do so. The Cooperative looks after the interests of its members in the field of health and other insurance policies. 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.

Artikel 3. Premium

3.1. Who pays the premium?

The policyholder has the obligation to pay premiums. For an insured person younger than 18 years of age, no premium needs to be paid until the first day of the calendar month following the 18th birthday. Example: someone who turns 18 on 1 July pays premium as of 1 August.

Upon death of an insured, premium is due up to the date of death. In the event of a change to the supplementary insurance, we will recalculate the premium with effect from the date of the change.

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 first 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 may not participate in more than 1 group contract at the same 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 agreed otherwise. If you pay an annual premium in advance, you will receive a payment discount on the premium due. The amount of the discount is stated on the policy schedule.
- 3.3.2. If you do not make use of the free digital post, you will be charged a fee for paper post. You do not pay a fee for the paper policy. Please check our website for more details and the fees for paper post.
- 3.3.3. You pay the premium, personal contributions, fees for paper post 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 3.3.4).
- b. You make use of the option of receiving a digital invoice free of charge via Mijn Omgeving. In that case you should ensure payment is made in due order. You may directly pay via iDeal if needed.
- c. Your employer withholds the premium from your salary and transfers it to us. This payment option only applies to the premium.

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, 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 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.

- 3.3.4. Your authorisation for direct debit applies to payment of the premium, excess, personal contributions and any unjustified reimbursements. Such an authorisation applies during and if necessary after expiration 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.

3.4. Settlement

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

3.5. Overdue payments

- 3.5.1. If you are overdue in payment of the premium, statutory contributions, personal contributions, the excess and any reimbursements paid out to you that prove unjustified, 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 healthcare and reimbursement of healthcare costs from the last premium due date before the reminder.

Your obligation to pay the premium will continue during any period of suspension. 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, 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 original invoice.
- 3.5.3. If you have received a reminder for overdue payment of premiums, statutory contributions, excess, personal contributions or reimbursements paid out to you that prove unjustified, 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.

Artikel 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. This would include charges that we could recover from the liability insurance policy of the party causing the accident. 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.

Artikel 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 insurance policy/policies at any time. We will inform you, the policyholder, accordingly in writing. Such a change shall take place on a date determined at 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 can cancel the agreement in any case during 1 month after the change has been communicated to you. You do not have this right of cancellation if a change to the insurance terms and conditions results directly from statutory measures, regulations or provisions.

Artikel 6. Start, term and cancellation of supplementary insurance policy/policies

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 policy is taken out for the calendar year in which the supplementary insurance became effective. Each time at the end of this period, the supplementary insurance is automatically renewed for the period of one calendar year.

6.2. Acceptance for supplementary insurance

6.2.1. Acceptance for supplementary insurance

You can take out supplementary insurance as a supplement to the health insurance policy of your healthcare insurer if healthcare insurance is mandatory for you within the meaning of the Healthcare Insurance Act (Zorgverzekeringswet).

Extra Tand 3 is subject to a 12-month qualification period for crowns, bridges, implants and partial dental prostheses. This means that during the qualification period, you are charged a premium, but you do not receive any reimbursement for crowns, bridges, partial dental prostheses and implants.

6.2.2. Freedom of choice

All insured aged 18 and over who are registered on the healthcare policy can take out supplementary insurance 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.

6.2.3. Changes to supplementary insurance

You may decide to change your supplementary insurance policy/policies. This is subject to the provisions of 6.2.1. and 6.2.2. You, as the policyholder, are required to forward us such changes latest by 31 January 2021. The change will then become effective as per 1 January 2021 (with retroactive effect). A change is defined as switching to another supplementary insurance we offer. 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. Automatic Expiration

The supplementary insurance policy expires automatically on the day following the day on which it is taken out:

- 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 insured is no longer subject to mandatory insurance under the Healthcare Insurance Act;
- 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 result in termination of the supplementary insurance cover. If we determine that the supplementary insurance policy is terminated or will be terminated, we will send you a termination certificate as soon as possible.

6.4. When can you cancel your 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.

Please note

You may cancel the supplementary insurance policy/policies in writing annually as per 1 January. This is subject to the condition that we have received your cancellation no later than 31 December.

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. This is subject to the condition that we have received the cancellation before the end of the month in which your child turns 18.

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 supplementary healthcare policy/policies to cancel the healthcare policy/policies 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 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 detec-



tion 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.

Artikel 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 Executive Board.

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 are unable to process your complaint without such permission.

You will receive a response to your complaint 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 response to your complaint about forms from us 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.

Artikel 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. Together with you, we will look into the possibilities.



II. Extra Zorg Instap, Extra Zorg 1, Extra Zorg 2, Extra Zorg 3

ALTERNATIVE CARE

Artikel 9. Alternative care

This is your cover

The cost of:

1. treatments and visits that fall in the scope of acupuncture and other oriental medicine, anthroposophic alternative medicine, chiropractice, craniosacral therapy, haptotherapy, Van Dixhoorn breathing and relaxation therapy, homoeopathy, E.S. manual therapy, musculoskeletal medicine, natural medicine, osteopathy and psychiatric social care.
2. Homeopathic or anthroposophic drugs and medication
 - registered in accordance with the Medicines Act
 - with an HA or HM registration in the Homoeopathy Taxe of the Z index

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €200 per calendar year; treatments and visits are subject to a maximum fee of €40 per day	a maximum of €300 per calendar year; treatments and visits are subject to a maximum fee of €40 per day	a maximum of €500 per calendar year; treatments and visits are subject to a maximum fee of €40 per day

This is not covered

Alternative care does not include visits and group or individual treatments for:

- prevention, well-being and/or self-development;
- social services, coaching and counselling;
- 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.

You are not entitled to reimbursement of the cost of:

- diagnostic tests such as laboratory tests, scans, psychological school examinations, intelligence tests;
- tests for applications for a personal budget, for example.

This is where to go

Treatments and visits are only available from one of our preferred healthcare providers. A list is also available from our website. Please go to a pharmacist for drugs and medications. A doctor with a BIG registration, general practitioner, medical specialist, oral surgeon or obstetrician prescribes the medicines.

Which medication is reimbursed?

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

Artikel 10. Physiotherapy, Cesar/Mensendieck remedial therapy and oedema therapy

This is covered

The cost of:

1. physiotherapy
2. remedial therapy Cesar/Mensendieck
3. oedema therapy

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
maximum 6 treatments per calendar year	maximum 9 treatments per calendar year; for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.	maximum 18 treatments per calendar year; for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.	maximum 32 treatments per calendar year; for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.

This is not covered

- Occupational curative care and reintegration processes;
- 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.

Please note

The physiotherapy and Cesar/Mensendieck remedial therapy 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 oedema therapy 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.

This is where to go

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

Relating to physiotherapy, Cesar/Mensendieck remedial therapy and oedema therapy, we only have contracts with



healthcare providers that fulfil the quality requirements of the professional group. We also reimburse this care if you go to a care provider abroad who provides similar care. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'. An overview of contracted healthcare providers is available from our website.

Please note

For physiotherapy in the context of Parkinson syndrome, we exclusively work with contracted specialist healthcare providers that are a member of ParkinsonNet. For more information on ParkinsonNet, please visit our website.

OCCUPATIONAL THERAPY

Artikel 11. Occupational therapy

This is your cover

The cost of occupational therapy, with the goal of more or improved self-reliance. The healthcare policy covers 10 hours of occupational therapy per calendar year. Reimbursement from the supplementary insurance is additional to this cover.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	<ul style="list-style-type: none"> • maximum 5 treatment hours per calendar year • your healthcare provider invoices the treatment time in 15-minute units. 	<ul style="list-style-type: none"> • maximum 5 treatment hours per calendar year • your healthcare provider invoices the treatment time in 15-minute units. 	<ul style="list-style-type: none"> • maximum 5 treatment hours per calendar year • your healthcare provider invoices the treatment time in 15-minute units.

This is where to go

To an occupational therapist.

Please note

An overview of contracted healthcare providers is available from our website. For occupational therapy in the context of Parkinson syndrome, we work with contracted specialist healthcare providers that are a member of ParkinsonNet.

CONTRACEPTIVES

Artikel 12. Contraceptives from age 21

This is covered

Contraceptives for insured from age 21 that may be provided in accordance with the Healthcare Insurance Regulations. This includes: contraceptive pill, contraceptive rod, coil, ring or diaphragm.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	up to the amount as set out in GVS (Medication Reimbursement System)	up to the amount as set out in GVS (Medication Reimbursement System)	up to the amount as set out in GVS (Medication Reimbursement System)

This is where to go

To one of our contracted pharmacists or dispensing practitioners. If you have selected a non-contracted pharmacist or dispensing practitioner, Then we do not reimburse the cost. A list of contracted pharmacists and dispensing practitioners is available from our website. We also reimburse this care if you go to a pharmacy abroad. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'.

This is what you have to arrange yourself

The first prescription of a new or existing contraceptives. The relevant general practitioner, obstetrician or medical specialist issues the first prescription.

Your healthcare insurance policy has a budget for placing and removing a contraceptive, irrespective of your age.

Artikel 13. Sterilisation

This is your cover

Sterilisation.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. Are you going to a care provider that does not have a contract with us? Then we do not reimburse the cost. For a vasectomy (male sterilisation) you can also see a general practitioner. An overview of contracted healthcare providers is available from our website.

PRESCRIPTION SPECTACLES AND CONTACT LENSES

Artikel 14. Complete spectacles from contracted supplier

This is covered

Singular or multi-focal complete spectacles with prescription glasses from a contracted supplier. You can find the list of suppliers in the Visual Aids Regulations.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a pair of spectacles from the basic range for each period of 3 calendar years	a pair of spectacles from the comprehensive range for each period of 3 calendar years

The period of 3 calendar years includes the calendar year during which you purchased spectacles and the previous two calendar years. The costs for preparing the spectacles are covered only if these are part of the purchase price.

Artikel 15. Budget relating to spectacles or contact lenses from non-contracted supplier

This is covered

The cost of purchasing prescription spectacles or prescription lenses from a non-contracted optician. We also reimburse this care if you buy spectacles or lenses from an optician abroad.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of €100 per 3 calendar years	a maximum of €200 per 3 calendar years

The period of 3 calendar years includes the calendar year during which you purchased spectacles or contact lenses and the previous two calendar years. The costs for preparing the spectacles are covered only if these are part of the purchase price.

This is not covered

- A complete pair of spectacles from a contracted supplier, if you choose a budget relating to spectacles or contact lenses from a non-contracted supplier
- Monthly contact lenses from a contracted supplier, if you choose a budget relating to spectacles or contact lenses from a non-contracted supplier
- A pair of spectacles or contact lenses if you have already received a reimbursement for a pair of spectacles or contact lenses from your supplementary insurance in the past 3 years.

This is not covered

- A budget for a pair of spectacles or contact lenses from a non-contracted supplier, if you choose a complete pair of spectacles
- Monthly contact lenses from a contracted supplier, if you choose a complete pair of spectacles
- A pair of spectacles or contact lenses if you have already received a reimbursement for a pair of spectacles or contact lenses from your supplementary insurance in the past 3 years

ABROAD

Artikel 16. Preventive vaccinations and medication when travelling abroad

This is your cover

Visits, necessary vaccinations (jabs) and/or prevention medication if you travel abroad.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

This is where to go

To one of our contracted care providers. Did you select a healthcare provider that does not have a contract with us? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website. We also reimburse this care if you go to a care provider abroad who provides similar care. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'.



Artikel 17. Urgent medical care during holiday or temporary stay abroad

This is covered

A supplement to the reimbursement of the cost of emergency care you receive pursuant to the healthcare policy. This is care that you unexpectedly need and that you cannot postpone until you are back in the Netherlands. Transport cost 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.

You will be reimbursed if:

- it concerns emergency medical care. The UMC Emergency Call Centre will assess this;
- you stayed abroad no longer than 365 days;
- the cost of healthcare and transport in the Netherlands is covered.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
full	full	full	full

This is what you have to arrange yourself

If you are admitted to a hospital and/or need long-term medical treatment, you should contact or arrange for contacting the UMC

Emergency call centre. Please find the telephone number in the Zorg app, on your healthcare card or on our website.

We pay the fee in euros into 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.

Artikel 18. Repatriation

This is your cover

Your medically necessary transport or - in the event of your death - the transport of your mortal remains to the Netherlands.

This includes the cost of:

- transport by ambulance and/or airplane or transport by an undertaker
- (medically) necessary assistance
- the necessary communication costs
- the costs of taking and/or sending necessary medicines not available abroad

The 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.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
full	full	full	full

This is not covered

Was the repatriation reason foreseeable based on a pre-existing medical condition? Then we do not reimburse the cost.

This is where to go

UMC Emergency Response. Is repatriation is not arranged by the UMC Emergency Response Emergency Response Unit? Then we do not reimburse the cost. You can find the telephone number in the Zorg app, on your healthcare pass or on our website.

Artikel 19. Prevention budget

You will receive a budget for prevention that you can use for courses, healthcare and advice as set out below in Articles 19.1 through 19.5.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
a maximum of €75 per calendar year	a maximum of €200 per calendar year	a maximum of €300 per calendar year	a maximum of €400 per calendar year

19.1. Courses

This is your cover

The cost of:

- courses aimed at learning to deal with a disease or condition, such as asthma, COPD, diabetes, rheumatism, joint disorders, cancer or cardiovascular diseases, organised by a patients association that is a member of or participates in the NPCF (Dutch Patients Consumers Federation) or a family care organisation.
- courses on how to deal with dementia, organised by a home care organisation, the GGD or a GGZ institution.
- First-Aid course by an organisation working in accordance with the Dutch first-aid guidelines.
- reanimation course by an instructor or institution certified by NRR (Dutch Reanimation Council).
- fall prevention course "In Balans", "Vallen Verleden Tijd" en "Zicht op Evenwicht" given by a physiotherapist, remedial therapist Cesar/Mensendieck or occupational therapist with a fall trainer certificate. The care provider states on the invoice that he has a fall prevention certificate.

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

This is what you have to arrange yourself

Please attach proof of attending the course to the invoice.

19.2. Preventive courses, care and advice focused on your physical and mental health

This is covered

The cost of courses, care and advice aimed at maintaining or improving your physical and mental health. This can be a specific offer of preventive courses, (preventive) psychological support or programmes for a healthy lifestyle. This offer is provided by a preferred care provider/care providers. An overview of this extra range and the preferred healthcare providers is available from our website.

19.3. Lifestyle check

This is covered

The cost of an (online) lifestyle check with the aim of gaining insight into your lifestyle. This gives you the option of a cholesterol and glucose test and an abdominal measurement (home test). The check is followed by a personal lifestyle interview with an online lifestyle coach.

This is where to go

In the case of a care provider contracted by us. Are you going to another healthcare provider? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

19.4. Medical sports advice

This is your cover

The cost of medical sports testing and medical sports assistance/coaching, and sports examinations.

This is where to go

A sports doctor (medical specialist).

19.5. Consults and advice for women

This is your cover

The cost of providing information, advice and assistance to women with health issues caused by the hormonal system, such as menopausal or menstrual issues.

This is where to go

A nurse specialised in advice relating to women and hormones.

PREGNANCY AND BIRTH

Artikel 20. Pregnancy courses

This is your cover

If you are pregnant or trying to get pregnant, we will reimburse the cost of:

1. The Slimmer Zwanger (Smarter Pregnant) self-help programme.
2. Courses:
 - preparing you for childbirth;
 - enhancing your physical post-partum recovery (maximum 6 months after childbirth).

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €100 per calendar year	a maximum of €100 per calendar year	a maximum of €100 per calendar year

This is where to go

To:

- a home care or maternity care organisation;
- an obstetrician or obstetric clinic;
- a yoga teacher who is a member of Vereniging Yogadocenten Nederland (VYN or Yoga Teachers Association Netherlands);
- A physiotherapist or Cesar/Mensendieck remedial therapist who is a member of ZwangerFit®
- A haptonomist who is a member of Vereniging Haptonomische Zwangerschapsbegeleiders (VHZB or Haptonomist Pregnancy Counsellors Association Netherlands)
- A course leader who is a member of Nederlandse Vereniging voor HypnoBirthing® Cursusleiders (NVHBC or Dutch Association for HypnoBirthing® Course Leaders)
- a course leader who is a member of Samen Bevalen.



Artikel 21. Maternity package

This is your cover

A maternity package we compile in consultation with the obstetricians. If you are pregnant, you can apply for this package through our website.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	maternity package in kind	maternity package in kind	maternity package in kind

Artikel 22. Lactation consultant

This is your cover

The cost of a visit with a lactation consultant if you have nursing issues.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	maximum €200 per childbirth	maximum €200 per childbirth

This is where to go

To a lactation expert who is a member of the Dutch Association of Lactation Experts (NVL) or the Association of Breastfeeding and Baby Guidance Specialists (VSBB).

This is what you have to arrange yourself

A letter of referral from an obstetrician, maternity care organisation, consultation agency doctor or youth health care nurse.

Artikel 23. Post-partum care mother and new-born, or adoption support

This is covered

The cost of:

- post-natal care if you or your baby was hospitalised during the regular first 10 days after childbirth and you have not received the right care for this reason. The reimbursement applies from day 11 after childbirth, or from the day the baby is discharged from hospital.
- necessary support and advice regarding the care of your adopted baby if younger than 3 months.

In both cases, the maternity organisation determines the number of necessary care hours.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	maximum 12 hours per childbirth or adoption	maximum 12 hours per childbirth or adoption	maximum 12 hours per childbirth or adoption

This is where to go

A qualified maternity assistant or a nurse.

Artikel 24. Breast pump

This is your cover

The cost of renting or buying an electrical or mechanical breast pump.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	maximum €80 one-off for the entire term of the supplementary insurance policy

Artikel 25. Personal contribution maternity care

This is your cover

The statutory personal contribution for maternity care. This personal contribution applies pursuant to the health insurance policy.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full

Artikel 26. Reversal operation sterilisation male / female

This is covered

Reversal operation sterilisation.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

This is where to go

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

Artikel 27. In-vitro fertilisation (IVF)

This is covered

Reimbursement of the cost of a fourth IVF (In-Vitro Fertilisation) attempt for each pregnancy to be realised in addition to the reimbursement of the first, second and third attempts that were reimbursed, provided that the insured woman is age 42 or younger. The medicines necessary for the treatment are reimbursed as part of specialist medical care in connection with IVF treatment.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	none	full

This is where to go

Gynaecologist in an institution licensed for this specialist field. An overview of contracted healthcare providers is available from our website.

This is what you have to arrange yourself

A referral letter from a gynaecologist or urologist.

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 in advance. Our telephone number is available from our website.

SKIN THERAPY

Artikel 28. Budget skin treatments

You will receive a budget that you can use for acne treatment, camouflage therapy and depilation as set out below in Articles 28.1, 28.2 and 28.3.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €500 per calendar year	a maximum of €500 per calendar year	a maximum of €500 per calendar year

28.1. Acne treatment

This is your cover

The cost of treatment of severe forms of acne and treatment of acne scars on the face.

This is where to go

To one of our preferred care providers. Are you going to a care provider that does not have a contract with us? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

28.2. Camouflage therapy

This is covered

The cost of treatment to reduce the appearance of scars, in case of severe (permanent) deformities of the face and/or neck and skin conditions with pigmentation. Also the necessary aids/supplies are covered.

This is where to go

To one of our preferred care providers. Are you going to a care provider that does not have a contract with us? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

28.3. Depilation

This is your cover

The cost of treatment for permanent removal of extreme facial hair growth.

This is where to go

To one of our preferred care providers. Are you going to a care provider that does not have a contract with us? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

MEDICAL AIDS

Artikel 29. Budget for medical aids

You will receive a budget that you can use for medical aids as set out below in Articles 29.1 through 29.9.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of €250 per calendar year	a maximum of €500 per calendar year

29.1. Batteries hearing aids

This is covered

The cost of batteries, single rechargeable batteries and the relevant chargers for hearing aids. These are reimbursed from your healthcare insurance policy.

29.2. Hand and/or finger splint for temporary use

This is covered

Maximum up to 2 temporary hand and/or finger splints. The splint is used to stabilise, support and/or correct a joint.

Please note

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

This is where to go

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

29.3. Mammary prosthesis

This is covered

The cost of purchasing adhesive tape for a mammary prosthesis, a breast prosthetic bra and a prosthetic bathing suit used after a breast amputation. You will also be reimbursed for any cleaning products used to remove the remains of the adhesive strips.

We also reimburse this care if you go to a care provider abroad who provides similar care.

29.4. Wigs or chemo beanies

This is covered

The difference between the amount charged by the supplier for a wig or chemo beanie and the reimbursement you receive from the healthcare insurer. We also reimburse this care if you go to a care provider abroad who provides similar care. If you have a referral for a wig, you may choose a contribution towards the costs for a wig, or a contribution towards the costs of a chemo beanie. We do not reimburse chemo beanies that are supplied by a care provider abroad.

29.5. Prolapse pessary

This is covered

The cost of the pessary. The pessary is designed to hold the bladder and/or uterus in the right place in patients with prolapse. The costs of placing the pessary by the general practitioner will be reimbursed from the basic insurance.

This is where to go

General practitioner.



29.6. Urination alarm between ages 6 and 18

This is your cover

Reimbursement of the purchase or lease cost of a urination alarm in the context of nightly bed-wetting for insured between age 6 and age 18, including any special underwear and padding required. The reimbursement is a one-off amount for the entire term of the supplementary insurance policy.

This is where to go

Any supplier of urination alarms.

29.7. ADL aids

This is covered

The cost of ADL aids if you have a severe joint condition or long-term neurological disorder. ADL aids are tools for general daily life acts, such as small tools that you require to wash, dry and dress yourself, going to the toilet independently and small tools you need for cooking and eating. A full list of such aids that can be reimbursed is available from our website.

This is where to go

Any supplier of these aids.

The actions you need to take

A referral letter from an occupational therapist. The occupational therapist assesses which ADL medical aids are most useful for you.

29.8. Personal contribution hearing aids

This is covered

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

29.9. Personal contribution visual aids

This is covered

If you are under age 18, reimbursement of the statutory personal contribution for spectacle glasses or filter glasses reimbursed by the healthcare insurance policy.

Artikel 30. Simple walking aids

This is covered

The cost of renting or buying crutches, walker or three or four-pronged walking stick for personal use.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of €35 per calendar year	a maximum of €35 per calendar year

This is where to go

Any supplier of these aids.

Artikel 31. Support and compression stockings

This is covered

The cost of support or compression stockings pressure class 1.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	maximum 4 pairs per calendar year	maximum 4 pairs per calendar year

This is what you have to arrange yourself

A recent referral letter from a general practitioner or medical specialist. This should be attached when sending us the bill.

PLASTIC SURGERY

Artikel 32. Correction protruding ears up to age 18

This is your cover

Correction protruding ears for insured up to age 18.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

This is where to go

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

The actions you need to take

A referral letter from a general practitioner or medical specialist.

Artikel 33. Eyelid correction

This is covered

Upper eyelid correction or levator plastic surgery:

- if one third of the pupil is covered by the lower edge of the upper eyelid or the overhanging skin fold when looking straight ahead;
- if your visual field is clearly limited on the side. 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.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

This is where to go

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

The actions you need to take

1. A referral letter from a general practitioner or medical specialist.
2. You require our prior approval. The application must be accompanied by an explanation from your medical spe-

cialist, setting out the nature and size of the anomaly. We will also ask you to send a picture clearly showing the anomaly. You can take the picture yourself. Or you can use a picture taken in hospital or independent clinic.

Artikel 34. Abdominal wall correction

This is your cover

Correction of the abdominal wall if you have an overhanging abdominal skin fold that is likely to cause blemishes. To be eligible, the overhanging abdominal skin fold should have an inner side depth measurement of 6 cm or more. Additionally, it is important to have a reasonable weight/height ratio. Your BMI is 30 or lower. For abdominal wall correction after bariatric surgery, your BMI may not exceed 35 (≤ 35).

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full

How to calculate your BMI

You can calculate your BMI (Body Mass Index) by dividing your body weight by your length squared (length x length).

Example: your weight is 85 kg and your height is 1.75 m. Your BMI is 85 divided by $(1.75 \times 1.75) = 85$ divided by $3.0625 = 27.76$. Rounded off, this is 28.

This is where to go

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

This is what you have to arrange yourself

1. A referral letter from a general practitioner or medical specialist.
2. You require our prior approval. The application must be accompanied by an explanation from your medical specialist, setting out the nature and size of the anomaly.

Artikel 35. Mammary prosthesis

This is covered

1. Surgical insertion and replacement of a breast prosthesis other than after a full or partial breast amputation, if you are not entitled to reimbursement from your healthcare insurance policy.
2. Surgical removal of a breast prosthesis without medical necessity.

Reimbursement of the costs:

- of reshaping intervention after mutilation due to injury or disease;
- of reshaping intervention to correct a severe anomaly present and detected at birth; or
- of resolving objectively impaired functionality.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no cover	full	full

This is where to go

In the case of a care provider contracted by us. An overview of contracted healthcare providers is available from our website. Did you select a non-contracted healthcare provider? then we do not reimburse the cost.

This is what you have to arrange yourself

You 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.



Artikel 36. Mindfulness for burn-out complaints from age 18

This is covered

A contribution towards the cost of an 8-week training Mindfulness Based Cognitive Therapy (MBCT) or Mindfulness Based Stress Reduction (MBSR). You are entitled to such training if you are age 18 or older and you have burn-out complaints.

MBCT and MBSR

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

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €350 per calendar year	a maximum of €350 per calendar year	a maximum of €350 per calendar year

This is where to go

A mindfulness trainer who is a member of VMBN (Association Mindfulness-Based Netherlands) with category 1 membership. A mindfulness trainer certified by MBTC/MBSR who is a member of VMBN (Association Mindfulness-Based Netherlands).

You can find the trainers on the websites of these associations: www.vmbn.nl and www.verenigingvoormindfulness.nl.

Your claim on us for mindfulness for burn-out complaints cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder’s account number.

The actions you need to take

A referral letter from a general practitioner or company doctor.

Artikel 37. Sex therapy

This is your cover

The cost of sex therapy. This care includes help with problems with intimacy, eroticism, sexual functions and relationship and partner therapy.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	maximum 4 sessions per calendar year, up to a maximum of €60 per session. A session takes at least 60 minutes.	maximum 4 per calendar year, up to a maximum of €60 per session. A session takes at least 60 minutes.

This is where to go

A sex therapist registered with the Nederlandse Vereniging voor Seksuologie (NVVS or Netherlands Association for Sex Therapy).

Your claim on us for sex therapy cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a



contract with will be remitted to the policy holder's account number.

The actions you need to take

A referral letter from a general practitioner or company doctor.

FOOT TREATMENTS

Artikel 38. Budget foot treatments

You will receive a budget for foot treatments and podiatry as set out below in Articles 38.1 and 38.2.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of €100 per calendar year	a maximum of €100 per calendar year

38.1. Foot treatments for rheumatic and diabetic foot

This is covered

The cost of:

1. foot treatments for insured with rheumatism (rheumatoid arthritis);
2. foot treatments for diabetics with care profile 1. These are treatments to reduce or prevent pain and other complaints and wounds caused by skin and nail disorders and/or by excessive pressure on foot or nails. Your podiatrist or pedicurist must state your care profile on the invoice.

Care profiles

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

This is not covered

The cost of foot treatments for diabetics with care profile 1 that is not listed in the treatment plan. This would include cutting nails and removing hard skin that does not contribute to risk of wounds, massaging feet and other foot care services.

Please note

You are entitled to certain foot care if you have diabetes mellitus based on your healthcare insurance policy. This concerns the annual foot examination, foot care advice, more frequent specific foot examinations and diabetic foot treatments for care profiles 2 and up. You can find this foot care in the terms and conditions of your healthcare insurance policy.

This is where to go

To a:

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

We also reimburse this care if you go to a care provider abroad who provides similar care.



38.2. Podiatry

This is your cover

The cost of 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.

This is where to go

A podiatrist who is registered with the Quality Register Paramedics.

We also reimburse this care if you go to a care provider abroad who provides similar care.

Artikel 39. Arch supports and therapy soles

This is your cover

The cost of arch supports and therapy soles supporting the joints, ligaments and capsules of the feet. You are also entitled to a contribution towards the costs of repair and adjustment of the soles.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of €125 per calendar year	a maximum of €125 per calendar year

This is where to go

Podotherapist, orthopaedic shoe manufacturer (SEMH-OSB) or shoe shop (SEMH-OIM). SEMH stands for Stichting Erkenningregeling Medische Hulpmiddelen (Foundation Accreditation Scheme Medical Aids), OSB stands for Orthopedisch Schoentechnische Bedrijven (Orthopaedic Technical Shoe Companies) and OIM stands for Orthopedische Instrument Makerijen (Orthopaedic Instrument Manufacturers). We also reimburse this care if you go to a care provider abroad who provides similar care. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'.

NUTRITION ADVICE

Artikel 40. Dietetics

This is your cover

The cost of education with a medical purpose about food and eating habits The healthcare policy covers 3 hours of dietetics treatment hours per calendar year. Reimbursement from the supplementary insurance is additional to this cover.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	maximum 4 treatment hours per calendar year. Your healthcare provider invoices the treatment time in 15-minute units.	maximum 4 treatment hours per calendar year. Your healthcare provider invoices the treatment time in 15-minute units.	maximum 4 treatment hours per calendar year. Your healthcare provider invoices the treatment time in 15-minute units.

This is where to go

To a dietician.

Please note

An overview of contracted dieticians is available from our website.

Artikel 41. Weight consultant

This is your cover

The cost of nutrition advice and exercise information for healthy people with weight issues.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €50 per calendar year	a maximum of €100 per calendar year	a maximum of €150 per calendar year

This is where to go

To a weight consultant who is a member of the Beroepsvereniging Gewichtconsulenten Nederland (BGN - Professional Association Weight Consultants Netherlands).

Please visit www.gewichtconsulenten.nl to find a weight consultant near you.

ACCOMMODATION AWAY FROM HOME

Artikel 42. Stay in a hospital residence or family guest house

This is covered

The cost of:

1. Staying in a hospital residence or family guest house associated with a hospital in the Netherlands if your under-age child or your partner is hospitalised. Examples of family houses especially for children are the Ronald McDonald houses and the Kiwanis houses. If your under-age child or your partner is admitted to Antwerp University Hospital, you can go to the Onthaaltehuis Ter Weijde.
2. staying in a hospital residence if you are required to complete two day sessions in a hospital located more than 40 kilometres from your home address. The day treatment must take place on consecutive days.

The hospital usually determines whether you are eligible to stay in a family residence or guest house.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
maximum €45 per night	maximum €45 per night	maximum €45 per night	maximum €45 per night

Artikel 43. Accommodation in Gasthuis Antoni van Leeuwenhoek Hospital or the Daniël den Hoed Family Residence

This is your cover

The cost of your stay in the guest residence of Antoni van Leeuwenhoek hospital or the Daniël den Hoed family residence if you have polyclinic treatments in the Antoni van Leeuwenhoek hospital or Daniël den Hoed institution.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	full	full	full

In certain situations, the healthcare insurance policy covers seated patient transport. If you are required to make use of this type of transport for at least 3 consecutive days, you may choose a reimbursement of accommodation rather than reimbursement of transport.

PALLIATIVE CARE

Artikel 44. Hospice

This is your cover

The cost of a 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. The hospice cares for you until your death.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	maximum €40 per day	maximum €40 per day	maximum €40 per day

This is where to go

A hospice/Almost Home accommodation we accredited. If you selected a non-accredited hospice/Almost Home accommodation, Then we do not reimburse the cost. Please find the contact details of our accredited hospice/Almost Home accommodations on our website.

CARE AND ACCOMMODATION AWAY FROM HOME

Artikel 45. Convalescence homes and assisted accommodation

This is covered

Stay in a convalescence home or assisted accommodation:

1. it immediately follows discharge from a hospital or treatment in an independent treatment centre after completion of the treatments in the hospital or independent treatment centre;
2. if your family care provider is unable to perform the work, permanently or temporarily, and there is no other option for care at home;
3. if you want to recover from (mental) overload or burn-out.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	maximum €100 per day up to a maximum of €1,000 per calendar year	maximum €100 per day up to a maximum of €1,000 per calendar year	maximum €100 per day up to a maximum of €1,000 per calendar year

This is where to go

Please submit the application for such a stay to our Healthcare Advice and Mediation department. Our telephone number is available from our website. The advisor 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) and may refer you to a contracted convalescence home or assisted accommodation. If you have selected a non-contracted convalescence home or assisted accommodation, Then we do not reimburse the cost. An overview of contracted convalescence homes and assisted accommodation is available from our website.

The actions you need to take

A referral from a general practitioner or medical specialist in the event of recovery from mental or physical overextension or burn-out (as set out under This is your cover, item 3).

Artikel 46. Treatment in a health spa resort

This is covered

The cost of treatment in a health spa resort for the following referrals: Bechterew's disease (Ankylosing spondylitis), rheumatoid arthritis, arthritis psoriatica or morbus Forestier. If treated in a health spa resort in the Netherlands, the minimum stay in the health spa resort is 2 weeks. We do not reimburse the cost of your stay in the health spa resort.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €900 per calendar year	a maximum of €900 per calendar year	a maximum of €900 per calendar year

This is where to go

One of our preferred health spa resorts. An overview of our preferred health spa resorts is available from our website.

This is what you have to arrange yourself

1. A referral letter from a rheumatologist.
2. You require our prior approval.

CARE AT HOME

Artikel 47. Family care mediator

This is your cover

A family care mediator provides temporary professional support of the family care provider. A family care mediator takes over tasks concerning healthcare, social welfare or finance in consultation with the family care provider in order to prevent the family care provider from being overburdened. 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.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of €500 per calendar year	a maximum of €500 per calendar year	a maximum of €500 per calendar year

The assistance of a family care mediator is eligible for reimbursement once. The services provided may be claimed by either the person providing the family care or the person receiving the family care. You cannot both claim the cost.

This is where to go

Our Healthcare advice and mediation department. Our telephone number is available from our website. If necessary, our employees may refer you to an independent family care mediator registered in the national Centraal Kwaliteitsregister van Mantelzorgmakelaars van de Beroepsvereniging voor Mantelzorgmakelaars (BMZM or Central Quality Register for Family Care Mediators of the Professional Board for Family Care Mediators BMZM). Are you visiting a family care mediator (working independently) without a referral from our employees? Then we do not reimburse the cost.

Ask us your family care questions

People who are receiving or providing family care can contact the Zorgadviseur for any questions. Our employees inform and advise you on family care. They are aware of the regulations and know where you can ask for help. Family care consists of the family care mediator and replacement family care.



Artikel 48. Replacement family care

This is covered

Temporary replacement of the family care provider, in order to allow the regular family care provider time off. You can use the replacement volunteer aid if you receive volunteer aid or if you are a volunteer family care provider. You can apply for replacement family care for a minimum of one day.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	up to 15 days per calendar year	up to 15 days per calendar year	up to 15 days per calendar year

Please note

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.

This is where to go

Please submit the application for replacement family care to our Healthcare advice and mediation department. Our telephone number is available from our website. Our employees will refer you to an organisation. Do you engage the services of an organisation that provides replacement family care without a referral from our employees? Then we do not reimburse the cost.

TRANSPORT

Artikel 49. Transport for organ transplants

This is covered

The cost of transport by taxi or by private car, between your place of permanent or temporary residence and the institution where you are receiving care relating to an organ transplant. You will only receive this reimbursement if the costs of this transport are not covered by health insurance. This concerns the following care: pre-transplantation examination, admissions and follow-up checks. For the calculation of the distance, we use the fastest route of the ANWB route planner. The journey there and the journey back are calculated separately.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	<ul style="list-style-type: none">• taxi transport: full;• transport with personal vehicle: €0.32 per kilometre	<ul style="list-style-type: none">• taxi transport: full;• transport with personal vehicle: €0.32 per kilometre	<ul style="list-style-type: none">• taxi transport: full;• transport with personal vehicle: €0.32 per kilometre

This is where to go

One of our contracted transportation firms. If you have selected a non-contracted transport provider, you are not entitled to reimbursement. An overview of our contracted transportation firms is available from our website.

This is what you have to arrange yourself

1. You require a prescription from a general practitioner or medical specialist and
2. You require our prior approval. You can use the Form Medical Declaration Seated Patient Transport for this purpose. You can download this form via our website.

Please note

We do not reimburse the transportation of the donor.

MEDICATIONS

Artikel 50. Personal contribution medication

This is covered

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

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full

EYE LASERING AND LENS IMPLANTS

Artikel 51. Eye lasering and lens implants

This is your cover

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

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	maximum €500 one-off for the entire term of the supplementary insurance policy

This is where to go

To an ophthalmologist. We also reimburse this care if you go to an ophthalmologist abroad.

ORAL CARE

Artikel 52. Orthodontic care (braces) for insured under age 18

This is covered

The cost of orthodontic care.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	80% up to maximum €1,500 for the entire term of the supplementary insurance policy	80% up to maximum €2,500 for the entire term of the supplementary insurance policy

This is where to go

A dentist or orthodontist.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and code in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). We reimburse only the A codes in the supplementary insurance policy. We also reimburse this care if you visit a dentist or orthodontist abroad.



Artikel 53. Special orthodontic care

This is covered

The cost of orthodontic care. For:

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.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	full	full	full

This is where to go

A dentist or orthodontist.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and code in the list of rates for orthodontic care of the Nza (Netherlands Healthcare Authority). We reimburse only the A codes in the supplementary insurance policy. We also reimburse this care if you visit a dentist or orthodontist abroad.

This is what you have to arrange yourself

You require our prior approval.

Artikel 54. Dental costs due to accident

This is your cover

The cost for unforeseen dental care in order to repair damage to your dentures due to an accident. Technical and material costs are also reimbursed. An accident is a sudden, unexpected external force on your body, directly causing physical injury that can be established by a medical professional.

The reimbursement is granted only if the accident and treatment take place during the term of the supplementary insurance UMC Extra Zorg Instap, UMC Extra Zorg 1, UMC Extra Zorg 2 or UMC Extra Zorg 3. And if treatment takes place within 1 year of the accident. Unless it is necessary to postpone (final) treatment. Our consulting dentist will assess whether or not there is a necessary delay.

Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
maximum of €10,000 per accident	maximum of €10,000 per accident	maximum €10,000 per accident	maximum €10,000 per accident

This is not covered

The costs:

- due to a disease or a pathological conditions;
- due to negligence or recklessness or malintent;
- due to use/abuse of alcohol and/or narcotics;
- due to participating in fights other than due to self-defence;
- that are not foreseen and are not a consequence of an accident;
- of treatment abroad;
- of orthodontic care.

This is where to go

A dentist or dental surgeon in the Netherlands.

This is what you have to arrange yourself

You need our prior approval. Our consulting dentist will assess whether you are dependent on the care and whether



the care is not unnecessarily expensive. This request must include at least the following information: a report from the emergency room or (dental) doctor where you have been for emergency care, X-rays of the damage to your teeth, colour photographs of the dental situation just after the accident and a treatment plan with a cost estimate. If the consulting dentist deems it necessary, he/she can request additional information from your care provider. More information about applying for permission can be found in article 1.7 of these terms and conditions.



III. Extra Tand

Artikel 55. Dental care

You will receive a budget that you can use for dental care as set out below:

- Periodic monitoring and problem-oriented consultation Article 55.1
- General dental care Article 55.2
- Crowns, bridges, implants, partial dentures and gum treatments Article 55.3

The fee includes technical and material costs.

UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
maximum €250 per calendar year	maximum €650 per calendar year	maximum €1,150 per calendar year

55.1. Periodical check-up and problem-specific visit

This is your cover

- De periodical check-up (C11)
- The problem-specific visit (C13).

UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
100% covered until your budget for dental care is used up.	100% covered until your budget for dental care is used up.	100% covered until your budget for dental care is used up.

This is where to go

At a dentist, oral hygienist, orthodontist or dental prosthetician. The dental hygienist and the prosthodontist may provide the care if this is within their area of expertise. We also reimburse this care if you go to a dentist abroad.

55.2. General dental care

This is your cover

The cost of dental care. This includes the cost of the following treatments:

- visits and diagnostics (C codes);
- preventive oral care (M codes);
- anaesthetic (A and B codes);
- taking and assessing images (X codes);
- fillings (V codes);
- root canal treatments (E codes);
- treatment after maxillary joints (G codes);
- surgical interventions (H codes).

UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
100% up to maximum of the full dental care budget	100% up to maximum of the full dental care budget	100% up to maximum of the full dental care budget

This is not covered

- C84 (preparation for anaesthetic)
- A20 (general anaesthesia or full sedation)
- E97 and E98 (external bleaching)



This is where to go

A dentist, dental hygienist, orthodontist or dental prosthodontist. The dental hygienist and the prosthetician may provide the care if this is within their area of expertise. For non-complex extractions (pulling teeth) and implants in a non-toothless jaw, you can also go to the oral surgeon. We also reimburse this care if you go to a dentist abroad.

55.3. Crowns, bridges, implants, partial prostheses and gum treatments**This is your cover**

- gum treatments (T codes);
- crowns and bridges (R codes);
- implants in a non-toothless jaw (J codes);
- partial prostheses (P codes).

UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
80% up to maximum of the full dental care budget	80% up to maximum of the full dental care budget	80% up to maximum of the full dental care budget

This is where to go

A dentist, dental hygienist, orthodontist or dental prosthodontist. The dental hygienist and the prosthetician may provide the care if this is within their area of expertise. For non-complex extractions (pulling teeth) and implants in a non-toothless jaw, you can also go to the oral surgeon. We also reimburse this care if you go to a dentist abroad.

Please note

Qualification period for crowns, bridges, implants and partial prostheses

Extra Tand 3 is subject to a 12-month qualification period for crowns, bridges, implants and partial dental prostheses.

This means that during the qualification period, you are charged a premium, but you do not receive any reimbursement for crowns, bridges, implants and partial dental prostheses. The qualification period starts on the start date of your supplementary insurance policy.

For more information on the qualification period, please visit our website.

Artikel 56. Personal contribution dentures**This is your cover**

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.

UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
full	full	full

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 Instap, UMC Extra Zorg 1, UMC Extra Zorg 2 and UMC Extra Zorg 3. 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 take out supplementary insurance policy/policies in addition to a healthcare insurance policy issued by UMC Zorgverzekering.

Occupational curative care: care focusing on healing and treating physical conditions relating to work.

Bariatric surgery: an operation to help you lose weight, for example staples to make your stomach smaller.

Certified translator: this is a translator authorised to provide certified translations. This is necessary when translating official documents such as medical certificates and civil status documents. Certified translators are listed in the Register of Certified Translators and Interpreters (Rbtv), www.bureauwbtv.nl

BMI (Body Mass Index): your BMI shows you the ratio of your weight and height to indicate your health.

Chiropractice: focuses on the interaction between the nervous system (brain, spinal cord and nerves) and the locomotor system and associated complaints. In the Netherlands, chiropractice is not regulated.

Group health insurance contract: a group health 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.

Complete spectacles: this is also referred to as a complete pair of spectacles, meaning both the frame and the prescription spectacles. This concerns a singular or multi-focal complete spectacles depending on your needs. The glasses have a non-scratch, non-mirror finish. You can choose from a broad range that may vary for each optician and for each supplementary insurance policy.

Craniosacral therapy: American doctor John E. Upledger invented this therapy in the 1970s. He assumed that many health conditions arise due to variance in the connective tissue and varying pressure in the cerebrospinal fluid that can arise due to blocking. The exact cause is often unclear. The therapist often massages the neck and spine during treatment. Kranion means skull, sacrum is a triangular bone in the lower back.

Diagnosis treatment combination (dbc): based on a dbc code established by the Dutch Healthcare Authority (NZA), a dbc describes the completed and validated process of medical specialist care and specialised GGZ (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 dbc regimen begins 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.

Dixhoorn, relaxation and breathing therapy: the Dixhoorn method is based on treating stress complaints. Breathing is the core element.

Occupational therapist: an occupational therapist gives advice and training to people who have difficulty carrying out daily activities. For example due to dementia or cerebral palsy.

Extractions: having teeth or molars pulled or extracted.

Filter glasses: this concerns special glasses with a filter. Sunglasses, for example, have a UV filter. There are specific filter glasses for medical purposes.

Fraud: intentionally committing or attempting to commit forgery, deception, injuring the rights of debt collectors or beneficiaries and/or misappropriation or embezzlement 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.

Medication reimbursement system: this lists all registered medication reimbursed by the healthcare insurers based on the healthcare insurance policy.

Haptotherapy: exploring what you actually feel. The haptotherapist must have completed higher professional education. He/she is an official healthcare provider with a membership of the VVH professional association.



Hearing aids: this concerns medical aids to help you when you cannot hear very well anymore. This may include a hearing device or a device to reduce ringing in your ears.

Fee: salary

Implantology: dental care with the purpose of replacing one or more teeth with tooth implants. Implants are artificial teeth with roots placed into the bone, capped with a crown after placement.

Institution:

1. an institution in the sense of the Wet toelating zorginstellingen (WTZi - Care Institutions Accreditation Act), or, if effective, the Admission of healthcare providers 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.

Lactation consultant: a lactation consultant is a specialist breast feeding professional, giving mothers expert advice concerning breast feeding. The professional association is NVL, the Dutch Association of lactation consultants, or the VSBB (Association of Breastfeeding and Baby Counselling Specialists), which monitors the quality of the professionals.

Levator plastic surgery: upper eyelid correction tightening up the lifting muscle of the upper eyelid. This improves its functionality and opens the eye wider.

Membership category 1: qualified mindfulness trainers with a VMBN membership are allocated based on their specific training and experience. Category 1 is not an indicator of the duration and quality of the training course.

Mammary prosthesis: an external aid that replaces all or some of the breast.

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 relationship with. This may be a family member, a friend or an acquaintance. A family care provider is not a professional.

Mesostructure: a construction located between implants or natural teeth and molars and the dentures. This structure may consist of magnets or push buttons on implants, or of a bar construction interconnecting the implants.

My Environment: personal online environment to view and update insurance policy details.

Mindfulness Based Cognitive Therapy (MBCT): therapy specifically focusing on developing a different attitude toward problems. This attitude is based on accurate observation, tolerating, non-response and non-judgement, creating room for acceptance.

Mindfulness Bases Stress Reduction (MBSR): training focusing on attention designed to reduce stress complaints.

Musculoskeletal therapy: therapy mainly focused on complaints relating to posture and movement. The therapist manipulates the position of, for example, the pelvis or the vertebrae. This adjusts the position of the relevant bones and helps resolve complaints.

Cesar/Mensendieck remedial therapist: the remedial therapist is a specialist in training healthy exercise behaviour. Focusing on treatment and prevention of complaints that may arise due to inappropriate posture and movement during daily activities.

Accident: a sudden, unexpected external force on your body, directly causing physical injury that can be established by a medical professional.

Osteopathy: an alternative healing method based on the negative impact on health of reduced flexibility of tissues and structures in the body. The root cause of the complaints is addressed with corrective manoeuvres.

Podiatrist: treats people with foot, back or knee complaints.

Policy schedule: document stating how and for what you are insured.

Pre-transplant test: test to assess if your condition is good enough to successfully complete an incisive operation such as a transplant.

Reintegration: the system of measures designed to ensure the occupationally disabled employee's return to the labour process;

In writing: in these policy conditions, this means either on paper or by email.

Sedation: anaesthetic.

Instalment payment discount: cash discount for advance payment.

Approval (authorisation): approval in writing for receiving certain care. This approval is issued by us or on our behalf. You need to request approval before getting certain healthcare services.

Toric lens: a lens with various planes and strengths. Where the cornea is not perfectly round, this can cause eye problems. Sight can become fuzzy, it can be difficult to discern details and vertical lines seem to tilt. Toric lenses correct such issues.

You: policyholder and/or insured party.

Stay: 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'. Provisions referring only to the policy holder specifically state this in the relevant article.

Statutory personal contribution: in some cases you pay some of the healthcare yourself, such as for dentures or a hearing aid. The government determines the amount of the personal contribution and the items for which such a contribution is paid.

Wmg (Healthcare Market Organisation Act) 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. 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. Health insurer UMC is part of Coöperatie VGZ U.A. In these policy conditions, Zorgverzekeraar UMC is referred to as 'we' and 'us'.

Healthcare insurance: a non-life insurance agreement relating to healthcare entered into between a healthcare insurer and a policyholder for a person with an obligation to take out insurance as referred to in Article 1 under d of the Healthcare Insurance Act (Zvw).

UMC Zorgverzekering

The healthcare insurance of University Medical Centres

More information

Do you have any questions after reading these policy conditions? Or would you like more information?

Then visit our website umczorgverzekering.nl

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