



# Insurance terms and conditions Menzis Basis Collectief 2021

*Basic insurance, additional and dental insurances and practical information.  
Applicable as from 1 January 2021.*

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# Your Additional Insurance

**Menzis offers different additional insurances. Below we list all the care types that are included in the additional insurances. Every care type includes a table. We specify in this table for each additional insurance whether the care is covered and/or what any possible reimbursement will be. Your healthcare policy will specify which additional insurance you have.**

**The Dutch text is binding should any disputes arise from the interpretation of the text.**

## Basic Insurance or additional insurance?

Your additional insurance is a supplement to your Basic Insurance. The additional insurance is not a replacement of the Basic Insurance. That which is insured through the Basic Insurance is not reimbursed through your additional insurance. This also applies to your excess and personal contribution of the Basic Insurance unless it is included in the additional insurance as an additional reimbursement.

## Contracted or approved care providers

Menzis makes agreements with care providers. Hospitals, doctors and physiotherapists are, for example, care providers. These agreements are related to the payment of bills but also to the quality of the provided care. Menzis can also approve care providers. This approval will depend on, for example, good training. Some types of care are not insured except when you visit a contracted care provider or an approved care provider. If this is the case, this type of care will be specified. You can find contracted and approved care providers by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### How does the Zorgvinder (Care Finder) work?

- select the type of care you want in the Care Finder, for example, physiotherapy,
- if required, refine the selection (for example, manual therapy),
- enter your postcode or town and specify the distance in which to search,
- next you will see the care providers that have been contracted or recognised by Menzis.
- Should you not have access to the Internet, you can also call Customer Service on 088 222 40 40. If you have questions about health care, please call the Menzis Care Advisor on 088 222 40 40.

## How will you be reimbursed?

Menzis has a contract with many care providers. This care provider can submit the bill directly to Menzis. You will not have to do anything. You can, however, always check all bills in Mijn Menzis. Have you received a bill from a care provider? You can claim your bill online through [menzis.nl/mijnmenzis](https://menzis.nl/mijnmenzis). You can also use the free Menzis claiming app. This makes submitting your bills very easy, fast and secure.

### Note

Only the costs for care supplied in the Netherlands by a care provider or supplier established in the Netherlands will be reimbursed. The exception to the above is emergency care abroad (see the

## Indication and efficiency

You will only be examined or treated if this is required. There must be a medical indication to qualify for the reimbursement of care. Which care is required for your case will be objectively determined. This care must also be effective (must have a purpose). Care that is unnecessary or costs too much unnecessarily when compared to other types of care that is on an equal footing in view of the indication and your care need, will not be covered by the insurance.

## Acne treatment

**Acne is a skin defect. A skin therapist or beautician will determine which form of treatment is the best and will clean the skin. The treatment will ensure that the acne is kept at bay or removes scars by means of a peeling treatment. The skin therapist or beautician will also provide advice about the daily care of your skin.**

You will be reimbursed up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 200	€ 250	€ 300	€ 500

You are entitled to be reimbursed when the treatment is provided by a skin therapist (or someone who works under his responsibility, such as a beautician), who has been recognised by Menzis. A list of recognised skin therapists can be found at [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Alternative care

**Alternative treatment methods (complementary treatment methods) are different ones to the standard (regular) treatments. They are often a supplement to standard treatments but can also be independent from these. Alternative treatment methods include the following: homoeopathy, anthroposophy, acupuncture, acupressure, psychological assistance, natural therapies, care for posture and exercise. Alternative medication refers to homeopathic and anthroposophic medicines. It is recommended that your general practitioner or medical specialist be informed if you use alternative treatment methods.**

You will be reimbursed for treatments, homeopathic and anthroposophic medicines up to a maximum amount. The reimbursements for treatments (€ 40 per treatment day) and medicines (100%) are added together until the specified maximum amount is reached. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 450	€ 650	€ 850

You will be reimbursed if:

- the (individual) treatment is provided by a practitioner who is affiliated to a professional association approved by Menzis as a certified member. You can find out which professional associations are



approved by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder),

- the homeopathic medicine is registered in accordance with the Dutch Medicines Act,
- it is a WALA or Weleda anthroposophic medicine,
- a doctor prescribes the medicine, and
- a dispensing chemist's or a general practitioner with dispensing facilities provides the medicine.

## General check-up

**When a general check-up (Preventive Consultation) is carried out, your general practitioner will check for signs of cardio vascular disease, diabetes type 2 and kidney damage**

You will receive a reimbursement for the costs of a general check-up (Preventive Consultation) up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 50	€ 100	€ 100	€ 150

You are entitled to this reimbursement if the general check-up is performed by a general practitioner.

## Childbirth and maternity care

**The medical care related to the delivery of a baby is partially covered by the Basic Insurance. In addition to the Basic Insurance, the additional insurance offers a reimbursement.**

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

### Breastfeeding

You will be reimbursed for the costs related to support and aids (that are part of the support) up to a maximum amount of € 200. You are entitled to this reimbursement if the support given and the aids are prescribed by a lactation consultant who is approved by Menzis. You can find out who the lactation consultants are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### Maternity care

You will be reimbursed for the statutory personal contribution for maternity care.

### Maternity care after adoption

Maternity care after adoption will be reimbursed up to a maximum of 16 hours.

### Maternity care after admission

Maternity care after admission of your baby will be reimbursed up to a maximum of 16 hours.

### Delivery room

If there is no medical indication for delivery your baby in a hospital (when you stay shorter than 24 hours) you need to pay a personal contribution for use of the delivery room from the Basic Insurance. You will be reimbursed for this statutory personal contribution for use of the delivery room in a hospital or an institution approved by Menzis. You can find out which hospitals or approved institutions they are by

visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Spectacles and contact lenses

**Spectacles or contact lenses are a medical aid for daily use that is used on or in front of eyes and compensates for a deviation of the eye or eyes that ensures that the user can focus better.**

You will be reimbursed for spectacles (glasses on prescription including the frame) and (night time) contact lenses up to a maximum amount. The reimbursements for spectacles and contact lenses are added together up to the specified maximum amount has been reached. This maximum amount is as follows for 2 calendar years:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 75	€ 175	€ 275

### Example

For instance, you are entitled to € 75 per 2 calendar years and you purchase spectacles for € 150 in 2021. The maximum amount of € 75 per 2 calendar years will have, therefore, been reached. This means that you will not be entitled to a reimbursement any more up to and including 2022. You will again be reimbursed as from 2023.

### Note

- The bill for the spectacles or contact lenses must specify the prescription of the spectacle lenses or contact lenses.
- Menzis has made an exclusive deal with Pearle and Eye Wish Opticiens for additional discount. You receive this discount if you give them a voucher for spectacles and contact lenses which you can purchase in the SamenGezond savings programme. Everyone can take part in SamenGezond, even if your insurance does not cover spectacles or contact lenses.

## SamenGezond: additional discount on spectacles

### Additional discount on spectacles

On top of the regular reimbursement for spectacles Pearle and Eye Wish Opticiens offer you an additional discount when you purchase prescription spectacles with them.

Hand in your SamenGezond discount voucher at the register and receive the following additional discounts:

- € 25 additional discount, when you purchase spectacles for € 100 until € 250, or
- € 50 additional discount, when you purchase spectacles for € 250 until € 500, or
- € 75 additional discount, when you purchase spectacles for € 500 or more.

You can hand in one voucher per purchase. The voucher can be used in combination with other special offers from Pearle or Eye Wish Opticiens. Are you not a member of SamenGezond yet? You can enroll for free on [samengezond.nl](https://www.samengezond.nl).

The discount voucher can also be used by customers of Menzis with no coverage for spectacles. For more information, the complete terms and conditions of this offer and examples, see [menzis.nl/brillen](https://www.menzis.nl/brillen).

## Abroad

**When staying abroad, you may require immediate medical care or medication. You will receive service and support from the Menzis Emergency Centre with regard to emergency care during a stay abroad. The Emergency Centre will, for example, take responsibility for the contact with the treating doctors and repatriation and will act as a guarantor. Additional information can be found by visiting [menzis.nl/buitenland](https://www.menzis.nl/buitenland).**

### Prevention when travelling abroad

**Tropical infections occur in specific countries for which you can be inoculated or take medication.**

You will be reimbursed for consultations, injections, medication and (repeat) prescriptions in connection with a trip abroad. You will receive a reimbursement up to a maximum amount. The reimbursements for consultations, inoculations, medicines and (repeat) prescriptions are added together up to the specified maximum amount is reached. This maximum amount applies per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You are entitled to be reimbursed when:

- the consultation must take place at a doctor recognised by Menzis,
- the medication is prescribed or the injection is administered by a doctor recognised by Menzis. You can find out who the doctors are by visiting [menzis.nl/zorgvinder](https://www.menzis.nl/zorgvinder),
- the medication is supplied by a pharmacy or a dispensing GP.

### Emergency dentistry work abroad

**Dentistry work is classed as requiring emergency treatment if there are pain complaints as is the case with regard to the inflammation of a nerve or gums that means that the dentistry work cannot be deferred until you return to the Netherlands and it had not been foreseen that this dentistry work would be required.**

Dentistry work will be reimbursed up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 250	€ 250	€ 250	€ 250

You will only be reimbursed the costs if:

- pain complaints are involved that means that dentistry work is required quickly and cannot be deferred until you return to the Netherlands,
- it could not have been foreseen that this dentistry work would be needed. A filling, implant or crown are examples of treatments that are provided.

### Emergency care and medication abroad

**Care is an emergency when a situation is involved in which medical assistance is needed as soon as possible that makes returning to the Netherlands no longer an option. It had not been foreseen that this medical assistance would be required.**

You will receive a supplement to the reimbursement that you receive based on the Basic Insurance.

The supplement is the difference between the reimbursement that you receive from the Basic Insurance and the charged costs.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You will only be reimbursed the costs if:

- a situation is involved in which care and/or medicines are required as soon as possible that mean that returning to the Netherlands is no longer an option,
- it could not have been foreseen that this care and/or medicines would be needed,
- the situation was reported immediately to Menzis' Emergency Centre when admitted to an institution,
- you are not staying abroad for more than 1 year,
- you have a prescription from a general practitioner or medical specialist in the case of medicines and the effective ingredient in the medicine is part of a medicine that is reimbursed in the Netherlands based on the Basic Insurance, and
- the costs would have been reimbursed if they had been incurred in the Netherlands.

### Example

You break a leg in the United States. You are given a bill for an amount of € 3,000 for the treatment. This would have cost € 2,000 in the Netherlands. You will receive this amount based on the Basic Insurance. The additional insurance will then reimburse the remaining € 1,000.

### Emergency Centre +31 317 455 555

Rescue costs are costs incurred with regard to tracking, rescue and salvage. If you want to be reimbursed for rescue costs, take out travel insurance. For more information visit [menzis.nl/reisverzekering](https://menzis.nl/reisverzekering).



## Transport when ill, after an accident and after death

**You may become sick or suffer an accident when abroad and that you need to return to the Netherlands for further treatment.**

You will be reimbursed for transport from the location abroad to an institution in the Netherlands.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You will be entitled to this reimbursement when the medical need has been determined by Menzis' Emergency Centre and they also make the arrangements for travel.

### Note

- If a travel companion wishes to travel with the person who is to be repatriated, Menzis will pay/reimburse these costs when the Menzis Emergency Centre deems that supervision by this travel companion is necessary.
- The travel costs of the mortal remains of the insured are paid/reimbursed from the place where death occurred to the Netherlands.
- Do you also want to be reimbursed for transport costs when there is no medical necessity? For example, when you break your arm on holiday (skiing) and you want to return to the Netherlands. Take out travel insurance for this. More information about travel insurance can be found on [menzis.nl/reisverzekering](https://menzis.nl/reisverzekering).

## Non-urgent specialized medical (hospital) care in Belgium and Germany

**You are entitled to reimbursement from the Basic Insurance for non-urgent specialized medical (hospital) care in Belgium and Germany. Because Menzis does not have contracts with foreign hospitals, you will receive a reimbursement of 75% of the hospital bill with a maximum of 75% of the average contracted amount. Your additional insurance offers coverage for the remaining 25%.**

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You will only be reimbursed if:

- the specialized medical care is covered by the Basic Insurance, and
- you receive the care in Belgium or Germany.

A list of reimbursements from the Basic Insurance for different kinds of specialized medical care can be found on [menzis.nl/klantenservice](https://menzis.nl/klantenservice) (only available in Dutch).

Are you admitted to a hospital? Then the reimbursement is limited to the supplement of the coverage from the Basic Insurance up to the amount for which Menzis has contracted the specific care in the Netherlands on average, for a maximum of 365 nursing days per case.

According to Menzis a case is: every uninterupte need for medical treatment, which stems from the same illness or accident.

### **Note**

The same conditions and exclusions with regard to the Basic Insurance which apply to specialized medical (hospital) care in the Netherlands, also apply to this type of care abroad. If, for instance, you need a referral in the Netherlands? Then you will also need one abroad. Please see the appropriate paragraph in the chapter on the Basic Insurance for more information.

You can send the bill of the foreign care provider to Menzis. If you have any questions regarding care abroad, please contact our Care Advise department at 088 222 40 40.

### **Example**

You work in the Netherlands, but live in Belgium. You are admitted in a Belgian hospital with a groin rupture. After receiving treatment, you receive a bill of € 400 for this. You can send this bill to Menzis. In the list of reimbursements from the Basic Insurance on [menzis.nl](https://menzis.nl), you can see that you will receive a reimbursement of € 267.43 from the Basic Insurance for the treatment. This is 75% of the average amount for which Menzis has contracted this care in the Netherlands. From your additional insurance you will receive an additional reimbursement up to 100% of this amount (€ 89.14). Therefore you will receive a total reimbursement of (€ 267.43 + € 89.14 =) € 365.57.

## **Camouflage therapy and camouflage aids**

**Camouflage therapy will teach people with a serious facial or neck skin defect how best to camouflage the skin defect using camouflage aids. Camouflage therapy will teach people with a serious facial or neck skin defect how best to camouflage the skin defect using camouflage aids.**

You will be reimbursed for camouflage therapy and camouflage aids up to a maximum amount. The reimbursements for camouflage therapy and aids are added together up to the specified maximum amount has been reached. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 200	€ 250	€ 300	100%

You are entitled to this reimbursement if the treatment is provided by a skin therapist (or someone who works under his responsibility, such as a beautician), who has been recognised by Menzis. A list of recognised skin therapists can be found at [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## **Epilation**

**Abnormal hair growth in the face and neck can be removed. Epilation through electrical power, laser, flashing light or equipment of a similar nature makes growth after epilation of the hair practically impossible.**

You will be reimbursed for 80% of the costs of epilation if abnormal hair growth in the face and neck up to a maximum amount. This maximum applies for the full duration of the insurance.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 200	€ 300	€ 700	€ 1,500

You are entitled to this reimbursement if the treatment is provided by a skin therapist (or someone who works under his responsibility, such as a beautician), who has been recognised by Menzis. A list of recognised skin therapists can be found at [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Occupational therapy

**Occupational therapy helps people who experience problems in carrying out daily activities due to physical, mental, sensory or emotional complaints. The occupational therapist (also known as an ergotherapist) provides practical solutions in the environment of the client so that daily activities are again possible. An occupational therapist can also provide advice about the use of resources.**

Occupational therapy is partly insured in the Basic Insurance. If it is an addition to the reimbursement from the Basic Insurance, you will be reimbursed for occupational therapy for a maximum number of hours per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
0	0	3	5

You are entitled to be reimbursed when the occupational therapist has a contract with Menzis. Visit [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder) to find out who these therapists are.

### Note

If you decide to visit an occupational therapist who does not have a contract with Menzis, you will be reimbursed the incurred costs up to a maximum amount for each treatment if the occupational therapist is registered as a Quality Registered practitioner in the Kwaliteitsregister Paramedici (Paramedic Quality Register). Menzis reimburses 75% of the bill of the care provider up to a maximum of 75% of the amount that Menzis has contracted for this treatment on average.

## Physiotherapy and exercise therapy

**People with disorders related to the posture and locomotory apparatus are given support through exercises or different therapies and are assisted to improve their movement capacity and to reduce pain. When you have complaints related to your posture and locomotory apparatus, you can visit a physiotherapist or exercise therapist. This therapist will try to improve the function of your posture and locomotory apparatus by applying different techniques and exercise. A normal posture and movement will again be possible or you will be taught how to cope with your limitations in the best possible manner.**

You will be reimbursed for physiotherapy treatments and exercise therapy up to a maximum number of treatment sessions. This maximum number of treatments per calendar year is:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
9	18	27	32

You are entitled to be reimbursed when your therapist has a contract with Menzis. Visit [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder) to find out who these therapists are.

### **Note**

- You can visit a general physiotherapist for most complaints. For some specific complaints, you are best visiting a therapist who specialises in the treatment of these complaints. Examples of this include the following complaints:
  - in which the spinal column and limbs play a part (manual therapist),
  - in which the motor development and learning of the child play a crucial role (child therapist/ child exercise therapist),
  - vulnerable older people and clients/patients with a high (biological) age who have to deal with complex health issues (geriatric physiotherapy),
  - in which the pelvic region and hips play a crucial role (pelvic physiotherapist),
  - in relation to stress and complaints such as pain and tiredness for which there is no immediate physical cause can be found (psychosomatic physiotherapist and exercise therapist),
  - in which (lymph)oedema plays a crucial role (oedema therapist).We recommend asking your physiotherapist whether he or she specialises in the treatment of your complaints.
- You can only visit a general physiotherapist, child physiotherapist, manual therapist, oedema therapist, geriatric physiotherapist or a pelvic therapist who is registered in the Centraal Kwaliteitsregister Fysiotherapie (CKR; Central Quality Register) or in the Keurmerk Fysiotherapie (Physiotherapy Quality Mark) register. You can also visit a skin therapist who is registered as "Quality Registered" in the Paramedic Quality Register for oedema therapy and scar therapy.
- Will you be visiting a therapist who does not have a contract with Menzis? You will then have the costs reimbursed up to a maximum amount. Menzis reimburses 75% of the bill of the care provider up to a maximum of 75% of the amount that Menzis has contracted for this treatment on average.
- Manual therapy will be reimbursed for each indication up to a maximum of 9 treatments per calendar year. These treatments are part of the specified maximum per calendar year.
- A screening is deemed to be 1 treatment. If an intake and check-up take place at the same time, the first visit will be deemed to be 1 treatment. If the screening, intake and check-up do not take place on the same day, this will be deemed 2 treatments.
- You will not be reimbursed for treatments that are not deemed to be physiotherapy or exercise therapy such as physiotherapy fitness, shockwave therapy and swimming in a heated pool. Ask your therapist, visit [menzis.nl/fysiotherapie](https://menzis.nl/fysiotherapie) for even more examples or call our Customer Service if you have any doubts.

## FysioZelfCheck (app)

FysioZelfCheck is an app developed by and of physiotherapists. FysioZelfCheck offers exercises, information and suggestions in an easily accessible way with which people can actively work on solving their complaints themselves. The app is for people with mild musculoskeletal complaints, such as sore shoulders, low back pain or complaints during/after exercise.

You get full access to FysioZelfCheck

## Hearing aids

If you purchase hearing aids for the first time, or to replace the ones you are already using, you may be entitled to reimbursement from the Basis Insurance. You then have to pay a personal contribution of 25% of the purchase price.

The Additional insurance covers part of this personal contribution. You will be reimbursed for a maximum amount per hearing aid per year. The maximum amount is:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 100	€ 150	€ 200

You are entitled to this reimbursement if you purchase your hearing aids from a supplier contracted by Menzis. You can find out who they are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Hospitium or 'Bijna-Thuis-huis'

In a hospitium or 'Bijna-Thuis huis' care is provided to people who are terminally ill. They stay in the facility until they die. A hospitium or 'Bijna-Thuis huis' charges a personal contribution per treatment day for (amongst others) breakfast, lunch, dinner and clean bedding.

You will be reimbursed up to € 35 per day up to an overall maximum amount. The overall maximum amount is:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 3,200	€ 3,200	€ 3,200

You are entitled to this reimbursement if the hospitium or 'Bijna-Thuis huis' is approved by Menzis. You can find out which institutions are approved by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Devices and aids for general daily vital functions

General daily vital functions (GDVF) are the actions that people perform daily during normal life to ensure they can continue to live independently. This refers to actions such as getting into and out of bed, cooking, showering, getting dressed, etc. GDVF devices and aids increase self-reliance and ensure that people can live independently (for longer).

You will be reimbursed for every GDVF device and aid if it is not being reimbursed by another scheme or facility. This concerns devices and aids such as adjusted cutlery and services or devices that help people to

get dressed and undressed. You will be reimbursed up to a maximum amount each calendar year. This amount is:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 0	€ 100	€ 100

If you can claim reimbursement under another scheme or facility, you will not be reimbursed based on this additional insurance. For example, if you are reimbursed by your municipality under the Dutch Social Support Act or by the Employee Insurance Agency under the Dutch Work and Income Act.

The following aids are not reimbursed:

- simple walking aids such as a rollator, crutches or walking frames,
- aids that are only meant for carrying out a hobby/leisure activity.

## Child care when hospitalized

**If you are hospitalized and you have children, it is not always possible to arrange child care yourself. You can have your children looked after temporarily at a day-care centre (day nursery or crèche) or after school child care facility or by a child-minder.**

You will be reimbursed € 20 per day as a contribution towards the costs of child care from the 11<sup>th</sup> day that you have been hospitalized. The reimbursement applies for up to a maximum of 3 months per calendar year.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You are entitled to be reimbursed when 1 or more children within your family are younger than 12 years.

## Voluntary care

**Voluntary care is deemed to mean that you take care of a family member or someone in your close environment for a long period, without being paid and intensively. People who provide voluntary care are referred to as informal or voluntary caregivers. You are a voluntary caregiver if you provide voluntary care for more than 8 hours a week and longer than 3 months.**

### Voluntary care courses

**Caring for another may be very satisfying but it also demands plenty of time and energy. The chances of becoming stressed are extensive. A voluntary care course does not just focus on improving the care that is given to others but also on improving yourself (being aware of your own limitations).**

You will be reimbursed up to a maximum amount. This maximum amount is per calendar year:



Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 100	€ 100	€ 150	€ 150

You are entitled to be reimbursed for a voluntary care course when the voluntary care course is organized by an organization approved by Menzis. You can find out which they are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### Voluntary care broker

**The voluntary care broker offers professional support to voluntary caregivers by taking over arrangement tasks. The voluntary caregiver will have less to deal with in this way. The voluntary caregiver broker will create an overview of the voluntary caregiver's tasks in consultation with this voluntary caregiver. In addition to the care tasks, this also includes the arranging tasks and obligations with regard to work. Next, a decision will be taken regarding what needs to be arranged to combine all of these tasks and to also have time for social contact and relaxation. Examples of this can be arrangements in the area of living, care, wellbeing, income, legislation, regulations and insurances.**

You will be reimbursed for the voluntary care broker up to a maximum amount. This maximum amount is as follows for 2 calendar years:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 350	€ 350	€ 350	€ 350

You are entitled to be reimbursed if Menzis has approved the voluntary care broker. You can find out who they are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### Respite care service

**Voluntary care may be quite difficult for you regardless of how willing you are in providing this care. You will, therefore, have the option of finding a person to replace you when you need a holiday.**

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 6,50 per uur tot maximaal € 2.350 per jaar	€ 6,50 per uur tot maximaal € 2.350 per jaar	€ 6,50 per uur tot maximaal € 2.350 per jaar	€ 6,50 per uur tot maximaal € 2.350 per jaar

You are entitled to reimbursement for substitute informal care when this is arranged by 'Handen in Huis' or 'Saar aan Huis'.

### Stichting Mantelzorgvervanging Nederland 'Handen in Huis'

You will be reimbursed € 6.50 per hour provided by 'Handen in Huis' up to a maximum of € 2,325 per year. This is equivalent to 15 days of substitute informal care. Handen in Huis invoices us directly. There is no need pay anything in advance. For the options, call 'Handen in Huis' at 030 659 09 70 or visit [handeninhuis.nl](https://handeninhuis.nl).

### Saar at Home

You will be reimbursed part of the hourly rate in the case of substitute informal care provided by Saar aan Huis. You will be reimbursed € 6.50 per hour up to a maximum of € 2,325 per year. You must submit the invoice to us yourself. For the options, call Saar aan Huis directly at 085-9025807 or visit [saaraanhuis.nl](http://saaraanhuis.nl).

## Patient associations

**A patient association is an association that protects the interests of people with a specific complaint. Associations usually have the aim of providing information about the complaint and organizing themed meetings. Members can contact other fellow-sufferers and exchange information.**

### Course

You will be reimbursed for courses up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 50	€ 50	€ 100	€ 100

You are entitled to be reimbursed when:

- the course is organized by a patient association approved by Menzis. You can find out which they are by visiting [menzis.nl/zorgvinder](http://menzis.nl/zorgvinder),
- the course is aimed at improving the client's lifestyle habits or for taking care of others.

### Membership

You will be reimbursed for the membership fee up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 50	€ 50	€ 50	€ 50

You are entitled to be reimbursed when the patient association has been approved by Menzis. You can find out which they are by visiting [menzis.nl/zorgvinder](http://menzis.nl/zorgvinder).

### Therapy

You will be reimbursed for therapies up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 100	€ 100	€ 100	€ 100

You are entitled to be reimbursed when the therapy is organized by a patient association approved by Menzis. You can find out which they are by visiting [menzis.nl/zorgvinder](http://menzis.nl/zorgvinder).

#### Note

- Sporting activities organized by the patient association will only be reimbursed when the activity

takes place under the supervision of a doctor, physiotherapist, exercise therapist, occupational therapist or nurse with a specialization for the relevant patient group.

- Hydrotherapy and therapeutic swimming in groups for insured suffering from rheumatoid arthritis, fibromyalgia, Bechterew's disease or heart conditions are also reimbursed.

## Bed-wetting alarm

**When someone who is 7 years old or older frequently wets his or her bed without a physical reason being involved, we refer to this as bed-wetting (or enuresis). A bed-wetting alarm is a device that will react at the very first sign of unwanted urine loss through an alarm tone.**

You will be given a bed-wetting alarm once for the whole insurance period.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
No	Yes	Yes	Yes

You are entitled to be reimbursed when the supplier has a contract with Menzis. You can find the supplier by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Prevention

**With regard to prevention you are entitled to reimbursement for flu jabs, advice, training and courses which help you become more healthy, stay healthy or make you feel better.**

### Flu jab

The flu jab against the "normal" seasonal flu is funded by the National Programme for Flu Prevention, but only if you belong to a specific risk group. If you do not belong to the risk group, you can receive a reimbursement from your additional insurance.

### Menopause consult

A menopause consultant is an experienced nurse who has specialized in the menopause. During a consult you will receive information and advice on this subject and the menopause consultant will put together a treatment plan, with the help of the client, that fits into the client's personal situation.

### First aid course and resuscitation/AED course

If you take a first aid or resuscitation/AED course, you will learn to administer the correct first aid when necessary. In this course you will learn what to do, but also what not to do.

### General health course

A general health course focusses on improving lifestyle choices (such as 'nutrition and living healthy'), learning how to cope with a chronic illness (for instance 'diabetes') or looking after others (such as how to cope with a family member with dementia).

### Quit smoking course

The quit smoking programme is insured under the Basic Insurance. You can visit your GP for this. In addition to the Basic insurance, the additional insurance offers a reimbursement for courses that help when trying to quit smoking, for which you do not need a referral from your GP.

## Fall prevention course

A fall prevention course is aimed at people who have difficulty moving or who are afraid to fall down. During this course, you will learn to prevent a fall. You will also be trained in keeping your balance and learned how to fall down safely when falling down is unavoidable.

## Nutritional consultant

During a nutritional consult you will receive information about nutrition and eating healthily, without there being a direct medical reason for this.

## Pregnancy course

In a pregnancy course, expectant mothers are prepared for child birth.

You will be reimbursed for all prevention items together up to a maximum amount. The cost of all flu jabs, advice, training and courses will be added up until the maximum amount is reached. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 100	€ 200	€ 300	€ 400

Regarding training and courses, you are only entitled to reimbursement of the training/course if you have completed the full training/course. You are only reimbursed for items regarding prevention, if the organisations giving the flu jab, advice, training or course are approved by Menzis. You can find out which organizations are approved by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Wigs and alternatives

**Wigs are insured up to a maximum amount in the Basic Healthcare Insurance. The additional insurance offers a reimbursement as a supplement to this. Not all people who have an indication for a wig wish to have one. They would prefer another way to cover their head such as with a scarf, headscarves, bandanas, buffs and mutssja's.**

You will be reimbursed for a wig or the alternative up to a maximum amount per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 100	€ 300	€ 500

## Soft brace or splint

**A soft brace is a medical aid to stabilize a joint (for example, a knee). A brace or splint is covered by the Basic Insurance in certain cases.**

You will be reimbursed for the purchasing costs of a soft brace or splint up to a maximum amount per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 50	€ 50	€ 50	€ 50

## Sports medical advice

Sports medical advice is given to people who (wish to) participate in sports, have an injury or complaints whilst exercising and who wish to know which sporting activity is best for them. Specialized institutions offer various research packages to ensure that sound advice can be provided regarding this. The packages are adjusted based on sporting intensity and age and may, for example, consist of a heart film, lung functional tests, an extensive examination of the posture and locomotory system and an exercise test (endurance).

Sports Medical Advice is deemed to mean the following:

- basic physical medical exam,
- basic physical medical exam with ECG,
- basic physical medical exam with ECG and exercise ECG,
- elaborate physical medical exam (also called professional sports medical exam),
- physical medical supervision (training advice and individual training schedule),
- physical examination (mandatory according to the sports federation).

Sports medical advice will be reimbursed up to a maximum amount per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 100	€ 150	€ 200	€ 250

You will be entitled to this reimbursement when the advice is provided by a sports doctor (or someone who falls under his or her responsibility) who works at an institution approved by Menzis. You can find out which they are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### Note

You will not be reimbursed for Sporting Medical Advice that is required for a course, performing a profession or top sports.

## Sterilization (men)

**Sterilization for men (vasectomy) is an intervention that will make you irreversibly infertile. A vasectomy in itself is not a particularly inconvenient or complex intervention. The intervention can easily be performed under local anaesthesia.**

The costs related to sterilization are reimbursed up to a maximum amount of:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 300	€ 300	€ 300

You will be reimbursed when the sterilization is performed by a medical specialist or GP.

### **i Note**

- Reversal operations will not be reimbursed.
- We recommend requesting an estimate from your care provider in advance with regard to a vasectomy. This will ensure that you can determine which part of the costs is covered under your additional insurance and which part of the cost must be paid by you.

## **Sterilization (women)**

**Fallopian tubes are tied with regard to sterilization in women. This ensures that sperm cells can no longer reach the egg cell and the egg cell can no longer displace itself to the uterus. This ensures that pregnancy cannot occur.**

The costs related to sterilization are reimbursed up to a maximum amount of:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 1,200	€ 1,200	€ 1,200

You are entitled to be reimbursed when the sterilization is performed by a medical specialist.

### **Verwijzing**

U heeft een verwijzing nodig van de huisarts.

### **i Note**

- Reversal operations will not be reimbursed.
- We recommend requesting an estimate from your care provider in advance with regard to a sterilization. This will ensure that you can determine which part of the costs is covered under your additional insurance and which part of the cost might be paid by yourself.

## **Guest house or hospice accommodation expenses (visiting family member)**

**A guest house or hospice is a house outside the hospital where members of your family can temporarily stay if you are hospitalized. Examples of guest houses or hospices are the Ronald McDonald House, the Familiehuis Daniel den Hoed, the Prinses Margriethuis, the Kiwanishuis and the Gasthuis van het Antoni van Leeuwenhoek Ziekenhuis.**

The accommodation expenses in a guest house or hospice for a visiting member of your family will be reimbursed up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 300	€ 450	€ 450

You are entitled to be reimbursed when the guest house or hospice has been approved by Menzis. You can find the list with guest houses or hospices on [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).



## Guest house or hospice accommodation expenses (patient)

A guest house or hospice is a house outside the hospital where you can temporarily stay before or after being hospitalized. Examples of guest houses or hospices are the Ronald McDonald House, the Familiehuis Daniel den Hoed, the Prinses Margriethuis, the Kiwanishuis and the Gasthuis van het Antoni van Leeuwenhoek Ziekenhuis.

The accommodation expenses in a guest house or hospice will be reimbursed up to a maximum amount. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 350	€ 350	€ 350

You are entitled to be reimbursed when the guest house or hospice has been approved by Menzis. You can find the list with guest houses or hospices on [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Foot care

**Foot care means treatment and aids that are related to your feet.**

### Orthopaedic arch supports

An orthopaedic arch support is a loose insole for a shoe. Orthopaedic arch supports can have a relieving or supporting function or a correcting function. The foot and walking posture will be improved.

### Pedicure care

A pedicure (chiropodist) looks after feet, toes and nails related to complaints. Pedicure care is insured in the Basic Insurance in specific cases.

### Chiropody

The chiropodist treats foot function disorders and foot complaints. This can be achieved by applying corrective or protective techniques such as shoe and sole corrections, podiatric supports and providing advice about foot complaints.

### Podiatry

The podiatrist treats all occurring complaints with regard to feet, toes and nails and complaints elsewhere in your body that may be influenced by feet, toe and nail corrections.

You will be reimbursed for orthopaedic support soles, repair of orthopaedic arch supports, pedicure, chiropody and podiatry up to a maximum amount. The treatments and medical aids are added together until the maximum amount is reached. This maximum amount is per calendar year:

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
€ 0	€ 100	€ 150	€ 200

You are entitled to be reimbursed when the supplier or care provider has been approved by Menzis. You can find out who they are by visiting [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

### **Note**

Pedicure care is only reimbursed in case of foot problems with an increased risk of wounds and/or infections. Would you like to know which foot problems this concerns? If so, please visit [menzis.nl/zorgvinder](https://menzis.nl/zorgvinder).

## Contraceptives

**Contraceptives are products that are used to prevent pregnancy. These products and any insertion are insured through the Basic Health Insurance for insured persons up to the age of 21. This also applies to insured persons from the age of 21 if there is a medical indication.**

The costs of the following contraceptives are reimbursed: the pill, hormone-holding vaginal ring, injection contraception, implant contraception, copper coil, diaphragm and hormone-holding coil. You will be reimbursed for the costs of each service.

Collectief Aanvullend 1	Collectief Aanvullend 2	Collectief Aanvullend 3	Collectief Aanvullend 4
Yes	Yes	Yes	Yes

You are entitled to be reimbursed when:

- you are 21 or older,
- the contraceptive is being prescribed by a GP or medical specialist, and
- the contraceptive is being supplied by a pharmacy or a dispensing GP.

### **Note**

- You can visit your general practitioner or a medical specialist (when there is a medical indication) for inserting a contraceptive (for example, a coil). The costs related to this will be reimbursed based on the Basic Health Insurance.
- The costs for general practitioner care are not deemed to fall under your excess. If the coil is inserted by a medical specialist, this will be deemed to be part of the excess.
- We recommend requesting an estimate from your care provider in advance with regard to inserting a contraceptive. This will ensure that you can determine which part of the costs is covered under your Basic insurance, which part under your additional insurance and which part of the costs might be paid by yourself.

# Your Collectief Tand Verzorgd dental insurance

**You can choose from different dental insurances at Menzis. Your healthcare policy sheet will specify which dental insurance you have chosen. Below you will find what is insured in the dental insurance.**

**The Dutch text is binding should any disputes arise from the interpretation of the text.**

## **Basic and dental insurance**

You can find what is insured in the “Your Basic Insurance” section in the Dentistry Article. What is insured in your additional dental insurance, can be read further along. That which is insured through the Basic Insurance is not reimbursed through your additional dental insurance. This also applies to your excess and the legal personal contributions that are determined in the Basic Insurance unless this is included in the dental insurance as a reimbursement. Full dentures are partially insured in the Basic Insurance. Dental care is mostly insured in the Basic Healthcare Insurance for younger people up to the age of 17 except orthodontics, crowns and bridges.

## **Which care provider?**

You can visit any dentist, orthodontist, independent oral hygienist or dental prosthesis specialist who is established in the Netherlands or border regions. The border area is up to 15 kilometres from the Dutch border. You can also visit a dental surgeon for a crown or bridge implant.

## **Code system**

Care providers claim using codes. These codes represent specific services. For example: C11 – regular check-up. The services, codes and rates have been legally determined by the Dutch Healthcare Authority (NZa). You can find them by visiting [nza.nl](https://nza.nl).

## **Legislation and regulations**

You will only be reimbursed if legislation and regulations are observed. The care provider must meet the rules that are included in a (rate) ruling by the Dutch Healthcare Authority (NZa). You can find this (rate) ruling by visiting on [nza.nl](https://nza.nl). If your care provider submits bills contrary to legislation and regulations, you will not be reimbursed for the incurred costs. This can, for example, be the case when your care provider carries out treatment for which the care provider is not certified or authorized.

## **Collectief Tand 250, 500, 750 en 1000 reimbursements**

### **Collectief Tand 250, 500, 750 and 1000 reimbursements**

All treatments will be reimbursed up to the specified maximum amount with Collectief Tand 250, 500, 750 and 1000. If you are covered through Collectief Tand 750 of 1000, a separate reimbursement applies to orthodontics. More information can be found in the Orthodontics article. The following will be reimbursed:

Treatment	Reimbursement
Regular check-up (C11 and C13)	100%
Consultations (other C codes)	80%
Anaesthesia (A and B codes)	80%
Root canal treatments (E codes)	80%
Jaw treatments (G codes)	80%
Surgical treatments (H codes)	80%
Implants (J codes)	80%
Preventive dental care (M codes)	80%
Prosthetic provisions (P codes)	80%
Crowns, bridges and inlays (R codes)	80%
Gum treatments (T codes)	80%
Fillings (V codes)	80%
X-rays (X codes)	80%

This maximum amount is per calendar year:

Collectief Tand 250	Collectief Tand 500	Collectief Tand 750	Collectief Tand 1000
€ 250	€ 500	€ 750	€ 1,000

### Note

The following are not reimbursed: external bleaching (E97), the jaw overview photo (X21) below the age of 18, general anaesthesia (A20), anti-snoring devices (G71, G72 and G73).

## Waiting times for crowns, bridges and implants in Collectief Tand 750 and 1000

A waiting time of 1 year applies to crowns, bridges and implants in Collectief Tand 750 and 1000. This means that you will pay a premium during the waiting time, but will not yet be reimbursed for the crowns, bridges and implants. The waiting time will apply when you switch to Collectief Tand 750 and 1000 and starts on the effective date of Collectief Tand 750 and 1000. For more information about waiting times visit [menzis.nl/wachttijd](https://menzis.nl/wachttijd).

## Orthodontics (braces) Collectief Tand 750 and 1000

**Orthodontics is a type of dentistry that aims to improve the position of crooked or abnormally arranged teeth.**

Orthodontics will be reimbursed up to a maximum amount. This maximum amount is for the full insurance term.

Collectief Tand 250	Collectief Tand 500	Collectief Tand 750	Collectief Tand 1000
€ 0	€ 0	€ 2,250 (up to 18 years of age) € 500 (from 18 years of age)	100% (up to 18 years of age) € 500 (from 18 years of age)

You will receive this reimbursement if the treatment is performed by an orthodontist or dentist.

### **Note**

A waiting time of 1 year applies to orthodontics. This means that you will pay a premium during the waiting time, but will not yet be reimbursed for the orthodontics. The waiting time will start on the effective date of Collectief Tand 750 or Collectief Tand 1000.

## **Dental expenses after an accident**

An accident can lead to high dental expenses. An accident is a sudden, unexpected act of violence that comes from outside in relation to the insured person that has led to direct physical injury that can be established medically. Events regarding which you can foresee in advance that damage to the dentures will occur do not fall under this definition. Examples of this are opening a bottle with your teeth, biting on something that is hard such as nuts, not using dental protection with regard to relevant sports and damage to teeth as a result of an illness.

If you are 17 or younger, dental expenses after an accident are insured in the Basic Insurance. The dental insurance covers dental expenses after an accident if you are 18 or older. You will receive a reimbursement for dental expenses after an accident up to a maximum amount of € 10,000 for each accident in the following packages:

Collectief Tand 250	Collectief Tand 500	Collectief Tand 750	Collectief Tand 1000
Yes	Yes	Yes	Yes

Dental expenses are fully reimbursed up to at most € 10,000 for each accident provided that:

- you were 18 or older when the accident occurred, and
- the accident took place in the Netherlands, and
- the treatment is given by a dentist or orthodontist in the Netherlands,
- the dental expenses are not covered by the Basic Insurance, and
- you have an additional insurance that covers dental expenses after an accident when the accident and treatment took place.

Any expenses related to the excess and personal contribution (Basic Insurance) will not be reimbursed.

Dental expenses after an accident do not fall under the maximum amount of Collectief Tand 250, 500, 750 en 1000.

## Exclusions

You are not entitled to a payment in case of dental damage that is due to:

- deliberate intent and/or wilful recklessness,
- when you were under the influence of alcohol or drugs,
- because of eating food,
- because of being active in a sport as a (sub)profession,
- because of already existing shortcomings of the denture (before the accident),
- because of being involved in a fight that cannot be classed as self-defence,
- when you have not taken the usual protective measures when pursuing a sport.

## Permission

You need a statement of approval from Menzis before you start treatment. Your dentist or orthodontist can apply for this from us by drawing up a treatment plan and sending it to Menzis. If required, Menzis may request photos to make an assessment. You must also complete a statement with information about the accident. You can find the statement on [menzis.nl/tandongeval](https://menzis.nl/tandongeval)

## Assessment

We will assess whether the treatment is eligible for reimbursement based on the treatment plan of your dentist or orthodontist and your statement. We will then determine whether an accident has been involved that caused the damage, whether the exclusions are applicable and whether you meet the other conditions. We will also assess whether the proposed treatment will be effective. Care that is unnecessary or costs too much unnecessarily when compared to other types of care that is on an equal footing in view of the indication and your care need, will not be covered by the insurance.

If you meet all specified conditions, you will receive a statement of approval for the treatment. At most, the amount of the treatment plan of your dentist or orthodontist will be reimbursed. Are third parties involved? Report this to Menzis. We will then recover the losses.

## How to claim for your bill

If your dental care provider gives you a bill for dental care, you can claim online by visiting [menzis.nl/mijnmenzis](https://menzis.nl/mijnmenzis). Visit [menzis.nl/declareren](https://menzis.nl/declareren) for more information about claiming bills. Some care providers claim directly from Menzis. You will, in this case, receive a bill from your care provider for the costs that you must pay.



# General terms and conditions

Below you will find the general terms and conditions. You will find the rules that apply to your Basic Insurance, additional insurance and dental insurance in the general terms and conditions (1). For example, about cancelling your insurance, premium payment and how you can submit a complaint. You will also find (additional) terms and conditions that do not apply to the Basic Insurance but do apply to the additional and dental insurances in the general terms and conditions (2).

The Dutch text is binding should any disputes arise from the interpretation of the text.

## general terms and conditions (1)

### Who is Menzis?

Menzis is the one that carries the risk of your insurance. Menzis refers to the following: Menzis Zorgverzekeraar N.V. when it involves the Basic Insurance and Menzis N.V. when it involves the additional insurance or the dental insurance. Coöperatie Menzis U.A. is the only shareholder of Menzis Zorgverzekeraar N.V. and Menzis N.V. By taking out the insurance you will become a member of Coöperatie Menzis U.A. as a Menzis insured party. This Cooperation focuses on promoting the interests of its members. Coöperatie Menzis U.A., Menzis Zorgverzekeraar N.V. and Menzis N.V. are non-profit organisations.

### A1 General

- The government determines the insured package for the Basic Insurance. The Dutch Healthcare Insurance Act and the related regulations prescribe what you need to be insured for. Every healthcare insurer must strictly adhere to the law. We have specified as clearly as possible for what you are insured in these insurance terms and conditions. In the unlikely event that something in these insurance terms and conditions should not concur with the legal rules and regulations, what has been defined in the legal rules and regulations will apply to you.
- The insurance contract consists of: your healthcare policy, these general terms and conditions insofar as the insurance described therein applies to you, and the Insurance Regulations.
- If below the word 'insurance' has been used, we are referring to the Basic Insurance, the additional insurance and/or the dental insurance.
- The policyholder is the person who has taken out the insurance with Menzis. The insured is the person who incurs (may incur) medical costs. Often, the policyholder and the insured are the same person. When we use 'you', Menzis means you as the insured. If a provision only applies to the policyholder, this will be specified. Articles A10 through to A13 only apply to the policyholder.

### A2 Working area

Menzis Basis is a Basic Insurance that is meant for everybody who lives in or outside the Netherlands and who must take out a Basic Insurance.

### A3 Insurance period

The insurance will become effective on the date that is shown on your healthcare policy. Your insurance will run up to 1 January of the next calendar year. The insurance will be tacitly extended by a year on 1 January for as long as the insurance is not cancelled.

### **Note**

The “duration of the insurance” is not the same as a “calendar year”. The insurance term may consist of many calendar years.

#### **A4 Retroactive effect**

- If your Basic Insurance with Menzis was taken out within 4 months after you were obliged to insure yourself, this Basic Insurance cover will have a retroactive effect up to the day on which you were obliged to take out insurance.
- If your Basic Insurance with Menzis was taken out within a month after you terminated another Basic healthcare insurance, this Basic Insurance will have a retroactive effect up to the day on which your previous healthcare insurance terminated.

#### **A5 Changing the insurance**

If you are the policyholder, you can change your insurance as from 1 January of any year. You can change your voluntary excess or select another additional insurance or dental insurance. Menzis must have received your request no later than on 31 December. You can implement these changes online at Mijn Menzis (MyMenzis). You can also call Customer Service on 088 222 40 40, send an email or complete a change form.

#### **A6 Cancelling the insurance**

Only the policyholder can cancel an insurance policy through a letter.

- If your email address is on record at Menzis, you can also cancel by email.
- Please clearly specify which insurance you exactly wish to cancel: your Basic Insurance, your additional insurance or your dental insurance. Also please clearly specify to which insured the cancellation applies.

#### **A7 When can I cancel?**

If you are the policyholder, you can:

- always cancel as from 1 January. Menzis must have received the cancellation no later than on 31 December. Insurers have developed a transfer service. This entails that if you take out healthcare insurance by 31 December at the latest for the following calendar year, the new insurer will cancel the Menzis healthcare insurance and, if you specify this, the additional insurance and dental insurance on your behalf,
- cancel the insurance of an insured during the interim period if the insured has taken out a Basic Insurance somewhere else. The cancellation will become effective on the day on which the insured is covered by virtue of another Basic Insurance. The cancellation must have been received prior to this day by Menzis. If the cancellation is received later, the cancellation will start on the first day of the 2nd calendar month after the day on which cancellation took place,
- cancel in the interim period if you have a group insurance with your employer and you wish to participate in the group insurance of a new employer. Menzis must have received your cancellation within 30 days after your new employment has started. The cancellation will apply as from the day on which you are insured by virtue of another Basisverzekering (Basic Insurance) healthcare insurance. The condition that applies is, however, that the cancellation must have been received prior to this day

by Menzis. If the cancellation is received later, the cancellation will start on the first day of the 2nd calendar month after the day on which cancellation took place,

- also cancel your insurance if Menzis changes the terms and conditions and the new terms and conditions are disadvantageous not to your advantage. Menzis must have received your cancellation at least one month after you have been informed about the change. The cancellation will become effective as from the day on which the change applies. You cannot cancel the insurance if Menzis is required to change the terms and conditions by law.
- not cancel the Basic Insurance if you have not paid the premium and have been sent a reminder for this unless Menzis has suspended cover of this insurance or has confirmed the cancellation within 2 weeks, cancel the Basic insurance within the first 12 months after the CAK has registered you for an insurance with Menzis. If you can prove that you were already insured with another healthcare insurer during the period mentioned in article 9d, section 1 of the Health Insurance Act, you can declare the Basic Insurance with Menzis null and void. You have to do this within 2 weeks after the CAK has notified you that they have registered you with Menzis.

### **Note**

- You cannot cancel the Basisverzekering (Basic Insurance) when you have not paid the premium and have been sent a reminder for this unless Menzis has suspended cover or has confirmed the cancellation within 2 weeks.
- A policyholder cannot cancel a healthcare insurance as referred to in the first paragraph of Article 9d of the Dutch Healthcare Insurance Act during the first 12 months during which it is valid if required in derogation to Article 7 of the Dutch Healthcare Insurance Act unless the fourth paragraph of this Article applies (Article 9d.7 of the Dutch Healthcare Insurance Act).

### **Examples**

1. Your daughter leaves home and wishes to insure herself. You can now cancel the insurance for your daughter as the policyholder as from the date on which she has taken out her own insurance.
2. Due to a divorce, you and your ex partner wish to have your own cover. You can now cancel the insurance of the insured (ex partner) as the policyholder. You can cancel as from the day on which he or she has taken out his or her own insurance.
3. You are individually insured. You start employment on 1 May at a new employer. You wish to participate in the group insurance of your new employer. This is not possible as from 1 May but you can as from next 1 January.

### **A8 Is Menzis allowed to terminate the insurance?**

Menzis can terminate the insurance if:

- the premium has not been paid; see Article A13,
- you have not given Menzis the full facts or you have provided incorrect information; see Article A24,
- you have not behaved appropriately with regard to Menzis or its staff,
- Menzis takes the insurance off the market and no longer offers it as an option. If the CAK has taken out an insurance policy with Menzis on your behalf, Menzis can declare this policy null and void if it later

emerges that the person who the CAK insured did not have an obligation to insure himself or herself at that moment in time.

### **A9 When will the Basic Insurance end automatically?**

Your Basic Insurance will terminate automatically on the day after:

- your obligation to insure terminates,
- you die,
- Menzis changes the working area and you live outside this area,
- Menzis may not offer any Basic Insurances anymore.

Your Basic Insurance will end by operation of law on the 1st day of the 2nd month that follows on the day on which you start to live outside the working region of Menzis because of your move. If Menzis changes the working area or is no longer permitted to offer Basic Insurances, MMenzis will inform you about this no later than 2 months before your Basic Insurance terminates.

### **A10 Cooling off period**

If you have taken out insurance with Menzis, you can cancel the insurance up to 14 days after receiving your healthcare policy. You do not have to specify a reason when cancelling within this period. This means that you do not have to pay premiums or costs. You will not be reimbursed for costs either. You can cancel the insurance using the same method as specified in Article A6.

### **A11 Obligation to inform Menzis**

- You are obliged to inform Menzis in writing and within 30 days about:
  - a change of address,
  - a demise,
  - a change of bank account number,
  - an entrance into active military service,
  - the start and end of a prison sentence,
  - you not longer being eligible to participate in group insurance,
  - you not longer being obliged to have a Basic Health insurance.
- You are also obliged to let us know who is your new healthcare insurer if you have cancelled your insurance with Menzis. Should Menzis come to the conclusion based on the data that you have provided that your Basic Insurance will be terminating or has been terminated, Menzis will immediately inform you about this.
- You are obliged to provide Menzis with the information they request from you, as far as you are able to provide this information. For example, about the reason for hospitalisation, for fraud being investigated or for checking. Should you not cooperate, your entitlement to receive care or to be reimbursed for costs may no longer apply.
- You are obliged to inform Menzis if a third party can be held liable for health care costs reimbursed by Menzis, for example, after a traffic accident or a medical mistake. You can then contact Customer Service at 088 222 40 40 or the Redress department at 050 523 43 77. You can also provide this information online on [menzis.nl/klantenservice/schade-melden](https://menzis.nl/klantenservice/schade-melden). Menzis can advise you and recover the loss with the liable party. You are not allowed to come to an arrangement yourself with the liable third party or his or her insurer should this not be to the advantage of Menzis.

### **A12 Premium, payment method and payment of the excess**

### **A12.1 Premium**

- The basis of the premium calculation for the Basic Insurance amounts to € 123 per calendar month as from 1 January 2021. The premium to be paid is the basis of the premium calculation from which any premium discount that may apply has been deducted. You can receive a premium discount due to participating in group insurance and by choosing a voluntary excess. The premium you have to pay is specified on your healthcare policy.
- Up til the age of 18, you do not have to pay a premium for the Basic Insurance. You do need to pay a premium for the Basic Insurance from the first day of the calendar month that follows the calendar month in which you reach the age of 18.
- Menzis must have received your premium before the period to which the premium relates has started.
- You may not settle the premium with a payment that you are expecting from Menzis.
- If you make a payment without stating the Menzis payment reference, Menzis will determine for which payment this applies and should be written off.
- If you do not pay through direct debit or a giro collection form email, you will receive a giro collection form from Menzis. € 2 will be charged for this.
- If you have agreed on a payment arrangement with Menzis, Menzis may charge costs.

### **A12.2 Payment method**

If you authorise Menzis to collect the insurance premium through a direct debit authorisation, this authorisation also applies to all other amounts that you must pay Menzis. For example, payments for excess and personal contributions. You will be informed about direct debits of excess payments or personal contributions ahead of time. This will happen at least 5 days before the direct debit takes place. The healthcare policy is the announcement for taking the premium through direct debit from your account for the whole of the calendar year.

### **A12.3 Payment of the excess and personal contribution**

- Menzis will charge you for the excess and personal contribution for yourself and all others whom you have insured.
- If you do not pay the excess and personal contribution through direct debit or a giro collection form email, you will receive a giro collection form from Menzis. € 2 will be charged for this.

## **A13 What will happen if I do not pay the premium?**

### **A13.1 Basic Insurance and additional insurance**

1. Menzis will send you a reminder. If you pay the premium within 14 days after receiving this reminder, your cover will not be affected.
2. Should you not pay within 14 days after this reminder, this will have the following consequences:
  - Menzis can suspend the cover of all insurances. You will no longer receive reimbursements from the start of the period to which the premium not being paid is related,
  - you will continue to be liable to pay the premium,
  - payment discounts will no longer apply,
  - you must pay for the collection costs due to the additional work that Menzis has had to do such as sending a payment slip and reminders and the work of the bailiff,
  - You must pay statutory interest based on the full claim.
3. If Menzis has received the premium, collection costs and the legal interest, the cover offered by the insurance will again be effective the day after your payment has been received. Costs that have been incurred during the suspension will not be paid/ reimbursed. This is also the case should Menzis have granted permission for a treatment or provision.

4. If you do not pay the premium even after having received a reminder, Menzis will terminate the insurance of all insured parties.
5. Menzis may transfer sending reminders and collecting payments to a collection partner. Should the payment have been transferred to a collection partner, Menzis may also transfer new outstanding payments without you receiving a reminder.

### **A13.2 Basic Insurance**

Should you not pay the premium even when sent a reminder, Menzis can report your Basic Insurance to the Centraal Administratiekantoor (CAK; Central Accounting Office) based on the Dutch Healthcare Insurance Act for deduction at source. An administrative premium of at least 110% and at most 130% of the average market premium will be imposed. This premium shall be deducted from, for example, your salary or benefits. You can read when we report you to the CAK. The rules related to this can be found in articles 18a up to and including 18g of the Dutch Healthcare Insurance Act. Which rules apply when the CAK starts to collect the administrative premium are also described in these articles.

#### ***What happens when you have not paid a premium for 2 months***

1. Once it has been determined that you have not paid a premium for 2 months, Menzis can offer you a payment arrangement. This payment arrangement entails the following:
  - a. that you authorise Menzis to collect through direct debit,
  - b. that you have made agreements with Menzis to pay your payment arrears in terms,
  - c. that Menzis will not terminate the Basic Insurance or that it will not suspend or defer the cover of the Basic Insurance as long as the payment arrangement is in place. This will not apply if you withdraw the direct debit specified in (a) or when you do not comply with the made agreements about payments.
2. Have you insured someone else? And have you not paid the premium for the Basic Insurance of this insured for 2 months? The payment arrangement will then also entail that we will offer to terminate this insurance. This will only apply if:
  - a. the insured has taken out Basic Insurance for himself or herself on the date that the payment arrangement comes into force, and
  - b. if the insured stays with Menzis, he or she has issued an authorisation as referred to in a of 1.
3. In the letter in which Menzis offers you a payment arrangement it is specified that you have 4 weeks to accept the arrangement. We will also explain in the letter what will happen if you do not pay the premium for 6 months. We will also tell you that you can receive debt assistance, how you can obtain this assistance and which debt assistance is available in the letter.
4. If you have (also) insured someone else, this person will receive the same letter about the payment arrangement as you have received.

#### ***What happens when you have not paid a premium for 4 months***

5. If you have not paid premiums for 4 months, we will inform you and your co-insured that Menzis is planning to report you to the CAK when you have not paid premiums for 6 months or more. If Menzis reports you to the CAK, this will mean that the CAK will collect the administrative premium.
  - a. Menzis will not report you (as yet) if you let Menzis know in time that you do not believe you owe Menzis any amounts. Or if you let Menzis know in time that you believe that the sum of the debt is incorrect. You will have done this in time if you send Menzis a letter no later than 4 weeks after you have been informed about the situation by us. Menzis will, next, investigate whether it has calculated your debt correctly. If Menzis believes it has calculated your debt correctly, Menzis will



inform you about this. If you disagree with the opinion of Menzis, you can submit this to the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ; Health Insurance Complaints and Disputes Board) or to a civil court. If you do this within 4 weeks after you received the letter from Menzis, Menzis will not report you to CAK until the Stichting Klachten en Geschillen Zorgverzekeringen or the civil court has decided whether Menzis has calculated the level of your debt correctly.

- b. You can also ask Menzis whether it is prepared to make a payment arrangement. You can read what a payment arrangement entails in the sections above under 1 and 2. If Menzis agrees to a payment arrangement with you, Menzis will not report you to the CAK as long as you pay the new premiums on time.

### ***What happens when you have not paid a premium for 6 months***

6. If Menzis has established you have not paid premiums for a period of 6 months, Menzis will report you to the CAK. Menzis will pass on your personal details and of the people whom you have insured to the CAK. Menzis will only pass on those personal details to the CAK and that they required to charge for the administrative premium. You and the person whom you have insured will also be informed by Menzis about this.
7. Any selected voluntary excess will no longer apply nor the related premium discount.

### **A14 Is Menzis allowed to change the terms and conditions and the premium?**

Menzis is entitled to change the terms and conditions, the premium and discounts at any given time. If Menzis changes the basis of the premium of the Basic Insurance, this change will not come into effect until 7 weeks have elapsed after the day on which you were informed about the change.

### **A15 Group insurance**

Menzis is entitled to make agreements with your employer or representatives about group insurances. You can participate in a group insurance if you meet the terms and conditions. The premium discount and the different agreements will no longer apply to you from the moment that you no longer meet the terms and conditions for participation in the group insurance. The premium discount and the different group agreements will also no longer apply from the moment that the agreement between your employer or representative and Menzis has terminated. Your insurances will, however, continue to run without premium discounts and different group agreements.

### **A16 Submitting a bill**

Menzis often pays care providers directly. Sometimes, however, you may receive a bill. You can submit a bill online:

- you can do this on Mijn Menzis, or by using our claims-app,
- a scanned bill will be regarded as an original,
- Menzis may ask you to send in the original bill,
- you must keep the original bill for 3 years.

You can submit a bill by standard mail:

- the original bill must be sent and not a copy, duplicate or reminder,
- bills will not be returned.

### **Note**

Act when you receive a bill. Do not save your bills for later. The best option is to submit a bill immediately.

A bill must meet the following requirements:

- You have to submit a bill within 3 years of receiving it from your care provider. The billing date is regarded as the receipt date.
- The bill must specify details to such an extent that we can determine your entitlement to be reimbursed.
- Menzis may ask you to send a translation of the bill if a bill is not drawn up in the Dutch, English or German language. The translation must be carried out by a sworn translator. You will have to pay for the translation yourself.

The following applies to all insurances (Basic Insurances, additional insurances and dental insurances):

- Menzis is entitled to settle every payment to every insured specified on the insurance policy based on any insurance with any Menzis amount owed from every insurance with regard to every insured specified on the insurance policy.
- If you submit a bill without specifying on which account number the reimbursement must be paid, Menzis will pay the reimbursement to the account number of the policyholder that is known to Menzis.
- A bill in a foreign currency will be converted by Menzis into euros. The exchange rate used by Menzis will be the one that is used by the Dutch banks on the date that the bill was issued.
- If Menzis makes a reimbursement directly to the care provider, this will mean that you will not be reimbursed directly.
- Reimbursement of the care provided by a non-contracted provider is only paid into a bank account registered in the name of the insured person or, in the absence thereof, a bank
- account registered in the name of the policyholder. The policyholder or the insured person cannot designate a different bank account into which payment should be made.
- The transferability of the rights of claim that arise on the part of the insured person and/ or policyholder from an insurance contract concluded with Menzis is excluded. This is a stipulation as referred to in Article 3:84 paragraph 2 of the Dutch Civil Code.

## **A17 Complaints and disputes**

If you are unsatisfied about the services Menzis provides, please let Menzis know at your earliest convenience. How should you deal with this situation and to whom should you be submitting it?

### **How should you deal with this?**

- You complete the online complaints form on [menzis.nl/klachtafhandeling](https://menzis.nl/klachtafhandeling) where you can specify why and about what you are dissatisfied. If you need assistance in completing this form, please call the Menzis Customer Service on 088 222 40 40.
- You can send this form to the Klachtenmanagement (Complaints Management) department.
- Menzis will carefully study your complaint and ensure you receive a reply.
- If you do not agree with the reply given by Menzis or if you have not received a reply within 30 days,

you can submit your issue to the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ)

- You can find information about the SKGZ on [skgz.nl](https://www.skgz.nl). You can also approach the SKGZ through the European platform for online dispute resolution. You can find information about this platform on [ec.europa.eu/odr](https://ec.europa.eu/odr).
- The SKGZ will first submit your issue to the Ombudsman Zorgverzekeringen (Healthcare Insurance Ombudsman). The ombudsman will try to solve your issue through mediation. If mediation does not lead to a satisfactory result or if it fails, you can submit your issue to the Geschillencommissie Zorgverzekeringen of the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ).
- Processing by the Geschillencommissie Zorgverzekeringen will cost € 37. The Geschillencommissie Zorgverzekeringen processing will end with a binding recommendation. Menzis and you must comply with this recommendation.
- You can also submit your issue to one of the following bodies:
  - If forms are involved: the Nederlandse Zorgautoriteit (NZa; Dutch Healthcare Authority),
  - A civil court.

### **Note**

Also refer to Section A13.2 for complaints about premium arrears.

### **To whom should I submit this?**

If you do not exactly know to whom you should be sending your complaint/objection, the Klachtenmanagement department can provide assistance.

- Menzis Klachtenmanagement department, PO Box 75000, 7500 KC Enschede
- Stichting Klachten en Geschillen Zorgverzekeringen, PO Box 291, 3700 AG Zeist
- Dutch Healthcare Authority, Attn. the Information Line/the Reporting Point, PO Box 3017, 3502 GA Utrecht

### **A19 Acts of war**

You are not entitled to care or a reimbursement for costs if they are a result of an armed conflict, revolts, civil war, national riots, insurrection and/or mutiny. These 6 specified forms of damage as well as the definitions of this can be found in the text that has been filed under number 136/1981 by the Verbond van Verzekeraars (Dutch Association of Insurers) in the Netherlands on 2 November 1981 with the registry of the district court in The Hague.

### **A20 Terrorism**

If you need care due to an act of terrorism, the following applies regarding the Basic Insurance:

If the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.(NHT) expects the total loss that will be claimed due to such acts in any calendar year from non-life, life or funeral services (benefits in kind for funerals) insurers to which the Dutch Financial Supervision Act applies, will be higher than the maximum amount reinsured by this company per calendar year, you will only be entitled to care or the reimbursement thereof 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. It is possible that after a terrorist act an additional amount is provided to Menzis based on Article 33 of the Dutch Care Insurance Act or Article 3.16 of the Healthcare Insurance Decree. If this is the case, you will be entitled to the provisions with regard to which the scope is established in the scheme as referred to in Article 33 of the Dutch Care Insurance Act or

Article 3.16 of the Healthcare Insurance Decree as well as the provisions as referred to in the first sentence of this article.

## **A21 cancelled**

## **A22 Liability**

Menzis cannot be held liable for damages that you suffer as the result of any action or omission of a care provider whose care you have used. Any liability on Menzis' part for damages as a result of Menzis' own shortcomings is limited to the amount of the costs that would have been charged to Menzis should the insurance have been executed correctly.

## **A23 No reimbursement for missed appointments**

You are not entitled to the reimbursement of costs that you are charged if you have missed an appointment with your care provider.

## **A24 Combating fraud**

If you or the policyholder deliberately mislead Menzis, you are no longer entitled to reimbursement. Menzis will then also have the right to terminate all your insurances. The amounts that Menzis may already have paid either to yourself or directly to the care provider as a direct result of the deception, must be paid back. You must also pay Menzis for the incurred investigation costs. Menzis will report you and your data will be registered. This will be done in the registers in accordance with the Insurance and Criminality Protocol (Protocol Verzekeraars en Criminaliteit) of the Dutch Association of Insurers.

## **A25 Code of conduct with regard to personal data**

- You have entrusted us with your personal data such as your name, address and date of birth. Menzis will deal with your data carefully. Your personal data will be used for taking out and executing your insurance. Menzis also uses your personal data for executing legal obligations and statistical analyses. Menzis also uses your personal data to inform you about products and services that may be of interest to you. Should you wish to examine your data or if you do not wish to receive information about our products and services, please let us know in writing. More information is provided on the website.
- The Code of Conduct for Dutch Healthcare Insurers applies to processing personal data. Menzis keeps to the rules of the Code of Conduct. Material control, processing medical data and fraud investigation are performed as defined in the Code of Conduct.
- Other parties are also involved and not just Menzis when executing your insurance such as care providers or a factoring agency (debt collecting agency) that collects outstanding amounts. It is sometimes necessary that Menzis provides these people with your personal data and that they provide your personal data to us to ensure your insurance is correctly executed. It is assumed that you have given your permission to this.
- If you claim online for a bill, Menzis shall be entitled to check with the care provider to verify that this care provider has sent the bill to you. It is assumed that you have given your permission to this.
- Menzis will include your personal public service number (BSN) in its administration. Your care providers, other care service providers and Menzis use your personal public service number in all forms of communication.

## **A26 Miscellaneous**

- The date on which you were treated, medication has been prepared or an aid delivered is the determining factor for the reimbursement and the excess. The date on which the bill has been issued or paid is unimportant with regard to this.

If the treatment is funded through a Diagnosis Treatment Combination (DBC), the opening date of the DBC-care product is the determining factor for reimbursement. For a DBC-care product which was opened in 2021 and closed in 2022 you will therefore be reimbursed according to 2021 terms and conditions.

- You grant Menzis the authorisation to reclaim amounts that have been paid but to which you were not entitled.
- If you visit or call Menzis and Menzis makes a verbal promise, you can ask Menzis to confirm this promise in writing. A verbal promise that is not confirmed in writing will be deemed not to have been made.
- Dutch law applies to the insurance.

## **general terms and conditions (2)**

### **General**

The general terms and conditions (2) only apply to the additional insurance and the dental insurance. The Dutch text is binding should any disputes arise from the interpretation of the text.

### **A27 Cancellation**

If you are the policy holder and you cancel the Basic Insurance, you can have your Menzis additional insurance and dental insurance continued or cancelled as from the same date.

### **A28 Is Menzis allowed to terminate the insurance?**

Menzis can cancel the additional and dental insurance when:

- you take up residence in another country than the Netherlands, or
- you are staying for more than 12 months in another country than the Netherlands, or
- Menzis takes the relevant additional or dental insurance off the market and no longer offers it as an option.

### **A29 Change**

If you are a policyholder and you change your additional or dental insurances successively for another Menzis additional or dental insurance, this will not interrupt the insurance period. Not even when this change is because you or other insured listed on the healthcare policy sheet will be participating in a group insurance or the participation in such insurance ends. Nor after suspension of cover due to non-payment. An existing term for reimbursement will then not restart. The insurance period will, however, be interrupted if you end the additional and dental insurances and you do not successively take out a Menzis additional or dental insurance.

### **A30 Premium**

- Menzis N.V. has authorised Menzis Zorgverzekeraar N.V. to collect the premium for the additional insurances and dental insurances and possibly also other payments (such as personal contributions) on its behalf. Even when a bailiff is called in or legal proceedings are started.
- Menzis can charge a personal contribution from the policyholder or the insured who is involved.
- For the additional insurance of someone who is not yet 18 years old, no premium has to be paid. For a dentist insurance of someone who is not yet 10 years old, no premium has to be paid. This only applies if there is another person on the same policy who does pay premium for this insurance (or a more extensive one). People who have a JongerenVerzorgd insurance have to pay premium, regardless of their age.

### **A31 For your child**

Menzis will accept you without medical selection for the additional insurances and dental insurances. Additional insurance with more extensive cover than for one of the insured specified on the healthcare policy who is 18 or older cannot be requested for children younger than 18. An adult premium will then be charged for the child.

### **A32/A33 Concurrence**

The additional insurance and dental insurance do not offer cover for costs for losses that are already being reimbursed based on another insurance that may or may not be of a later date or an Act, a treaty, an agreement or some other provision.

The additional insurance and dental insurance do not offer cover for costs for losses that would already have been reimbursed based on another insurance that may or may not be of a later date or an Act, a treaty, an agreement or some other provision if you had not taken out the additional insurance or dental insurance.

If you rely on the additional or dental insurance while you could rely on another insurance or provision, for example, travel insurance, you must inform Menzis about this other insurance or provision.

### **A34 Terrorism**

When terrorist acts are involved, the following will apply to the additional insurance and dental insurance. You are not entitled to care or reimbursement of costs if these are the result of terrorism, malicious infection or preventive measures to avert the danger of terrorism or malicious infection. This will be different if these costs are reinsured with the Dutch Terrorism Risk Reinsurance Company. The Clauses Sheet Terrorism Cover is a part of the insurance and can be consulted through [menzis.nl](https://menzis.nl) or [terrorismeverzekerder.nl](https://terrorismeverzekerder.nl) and will be sent to you upon request.

### **A35 Nuclear reactions**

Care or the reimbursement of the costs related to care as a result of a nuclear reaction is not covered by the additional and dental insurances. A nuclear reaction is deemed any nuclear reaction where energy is released such as nuclear fusion, nuclear fission and artificial or natural radioactivity.

### **A36 Application rejection**

Menzis may reject the application to conclude an additional or dental insurance if (this is not an exhaustive list):

- you still need to pay premiums for another insurance with Menzis,
- you have committed (insurance) fraud.