Welcome to Zorgverzekeraar UMC

These are the policy conditions that apply to your supplementary healthcare insurance policy from 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 www.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 superfast, 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 permission (our prior approval)? Please check these policy conditions. Go to umczorgverzekering.nl/machtiging for full details.

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

Easy online expense forms
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 / UMC Healthcare Insurance
PO Box 25030
5600 RS Eindhoven, the Netherlands
Reader reference

These are the policy conditions that apply to your supplementary insurance. It is pleasant if you can quickly find what you are looking for. We would like to help you with that.

What is in these policy conditions?
1. All healthcare supplies. For each healthcare article, you can find:
   - your cover
   - a list of providers
   - if you need to take any personal actions
2. General Terms and Conditions This is basically a list of your rights and obligations. That sounds official - and it is. For example, it tells you how to submit expense forms. And also when you are entitled to cover.
3. List of definitions. This list sets out an explanation of insurance terms. Please also find this explanation for each term in the text. It is visible as a tool tip when you move the mouse over the i

How can you quickly find what you are looking for?
You can find information in different ways.
1. Using the table of contents on page 4. You can click on items to jump to the topic you are looking for.
2. Using the search function of your device: on a Windows computer, press the keys Ctrl and F at the same time. On an Apple computer: Press Cmd and F at the same time. Now type the word you are looking for.
3. Using the tabs on the side to find highlights and key subjects.

What do the icons mean?

Please note
Extra information
Tip

Do you have any questions?
Maybe you still have a question. Does your question concern your own insurance policy? Check in My Environment or open the app. This shows you the type of insurance policy you have. It is also very easy to submit expense forms in My Environment or the app. And to check the remaining amount of deductible. Practical! If you don’t find the answer this way, please contact our customer service. Please find the contact details on our website.
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I. General

Artikel 1. Healthcare insured

1.1. Contents and scope of covered healthcare
With your supplementary insurance policy, 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. The relevant healthcare article sets out which healthcare providers may provide the healthcare services and the supplementary conditions the healthcare provider must fulfil. For some types of healthcare, we offer contracted, preferred or accredited healthcare providers. Relating to the other forms of healthcare, you are free to choose a healthcare provider, subject to compliance with the other requirements in these policy conditions. A list of our contracted, preferred and accredited healthcare providers is available from our website.

1.3. Reimbursement of 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. If you selected a healthcare provider that we have not contracted for the care (relevant for you), 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 referred to as a budget. The maximum amount of the budget is stated in the relevant healthcare article. The total reimbursement cannot exceed the maximum budget amount. You can personally determine which treatments you spend this budget on.

1.4. Sending invoices
Many healthcare providers send invoices directly to us. If you receive an invoice at home, please complete an expense form and submit it together with the original invoice. Please do not send us a copy or a reminder. We can only process originals. You may submit invoices latest up to three years after the start of your 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 for us to see from the invoice which reimbursement you are entitled to in accordance with the applicable conditions. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from
www.XE.com. This is based on the exchange rate on the date of treatment. Invoices must be in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may request you to provide a certified translation of the invoice. We will not refund the translation expenses. We reserve the right to suspend payment of the invoice until receipt of proof that you paid the invoice.

Online expense forms
Online submission of claim forms is quick and easy. Just visit www.mijnumczorgverzekering.nl. You can also submit the forms via our UMC Zorg app. It is very easy. 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 from you, or settle the relevant amounts with amounts due to you.

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. Sometimes the costs of healthcare are charged to you for a different reason. In that case, as the policyholder, you must reimburse us. We will charge these amounts to you at a later stage. You have a legal obligation to pay such amounts. We reserve the right to settle such amounts with amounts due to you.

1.7. Referral, prescription or approval
For some types of healthcare, you require a referral, prescription and/or prior written approval demonstrating that you are dependent on this healthcare. Please find more information on this subject in the healthcare article.

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

Permission (authorisation)
Sometimes you require our approval prior to receiving the relevant healthcare. Such approval is also referred to as authorisation. If you have not obtained prior approval where required, then you are not entitled to healthcare or to reimbursement of the cost of the relevant healthcare.

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

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

1.8. When are you entitled to covered healthcare and/or reimbursement?
You are entitled to healthcare or reimbursement of such healthcare if the healthcare was delivered during the term of your supplementary insurance policy. 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. That is the date we use for checking. If a treatment is spread out over two calendar years, and the healthcare provider is permitted to charge such costs as a single amount, for example for a diagnosis and treatment combination, then we will reimburse such costs if the treatment was started within the term of the supplementary insurance, and the costs will be allocated to the calendar year during which the treatment was started.

1.9. Exclusions
You are not entitled to:
- forms of healthcare or healthcare services that are funded pursuant to legal regulations, including the Wlz (Long-Term Healthcare Act), the Youth Act or the 2015 Wmo (Social Support Act);
- healthcare or reimbursement of the cost of healthcare related to pre-existing 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
If you need healthcare as a result of one or more terrorist events, then the following rule applies. If the total amount of claims submitted within a year or calendar year for non-life, life or in-kind funeral insurers (including healthcare insurers) according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT or Dutch Reinsurance Company for Terrorism-Related Claims) exceeds the maximum amount that this company reinsures annually, you are entitled to only a certain percentage of the cost or value of the healthcare. The NHT determines the exact percentage. This applies for non-life, life and funeral insurers (including healthcare insurers) that are subject to the Financial Supervision Act. The exact definitions and provisions for this entitlement are included in NHT’s Clauses Sheet Terrorism Cover.

Guarantee pay-out on terrorism-related claims
In order to be able to guarantee that you will receive payment on terrorism-related claims, (almost all) insurers in the Netherlands are party to NHT (the Dutch Reinsurance Company for Terrorism-Related Claims). We are also a member. The NHT issued regulations that ensure pay-out of at least part of any terrorism-related claim. The NHT has set a maximum amount that this company reinsures annually, you are entitled to only a certain percentage of the cost or value of the healthcare. The NHT determines the exact percentage. This applies for non-life, life and funeral insurers (including healthcare insurers) that are subject to the Financial Supervision Act. The exact definitions and provisions for this entitlement are included in NHT’s Clauses Sheet Terrorism Cover.
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 insurance
The insurance contract applies to the supplementary insurance policies confirmed to you on the policy schedule or in a different document in writing. These policy conditions form part of the insurance contract and apply to the following supplementary insurance policies: UMC Extra Zorg and UMC Extra Tand; referred to as supplementary insurance in these policy conditions.

2.3. Corresponding documents
These policy conditions refer to documents. These documents are an integral part of the policy conditions insofar as applicable. It concerns the following documents:
- Appendix 1 to the Healthcare Insurance Decree
- Healthcare Insurance Scheme
- Clauses Sheet Terrorism Cover
- Overview contracted and preferred healthcare providers
- Reference protocol to the lactational NVL
- Healthcare Module Prevention Diabetic Foot Ulcers
- Covenant on overlap of travel insurance policies and supplementary health insurance.
You can find these documents on our website.

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

Reporting and registration
In the event of fraud, we reserve the right to report the event to the police. Additionally, we may have your information and details of the co-perpetrators and accessories registered in:
- our Incident Register;
- Centrum Bestrijding Verzekeringsfraude (CBV or Centre for Countering Insurance Fraud) of Verbond van Verzekeraars (VvV or Dutch Association of Insurers);
- the external 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 (My Environment).

2.7. **Membership of the Cooperative**

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

2.8. **Cooling-off period**

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

2.9. **Dutch law**

The supplementary insurance is governed by Dutch law.

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**Artikel 3. Premium**

3.1. **Who pays the premium?**

The policyholder has the obligation to pay premiums. No premium is due for an **insured person** under age 18 until the first day of the calendar month following the person's 18th birthday. Example: an insured who turns 18 on 1 July pays premium as from 1 August.

Upon death of an insured, premium is due up to the date of death. After a change of the supplementary insurance policy, we will recalculate the premium as per the effective 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 can only participate in a single group contract at any given time.

3.3. **Payment of premium, statutory contributions and fees**

3.3.1. You are required to pay the premium and any foreign or domestic statutory contributions for all insured in advance on a monthly basis, unless otherwise agreed with you. 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 My Environment. 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. The amount to be collected via direct debit for your personal contributions and any unjustified reimbursements is capped at €220 per month. For any amounts exceeding €220, you will receive a paper invoice. If we choose to send you a paper invoice, this form of payment is free of charge for you.

### 3.4. Settlement

#### 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 reminder.

#### 3.5.3. If you have received a reminder for overdue payment of premiums, statutory contributions, excess, personal contributions or unjustified reimbursements, 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 supplementary insurance policy/policies at any time. We will inform you, the policy holder, in writing accordingly. Such changes will be effective on the date determined to our discretion.

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

Artikel 6. Start, term and termination of supplementary insurance

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

6.2. Acceptance for supplementary insurance policy/policies
6.2.1. Acceptance for supplementary insurance policy/policies
You may take out supplementary insurance policy/policies in addition to a UMC Zorgverzekering policy, but this is not mandatory. 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 age 18 and older stated on the healthcare policy may take out a supplementary insurance cover of their choice. Children under age 18 will have the same supplementary insurance policy/policies as the highest level insured for a parent/foster parent on the policy.
6.2.3. Change 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 inform us of such changes latest by 31 January 2020. The change will then become effective as per 1 January 2020 (with retro-active effect). A change is defined as switching to a different supplementary insurance in our range. If you want to switch to a supplementary insurance policy provided by a different insurer, you need to cancel your current supplementary insurance policy. In that event, you need to inform us in writing accordingly latest by 31 December (see Article 6.4). Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within NV Zorgverzekeraar UMC. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3. Termination by operation of law
Regulatory termination of the supplementary insurance cover is effective on the day following the day on which:
- the healthcare insurer is no longer permitted to offer or administer insurance policies due to change or suspension of its licence for general insurance activities. We will disclose any such changes at least 2 months in advance;
- the insured person dies;
- the healthcare insurer suspends its activities in offering and executing the supplementary insurance policy/policies as set out in these policy conditions. We will disclose any such changes at least 3 months in advance.
As the policyholder, you are required to inform us as soon as possible of the death of an insured or other facts and circumstances relating to the insured that have resulted or may result in termination of the supplementary insurance cover. If we 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 supplementary insurance policy/policies?

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

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 receive your notice of termination by 31 December at the latest.

6.4.2. Intermediate
As the policyholder, you may cancel the supplementary insurance policy/policies in writing intermediate 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 of having received your notice of termination by the end of the month of your child's 18th birthday.

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

6.5. When are we entitled to cancel, dissolve or suspend the supplementary insurance policy/policies?
We are entitled to cancel, dissolve or suspend the supplementary insurance policy/policies in writing:
- in the event of past-due payments as set out in Article 3.5;
- in the event of fraud (see Article 2.4);
- if you intentionally have not provided any, incomplete or incorrect information or documents that have or could have worked to our disadvantage;
- if you acted with the intent of misleading us, or if we had not accepted your application for supplementary insurance policy/policies if we had known the actual circumstances.

In such cases we reserve the right to cancel the supplementary insurance policy/policies within 2 months of detection and with immediate effect. In such cases we are not liable for paying out any amounts, or we may reduce the amount to be paid out. We reserve the right to set off such recovery claims against other payments.

### 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.

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

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

### 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. We will be happy to review the options with you.
II. 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 of 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

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. The medication or drug must be prescribed by a doctor with a BIG registration, GP, medical specialist, dental surgeon or obstetrician.

Which medications are covered?

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 to see if the drug has an HA or HM registration in the Homoeopathy Taxe.
**PHYSIOTHERAPY**

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

**This is your cover**

The cost of:
1. physiotherapy;
2. remedial therapy Cesar/Mensendieck;
3. oedema therapy;

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>• maximum 9 treatments per calendar year;</td>
<td>• maximum 18 treatments per calendar year;</td>
<td>• maximum 32 treatments per calendar year;</td>
</tr>
<tr>
<td>• for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.</td>
<td>• for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.</td>
<td>• for manual physiotherapy maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.</td>
</tr>
</tbody>
</table>

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 or 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. 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 pursuant to the supplementary insurance is additional to that basic cover.

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<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>• maximum 5 treatment hours per calendar year.</td>
<td>• maximum 5 treatment hours per calendar year.</td>
<td>• maximum 5 treatment hours per calendar year.</td>
</tr>
<tr>
<td>• your healthcare provider invoices the treatment time in 15-minute units.</td>
<td>• your healthcare provider invoices the treatment time in 15-minute units.</td>
<td>• your healthcare provider invoices the treatment time in 15-minute units.</td>
</tr>
</tbody>
</table>

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 your cover
Contraceptives for insured from age 21 that may be provided in accordance with the Healthcare Insurance Regulations. This includes contraceptive pills, contraceptive rods, diaphragms, rings and cervical caps.

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<th>UMC Extra Zorg 1</th>
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<th>UMC Extra Zorg 3</th>
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<tr>
<td>up to the amount as set out in GVS (Medication Reimbursement System)</td>
<td>up to the amount as set out in GVS (Medication Reimbursement System)</td>
<td>up to the amount as set out in GVS (Medication Reimbursement System)</td>
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</table>

This is where to go
One of our contracted pharmacists or dispensing practitioners. Have you selected a non-contracted pharmacist or dispensing practitioner? Then we do not reimburse the cost. An overview of contracted pharmacists and dispensing practitioners is available from our website.

The actions you need to take
The first prescription of 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.

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<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>no cover</td>
<td>full</td>
<td>full</td>
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</table>

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. In the case of a vasectomy (sterilisation of the male), a general practitioner. An overview of contracted healthcare providers is available from our website.

PRESCRIPTION GLASSES AND CONTACT LENSES

Artikel 14. Budget relating to spectacles or contact lenses from non-contracted supplier

This is your cover
The cost of purchasing prescription spectacles or prescription lenses from a non-contracted optician.

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<th>UMC Extra Zorg 1</th>
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<th>UMC Extra Zorg 3</th>
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</thead>
<tbody>
<tr>
<td>no cover</td>
<td>a maximum of €100 per 3 calendar years</td>
<td>a maximum of €200 per 3 calendar years</td>
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</table>

The period of 3 calendar years includes the calendar years 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

Artikel 15. Complete spectacles from contracted supplier

This is your cover
Singular or multi-focal complete spectacles with spectacles from a contracted supplier. A list of suppliers is available from the Visual Aids Regulations.

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<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>no cover</td>
<td>a pair of spectacles from the basic range for each period of 3 calendar years</td>
<td>a pair of spectacles from the comprehensive range for each period of 3 calendar years</td>
</tr>
</tbody>
</table>

The period of 3 calendar years includes the calendar years 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.
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.

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<tbody>
<tr>
<td>no cover</td>
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<td>full</td>
<td>full</td>
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</table>

This is where to go
One of our contracted healthcare providers. If you select a healthcare provider that we have not contracted, then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

Artikel 17. Urgent medical care during holiday or temporary stay abroad
This is your cover
A supplement to the reimbursement of the cost of emergency care you receive pursuant to the healthcare policy. This concerns healthcare services you need unexpectedly and that cannot wait until you return to 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. At the discretion of UMC Emergency Response;
- you stayed abroad no longer than 365 days;
- the cost of healthcare and transport in the Netherlands is covered.

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<tr>
<td>full</td>
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The actions you need to take
If you are hospitalised and/or you need long-term medical care, you need to involve UMC Emergency Response. Please find the telephone number in the Zorg app, on your healthcare card or on our website.

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

Artikel 18. Repatriation
This is your cover
Your transport if medically required or, in the event of your death, carrying your remains to the Netherlands. This includes the cost of:
- transport by ambulance and/or airplane or transport by an undertaker
- (medically) necessary assistance
- necessary communication
- 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.

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<tr>
<td>full</td>
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<td>full</td>
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</table>

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 not arranged by the UMC Emergency Response Emergency Response Unit? Then we do not reimburse the cost. Please find the telephone number in the Zorg app, on your healthcare card or on our website.

**Artikel 19. Non-urgent medical care during holiday or temporary stay abroad**

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

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<tbody>
<tr>
<td>based on the Dutch rates that would have applied if treatment/purchase had taken place in the Netherlands.</td>
<td>based on the Dutch rates that would have applied if treatment/purchase had taken place in the Netherlands.</td>
<td>based on the Dutch rates that would have applied if treatment/purchase had taken place in the Netherlands.</td>
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</table>

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

**PREVENTION**

**Artikel 20. Prevention budget**

You will receive a budget for prevention that you can use for courses, healthcare and advice as set out below in Articles 20.1 through 20.4.

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<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>a maximum of €100 per calendar year</td>
<td>a maximum of €200 per calendar year</td>
<td>a maximum of €300 per calendar year</td>
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**20.1. 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.
- Prevention courses that we have designated as ‘preferred’, given by a preferred healthcare provider. An overview of our preferred healthcare providers is available from our website.
- 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” and “Zicht op Evenwicht” given by a physiotherapist, remedial therapist Cesar/Mensendieck or occupational therapist with a fall trainer certificate. On the invoice, the healthcare provider states that he/she has a fall prevention certificate.

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

The actions you need to take
Please attach proof of attending the course to the invoice.

20.2. Health test

This is your cover
The cost of an integral medical health test for prevention or early detection of health conditions and diseases, followed by medical advice. The health test consists of the following components:
- general questionnaire about your health;
- measuring blood pressure, girth and BMI (Body Mass Index)
- blood test: cholesterol and glucose
- urine test: protein, blood and glucose
- pulmonary function testing (PFT)
- vision test
- final report in writing with the test results and medical advice.

The health test may be extended with a:
- hearing test (audiological screening)
- cycling test
- personal lifestyle interview with a lifestyle coach

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

Please note
You are not entitled to reimbursement of the cost of:
preventive medical tests for cancer or other serious diseases or conditions for which no preventative treatment or medication is available;
MRI scans, CT scans and so-called total body scans.

This is where to go
General practitioner, company doctor or medical specialist, or one of our preferred healthcare providers. Did you select a different healthcare provider? Then we do not reimburse the cost.

An overview of preferred healthcare providers is also available from our website.

20.3. 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).
20.4. Visits and advice to women

This is your cover
The cost of information to, advice and assistance of 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 21. 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).

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<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>a maximum of €100 per calendar year</td>
<td>a maximum of €100 per calendar year</td>
<td>a maximum of €100 per calendar year</td>
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</tbody>
</table>

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 Yogadozenten 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 Bevallen

Artikel 22. 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.

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<thead>
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<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>maternity package in kind</td>
<td>maternity package in kind</td>
<td>maternity package in kind</td>
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</table>
Artikel 23. Lactation consultant

This is your cover
The cost of a visit with a lactation consultant if you have nursing issues.

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<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>no cover</td>
<td>maximum €200 per childbirth</td>
<td>maximum €200 per childbirth</td>
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</table>

This is where to go
A lactation consultant who is a member of Nederlandse Vereniging van Lactatiekundigen (NVL or Dutch Association of Lactation Consultants).

The actions you need to take
A referral issued by an obstetrician, a maternity centre, a doctor affiliated with an infant/child health centre or a youth healthcare professional.

Artikel 24. Post-partum care mother and new-born, or adoption support

This is your cover
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.

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<tbody>
<tr>
<td>maximum 12 hours per childbirth or adoption</td>
<td>maximum 12 hours per childbirth or adoption</td>
<td>maximum 12 hours per childbirth or adoption</td>
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</table>

This is where to go
A qualified maternity assistant or a nurse.

Artikel 25. Breast pump

This is your cover
The cost of renting or buying an electrical or mechanical breast pump.

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<tr>
<th>UMC Extra Zorg 1</th>
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<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>no cover</td>
<td>no cover</td>
<td>maximum €80 one-off for the entire term of the supplementary insurance policy</td>
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Artikel 26. Personal contribution maternity care

This is your cover
The statutory personal contribution for maternity care. This personal contribution applies to the healthcare insurance policy.

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<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>no cover</td>
<td>no cover</td>
<td>full</td>
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Artikel 27. Reversal operation sterilisation male / female

This is your cover
Reversal operation sterilisation.

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<tr>
<td>no cover</td>
<td>full</td>
<td>full</td>
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</table>

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 28. In-vitro fertilisation (IVF)

This is your cover
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 medications necessary for treatment are reimbursed as part of the medical specialist care in the context of an IVF treatment.

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<th>UMC Extra Zorg 1</th>
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<td>full</td>
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</table>

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.

The actions you need to take
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 prior to your decision. Our telephone number is available from our website.

SKIN THERAPY

Artikel 29. Budget skin treatment
You will receive a budget that you can use for acne treatment, camouflage therapy and depilation as set out below in Articles 29.1, 29.2 and 29.3.

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
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<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>a maximum of €500 per calendar year</td>
<td>a maximum of €500 per calendar year</td>
<td>a maximum of €500 per calendar year</td>
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29.1. 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
One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

29.2. Camouflage therapy

This is your cover
The cost of treatment to make scars, varicose veins and skin conditions with pigmentation less noticeable. Your cover also includes the necessary products. Treatment of the face and/or neck is only permitted for severe and permanent issues.

This is where to go
One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

29.3. Depilation

This is your cover
The cost of treatment for permanent removal of extreme facial hair growth.

This is where to go
One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

MEDICAL AIDS

Artikel 30. Budget for medical aids
You will receive a budget that you can use for medical aids as set out below in Articles 30.1 through 30.9.

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<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>no cover</td>
<td>a maximum of €250 per calendar year</td>
<td>a maximum of €500 per calendar year</td>
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30.1. Batteries hearing aids

This is your cover
The cost of batteries, single rechargeable batteries and the relevant chargers for hearing aids covered by the healthcare policy.

30.2. Hand and/or finger splint for temporary use

This is your cover
Maximum up to 2 temporary hand and/or finger splints. The hand and/or finger splint is used temporarily 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.
30.3. Mammary prosthesis

This is your cover
The cost of purchasing adhesive tape for a mammary prosthesis a mammary prosthesis brassiere and a pro-
thetic bathing suit to be used after mastectomy. This also includes the necessary cleaning supplies for removing the
adhesive tape residues.

30.4. Wigs or chemo beanies

This is your cover
The difference between the amount charged by the supplier for a wig or chemo beanie and the reimbursement you
receive from the healthcare insurer. 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.

30.5. Prolapse pessary

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

30.6. 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.

30.7. ADL aids

This is your cover
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 inde-
dependently 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.

30.8. Personal contribution hearing aids

This is your cover
The statutory personal contribution for a hearing aid and a tinnitus masker covered by the healthcare insurance
policy.
30.9. Personal contribution visual aids

This is your cover
If you are under age 18, reimbursement of the statutory personal contribution for spectacle glasses or filter glasses covered by the healthcare policy.

Artikel 31. Simple walking aids

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

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<tbody>
<tr>
<td>no cover</td>
<td>a maximum of €35 per calendar year</td>
<td>a maximum of €35 per calendar year</td>
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</table>

This is where to go
Any supplier of these aids.

Artikel 32. Support/compression stockings

This is your cover
The cost of support or compression stockings pressure class 1.

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<tbody>
<tr>
<td>no cover</td>
<td>maximum 4 pairs per calendar year</td>
<td>maximum 4 pairs per calendar year</td>
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The actions you need to take
A recent referral letter from a general practitioner or medical specialist. This should be attached when sending us the bill.

PLASTIC SURGERY

Artikel 33. Correction protruding ears up to age 18

This is your cover
Correction protruding ears for insured up to age 18.

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<tr>
<td>no cover</td>
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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 34. Eyelid correction**

**This is your cover**
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.

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<th>UMC Extra Zorg 3</th>
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<tr>
<td>no cover</td>
<td>full</td>
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</table>

**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 specialist, 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 35. 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 maximum BMI is 30. For abdominal wall correction after *bariatric surgery* your BMI may not exceed 35 (≤35).

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<tr>
<td>no cover</td>
<td>full</td>
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</table>

**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 \((1.75 \times 1.75) = 85 \text{ divided by } 3.0625 = 27.76\). Rounded off, your BMI 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.

**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 specialist, setting out the nature and extent of the anomaly.
Artikel 36. Mammary prosthesis

This is your cover
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.

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<tr>
<td>no cover</td>
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This is where to go
One of our contracted healthcare providers. An overview of our contracted healthcare providers is available from our website. Did you select a non-contracted healthcare provider? then we do not reimburse the cost.

The actions you need to take
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.

PSYCHOLOGICAL HEALTHCARE

Artikel 37. Mindfulness for burn-out complaints from age 18

This is your cover
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 scientific knowledge of medical biology and psychology with meditation and yoga.

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<tbody>
<tr>
<td>a maximum of €350 per calendar year</td>
<td>a maximum of €350 per calendar year</td>
<td>a maximum of €350 per calendar year</td>
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</table>

This is where to go
A mindfulness trainer who is a member of VMBN (Association Mindfulness-Based Netherlands) and with membership category. You can find such trainers on the Association's website (www.vmbn.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 38. Sex therapy**

**This is your cover**
The cost of sex therapy. This type of care includes assistance with issues regarding intimacy, eroticism, sexual function and relationship and partnership therapy.

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<tbody>
<tr>
<td>no cover</td>
<td>maximum 4 sessions per calendar year, up to a maximum of €60 per session. A session takes at least 60 minutes</td>
<td>maximum 4 per calendar year, up to a maximum of €60 per session. A session takes at least 60 minutes</td>
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</table>

**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 39. Budget foot treatments**
You will receive a budget for foot treatments and podiatry as set out below in Articles 39.1 and 39.2.

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<thead>
<tr>
<th>UMC Extra Zorg 1</th>
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<tbody>
<tr>
<td>no cover</td>
<td>a maximum of €100 per calendar year</td>
<td>a maximum of €100 per calendar year</td>
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</table>

**39.1. Foot treatments for rheumatic and diabetic foot**

**This is your cover**
The cost of:
1. foot treatments for insured with rheumatism (rheumatoid arthritis);
2. foot treatments for diabetics with care profile 1. This concerns treatments with the purpose of reducing or preventing complaints or pain and wounds due to skin and nail conditions and/or 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 general practitioner can tell you which care profile applies to you.

**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 a list of such foot care in detail in the policy conditions of your healthcare insurance policy.

This is where to go
To:
1. podiatrist registered in the Kwaliteitsregister Paramedici (KP or Quality Register Paramedics).
2. medical pedicure registered in ProCert’s Kwaliteitsregister voor Pedicures (KRP or Quality Register for Pedicures).
3. pedicure with the certification ‘Rheumatic foot’ or ‘Diabetic foot’;
4. pedicure 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).

39.2. 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.

Artikel 40. 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 modification of the supports or soles.

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<tbody>
<tr>
<td>no cover</td>
<td>a maximum of €125 per calendar year</td>
<td>a maximum of €125 per calendar year</td>
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</table>

This is where to go
Podotherapist, orthopaedic shoe manufacturer (SEMH-OSB) or shoe shop (SEMH-OIM). SEMH stands for Stichting Erkenningsregeling Medische Hulpmiddelen (Certification Scheme Medical Aids Foundation), OSB stands for Orthopedisch Schoenteknische Bedrijven (Orthopaedic Technical Shoe Companies), and OIM stands for Orthopedische Instrument Makerijen (Orthopaedic Instrument Workshops).
NUTRITION ADVICE

Artikel 41. 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 pursuant to the supplementary insurance is additional to that basic cover.

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<tr>
<td>• maximum 4 treatment hours per calendar year.</td>
<td>• maximum 4 treatment hours per calendar year.</td>
<td>• maximum 4 treatment hours per calendar year.</td>
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<tr>
<td>• Your healthcare provider invoices the treatment time in 15-minute units.</td>
<td>• Your healthcare provider invoices the treatment time in 15-minute units.</td>
<td>• Your healthcare provider invoices the treatment time in 15-minute units.</td>
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</table>

This is where to go
A dietician.

Please note
An overview of contracted dieticians is available from our website.

Artikel 42. Weight consultant

This is your cover
The cost of nutrition advice and exercise information for healthy people with weight issues.

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<tbody>
<tr>
<td>a maximum of €50 per calendar year</td>
<td>a maximum of €100 per calendar year</td>
<td>a maximum of €150 per calendar year</td>
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This is where to go
To a weight consultant who is a member of Beroepsvereniging Gewichtsconsulenten Nederland (BGN or Weight Consultant Association Netherlands).

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

ACCOMMODATION AWAY FROM HOME

Artikel 43. Stay in a hospital residence or family guest house

This is your cover
The cost of:
1. staying in a hospital residence or family guest house associated with a hospital in the Netherlands if your child or your partner is hospitalised. Examples of such family residences specifically for children are the Ronald McDonald homes and the Kiwanis homes. If your child or partner is hospitalised in the Antwerp University Hospital, you may choose to stay in Onthaalhuis 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 generally determines if you are eligible for staying in a hospital residence or family guesthouse.

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<tbody>
<tr>
<td>maximum €45 per night</td>
<td>maximum €45 per night</td>
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</table>
**Artikel 44. 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.

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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 45. 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. You can stay here until your death.

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<tbody>
<tr>
<td>maximum €40 per day</td>
<td>maximum €40 per day</td>
<td>maximum €40 per day</td>
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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 46. Convalescence homes and assisted accommodation**

This is your cover
Stay in a convalescence home or assisted accommodation is possible:
1. immediately following 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 or physical overburden or burn-out.

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<tbody>
<tr>
<td>maximum €100 per day up to € 1,000 per calendar year</td>
<td>maximum €100 per day up to € 1,000 per calendar year</td>
<td>maximum €100 per day up to € 1,000 per calendar year</td>
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This is where to go
Please submit the application for such a stay to our Healthcare Advice and Mediation department. The 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 47. Treatment in a health spa resort

This is your cover
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.

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<tr>
<td>a maximum of €900 per calendar year</td>
<td>a maximum of €900 per calendar year</td>
<td>a maximum of €900 per calendar year</td>
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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.

The actions you need to take
1. A referral letter from a rheumatologist.
2. You require our prior approval.

CARE AT HOME

Artikel 48. Household assistance from age 18

This is your cover
The cost of household assistance in the Netherlands following hospitalisation with at least one overnight stay for insured age 18 and above.

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<tbody>
<tr>
<td>no cover</td>
<td>no cover</td>
<td>a maximum of 12 hours per calendar year; up to €16 per hour</td>
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1. You are entitled to reimbursement of these costs up to a maximum of 2 months after discharge from the hospital.
2. The assistance is provided at your residential address as entered in our system.
3. Household assistance does not include nursing, medical help or physical care.

This is where to go
An accredited home care association or a preferred organisation. An overview of preferred organisations is available from our website.
Artikel 49. 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.

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The services provided by a family care mediator are eligible for one-off reimbursement. 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. The telephone number is available from our website. If necessary, our employees may refer you to an independent family care mediator registered in the BMZM (Central Quality Register for Family Care Mediators of the Professional Board for Family Care Mediators). 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 50. Replacement family care

This is your cover
Temporary replacement of the family care provider, in order to allow the regular family care provider time off. You can request replacement family care if you are receiving or providing family care. The replacement family care provider can be requested for a minimum of one day.

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<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a maximum of 15 days per calendar year</td>
<td>a maximum of 15 days per calendar year</td>
<td>a maximum of 15 days per calendar year</td>
</tr>
</tbody>
</table>

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. The telephone number is available from our website. Our employees will refer you to an organisation. Are you visiting an organisation that provides replacement family care without a referral from our employees? Then we do not reimburse the cost.
TRANSPORT

Artikel 51. Transport for organ transplants

This is your cover
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. This is only reimbursed if you are not entitled to such transportation under the healthcare insurance cover. The care referred to here is: pre-transplant examination, hospitalisation and follow-up examinations. The distance is calculated based on the quickest route as provided by the ANWB route planner. The two single journeys (there and return) are calculated separately.

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>• taxi transport: full;</td>
<td>• taxi transport: full;</td>
<td>• taxi transport: full;</td>
</tr>
<tr>
<td>• transport with personal vehicle:</td>
<td>• transport with personal vehicle:</td>
<td>• transport with personal vehicle:</td>
</tr>
<tr>
<td>€ 0.32 per kilometre</td>
<td>€ 0.32 per kilometre</td>
<td>€ 0.32 per kilometre</td>
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</tbody>
</table>

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 also available from our website.

The actions you need to take
1. You require a prescription from a general practitioner or medical specialist and
2. You require our prior approval. Please use the form Medische Verklaring Zittend Ziekenvervoer (Medical Declaration for Seated Transport of the Patient). You can download the form from our website.

Please note
Transportation of the donor is not reimbursed.

MEDICATIONS

Artikel 52. Personal contribution medications

This is your cover
The statutory personal contribution due for medications covered by the supplementary insurance policy in accordance with GVS (Medication Reimbursement System)
EYE LASERING AND LENS IMPLANTS

Artikel 53. 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 1 for cataract operations (glaucoma surgery).

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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</thead>
<tbody>
<tr>
<td>no cover</td>
<td>no cover</td>
<td>maximum €500 one-off for the entire term of the supplementary insurance policy</td>
</tr>
</tbody>
</table>

This is where to go
To an ophthalmologist.

ORAL CARE

Artikel 54. Orthodontic care (braces) for insured persons under age 18

This is your cover
The cost of orthodontic care.

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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</thead>
<tbody>
<tr>
<td>No cover</td>
<td>80% up to maximum €1,500 for the entire term of the supplementary insurance policy</td>
<td>80% up to maximum €2,500 for the entire term of the supplementary insurance policy</td>
</tr>
</tbody>
</table>

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.

Artikel 55. Special orthodontic care

This is your cover
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.

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>full</td>
<td>full</td>
<td>full</td>
</tr>
</tbody>
</table>

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.
The actions you need to take

You require our prior approval.

Artikel 56. Dental costs due to accident

This is your cover

The cost for unforeseen dental care in order to repair damage to your teeth due to an accident. The costs of technology and supplies are also eligible for reimbursement. An accident is a sudden physical trauma sustained to your body from an external source not at your will, due to which medically demonstrable physical injury was sustained. The reimbursement is granted only if the accident and treatment take place during the term of the supplementary insurance UMC Extra Zorg 1, UMC Extra Zorg 2 or UMC Extra Zorg 3. And if the treatment is started within 1 year of the accident. Unless postponing a treatment or final treatment is required. Our dental consultant will assess the grounds for necessary postponement.

<table>
<thead>
<tr>
<th>UMC Extra Zorg 1</th>
<th>UMC Extra Zorg 2</th>
<th>UMC Extra Zorg 3</th>
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<tbody>
<tr>
<td>maximum €10,000 per accident</td>
<td>maximum €10,000 per accident</td>
<td>maximum €10,000 per accident</td>
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</table>

This is not covered

The costs
- due to a disease or a pathological condition;
- 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.

The actions you need to take

You require our prior approval. Our dental consultant will assess if you require the healthcare service and if the cost of treatment is reasonable. In your application for approval, you must provide a completed form ‘Questionnaire Accident’, a treatment plan with a cost budget and available X-rays showing the damage to your dentures. The treatment plan must be prepared by your dental surgeon or dentist.
III. Extra Tand

Artikel 57. Dental care

You will receive a budget that you can use for dental care as set out below:
- Periodical check-up and problem-specific visit Article 57.1
- General dental care Article 57.2
- Crowns, bridges, implants, partial prostheses and gum treatments Article 57.3

The reimbursement includes the cost of technology and supplies.

<table>
<thead>
<tr>
<th>UMC Extra Tand 1</th>
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<th>UMC Extra Tand 3</th>
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<tbody>
<tr>
<td>maximum €250 per calendar year</td>
<td>maximum €650 per calendar year</td>
<td>maximum €1,150 per calendar year</td>
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57.1. Periodical check-up and problem-specific visit

This is your cover
- De periodical check-up (C11)
- The problem-specific visit (C13).

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<thead>
<tr>
<th>UMC Extra Tand 1</th>
<th>UMC Extra Tand 2</th>
<th>UMC Extra Tand 3</th>
</tr>
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<tbody>
<tr>
<td>100% covered until your budget for dental care is used up.</td>
<td>100% covered until your budget for dental care is used up.</td>
<td>100% covered until your budget for dental care is used up.</td>
</tr>
</tbody>
</table>

This is where to go
A dentist, dental hygienist, orthodontist or dental prosthetist. The dental hygienist and the prosthetist may provide the care if this is within their area of expertise.

57.2. 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).

<table>
<thead>
<tr>
<th>UMC Extra Tand 1</th>
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<th>UMC Extra Tand 3</th>
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<tbody>
<tr>
<td>100% up to maximum of the full dental care budget</td>
<td>100% up to maximum of the full dental care budget</td>
<td>100% up to maximum of the full dental care budget</td>
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</tbody>
</table>

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 prosthodontist may provide the care if this is within their area of expertise. For non-complex extractions (pulling teeth and molars) and implants in a non-toothless jaw, you can also visit a dental surgeon.

57.3. Crowns, bridges, implants, partial prosthesis 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 prosthesis (P codes).

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<th>UMC Extra Tand 3</th>
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<tbody>
<tr>
<td>80% up to maximum of the full dental care budget</td>
<td>80% up to maximum of the full dental care budget</td>
<td>80% up to maximum of the full dental care budget</td>
</tr>
</tbody>
</table>

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

Please note
Qualification period for crowns, bridges, implants and partial prosthesis
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 58. 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 all dentures on implants;
- rebasing and repairing your full dentures.

<table>
<thead>
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<th>UMC Extra Tand 1</th>
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<th>UMC Extra Tand 3</th>
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<tbody>
<tr>
<td>full</td>
<td>full</td>
<td>full</td>
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</table>
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 3 packages: 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 close supplementary insurance policy/policies to be added to a healthcare insurance policy of 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 required for translations of official documents such as medical statements and documents proving marital status. 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.

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

Group health insurance contract: a group healthcare insurance contract (group contract) concluded between the healthcare insurer and an employer or legal entity with the object of offering associated participants the option of obtaining a healthcare insurance policy and any supplementary covers under the conditions as set out in this contract.

Complete spectacles: this is also referred to as a complete pair of spectacles; meaning both the frame and the prescription glasses. 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 pioneered 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.

Diagnose Behandeling Combinatie (DBC or Diagnosis Treatment Combination): by means of a DBC code, which is determined by the NZa (Dutch Healthcare Authority), a DBC describes the closed and validated regimen of specialist medical care and specialist mental healthcare (second-line curative mental healthcare). This comprises the full process of the diagnosis performed by the healthcare provider up to and including completion of (any) treatment following the diagnosis. The DTC regimen begins at the moment that the insured person registers with the care need, and ends at the end of the treatment or after 120 days for medical specialist care and after 365 days for specialist mental healthcare.

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. Similar to the filter on sunglasses, there are also specific filter glasses for medical purposes.

Fraud: the intentional commission or attempted commission of forgery, deception, injuring the rights of debt collectors or title holders and/or misappropriation in the process of entering into and/or performing an insurance contract or healthcare insurance contract, with the objective of obtaining a benefit, reimbursement or performance to which the party is not entitled, or obtaining insurance cover under false pretences.

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);
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 NVL:** 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; it 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 relation 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 pressing 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 the pelvis or the vertebrae, for example. This adjusts the position of the relevant bones and help 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:** an unexpected event that leads to damage, losses and/or injury.

**Osteopathy:** is 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 hand grips.

**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 is 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:** policy holder and/or insured.

**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 policyholder 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 that is duly licensed under the Wet toelating zorginstellingen (WTZi or Care Institutions (Eligibility) Act). Hospital stays of 24 hours or longer are covered.

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

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

**Healthcare Insurance:** an agreement between the healthcare insurer and a policyholder for a person subject to mandatory insurance for non-life or healthcare, as set out in Section 1 subsection d of the Healthcare Insurance Act.
More information
Do you have any questions after having read this leaflet?
Or would you like more information? Then please visit our website,
www.umczorgverzekering.nl.