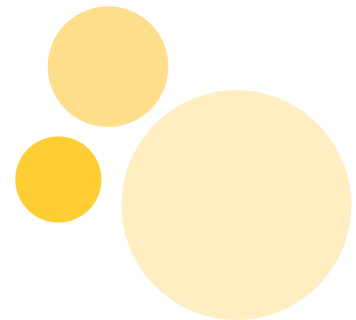




Policy conditions 2018

Mondiale Zorgpolis



Contents

	page		page
I General Section	2	II Manner of cover and performance	9
Clause 1 Definition of terms	2	Medical care	9
Clause 2 General provisions	4	Clause 1 Care by general practitioner	9
Clause 3 Premium	5	Clause 2 Obstetric care	9
Clause 4 Other obligations	6	Clause 3 Specialist medical care	9
Clause 5 Changes to premium basis and policy conditions	6	Clause 4 Rehabilitation	9
Clause 6 Commencement, term and termination of the Mondiale Zorgpolis	6	Clause 5 Genetic research	10
Clause 7 Exclusions	7	Clause 6 In-vitro fertilisation (IVF) and other fertility treatments	10
Clause 8 Complaints and Disputes	8	Clause 7 Audiological care	10
Clause 9 Insured performances	8	Clause 8 Plastic and/or reconstructive surgery	11
		Clause 9 Tissue and organ transplants	11
		Paramedic Care	12
		Clause 10 Physiotherapy and Cesar/Mensendieck therapy	12
		Clause 11 Speech therapy	12
		Clause 12 Occupational therapy	12
		Clause 13 Dietary advice	13

	page		page
Oral Care	13	Transport of the patient	16
Clause 14 Dental Care	13	Clause 21 Transport by ambulance	16
Clause 15 Prosthetic provisions for insured persons of 18 and above	14	Clause 22 Seated transport of the patient	17
Pharmaceutical care	14	Other provisions	18
Clause 16 Medicines	14	Clause 23 Alternative medicine, therapies and medicines	18
Clause 17 Dietary preparations	14	Clause 24 Contraception/Sterilisation	18
Clause 18 Medical appliances care	15	Clause 25 Foreign countries, global	18
Stay in an establishment	16	Clause 26 Primary psychological care	19
Clause 19 Stay	16	Clause 27 Skin treatments	19
Clause 20 Maternity care	16	Clause 28 Prevention	19
		Clause 29 Stammering therapy	19
		Clause 30 Foot treatment/podiatry	19
		Aevitae Dental Care Packages	20

I General Section

Clause 1 Definition of terms

In the following insurance terms and conditions for the Mondiale Zorgpolis, the following terms are understood to mean:

- 1 **Abroad:** Any other country than the country in which the insured lives.
- 2 **Accident:** A sudden and direct impact by an external violence which inflicts physical injury of which the insurer can determine medically the nature and location.
- 3 **Additional expenses:** The medical expenses directly related to and incurred during specialist treatment such as the costs of X-rays, laboratory tests, blood transfusions, pacemakers, radiation treatment, anaesthesia and the use of the operating theatre or the outpatient facilities of a hospital.
- 4 **Advisory dentist:** The dentist giving advice on dental matters to the insurer.
- 5 **Aevitae:** The authorized agent who has been authorized by the Zorgverzekeraar with regard to the implementation of healthcare insurances.
- 6 **Audiological care:** The examination of impaired hearing, advice on the hearing aid to be purchased, instruction in the use of the equipment and the psycho-social guidance in connection with this care.
- 7 **Calendar year:** The period from 1 January until 31 December.
- 8 **Care hotel:** An establishment recognised by the insurer as such providing care to persons who need a temporary continuation of their care, guidance and/or nursing after a hospital admission.
- 9 **Day-care nursing:** In-patient bed nursing for less than 24 hours in a hospital (the so-called out-patient treatment) the necessity of which is foreseeable in connection with an examination or treatment by a specialist taking place on the same day.
- 10 **Emergency service:** The Aevitae Emergency Service, accessible via telephone number +31 20-851 22 75.
- 11 **Family:** A married couple or two persons cohabiting permanently whilst unmarried and who conduct a joint household whereby the permanent nature of the cohabitation is at the discretion of the insurer, or a one-parent family, as well as their or his/her own children, stepchildren, foster children and adopted children who are unmarried and below the age of 18 years.
- 12 **Group practice:** An establishment where integral general practitioner care is provided during the evening, night, weekend

and public holidays and which is recognised as such by the competent government authority.

- 13 **Healthcare insurer:** The healthcare insurer as stated on the policy schedule.
- 14 **Healthcare provider:** A healthcare provider or healthcare establishment providing the care as described in the cover, which is recognised as such by the competent government authority.
- 15 **Health Insurance Policy:** the instrument in which the healthcare insurance taken out by the policyholder with Aevitae VGZ is laid down.
- 16 **Hospital:** An establishment for nursing, examination and treatment of patients, which is recognised as such by the competent government authority.
- 17 **Hospital nursing:** Admission and a further stay of more than 24 hours in a hospital if and for as long as the nursing, examination and treatment must take place on medical grounds in a hospital whilst continuous treatment by a medical specialist and/or dental surgeon is necessary on medical grounds.
- 18 **Independent treatment facility:** An establishment particularly one in which non-clinical specialist care is provided and which is recognised as such by the competent government authority.
- 19 **Insured person:** The person for whom the insurance has been taken out and who is recorded as such in the accounts of the insurer.
- 20 **Insurer:** Zorgverzekeraar VGZ.
- 21 **Laboratory test:** A test carried out in a laboratory that is recognised as such by the competent government authority.
- 22 **Medical advisor:** The physician giving advice to the insurer on medical matters.
- 23 **Medical care provider:** A medical specialist, general practitioner, midwife, physiotherapist, speech therapist, dental surgeon, orthodontist or dentist practicing in the area where the treatment takes place and who are generally recognised and authorised as such in accordance with the regulations applicable in the respective country.
- 24 **Medical grounds:** The medical grounds for nursing, examination or treatment according to generally recognised, medical-scientific considerations.
- 25 **Medicines:** Remedies which are permitted to be traded as a medicine and which are provided by a pharmacy or a dispensing general practitioner on the prescription of a general practitioner, dentist, medical specialist or dental surgeon. With regard to the policy conditions medicines also include blood products and serums which are permitted under the applicable legislation and regulations. The following are not considered as medicines:
- nutritional products and food;
 - slimming products;
 - tonics, medicinal wines and artificial tear products;
 - soaps, shampoo, bath oils, lotions and/or hair growth products;
 - vitamin preparations;
 - laxatives;
 - bandages;
 - growth hormones unless the insurer granted consent in writing in advance for the reimbursement of their costs in which connection further conditions can be stipulated;
 - products to treat nicotine dependency.
- These products do not qualify for restitution.
- 26 **Policyholder:** The person who entered into the Insurance contract with the insurer.
- 27 **Processing personal details:** Any act or any entirety of acts with regard to personal details in any event including collecting, recording, arranging, retaining, updating, changing, retrieving, viewing, using, disclosing by means of transmission, dissemination or any other form of providing, aligning, combining as well as blocking, erasing or destroying details.
- 28 **Rehabilitation treatment hours:** Several hours or a part of this of treatment, advice and guidance by a multi-disciplinary team as well as the associated care in an establishment for rehabilitation treatment recognised by a competent government authority.
- 29 **Repatriation:** The patient's transport necessary on medical grounds from a stay abroad to the country in which the insured lives.
- 30 **Resocialisation:** A stay outside hospital in the private (home) environment of the insured, forming part of the treatment for preparing for an approaching discharge from the hospital.
- 31 **Specialist medical care:** Treatment or examination as is customary in the care in professional circles and which is covered by the specialism for which the medical specialist is registered.
- 32 **Transport of the patient:** The transport of the insured person himself required on medical grounds in connection with medical treatment for this insured person provided the costs of this treatment will be fully or partially borne by the insurer.
- 33 **Wlz:** The Long Term Care Act (Wet langdurige zorg).
- 34 **Wmo:** The Social Support Act (Wet maatschappelijke ondersteuning).

Clause 2 General provisions

2.1 Basis

The Healthcare Insurance is taken out on the basis of the information provided by the policyholder, whether or not completed in his/her own hand, on the application form or supplied to Aevitae in some other written form. Aevitae will issue a health insurance policy to the policyholder and if this is a party other than the policyholder, to the insured as soon as possible after the Mondiale Zorgpolis has been taken out and thereafter prior to each calendar year. These Policy Conditions form an integral part of the health insurance policy. The policy schedule will state the persons insured and the healthcare insurance(s) taken out for them.

2.2 Scope of application

The Mondiale Zorgpolis is open to employees, former employees and their family members who stay abroad long-term and who cannot claim the rights under the Dutch Health Insurance Act (Zorgverzekeringswet) (not mandatorily insured in the Netherlands). Abovementioned insured individuals should be able to benefit from the covering agreement between the employer and Aevitae.

2.3 Medical necessity

There will only be a right to care or reimbursement of costs for care as mentioned in these Policy Conditions if and insofar as the insured reasonably needs the content and extent of this type of care. The content and extent of the types of care are also determined by the latest science and practice and, should such a criterion be absent, by what is regarded in the respective discipline as being responsible and adequate care.

2.4 Derived rights

The right to care or reimbursement of costs exists only if and insofar as rights can be derived from the Mondiale Zorgpolis, the determining factor being the date on which or the period within which the relevant form of care was provided. Should these Policy Conditions mention a (calendar) year, the actual date of treatment or date on which services/goods were supplied stated by the healthcare provider will determine to which (calendar) year the costs involved should be attributed.

2.5 Right to care and other services resulting from terrorist acts

If the need for care or other service is the result of one or more terrorist acts and the total damages claimed as a result of such acts in any calendar year from non-life, life or funeral services in kind insurers to which the Wet toezicht verzekeringsbedrijf 1993 [Insurance Industry Supervision Act] or the Wet toezicht natura- uitvaartverzekeringsbedrijf [Funeral Provisions Insurance Industry Supervision Act] applies, will, according to the expectations of the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT – Dutch Reinsurance Company for damages resulting from terrorist acts), be higher than the maximum amount reinsured by this company in any calendar year, the insured person will only be entitled to performances up to a percentage of the costs or value of the care or other services to be determined by the NHT which is equal for all insurances.

The exact definitions and provisions with regard to the right set out above are included in the Clausuleblad terrorismedekking bij het NHT [Terrorist Cover Clauses Sheet with the NHT]. This Clauses Sheet forms part of these Policy Conditions and is available on request. See also www.terrorismeverzekerder.nl.

2.6 Processing personal details

The personal data provided when applying for an insurance and any personal data further to be submitted will be processed for the implementation of the insurance, the associated provision of services and to give information pursuant to legal obligations.

2.7 Notices

Communications sent to the last known address by Aevitae are assumed to have reached the insurance taker and/or insured party.

2.8 Dutch law

The insurance is governed by Dutch law.

Clause 3 Premium

3.1 Premium

The premium as well as premium discounts belonging to these Policy Conditions are included in the Premium Table to be adjusted each year, forming part of these Policy Conditions.

3.1.1

The premium depends on the country of residence of the insured individual. Aevitae makes the following distinction:

Region A; The United States of America (US) and Canada.

Region B; All countries worldwide (excluding the United States of America and Canada)

3.2 Premiums due

The policyholder owes the premiums.

3.3 Premium payment

The policyholder is obliged to pay the premium, as well as the contributions resulting from (foreign) statutory regulations or provisions, by giro and in advance, per month, quarterly, bi-annually or annually. Should the insurance change during the course of a month, Aevitae will be entitled on behalf of the insurer to (re)calculate or refund the premium from the first day of the following month onwards.

3.4 Counterclaim

The insurance taker may not balance the to be paid amounts against to be received sums.

3.5 Death

Should the insured die, a premium already paid will be refunded from the day after the one on which the insured person died.

3.6 Late payment

3.6.1

If the policyholder does not fulfil his obligation to pay the premium on time and after the policyholder has ignored a demand to pay within 30 days starting from the day after the demand for payment, the healthcare insurer can suspend the cover mentioning the consequences of the non-payment. In the event of suspension there is no right to performances as described in these Policy Conditions from the day after the demand for payment. Except in the event of termination of the agreement, a right to performances will again be established from the day following the day on which the amount due plus the costs as referred to in clause 3.6.5 have been received by Aevitae. The policyholder will continue to owe the premium for the period of the suspension.

3.6.2

If the policyholder, after having received a demand for payment as referred to in clause 3.6.1, does not fulfil his obligation to pay the premium, the healthcare insurer can terminate the agreement after the policyholder has ignored a demand to pay within a period of 14 days, beginning after the day of the demand for payment mentioning the consequences of the non-payment.

The Mondiale Zorgpolis will not be terminated with retrospective effect.

3.6.3

Contrary to the provisions of clause 3.6.1 the healthcare insurer can suspend the cover, without the policyholder having been given a demand to pay and the initial premium not having been paid within a period of 30 days after the demand for payment has been received. In that case the suspension will become effective on the day that the Mondiale Zorgpolis becomes effective. If the Global Health Insurance Policy has retrospective effect from a date before the date on which the policyholder has applied for a healthcare insurance and payment did not take place within a period of 30 days after having received the demand for payment, the suspension will become effective on the day on which the Global Health Insurance Policy becomes effective.

If the cover has been suspended, the healthcare insurer can terminate the agreement after the policyholder has ignored a demand for payment within a period of 14 days beginning on the day after the demand for payment stating the consequences of the non-payment. The Mondiale Zorgpolis will not be terminated with retrospective effect.

3.6.4

Demands as meant in this Clause must be sent in writing.

3.6.5

If Aevitae takes measures to collect its claim, all debt-collecting costs, both the court costs and the extra-judicial costs, will be at the expense of the policyholder.

Clause 4 Other obligations

4.1 Obligation

The policyholder and the insured person are obliged:

- to ask the treating primary care doctor, medical specialist or dental specialist to make the reason for admission known to Aevitae's medical advisor
- to co-operate with Aevitae, his medical advisor or those entrusted with the check-ups in order to obtain the information necessary for the implementation of the Global Health Insurance Policy;
- to inform Aevitae of any facts which (might) mean that expenses may be recovered from (possibly) liable third parties, and to provide Aevitae with all necessary information in this regard. In this connection the insured person shall not come to any arrangement with a third party without the prior written consent of Aevitae. The insured person shall refrain from any actions that might be prejudicial to the healthcare insurer's interests;
- to refrain from acts that might be prejudicial to the interests of the insurer;
- to inform Aevitae immediately of all facts and circumstances which might be relevant to a proper implementation of the insurance such as for instance a move (moving could lead to an altered premium (see section 3.1.1)) , birth, death, change in bank or giro account number;
- in case of restitution of care costs, forward the original invoices within one year of dating to Aevitae. These invoices must be specific enough such that no further information is required to determine what reimbursement Aevitae is required to make. Computer-generated invoices must be duly initialised by the care provider;
- provide or have a required referral provided if Aevitae requests one.

4.2 Interests

When the interests of the healthcare provider or Aevitae are prejudiced by a failure to perform the obligations mentioned in clause 4.1, the healthcare insurer can suspend the performances as described in these Policy Conditions.

Clause 5 Changes to premium basis and policy conditions

5.1 Change to conditions

The healthcare insurer is entitled to change the policy conditions and premium basis for the health insurance policies provided by them.

Aevitae will notify the policyholder of the intended change. Such a change will be effective for each Global Health Insurance Policy on a date to be determined by the healthcare insurer.

5.2 Right to cancel the insurance

If the healthcare insurer changes the conditions of the Global Health Insurance Policy to the disadvantage of the policyholder or the insured person, the policyholder will be entitled to cancel the insurance from the day on which the change becomes effective and in any event during one month after he has been notified of the change. If the change involves an increase in the premium, the policyholder will be able to give notice of cancellation in the period between the date on which Aevitae notifies him of the intention to increase the basis of premium calculation and this increase becoming effective.

Clause 6 Commencement, term and termination of the Global Health Insurance Policy

6.1 Effective date and term

6.1.1 The Global Health Insurance Policy will commence on the day on which Aevitae has received the application to this end from or for the benefit of the insured person.

6.1.2 If, on the basis of the application as referred to in clause 6.1.1, Aevitae is not able to ascertain whether it is obliged to take out a healthcare insurance for the person to be insured and in connection with this invites the person requiring the insurance to provide the necessary information in order to ascertain this, the Global Health Insurance Policy will, contrary to clause 6.1.1, become effective on the day on which the latter person has complied with this request.

6.1.3 Aevitae will immediately supply the person who has made the request as referred to in clause 6.1.1 - and, if this is another person than the person for whose benefit the insurance application has been made, the latter person - with:

- evidence of the application as referred to in clause 6.1.1 stating the date of receipt;
- evidence of receipt of the information as referred to in clause 6.1.2 stating the date of receipt.

6.1.4 If the person for the benefit of whom the Global Health Insurance Policy is taken out is already insured under a healthcare insurance on the day on which Aevitae receives the application as referred to in clause 6.1.1, and the policyholder has indicated that he wants the Global Health Insurance Policy to become effective on a later date to be indicated by him than the day as referred to in clause 6.1.1 or 6.1.2, the insurance will become effective on that later date.

6.2 Termination by operation of law

The Mondiale Zorgpolis cover legally ends on the day following the day on which:

- 6.2.1 The healthcare insurer is no longer allowed to offer healthcare insurances as a result of a change or withdrawal of its license to write non-life insurance business;
- 6.2.2 the insured party dies.
- 6.2.3 the insurance ends at the moment when the insured becomes obliged to take out insurance under the Dutch Health Insurance Act, or becomes eligible for another social insurance.

Aevitae will notify the policyholder of this termination not later than two months before a healthcare insurance terminates by virtue of the provisions set out in clause 6.2.1, stating the reasons and the date on which the insurance has terminated.

The policyholder will inform Aevitae immediately of all facts and circumstances about the insured person which have led or can lead to the termination of the Global Health Insurance Policy under the provisions set out in Clause 6.2.2. If on the basis of the information as referred to above Aevitae comes to the conclusion that the Global Health Insurance Policy will terminate or is terminated, it will immediately notify the policyholder of this stating the reason and the date on which the insurance has terminated or will terminate.

6.3 Cancellation by the policyholder

The policyholder can cancel the Global Health Insurance Policy:

- before 1 November of any year with effect from 1 January of the next calendar year;
- in the situations mentioned in Clause 5.2.

6.4 Cancellation by the healthcare insurer

The healthcare insurer can cancel, dissolve or suspend the Global Health Insurance Policy:

- because of overdue payment of the premium due as stated in clause 3.6;
- in case of not, not fully or inaccurately supplying information or documents relevant for the implementation of the insurance to Aevitae and which (may) result in the healthcare insurer being prejudiced;
- if the policyholder and/or the insured person have acted with the intention of misleading Aevitae and/or the healthcare insurer or if the healthcare insurer would not have entered into a healthcare insurance if they would have known the true state of affairs. In that case the healthcare insurer may cancel the healthcare insurance with immediate effect within two months after having discovered this. In those cases the healthcare insurer will no longer be obliged to make payments or it can reduce payments. The health insurer may balance payment requests stemming from this situation with other claim payments.
- if we withdraw an insurance product from the market for reasons that we consider to be important, we are entitled to terminate your insurance for that product unilaterally. We are obliged to inform the policyholder about the termination at the least 6 months before the end date of the policy.
- the insurance ends at the moment when the collective health insurance agreement ends, or when your employment with an employer who has a collective health insurance contract with the health insurer ends.
- in case of a permanent stay abroad, the insurance will be terminated.

6.5 Health risk

Aevitae cannot terminate or change the Global Health Insurance Policy on the basis of the health risk increasing, insofar as this is inherent in the person of the insured.

6.6 Manner of cancellation

Both the policyholder as well as the healthcare insurer can only give notice of cancellation of the Global Health Insurance Policy in writing.

6.7 Proof of termination

If the Global Health Insurance Policy terminates, Aevitae will issue to the policyholder and, if this is a person other than the policyholder, the insured person, a certificate of termination of the Global Health Insurance Policy.

Clause 7 Exclusions

There is no right to:

- 7.1 care or reimbursement for care as mentioned in these Policy Conditions if and insofar as the insured person is not reasonably dependant on the contents and extent of the type of care, and/or in this connection the requirements of suitability and effectiveness are not taken into account;

- 7.2** care or reimbursement of the costs of care if the contents and extent of the types of care do not meet the criteria which are also determined by the latest science and practice or should such a criterion be absent, which is regarded in the relevant discipline as responsible and adequate care;
- 7.3** reimbursement of the charges for written statements, mediation fees charged by third parties without the prior written consent of Aevitae, administrative charges or costs incurred by not paying the invoices of healthcare providers on time;
- 7.4** reimbursement of costs consisting of excesses due under this healthcare Insurance;
- 7.5** reimbursement of losses resulting indirectly from actions or omissions of Aevitae and/or the healthcare insurer;
- 7.6** (reimbursement of) care caused by or originating from armed conflict, civil war, uprisings, civil unrest, riots and mutiny.
- 7.7** (reimbursement of) care caused by, occurring during or arising from nuclear reactions, regardless of how these occur. This exclusion does not apply in respect of damage caused by radioactive nuclides outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided a valid permit issued by central government exists for the manufacture, use, storage and disposal of radioactive substances (in this context a “nuclear facility” is defined as a nuclear facility within the meaning of the Wet aansprakelijkheid kernongevallen [Nuclear Accidents Liability Act]). The provisions of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained.

Clause 8 Complaints and Disputes

- 8.1** Complaints and disputes regarding the implementation of the Global Health Insurance Policy can be submitted to the managing board of Aevitae.

Clause 9 Insured performances

- 9.1** The insured person is entitled to care as described in these Policy Conditions.
- 9.2** Aevitae is entitled to pay the costs of care, the reimbursement of which the insured person is entitled to claim from the healthcare insurer pursuant to clauses 12.3 and 12.4, directly to the care provider who provided the care. This cancels the insured person's right to reimbursement.
- 9.3** If a referral and/or authorisation is required with regard to certain types of care, this will be indicated in the relevant care clause.

II Manner of cover and performance

Medical care

Clause 1 Care by general practitioner

Description: medical care offered by general practitioners including the associated laboratory tests;

By: general practitioner.

Clause 2 Obstetric care

Description: obstetric care as provided by midwives including the use of a delivery room if the delivery takes place in a hospital.

By: a midwife, a general practitioner with further training and who specialises in physiological obstetrics, or an obstetrician.

Clause 3 Specialist medical care

Description: medical care as provided by a specialist including the associated laboratory tests. Specialist care also includes:

- care provided in a thrombosis unit;
- second opinion from a medical specialist or dental surgeon;
- non-clinical haemodialysis in a dialysis centre;
- chronic intermittent respiration and the required equipment;
- materials contributing to the specialist care being provided such as medicines, dressing material or medical appliances.

There is no right to:

- a treatments with uvuloplastic surgery for snoring ;
- b treatments aimed at reversing sterilisations;
- c treatments aimed at circumcision.

By: medical specialist.

Referral by: a general practitioner, company doctor, dentist, midwife, medical specialist or dental surgeon.

Authorization: yes

Notes:

- 1 In this clause care also means nursing as offered by nurses, without a stay in an establishment, and being required in connection with specialist care up to a maximum of 365 days;
- 2 The nursing must be notified to the help line if possible in advance and if not possible within 24 hours. For the telephone number see the back of your care passport.

Clause 4 Rehabilitation

Description: with regard to rehabilitation the medical care includes: examination, advice and treatment of a combined specialist, paramedical, behavioural scientific and technical nature, exclusively if and insofar as:

- this care is the most efficient for the insured person and is indicated to prevent, reduce or overcome a handicap which is the result of impairments or restrictions in the ability to move or a handicap which is the result of a disorder of the central nervous system resulting in restrictions in communication, cognition or behaviour, and;
- the insured person is able via this care to achieve or maintain a certain degree of independence which, given his restrictions, is reasonably feasible.

By: a multidisciplinary team of experts attached to a rehabilitation centre under the guidance of a medical specialist.

Referral by: a general practitioner, company doctor or medical specialist.

Clause 5 Genetic research

Description: with regard to genetic research medical care as meant herein includes: research into and of genetic disorders by means of family tree research, chromosome testing, biochemical diagnostics, ultrasound testing and DNA testing, genetic counselling and the psycho-social counselling associated with this form of care. If it is necessary for the advice to the insured person, the research will also include research with regard to persons other than the insured person. In that case they may also receive advice.

Referral by: general practitioner or medical specialist.

Clause 6 In-vitro fertilisation (IVF) and other fertility treatments

Description: with regard to in-vitro fertilisation (IVF) the medical care includes only the first three attempts at in-vitro fertilisation (IVF) for each pregnancy achieved.

An attempt includes four stages:

- a maturing of egg-cells by hormone treatment;
- b removing egg-cells (puncture);
- c fertilisation of egg-cells and cultivating embryos in the laboratory;
- d replacing in the womb of one or more embryos created in order to cause pregnancy.

A full effort includes at most the successive completion of all the said four stages. However, a full effort can also consist of stage b, c and d (if the natural cycle is being used), or a full effort can also consist of stage d (if a cryopreserved embryo obtained from a previous treatment is being used).

By: a gynaecologist in an establishment licensed to this end.

Referral by: a gynaecologist or urologist.

Notes:

- 1 an ICSI treatment (intracytoplasmatic sperm injection) and an egg-cell donation treatment are deemed to be equivalent to an IVF attempt.
There is no right to (reimbursement of costs of) care for the donor;
- 2 an achieved pregnancy means a continuous pregnancy. This is a pregnancy of at least 12 weeks measured from the first day after the last menstruation;
- 3 with regard to a right to medicines associated with the in-vitro fertilisation (IVF).

6.1 Other fertility treatments

Description: medical care includes treatments in connection with surgery and artificial insemination.

By: a gynaecologist or urologist.

Referral by: general practitioner or medical specialist.

Notes:

There is no right to medicines serving to improve fertility.

Clause 7 Audiological care

Description: medical care in connection with:

- examination of impaired hearing;
- advice about the hearing aid to be purchased;
- information about the use of the equipment;
- psycho-social care if this is required in connection with problems with impaired hearing;
- assistance in making a diagnosis about speech impediments and language disorders for children up to the age of 7 years.

By: audiological centre or a comparable centre

Referral by: a general practitioner, company doctor or medical specialist.

Clause 8 Plastic and/or reconstructive surgery

Description: medical care as meant herein exclusively if it serves to correct:

- 1 deviations in appearance accompanied by demonstrable physical functional disorders;
- 2 disfigurement caused by a disease, an accident or a medical procedure;
- 3 paralysed or weakened upper eye lids which are the consequence of a congenital deformity or a chronic disorder present at birth;
- 4 congenital deformities in connection with lip, jaw and palate clefts, deformities of the facial bones, benign proliferations of blood vessels, lymphatic vessels or connective tissue, birth marks and deformities of the urinary tract and sexual organs;
- 5 the treatment for the correction of protruding ears for children up to the age of 12.

There is no right to:

- a treatment of paralysed or weakened upper eye lids other than as a result of a congenital deformity or a chronic disorder present at birth;
- b abdominoplastic surgery and liposuction of the abdomen;
- c surgical insertion of a breast prosthesis other than after a status with regard to a full or partial breast amputation;
- d surgical removal and insertion of a breast prosthesis after the treatment as referred to under c.

By: medical specialist.

Referral by: general practitioner, company doctor, medical specialist or dental surgeon.

Authorization: yes, with an explanation of the attending medical specialist.

Clause 9 Tissue and organ transplants

Description: medical care (Specialist medical care) in connection with tissue and organ transplants, includes exclusively:

- 1 bone marrow transplant;
- 2 bone transplant;
- 3 corneal transplant;
- 4 skin tissue transplant;
- 5 kidney transplant;
- 6 heart transplant;
- 7 liver transplant, involving the removal of the recipient's own liver;
- 8 lung transplant;
- 9 heart/lung transplant;
- 10 kidney/pancreas transplant.

The care mentioned in this clause also includes reimbursement of the costs of:

- a specialist medical care in connection with the selection of the donor;
- b specialist medical care in connection with the surgical removal of the transplant material from the selected donor;
- c the examination, preservation, removal and transport of the post-mortem transplant material in connection with the intended transplant;
- d the care of the donor arranged in these Policy Conditions during a maximum of thirteen weeks after the date of discharge from the establishment in which the donor was hospitalised for selection or removal of the transplant material insofar as this care is associated with this hospitalisation;
- e the transport of the donor in the lowest class of a public means of transport within his country of residence or, if required on medical grounds, transport by car within his country of residence in connection with the hospital selection, hospitalisation and discharge from the hospital and together with the care as referred to under d;
- f the transport from and to the home country of a donor residing abroad, in connection with a transplant of the kidney or bone marrow with regard to an insured person in his country of residence plus other costs involved in the transplant which are related to the insured person living abroad, with the exception of accommodation costs and loss of income.

By: medical specialist.

Authorization: In advance by the help line in consultation with the advisory physician.

Paramedic Care

Clause 10 Physiotherapy and Cesar/Mensendieck therapy

Description: care offered by physiotherapists and remedial therapists: There is a right to reimbursement of not more than 25 treatments up to a maximum of € 1,250 in any calendar year.

By: a (paediatric) physiotherapist, manual therapist, an oedema therapist, a pelvic floor therapist or Cesar/Mensendieck remedial therapist.

Oedema therapy can also be provided by a skin therapist.

Referral by: a general practitioner, company doctor or medical specialist.

Authorization: yes, in advance.

Notes:

- 1 the care mentioned in this clause does not mean antenatal and postnatal exercises, sports massage, occupational therapy and individual treatment or group treatment or exercises aimed at improving the condition by training.

Clause 11 Speech therapy

Description: care offered by speech therapists on the condition that this care serves a medical purpose and recovery or improvement of the speech function or the power of speech can be expected from the treatment.

By: speech therapist.

Referral by: general practitioner, company doctor, medical specialist or dental surgeon.

Notes:

the care mentioned in this clause does not mean speech therapy treatment in connection with:

- dyslexia;
- impaired language development in connection with a dialect or a different mother tongue;
- therapy in connection with the patient's profession, for instance for musicians;
- speaking in public;
- the art of declamation.

Clause 12 Occupational therapy

Description: care offered by an occupational therapist on the condition that this care aims to encourage or restore the insured person's self-care and the ability to cope, up to a maximum of 10 treatment hours in each calendar year.

By: occupational therapist.

Referral by: a general practitioner, company doctor or medical specialist.

Clause 13 Dietary advice

Description: information with a medical purpose about food and eating habits as offered by dieticians, up to a maximum of 4 treatment hours in any calendar year.

By: a dietician.

Referral by: a general practitioner, company doctor, dentist, medical specialist or dental surgeon.

Oral Care

Clause 14 Dental Care

14.1

Description: care offered by dentists to insured persons below the age of 18. The care includes all regular actions/treatments with the exception of what is listed under the Notes.

By: a dentist or dental surgeon.

Notes: There is no right to reimbursement for regular orthodontics, crowns and bridges and implants. The treatment shall not be unnecessarily expensive or exclusively of a cosmetic nature.

14.2 Orthodontics

We will reimburse orthodontics expenses for insured person below the age of 18 up to a maximum of €2,270 and once only €1,135 for insured persons aged at least 18 for the full term of the insurance.

Exclusion

- In cases of loss or damage to existing orthodontic aids through fault or negligence, we do not cover replacement or repair costs.
- No reimbursement is paid if the suggested treatment is not effective, is unnecessarily expensive or unnecessarily complex.

14.3 Dental and orthodontic treatment in special cases

Description: care offered by dentists and orthodontists which is necessary if:

- 1 the insured person has such a serious disorder in the development or growth or an acquired defect of the dental, maxillary or oral system that without this treatment he will not be able to maintain or obtain a dental function which is equivalent to the one which he would have had if the disorder had not occurred;
- 2 the insured person has a non-dental physical or mental disorder and without this treatment he would not be able to maintain or obtain a dental function which is equivalent to the one he would have had if the disorder had not occurred, or;
- 3 a medical treatment would have demonstrable, insufficient results without this care and without this other care the insured person would not maintain or obtain a dental function equivalent to the one he would have had if the disorder had not occurred.

The care as mentioned in this clause under 'Description', paragraph 1, also includes the application of a dental implant and the application of the permanent part of the superstructure if a very seriously shrunken toothless jaw is involved and they serve to attach a removable prosthesis.

Orthodontic treatment is only included in the care as mentioned in this clause under 'Description', paragraphs 1 to 3, in the event of a very serious disorder in the development or growth of the dental, maxillary or oral system whereby the co-diagnostics or co-treatment of disciplines other than dentistry is required.

By: a dentist or an orthodontist attached to a Centre for specialist dentistry; a dentist or an orthodontist with demonstrable specific expertise and experience, or a dental surgeon.

Personal contribution: 25% of the costs of the dental implants and the superstructure.

Referral by: a dentist, dental surgeon or an orthodontist.

Authorization: yes, in advance.

14.4 Specialist dental surgery treatment (dental surgery)

Description: specialist dental surgery treatment and the associated X-ray examination with the exception of periodontal surgery and the application of the dental implant.

The term specialist dental surgery treatment includes dental treatment given by a dentist who is registered for oral diseases and dental surgery.

By: a dental surgeon.

Referral by: a general practitioner, company doctor, dentist, midwife, medical specialist or dental surgeon.

Clause 15 Prosthetic provisions for insured persons of 18 and above

Description: removable full prosthetic device for the upper or lower jaw. There is reimbursement up to a maximum of € 750 for each prosthesis.

By: a dentist, prosthodontist or dental surgeon.

Personal contribution: 25% of the costs of a prosthetic device.

Pharmaceutical care

Clause 16 Medicines

Description: the supply of the medicines registered in the country of residence, on the prescription of a physician.

Provided by: a pharmacist or dispensing physician.

Prescribed by: a general practitioner, midwife, dentist, medical specialist, dental surgeon or an orthodontist.

Authorization: yes, for medicines which are more than €500 for each supply.

Notes: pharmaceutical care does not include:

- medicines in case of risk of illness during travelling;
- medicines which are equivalent or almost equivalent to any non-designated, registered medicine.

Clause 17 Dietary preparations

Description: polymeric, oligomeric, monomeric and modular dietary preparations.

Prescribed by: general practitioner, medical specialist or dental surgeon.

Authorization: yes.

Special diets: We will reimburse a maximum of €280 per insured person in any calendar year for a liquid diet intended for patients who are receiving terminal nursing at home, or are being nursed at home in connection with recovery after a serious illness.

Clause 18 Medical appliances care

There is full reimbursement for the costs of the purchase, replacement, correction or repair of the following medical appliances prescribed by the attending physician in the most simple design:

- prostheses for the arm, hand, shoulder, leg or foot;
- mammary prostheses;
- facial prostheses;
- artificial eyes;
- orthoses for the trunk, arm, leg, foot, head or neck;
- hearing aids;
- care aids for incontinence or Stoma patients;
- pessaria;
- footwear but not orthoses;
- wig of synthetic material;
- hypodermic syringes and needles;
- aids for diabetics;
- walking aids;
- elastic stockings;
- oxygen equipment with accessories;
- TV loupe;
- lung vibrator;
- atomizer with spray booth;
- external electro-booster against chronic pain;
- equipment for positive exhalation pressure;
- portable external drip pumps with accessories.

There is exclusively a right to reimbursement if and insofar the insurer has given its consent in writing in advance to a request to this end, in which consent further conditions may be stipulated.

Authorization: yes, in advance.

Extra reimbursement for medical aids

We will reimburse

- For spectacles (lenses, frame) or lenses regardless of their strength: € 230 once in any 2 calendar years;
- For sticky tapes for a mammary prosthesis: a maximum of € 50 in any two calendar years for each prosthesis;
- For repair and inspection of orthopaedic shoes: a lump sum of € 30 during the period of use of the shoes.
- For modifications to ready-made footwear carried out by an orthopaedic shoemaker: € 50 in any calendar year;
- For a urine alarm (bell and pad equipment) a full reimbursed when purchased from a contracted supplier and when purchased from a non-contracted supplier we will reimburse not more than a lump sum of € 50 during the term of insurance;
- For medical aids for non-insulin dependent diabetes: € 45 in any calendar year;
- Other medical aids: € 455 in any calendar year for the joint costs of an aero-chamber, abdominal bandage, arch supports (orthopaedic shoemaker), non-reinforced braces;

Notes:

- 1 the costs of normal use must be borne by the insured person;
- 2 there is no right to reimbursement of costs for the repair of the medical appliance as a result of attributable negligence or intention of the insured person.

Stay in an establishment

Clause 19 Stay

Description: a stay of twenty four hours required on medical grounds in connection with maternity care, specialist medical care and specialist dental surgery as included in these Policy Conditions, during a period of not more than 365 days in a hospital, a rehabilitation centre or care hotel.

A stay also includes the necessary nursing, ordinary and paramedical care, and medicines.

The medical necessity is established by the midwife, the medical specialist or the dental surgeon.

Notes:

for the calculation of the 365 days mentioned above, interruptions of not more than thirty days are not regarded as interruptions. Contrary to this, the interruptions due to weekend and holiday leave are indeed included in the calculation of the 365 days.

Authorization: If possible in advance and in co-operation with the help line.

Clause 20 Maternity care

Description: nursing offered by maternity assistants to the mother and child in connection with a delivery, during a period of not more than 10 days counting from the day of the delivery. There is a right to maternity care if and for as long as there are medical and/or social grounds for the maternity care. The reimbursement is capped at €1500.

By: maternity assistants.

Notes:

- 1 the maternity centre gives the grounds for the care and on this basis apportions the number of hours care to be brought about, whereby a reimbursement is given for at least 24 hours up to a maximum of 80 hours spread over not more than 10 days. Formulation of the medical grounds takes place on the basis of personal circumstances and in consultation with Aevitae.
- 2 the average number of hours of maternity care (that is the allocated number of hours of maternity care on medical grounds divided over 8 days) per day will be reduced by each day of hospitalisation in which maternity care has already partially taken place in the hospital; up to a maximum of €150 per day.
- 3 if with respect to combinations of care by multiple care providers (for instance hospital and maternity centre) costs are charged for the same day, there is also a right to this double day according to the scheme set out above;

Transport of the patient

Clause 21 Transport by ambulance

Description: transport of the patient by ambulance necessary on medical grounds over a distance of not more than 200 kilometres, single journey:

- 1 to a person with whom or an establishment in which he will receive care, the costs of which will be borne in full or in part by the Global Health Insurance Policy;
- 2 to an establishment where he will stay, the costs of which will be chargeable in full or in part to the special health insurance as referred to in the Algemene Wet Bijzondere Ziektekosten [Exceptional Medical Expenses Act];
- 3 from an establishment as referred to in this clause under 'Description', paragraph 2, to:
 - 3.1 a person with whom or an establishment in which he will undergo an examination or treatment which will be fully or partially chargeable to the special health insurance;
 - 3.2 a person or establishment for measuring and fitting a prosthesis which will be supplied in whole or in part at the expense of the special health insurance;
- 4 to his home or another house if he cannot reasonably obtain the necessary nursing in his home, if he has come from one of the persons or establishments as referred to in this clause under 'Description', paragraph 1, 2 or 3.

By: a licensed ambulance service.

Prescribed by: a general practitioner, midwife or medical specialist. No prescription required in case of an emergency.

Notes:

if Aevitae has given consent for the insured person to turn to a certain person or establishment, the restriction of 200 kilometres does not apply.

Clause 22 Seated transport of the patient

Description: transport of the patient by car, other than by ambulance as referred to in clause 21, Transport by ambulance, or transport in the lowest class of a public means of transport of the insured person over a single travelling distance of not more than 200 kilometres:

- 1 to a person with whom or an establishment in which he will receive care, the costs of which will be borne in full or in part by the Global Health Insurance Policy;
- 2 to an establishment where he will stay, the costs of which will be chargeable in full or in part to the special health insurance as referred to in the Algemene Wet Bijzondere Ziektekosten [Exceptional Medical Expenses Act];
- 3 from an establishment as referred to in this clause under 'Description', paragraph 2, to:
 - 3.1 a person with whom or an establishment in which he will undergo an examination or treatment which will be fully or partially chargeable to the special health insurance;
 - 3.2 a person or establishment for measuring and fitting a prosthesis which will be supplied in whole or in part at the expense of the special health insurance;
- 4 to his home or another house if he cannot reasonably obtain the necessary nursing in his home, if he has come from one of the persons or establishments as referred to in this clause under 'Description', paragraph 1, 2 or 3.

If the transport as indicated in this clause involves transport by a private car, the reimbursement will amount to €0.25 per kilometre.

The transport of the patient as included in this clause also includes the transport of someone assisting the patient if assistance is necessary or if the patient is a child below the age of 16. In special cases Aevitae will allow the transport of two persons assisting the patient.

This right only exists in the following situations:

- a the insured person has to undergo kidney dialyses;
- b the insured person has to undergo oncological treatments with chemotherapy or radiotherapy;
- c the insured person is only able to move about in a wheelchair;
- d the insured person's eyesight is restricted to such an extent that he is not able to move about without assistance;
- e if in connection with the treatment of a long-term illness or disorder the insured person has to rely for a long time on transport and not supplying or reimbursing this transport would be predominantly unfair to the insured person.

By: a taxi service if the right consists of transport of the patient by taxi.

Personal contribution: €100 in any calendar year.

Prescribed by: a general practitioner, midwife, medical specialist or dental surgeon.

Authorization: yes.

Notes:

- 1 if Aevitae has given consent for the insured person to turn to a certain person or establishment, the restriction of 200 kilometres does not apply;
- 2 in cases where transport of the patient by car or a public means of transport is not possible, Aevitae can allow the transport of the patient to take place by another means of transport to be indicated by Aevitae.

Other provisions

Clause 23 Alternative medicine, therapies and medicines

We will reimburse the complete costs of: up to a maximum of € 1000 for each insured person in a calendar year.

- consultations with alternative physicians;
- consultations with alternative therapists;
- homeopathic and anthroposophic medicines.

Conditions for reimbursement

- The homeopathic and anthroposophic medicines must be prescribed by a physician or general practitioner;
- The homeopathic medicines must have an entirely homeopathic composition.
- The homeopathic and anthroposophic medicines must be provided by a pharmacy or a dispensing general practitioner;
- The alternative healer or therapist must meet the quality requirements which are customary in professional circles.

Clause 24 Contraception/Sterilisation

Contraception

We will reimburse for instance the following contraceptives: Nuva ring; Mirena (coil); the Implanon implant and the birth control pill.

Sterilisation

We will reimburse treatment in connection with sterilisation in a hospital.

Exclusions:

- We do not provide any reimbursement for condom purchases;
- Reversal of sterilisation is not eligible for reimbursement.

Clause 25 Foreign countries, global

a Repatriation / transportation of physical remains to the country of residence

We will reimburse:

- The costs charged for the patient's transport by ambulance or by airplane including the costs of medically required accompaniment from abroad to the patient's residence;
- The costs of transportation of the physical remains from the place of death to the country of residence.

Exclusion:

We do not cover any costs associated with a potentially earlier return trip for fellow travellers.

Condition for reimbursement

We only reimburse costs after prior approval via the help line. You can find the telephone number of the help line on the back of your care passport.

b Vaccinations and medicines

We will reimburse the costs of consultation, medicines and vaccination for the prevention of the following diseases on a foreign voyage:

- malaria;
- diphtheria, tetanus and poliomyelitis (DTP);
- yellow fever;
- typhus;
- cholera;
- hepatitis A and B.

Clause 26 Primary psychological care

We will reimburse the costs of primary psychological care up to a maximum of €455 in any calendar year.

Conditions for reimbursement

- This should involve short-term psychological treatment taking place in connection with a medical treatment. Costs of examinations and courses of a social nature, education and training are not covered;
- The treatment provider works as a health care psychologist or primary care psychologist
- You must have a written referral from a general practitioner or, in case of work-related complaints, from a company doctor.

Clause 27 Skin treatments

We will reimburse a maximum of €500 for all skin treatments for each insured person in any calendar year.

Conditions for reimbursement

- You must provide us with an indication from the dermatologist in advance
- We must have provided you in advance with authorisation.

Clause 28 Prevention

Examinations

We will reimburse the costs of examination by a general practitioner or medical specialist for the purpose of early detection of:

- cervical cancer (PAP smear)
- breast cancer
- electrocardiograms
- diseases of the heart and blood vessels (maximum once per 24 months)
- prostate cancer

Flu vaccination

We will reimburse the costs of flu vaccination once only each year.

Preventative courses

We will reimburse €150 in any two calendar years for the costs of preventative courses. We will contribute to preventative courses aimed at losing weight, stopping smoking and heart problems.

Conditions for reimbursement

- You must provide us with an original proof of registration and payment.

Clause 29 Stammering therapy

We will reimburse the costs of stammering therapy up to a maximum lump sum of €1,000 during the term of the insurance.

Clause 30 Foot treatment/podiatry

We will reimburse the costs of treatment by a podiatrist, podo-omnitherapist, podologist and podo-orthesiologist. In addition to consultations, treatment is considered to include the costs of measuring, making and delivering podotherapeutic soles and orthotics.

We will reimburse the costs up to a maximum of €70 per person in any calendar year.

Aevitae Dental Care Packages

We will reimburse dental costs according to the UPT Standard. Reimbursement will be paid up to the maximum amount per insured person in any calendar year stated on your health care policy.

Exclusions

The costs of the treatments set out below are not eligible for reimbursement:

- Costs relating to orthodontics;
- External teeth bleaching, regardless of the number of elements per jaw
- Materials for home bleaching
- The costs of implants except for upper and lower prostheses, lower prostheses and upper prostheses.
- The costs of a dental technician and or dental laboratory.
- Failure to meet an appointment.