

Policy conditions 2026

Collectief Zeker Pakket



Postbus 2705 • 6401 DE Heerlen
www.aevitae.com • info@aevitae.com

Important information and service

If you have questions, or something you think we should know, we will be happy to offer our assistance!

Our website

Comprehensive information about your health insurance is available at aevitae.com. This is where you can find answers to frequently asked questions, calculate your premium, submit invoices online, find healthcare providers and review and compare all reimbursements from A to Z.

Contact

You can contact us by phone, e-mail, regular mail or social media. Our Service Desk is open on weekdays from 08:30 to 17:30. For our contact options and current opening hours, please refer to aevitae.com/service-contact. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

Claiming healthcare costs

If you have received an invoice for healthcare costs, you can digitally submit a claim for reimbursement through [Mijn Aevitae](#). In your personal online account, you can also easily and conveniently update your personal details, view your healthcare costs or make changes to your additional insurance(s).

You can submit an invoice to us by regular mail as well. To do so, simply print out and fill in a declaration form and mail it, along with the original invoice, to the postal address below. The declaration form is available [here](#).

Mailing address

Aevitae
P.O. Box 2705
6401 DE Heerlen

Visiting address

Aevitae
Nieuw Eyckholt 284
6419 DJ Heerlen

Need permission for care?

To find out which healthcare requires our permission in advance, please refer to the policy terms & conditions. You will need to send a request for permission for the treatment in question to the mailing address above, for the attention of Team Medical.

More information on requesting permission can be found on our [website](#). The request forms are also available for download [here](#).

Complaints

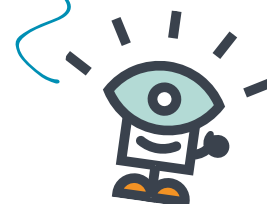
We do everything we can to provide Aevitae clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information on complaints and disputes, please visit aevitae.com/klachten.

Find a healthcare provider

Healthcare providers have agreements in place with health insurance companies. Such providers are referred to as 'contracted care providers'. They have signed contracts with the insurers that include agreements on things like quality of care. The healthcare providers with whom we have such agreements are listed in the CareFinder. Our CareFinder is available [here](#).

Aevitaal

Health and vitality are incredibly important to us. This is why we are eager to help you stay healthy and fit as well. On the Aevitaal platform, you'll find information on health, vitality, employability and resilience. Are you experiencing symptoms or having trouble sleeping, or would you like to adopt a healthier lifestyle or enhance your employability? Go to [Aevitaal](#) and sign up today!



Contents

		page			page
1	Definitions	4	3	Reimbursements	15
			Article 1	Physiotherapy after an accident	15
2	General terms and conditions	8	Article 2	Royal Doctors Services	16
Article 1	Insured health care	8			
Article 2	General conditions	10	Appendix 1 Accident		17
Article 3	Payments	12			
Article 4	Other obligations	13			
Article 5	Change of premium and terms	13			
Article 6	Start, duration, and termination of the supplementary insurance	13			
Article 7	Complaints and disputes	14			
Article 8	Health care and waiting list mediation	15			

1 Definitions

In this insurance agreement the following terms are understood to mean:

Additional insurance(s)

The insurance(s) described in these insurance conditions.

Aevitae

The authorised agent to whom the health insurer has granted power of attorney as referred to in Article 1.1 of the Financial Supervision Act (Wft) with regard to the implementation of health insurance policies.

Pharmacy

By pharmacy we mean: (internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies or general practitioners who own a pharmacy.

Pharmacist

The general practitioner with a pharmacy or an established pharmacist registered in the register of established pharmacists, or a pharmacist who is assisted in the pharmacy by pharmacists registered in this register, or the legal entity that has the care provided by pharmacists registered in the aforementioned register.

Doctor

The person who is authorized to practice medicine under Dutch law and is registered as such with the competent government agency under the BIG Act.

Youth health care physician

The physician working as referred to in the Youth Care Act.

Basic health insurance

The Health insurance as established in the Health Insurance Act (Zvw).

Company doctor

A physician who is registered as an occupational physician in the register established by the Social Medicine Registration Committee (SGRC) of the Royal Dutch Medical Association and acts on behalf of the employer or the Occupational Health and Safety Service to which the employer is affiliated.

Pelvic physiotherapist

A physiotherapist who is registered as such in accordance with the conditions referred to in Article 3 of the BIG Act and who is also registered as a pelvic floor physiotherapist in the pelvic floor physiotherapy sub-register of the Central Quality Register (CKR) of the Royal Dutch Society for Physiotherapy (KNGF).

Youth Care Office

An agency as referred to in Article 4 of the Youth Care Act.

Center for Special Dentistry

A university center or one deemed equivalent by an insurer for providing dental care in special cases where treatment requires a team approach and/or special expertise.

Center for Genetics Research

An institution licensed under the Special Medical Procedures Act for the application of clinical genetic research and genetic counseling.

Collective agreement

A collective health insurance agreement (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering affiliated participants the opportunity to take out health insurance through Aevitae and any supplementary insurance under the conditions described in this agreement.

Contract with preferential policy

This refers to an agreement between the insurer and the pharmacist in which specific arrangements have been made regarding the preference policy and/or the delivery and payment of pharmaceutical care.

Day Treatment

Admission for less than 24 hours.

Diagnosis Treatment Combination (DTC) Care Product

As of January 1, 2012, new healthcare performance standards for specialist medical care are defined as DTC Care Products. This system is called DOT (DTCs On the Road to Transparency). A DTC Care Product is a billable service under the Dutch Healthcare Market Regulation Act (WMG), representing the entire process from diagnosis by the healthcare provider to (any) treatment. The DTC process begins when you first present with a healthcare concern and ends either at the conclusion of treatment or after 365 days.

Dietitian

A dietitian who meets the qualifications set out in the official decree titled 'Decree on Dietitians, Occupational Therapists, Speech Therapists, Dental Hygienists, Exercise Therapists, Orthoptists and Podiatrists'.

(Severe) Dyslexia

A reading and spelling disorder caused by a genetically determined neurobiological dysfunction, which can be distinguished from other reading and spelling difficulties.

Primary Care Psychologist

A healthcare psychologist registered in accordance with the requirements set out in Article 3 of the Dutch Individual Healthcare Professions Act (BIG Act), and who meets the education and quality standards specified in the Qualification Scheme for Primary Care Psychologists by the Netherlands Institute of Psychologists (NIP).

Occupational Therapist

An occupational therapist who meets the qualifications as specified in the official Decree on Dietitians, Occupational Therapists, Speech Therapists, Dental Hygienists, Exercise Therapists, Orthoptists and Podiatrists.

EU and EEA States

In addition to the Netherlands, the following European Union countries are included: Belgium, Bulgaria, Cyprus (Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, Czech Republic, the United Kingdom, and Sweden.

Switzerland is treated as an equivalent state under treaty provisions.

The European Economic Area (EEA) countries—those party to the Agreement on the European Economic Area—are Liechtenstein, Norway, and Iceland.

Pharmaceutical Care

Pharmaceutical care includes:

- the provision of prescription medicines and dietary preparations as covered by this insurance agreement, and/or
- advice and guidance typically provided by pharmacists in relation to medication reviews and responsible usage, in accordance with the insurer's Pharmaceutical Care Regulations.

Fraud

The intentional act or attempt to commit forgery, deception, harm to creditors or rightful claimants, and/or embezzlement during the conclusion and/or execution of an insurance agreement, aimed at obtaining a payment, reimbursement, or service that one is not entitled to, or securing insurance coverage under false pretenses.

Physiotherapist

A physiotherapist registered in accordance with the requirements of Article 3 of the Dutch BIG Act. The term also includes a remedial therapist-masseur as referred to in Article 108 of the BIG Act.

Birthing Center

A facility for childbirth located within or on the premises of a hospital, possibly combined with a maternity care facility. A birthing center may also be referred to as a maternity hotel or birth center.

Family

One adult, or two married or long-term cohabiting adults, and their unmarried biological, step-, foster- or adopted children up to the age of 30, who qualify for child benefit, a student finance allowance under the 2000 Student Finance Act / Tuition Fee Support Act, or tax deductions under Dutch tax law.

Healthcare Psychologist

A healthcare psychologist registered in accordance with the requirements of Article 3 of the Dutch BIG Act.

Mental Health Institution (GGZ Institution)

An institution that provides medical care for psychiatric conditions and is officially authorized to do so.

Skin Therapist

A skin therapist trained according to the Decree on Educational Requirements and Scope of Practice for Skin Therapists (Stb. 2002, no. 626), based on Article 34 of the Dutch BIG Act.

General Practitioner (GP)

A medical doctor registered as a GP in the official register of recognized GPs, elderly care specialists, and intellectual disability physicians maintained by the Registration Committee of the Royal Dutch Medical Association (KNMG), and who practices general medicine in the usual way.

Medical Aids and Devices

The provision of medical aids and bandages designated in the Healthcare Insurance Regulation, taking into account the insurer's rules regarding approval criteria, usage periods, and quantity limits.

Healthcare Institution

- 1 An institution as defined in the Dutch Healthcare Institutions Admission Act;
- 2 A legal entity established abroad that provides healthcare under the national social security system of that country, or offers care to specific groups of public officials.

Oral and Maxillofacial Surgeon

A dental specialist registered in the specialist register for oral diseases and maxillofacial surgery of the Dutch Association for the Advancement of Dentistry.

Calendar Year

The period from January 1st through December 31st.

Integrated Care

A care program organized around a specific condition.

Child and Youth Psychologist

A child and youth psychologist registered in accordance with Article 3 of the Dutch Individual Healthcare Professions Act (BIG Act) and listed in the Child and Youth Psychologist Register of the Netherlands Institute of Psychologists (NIP).

Clinical Psychologist

A healthcare psychologist registered under Article 14 of the BIG Act.

Maternity Center

An institution providing obstetric and/or maternity care that complies with legally established requirements.

Maternity Care

Care provided by a certified maternity nurse or a registered nurse performing maternity care duties.

Laboratory Testing

Diagnostic testing carried out by a legally recognized laboratory.

Speech Therapist

A speech therapist who meets the qualifications stated in the official Decree on Dietitians, Occupational Therapists, Speech Therapists, Dental Hygienists, Exercise Therapists, Orthoptists, and Podiatrists.

Medical Advisor

A physician who provides us with advice on medical matters.

Medical Specialist

A physician registered in the Specialist Register established by the Medical Specialists Registration Committee (MSRC) of the Royal Dutch Medical Association (KNMG).

Dental Hygienist

A dental hygienist trained according to the qualification requirements stated in the Decree on Dietitians, Occupational Therapists, Speech Therapists, Dental Hygienists, Exercise Therapists, Orthoptists, and Podiatrists, and the Decree on Functional Autonomy (Stb. 1997, 553).

Multidisciplinary Collaboration

Integrated (chain) care provided in coordination by multiple healthcare professionals from different disciplines, requiring central coordination to manage the care process around the insured person.

Exercise Therapist

An exercise therapist who meets the qualifications set out in the same decree as above.

Admission

Admission to a (psychiatric) hospital, psychiatric ward of a general hospital, rehabilitation center, convalescent home, or independent treatment center, when care can only be provided in such a setting on medical grounds.

Orthodontist

A dental specialist registered in the Specialist Register for Dentomaxillofacial Orthopaedics of the Dutch Association for the Advancement of Dentistry.

Orthopedagogue-Generalist

A generalist orthopedagogue registered in the NVO Register of the Dutch Association of Educationalists and Pedagogues (NVO).

Podiatrist

A podiatrist who meets the qualifications defined in the same official decree as above.

Policy Certificate

The policy document in which your basic and supplementary health insurance agreements with the insurer are laid down.

Preferred Medications

Medications designated by the insurer as preferred within a group of identical, interchangeable drugs.

Psychiatrist / Neurologist

A physician registered as a psychiatrist or neurologist in the Specialist Register of the Royal Dutch Medical Association (KNMG) as maintained by the MSRC. The terms “psychiatrist” and “neurologist” are interchangeable here.

Psychotherapist

A psychotherapist registered in accordance with Article 3 of the BIG Act.

Rehabilitation

Medical specialist, paramedical, behavioral, and rehabilitation-technical assessment, advice, and treatment provided by a multidisciplinary expert team under the supervision of a medical specialist, within a rehabilitation center legally approved under Dutch law.

Sexual Health Counselor

A primary care psychologist, physician, or nurse who holds official registration as a sexual health counselor with the Dutch Society for Sexology (NVVS).

Specialist Mental Health Care

Diagnostics and specialized treatment for complex mental health disorders, requiring the involvement of a specialist such as a psychiatrist, clinical psychologist, or psychotherapist.

Elderly Care Specialist

A physician who has completed the training for elderly care medicine and is registered as such in the KNMG's register. This specialty was introduced on January 1, 2009, as a successor to the previous nursing home medicine specialty. Those who started their training before this date may still be referred to as nursing home physicians but are recognized as elderly care specialists.

Sports Medical Screening

Sports medical examinations required by sports associations or for admission to certain (sports) education programs.

Sports Medical Examination

A general and sports-specific health assessment including anamnesis, physical examination, and (sports-specific/ supplementary) tests of the musculoskeletal, cardiovascular, and respiratory systems to provide responsible exercise or sports advice. This is not based on a medical complaint.

Dentist

A dentist registered according to the criteria outlined in Article 3 of the BIG Act.

Dental Prosthetist

A dental prosthetist trained in accordance with the Decree on Educational Requirements and Scope of Practice for Dental Prosthetists.

Authorization (Prior Approval)

Written approval for specific healthcare services provided by or on behalf of the insurer prior to receiving the care.

You / Your

The insured person named on the policy certificate. "You (policyholder)" refers to the person who entered into the insurance agreement with us.

Stay

Hospital admission lasting 24 hours or more.

Treaty Country

Any country with which the Netherlands has a social security treaty including provisions for medical care. This includes: Australia (for temporary stays only), Bosnia and Herzegovina, Cape Verde, Croatia, North Macedonia, Serbia-Montenegro, Tunisia, and Turkey.

Midwife

A midwife registered in accordance with Article 3 of the BIG Act.

Insurer

The health insurer authorized to offer health insurance policies under the Health Insurance Act and supplementary policies.

Insured Person

Any person listed as insured on the policy certificate.

Policyholder

The individual who entered into the insurance agreement with us.

BIG Act

The Dutch Individual Healthcare Professions Act, which defines the professional competencies and responsibilities of healthcare providers. It includes registers of providers who meet the legal requirements.

We / Us

Aevitae.

Wlz

The Dutch Long-term Care Act (Wet langdurige zorg).

Wmg Tariffs

Rates determined under or pursuant to the Healthcare Market Regulation Act (Wmg).

Wmo

The Dutch Social Support Act (Wet maatschappelijke ondersteuning).

Independent Treatment Center

An institution for specialist medical care (IMSZ) that provides diagnostic and treatment services and is approved under relevant legislation.

Hospital

An institution providing specialist medical care for inpatient treatment, diagnostics, and nursing, legally recognized under Dutch law.

Care Group

A group of healthcare providers from different disciplines who deliver integrated care (chain care) together.

Care Hotel

A contracted facility offering 24-hour care and service, including nursing and personal care, in a hotel-like setting.

Healthcare Provider

Any individual or institution providing healthcare services.

Health Insurer

The authorized insurance company offering policies under the Dutch Health Insurance Act and supplementary insurance. The name of your insurer is listed on your policy.

2 General terms and conditions

Article 1 Insured health care

1.1 Content and scope of the insured health care

Your additional insurance entitles you to (compensation of the costs of) health care as described in these insurance policy terms and conditions.

1.1.1 Collective health insurance agreement

The provisions of the collective agreement prevail if and insofar as they deviate from the conditions stated in these insurance policy terms and conditions. If those provisions no longer apply to the person covered by the insurance policy, then the provisions of the individual contract will be applicable again.

1.2 Medical need

You are entitled to (compensation of the costs of) health care as described in these insurance policy terms and conditions, provided you, within all fairness, rely on the content and scope of the type of health care and provided the type of health care is suitable and effective. The content and scope of the type of health care is partly determined by what the health care providers concerned 'usually provide'. The content and scope is also determined by the current level of scientific developments and standard practices, as defined using the Evidence Based Medicine (EBM) method. If there is no current level of scientific developments or no known standard practices, then the content and scope of the health care is determined by what is considered responsible and appropriate care within the field concerned.

1.3 Health care providers

Your health care provider must meet certain conditions. These conditions are statutory for many health care providers and generally, their medical title is protected by law. This is the case, for example, for a general practitioner, medical specialist, dentist, physiotherapist and health care psychologist. The conditions to be met by a health care provider for whom we have set supplementary conditions can be found in the relevant health care article.

For a number of types of health care, we have contracted, appointed or recognized certain health care providers. You will receive no or reduced compensation if you use a non-contracted, non-appointed or non-recognized health care provider for these types of health care. This will be specified in the relevant health care articles. For the other types of health care, you are free to choose a health care provider provided that the other stipulations in these insurance policy terms and conditions are met. An overview of the health care providers who have been contracted or appointed by us and of the compensation awarded for non-contracted health care providers is available on our website or can be requested by telephone. The recognized health care providers are listed in the relevant health care article. We have made specific agreements with some health care providers. They are our preferred health care providers. Preferred health care providers are specified in the relevant health care article.

1.4 Compensation of the cost of health care

You are entitled to compensation of the cost of health care up to the maximum Health Care Market Regulation Act rates applicable in the Netherlands. If no Health Care Market Regulation Act rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands. If you receive health care from a health care provider who is contracted by us, then the costs of the health care are reimbursed based on the rate which has been agreed with the health care provider concerned.

If you receive treatment from a non-contracted health care provider, then it is possible that you will not be reimbursed or that you will receive less compensation. You can find more information in the relevant health care article or you can request further details.

If there is a budget for a certain type of health care, then the total compensation will not be more than the maximum amount of the budget stated in the relevant health care article.

1.5 How do you claim a reimbursement?

Most healthcare providers send us the invoices directly. If you receive an invoice at home, please complete an expense form and submit it together with the original invoice. Please do not send us a copy or a reminder. We can only process originals. You may submit invoices latest up to 3 years after the start of your treatment. Please check that the invoice includes the following details:

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

- the name and address of the healthcare provider;
- AGB code (with a Dutch healthcare provider).

These invoices have to be specified, ensuring that the reimbursements we must pay out can be derived from the specifications directly and without any ambiguity. We deduct any excess and statutory personal contribution from the reimbursement. For conversion of foreign invoices in currencies other than euros, we use the historical rates available from [Xe.com](https://www.xe.com). This is based on the exchange rate on the date of treatment. Invoices must be in Dutch, English, French, German or Spanish. If a translation is necessary to our discretion, we may request you to provide a certified translation of the invoice. We will not refund the translation expenses.

Online claim forms

Online submission of claims is quick and easy. Go to Mijn Aevitae. You must retain the original invoice for at least one year after submitting the relevant claim form. We may request the invoices for inspection. If you are unable to submit the invoices, we may recover the amounts paid out from you, or settle the relevant amounts with amounts due to you.

1.6 Direct payment

We have the right to pay the costs of health care directly to the health care provider. As a result, you have no right to compensation.

1.7 Settlement of the costs

If we pay the health care provider directly and pay more than we are obliged to pay or the costs of the health care are to be met by yourself, then you, as the policy holder, owe us the costs of the health care. We will charge you for these costs at a later date. You will be obliged to pay these costs. We can settle these costs with compensation still owed to you.

1.8 Referral, prescription or permission

For some types of health care, you require a referral, a prescription and/or prior, written permission which shows that you require the health care. You can find more information in the relevant health care article.

If a referral or a prescription is required, then you can request this from the health care provider stated in the article. This is usually the general practitioner. If permission is required, then you require our permission prior to receiving the health care. This permission is also referred to as authorization.

Contracted health care provider

If you receive health care from a health care provider who is contracted by us, this provider will assess for us whether you meet the requirements. For some types of health care, it has been agreed that we will assess the request for care ourselves. In that case, the health care provider will send us the request. If, for privacy reasons, you do not wish your request to be assessed by your health care provider, then you can also submit your request directly to us.

Non-contracted health care provider

If you receive health care from a non-contracted health care provider, then you must request permission from us to do so prior to receiving the health care.

1.9 Derived rights

You are entitled to (compensation of the costs of) health care if the treatment or delivery takes place during the term of the supplementary insurance. If treatment takes place over the course of two calendar years and the health care provider is allowed to send one total invoice (diagnosis-treatment combination), then the costs will be reimbursed provided the treatment commenced within the term of the supplementary health insurance.

When these insurance policy terms and conditions refer to a (calendar) year, then the actual date of treatment or date of delivery stated by the health care provider determines the (calendar) year to which the costs involved should be attributed.

1.10 Exclusions

There is no right to health care or reimbursement of health care costs:

- 1.10.1 That are related to illnesses or abnormalities which existed before or during the time at which the insurance policy was taken out and which the person covered by the insurance policy knew of or should have known of or which he was experiencing the symptoms of and which Aevitae was not informed of in writing. This exclusion does not apply if and insofar as the insurance came into effect without medical or dental screening;
- 1.10.2 Of written certificates, administrative costs, costs of appointments not kept or costs incurred as a result of late payment of health care providers' invoices;
- 1.10.3 Incurred as a result of gross negligence or intent;

- 1.10.4 Consisting of personal contributions or excess payable under the terms of any other insurance, unless stipulated otherwise in these insurance policy terms and conditions;
- 1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;
- 1.10.6 That could be claimed under another insurance policy, whether or not of a previous date or under any law or other provision provided the insurance coverage is not available from Aevitae. In that case, this insurance policy is the last insurance policy applicable. Only the costs which exceed the amount the person covered by the insurance policy could claim elsewhere will be eligible for reimbursement;
- 1.10.7 That can be claimed or could be claimed under the Health Care Insurance Act if you are obliged to be insured according to that law;
- 1.10.8 Caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny;
- 1.10.9 Caused by, incurred during or resulting from nuclear reactions, irrespective of how they came about. This exclusion does not apply in the case of damage caused by radioactive nuclides situated outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided there is a valid permit issued by the national government for the manufacture, use, storage and disposal of radioactive substances (in this context, a 'nuclear facility' is a nuclear facility as defined in the Wet Aansprakelijkheid Kernongevallen (Nuclear Incidents (Third Party Liability) Act). The stipulations of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained;
- 1.10.10 Or compensation for damage indirectly resulting from acts or omissions by Aevitae.
- 1.11 Entitlement to (compensation of the costs of) health care and other services as a result of terrorist actions**
- The following rule is applicable if you require health care as a result of one or more terrorist actions. If the total amount which is claimed in one year from damage insurers, life insurers or funeral insurers is greater than, according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT) (Netherlands Reinsurance Company for Terrorism Losses), the maximum amount which this insurance company reinsures per year, you are only entitled to compensation of a certain percentage of the costs or of the value of the health care. The NHT determines this percentage. This applies to damage insurers, life insurers and funeral insurers (including health care insurers) to whom the Wet op het financieel toezicht (Financial Supervision Act) is applicable.

The exact definitions and stipulations with regard to the aforementioned entitlement are included in the Clauses Sheet Terrorism Cover by the Dutch Reinsurance Company for Terrorism Losses.

Article 2 General conditions

2.1 Basis of the health insurance

The health insurance agreement is agreed based on the information which you have specified on the application form or which you have given to us in writing.

2.2 Supplementary insurance

The health insurance agreement is applicable to the supplementary insurance stated on the policy summary sheet. These health insurance policy terms and conditions are part of the health insurance agreement and are applicable to the supplementary insurance.

If you have employee-related supplementary insurance based on the collective agreement agreed between your employer and Aevitae, then the compensation from the employee-related package is applicable to you. In that case, you are not entitled to (compensation of the costs of) this health care based on this supplementary insurance.

2.3 Accompanying documents

These health insurance policy terms and conditions refer to other documents. These documents are part of the terms and conditions as far as they are applicable. It concerns the following documents:

- Appendix 1 of the Besluit zorgverzekering (Health Care Insurance Decree)
- The Health Care Insurance Regulations
- The Clauses Sheet Terrorism Cover
- The list of contracted health care providers

These documents can be found on our website or may be requested by telephone.

2.4 Fraud

Material inspection and fraud investigations are carried out in accordance with what has been stipulated for the health care insurance by or under the Health Care Insurance Act.

If you commit fraud, then you lose your right to (compensation of the costs of) health care. You will also have no right to (compensation of the costs of) health care for which you was not found to have committed fraud (partial fraud). We will also reclaim any compensation which has been paid to you.

The consequence of fraud is that we will register your personal details and the personal details of any accomplices or co-fraudsters in the Incident Register of the insurer. This Incident Register is registered with the Dutch Data Protection Authority (AP) and is managed by the health care insurer.

We may also register your personal details and the personal details of any accomplices or co-fraudsters:

- With the Centrum Bestrijding Verzekeringsfraude (Centre for Combating Insurance Fraud) of the Verbond van Verzekeraars (Association of Insurers);
- In the internal and external observation systems recognized by the financial institutions: the Internal Reference Register (IVR) and the External Reference Register (EVR).

The health care insurer may also report fraud to the police, the justice department and/or the Fiscal Information and Investigation Service/Economic Investigation Service (FIOD-ECD).

The consequence of fraud relating to an insurance policy you have with us is that your supplementary insurance policy and any (damage) insurance policy you may have with Aevitae or the health care insurer may be terminated. You will then not be able to agree any supplementary insurance policy or any damage insurance policy with Aevitae or the health care insurer for a period of 8 years.

We are entitled to claim back from you the required investigation costs.

2.5 Protection of personal information

We take your privacy very seriously. Collecting and processing your personal details is necessary for concluding and performing your healthcare or other insurance and any supplementary policies. We will enter your personal details in our system of insured persons records.

Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered; Policy Conditions Extra Pakket 2025 12
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);
- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your entitlement to premium discounts.

Processing your personal details is subject to privacy legislation, including the Private Data Protection Act, the ZN Code of Conduct for Processing Private Data Healthcare Insurers, the General provisions BSN Act, the Application of BSN in healthcare Act, and the Privacy Declaration of Coöperatie VGZ U.A. Please find the Code of Conduct and the Privacy Declaration on our website.

It is mandatory for us to use your BSN (citizen service number) in our administrative system and in communications (data exchange) with the healthcare providers. The BSN is also used in data exchange on expense forms. Both are completed on a statutory basis.

We may decide to check your data at CIS Foundation (CIS) for the security and integrity of the financial sector, www.stichtingcis.nl.

2.6 Announcements

You will be considered to have received all announcements sent to the last address known to us. We always use the address given in the municipal personal records database.

2.7 Right of withdrawal period

When taking out a supplementary health insurance policy, you, as the policy holder, have the right to withdraw from the policy any time during the first 14 days. You can terminate the supplementary insurance policy in writing within 14 days after entering into the agreement or within 14 days after you have received the health care policy, whichever is the latter. The health care insurance policy will then be considered as not having been taken out.

2.8 Dutch law

The supplementary insurance is governed by Dutch law.

Article 3 Payments

3.1 Due premium

The policy holder is obliged to pay a premium. On the death of the policy holder, the premium is due until the day of death. If the supplementary insurance policy is altered, then we will recalculate the premium commencing from the date that the insurance policy was altered.

3.2 Premium reduction for a collective agreement

3.2.1 The premiums and terms and conditions as agreed in the collective agreement are applicable from the day that you participate in the collective agreement.

3.2.2 From the day that you are no longer entitled to participate in the collective agreement, the premium reduction and the terms and conditions agreed in the collective agreement will no longer apply. From that day, the supplementary insurance policy will be continued on an individual basis.

3.2.3 You may only participate in one collective agreement at a time.

3.3 Payment of the premium, (legal) excess, legal contributions and costs

3.3.1 Unless agreed otherwise, you are obliged to pay the premium and (foreign) legal contribution in advance for all the people covered by the insurance policy every month. If you pay the premium in advance for the whole year in a single payment, you will receive a reduction on the premium to be paid. The amount of this reduction is stated on the policy summary schedule.

3.3.2 For payments by deposit transfer, we charge € 1.50 per transfer.

3.3.3 You can grant us permission to direct debit the premium, the (legal) excess, the personal contributions and other costs. Two separate authorizations are required: one for granting permission for direct debiting the premium and one for direct debiting the (legal) excess, the personal contributions and other costs.

3.3.4 If you have authorized Aevitae B.V. to write off excess or other amounts by direct debet from your account, you (policyholder) will receive a notification of the direct debet by us. We try to send this notification to you (policyholder) a few days before we collect the outstanding amount.

3.4 Settlement

You may not settle any outstanding amounts of money against money which we owe you.

3.5 Non-timely payment

3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of 14 days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.

3.5.2 In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.

3.5.3 We may charge the following fees in the event of overdue payment:

- statutory interest from the day following the due date of the original invoice;
- debt collection fees from the day following the due date of the original invoice. This is 14 days after receipt of the reminder. For the amount of the collection fees, we refer to the Reimbursement for Extrajudicial Collection Costs Decree (BIK).

3.5.4 If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.

3.5.5 We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.

3.5.6 If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

Article 4 Other obligations

You are obliged:

- To ask the doctor in charge of your case to inform our medical consultant of the reason for admission.
- To cooperate with our medical consultant or employees who are charged with the task of ensuring that all the information necessary to fulfil the supplementary insurance is obtained.
- To inform us of facts which (may) result in the possibility of recovering costs from (possibly) liable third parties and to provide us with the necessary information in connection to this. You may not agree any arrangement with a third party without our prior, written approval. You must refrain from actions which may harm our interests.
- To inform us as soon as possible of facts and circumstances which are important for correctly fulfilling the supplementary insurance. This includes the starting and end dates of a period of detention, a divorce or separation, moving home, a birth, adoption or a change of bank account. We accept no responsibility in the case of omission from your side.

If you do not fulfil your obligations and our interests are damaged as a result, we may suspend your right to (compensation of the costs for) health care.

Article 5 Change of premium and terms

5.1 Change of premium and terms

We reserve the right to change the terms and premium of the supplementary insurance at any time. We will inform you, as the policyholder, of such changes in writing. Any such change will take effect on a date determined by us.

5.2 Right of termination

If we alter the premium and/or the terms and conditions of the supplementary insurance in a way which is disadvantageous to you, you are entitled to terminate the insurance agreement up to a month after you have been informed of the alteration with effect from the day that the alteration takes effect. You do not have this right of termination if an alteration to the insurance terms and conditions is a direct result of legal measures, legal regulations or legal stipulations.

Article 6 Start, duration, and termination of the supplementary insurance

6.1 Start and duration

The insurance agreement starts either on the date your health insurance with us begins or on January 1st of a calendar year. When you apply for health insurance with us, you authorize us to cancel your previous health insurance with a Dutch health insurer. This authorization also applies to any supplementary insurance policies. If you do not wish to cancel your supplementary insurance, you must indicate this on the application form.

The supplementary insurance is concluded for the calendar year in which it takes effect. After this period, it is automatically renewed for successive periods of one calendar year.

6.2 Acceptance for supplementary insurance

6.2.1 Health care insurance

You can only take out additional (dental) insurance as a supplement to the basic health insurance you have taken out with us. Taking out supplementary (dental) insurance without basic health insurance is not possible unless separate agreements have been made with your employer that relate to an employee package.

6.2.2 Family cover

All the people covered by the health insurance policy 18 years of age or older can agree supplementary insurance of their choice. Children younger than 18 years of age cannot receive more extensive insurance than the adult with the most extensive insurance covered by the health insurance policy.

6.2.3 Alterations to supplementary insurance

The stipulations of 6.2.1 and 6.2.2 will apply. Please inform us of the change no later than December 31st. The change will become effective as per January 1st of the following calendar year.

For care with a reimbursement period of more than one calendar year, the reimbursement period will continue. This means that reimbursements previously paid out by us on the basis of a previous supplementary insurance will be counted towards the new additional insurance (if your new additional insurance also includes a reimbursement for this care).

6.3 Termination by law

6.3.1 The supplementary insurance is terminated by law on the day following the day on which:

- The health care insurer is no longer allowed to offer or provide insurance as a result of an alteration or withdrawal of its license to act as an insurance company.
- The person covered by the insurance policy passes away.
- The health care insurer stops offering and providing the supplementary insurance.

You, as insurance policy holder, are obliged to inform us as quickly as possible of the death of a person covered by the insurance policy or of any other facts and conditions concerning the person covered by the insurance policy which have led to or could lead to the end of the supplementary insurance. We will send you proof of termination as quickly as possible once we have determined that the supplementary insurance is terminated or will be terminated.

If the supplementary insurance ends because we stop offering the supplementary insurance concerned, we will inform you, as the insurance policy holder, of this no later than three months before the supplementary insurance ends.

6.4 Times when the insurance policy may be terminated

6.4.1 Annually

The policy holder can terminate the supplementary insurance on 1st January of every calendar year on the condition that we receive notice of such no later than 31st December of the previous year.

6.4.2 Intervening times

The policy holder may terminate the supplementary insurance in the intervening time in writing:

- In the event of an alteration to the premium and/or the terms and conditions as stated in article 5.2.
- At the same time as when the health care insurance is terminated.

6.4.3 To terminate the supplementary insurance as stated in articles 6.4.1 and 6.4.2, you may also use the termination service provided by the Dutch Health Care Insurers.

6.5 When may we terminate, dissolve, or suspend the supplementary insurance?

We may terminate, dissolve, or suspend the supplementary insurance in writing:

- due to failure to pay the amounts due on time, as stated in Article 3.5;
- in the event of fraud (see Article 2.4);
- if you have intentionally failed to provide us with, or have provided incomplete or incorrect, information or documents that could (potentially) be to our disadvantage;
- if you have acted with the intent to deceive us, or if we would not have entered into the supplementary insurance agreement had we known the true situation. In such cases, we may terminate the supplementary insurance with immediate effect within two months of discovering the issue. We are not obligated to provide any benefit or may reduce any payment. Any resulting claims may be offset against other payments.

Article 7 Complaints and disputes

7.1 Do you have a complaint? Submit your complaint to the Complaints Management department.

7.1.1 You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish. We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com.

The Complaint Management department deals with complaints on behalf of the management.

7.1.2 Within 15 days you will receive a response to your complaint from us. If you are not satisfied with the decision or if you haven't received a response within 15 days, you can submit your complaint or dispute to the Dutch Authority on Healthcare Insurance Complaints and Disputes (Stichting Klachten and Geschillen (SKGZ)), P.O. Box 291, 3700 AG Zeist, www.skgz.nl. Instead of going to the SKGZ, you can also submit your complaint to the arbitrator for financial services in Malta (Office of the Arbitrator for Financial Services, 1st Floor, St Calcedonius Square, Floriana FRN 1530, Malta, telephone +356 8007 2366 or +356 21 249 245 or complaint.info@financialarbitrator.org.mt).

Please note that the arbitrator in Malta will only handle cases once you have received a final decision from us on your complaint. You can also submit the dispute to the competent court.

7.2 Complaints about our forms

7.2.1 If you feel there is no need for a certain form or that a form is too complicated, then you can send your complaint to: Klachtenmanagement, Postbus 2705, 6401 DE Heerlen, the Netherlands. You can also send an e-mail to klachtenmanagement@aevitae.com.

- 7.2.2 You will receive a reaction to your complaint within 30 days. If you are not satisfied with the answer or do not receive a reply within 30 days, you can place your complaint before the Dutch Health Care Authority, care of the Informatielijn/Meldpunt, P.O. Box 3017, 3502 GA Utrecht, the Netherlands or send an email to: informatielijn@nza.nl. The website of the Dutch Health Care Authority, www.nza.nl, explains how to submit a complaint about forms.

Article 8 Health care and waiting list mediation

You have the right to mediation for health care if there is an unacceptably long waiting list for treatment by a health care provider who is allowed to provide the care according to the supplementary insurance policy. You can call upon our Team Medical for this health care mediation. You can also call upon this department for general questions about health care. Issues include finding a health care provider with specific expertise or needing help to find your way in the health care system. We will discuss what your options are.

3 Reimbursements

Article 1 Physiotherapy after an accident

Description

We reimburse the costs of medically necessary physiotherapy or exercise therapy after an accident as described in Appendix 1, if:

- the treatment is given as a direct result of an accident, and
- the accident took place in the Netherlands, and
- the treatment is not covered by the basic health insurance or another supplementary insurance.

Conditions for reimbursement

- We have given prior approval;
- Treatment and screening is performed by a physiotherapist, Cesar or Mensendieck remedial therapist, pelvic therapist, edema therapist, manual therapist or geriatric physiotherapist contracted by us;
- If you go to a non-contracted care provider, we reimburse up to a maximum of the market rate;
- Treatment must be medically effective;
- This compensation only applies to accidents that occurred during the term of this insurance.

Exclusions

In addition to the exclusions described in Appendix 1, you are not entitled to compensation if the complaint arose at your work or during a company outing.

Examples

The following situations are examples where you are entitled to reimbursement:

- a. You fell down a flight of stairs and broke your shoulder.
- b. You have been hit by a bicycle or car.
- c. During a hockey game, your opponent hits your knee with his stick, causing the kneecap to break.

The following situations are examples where you are not entitled to reimbursement:

- a. Participating in a water polo match, while your shoulder has been bothering you for some time.
- b. When moving, you lift a box off the ground and hurt your back.
- c. You tear your Achilles tendon while playing volleyball.

Reimbursement

- Collectief Zeker Pakket A maximum of 9 treatments per calendar year.

Article 2 Royal Doctors Services

Description

You will receive full reimbursement for Royal Doctors' services. Royal Doctors offers the following services:

First Opinion Consultation

With the First Opinion Consultation you will have direct access to the right specialist within 10 days after referral by your GP. And Royal Doctors organizes the consultation for you. This way you can make decisions about your health quickly and with confidence. For whom: anyone with medical complaints who is referred by their GP to a medical specialist. You can call Royal Doctors at telephonenumber 0031 85- 10 70 907.

With which medical complaints can I use this service?

Orthopedic complaints: hip, knee, foot, wrist, shoulder and elbow. Also back and neck problems, cardiology, stomach and intestinal diseases, ear, nose and throat diseases, eye diseases, skin diseases, mental health care and STD clinic.

Second Opinion

The second opinion is carried out by an (international) specialist from the Royal Doctors network. The assessment takes place on the basis of your existing medical file. You will not be physically examined by a Royal Doctors specialist.

Condition for reimbursement

Apply for a Second Opinion by contacting our Service Desk. You can find the phone number and the opening hours at aevitae.com/service-contact.

Complex Illness Solutions

Have you already undergone various treatments, visited several doctors and the complaints are still not resolved? In other words, you are in a hopeless situation and want to know for sure whether and what can still be done to relieve you of your complaints. Please contact Royal Doctors.

Your medical file will then be examined in detail again to find new solutions or to provide relief from the complaints. Royal Doctors can also help you find out what options are still available if you have already undergone countless treatments and nothing helps.

Condition for reimbursement

Apply for Complex Illness Solutions by contacting our Service Desk. You can find the phone number and the opening hours at aevitae.com/service-contact.

Reimbursement

- Collectief Zeker Pakket 100%

Appendix 1 Accident

1.1 What is an accident?

In these policy conditions, 'accident' means the following: a sudden, unintended, external, immediate violent effect on the body of the insured, which is the direct and exclusive cause of objectively medically identifiable physical injury.

The following is equated with an accident:

- a. burn, frostbite, lightning strike, electrical discharge, sunstroke;
- b. drowning, suffocation, ingestion of germs by accidental fall into water or any other liquid or solid substance;
- c. non-bacterial poisoning (not being viruses) insofar as not attributable to alcohol, narcotic, stimulant, sleeping and medicines, including soft and hard drugs;
- d. exhaustion, starvation or thirst as a result of involuntary isolation from the outside world;
- e. wound infection and blood poisoning directly related to an accident;
- f. anthrax (anthrax), ring fire (trichophytia), Bang's disease (brucellosis), sarcoptic mange, cowpox (vaccinia);
- g. aggravation or complications of accidental injuries as a direct result of first aid or medical treatment of accidental injuries;
- h. acute poisoning due to the unintentional ingestion of toxic gases/vapours of solid or liquid substances (not being viruses or bacterial germs).

1.2 What is an accident?

Excluded are accidents that happened to the insured person:

- a. by intent or with the consent of the insured or of a person with an interest in the payment. There is no cover for self-mutilation, suicide or an attempt to do so, regardless of whether the insured is accountable or not in carrying out his intention;
- b. in fights or ventures other than for lawful (self)defence, rescue or preservation of persons, animals or property;
- c. by illness or by medical treatment, including any form of radiation, unless such treatment or radiation took place in connection with an accident or accident consequence for which payment was or will be made by the insurer under this policy;
- d. by committing or participating in a crime or attempting to do so;
- e. by the use of alcohol, or by drugs, narcotics, sleeping, stimulants or similar substances, including soft and hard drugs;
- f. when participating in or preparing for speed, record, performance and reliability competitions with motor vehicles and motor vessels;
- g. in preparation for or participation in combat sports or competitions with motor vehicles, bicycles, horses, ski, sled, ice hockey, go-kart or rugby competitions or during mountain or glacier tours, which are generally not undertaken without a guide, or voyages of discovery;
- h. while practicing any dangerous sport such as abseiling, bungee or base jumping. A sport should be regarded as dangerous if, according to social standards, at the discretion of a referee, it is regarded as such;
- i. as a result of participation in aviation other than as a passenger lawfully residing in an aircraft equipped for passenger transport, while it is used for civil air traffic;
- j. as an amateur glider pilot or as a passenger on a glider, unless participating in civil air traffic and the aircraft is operated by a pilot in possession of a valid glider license;
- k. during or through the practice of underwater sports using so-called "underwater equipment";
- l. because the insured, as driver of a motor vehicle, is under the influence of intoxicants, narcotics, stimulants or similar substances, including alcoholic beverages, soft and hard drugs, unless the insured or the beneficiary proves that there is no causal link between the accident and the use of said substances;
- m. caused by or arising from war, being:
 - an armed conflict: any case in which states or other organized parties fight each other, or at least one the other, with military force. This also includes armed action by military units under the responsibility of international organizations such as the United Nations, the North Atlantic Treaty Organization or the Western European Union;
 - a civil war: a more or less organized violent struggle between inhabitants of the same state, in which a significant part of the inhabitants of that state is involved;
 - an insurrection: organized violent resistance within a state, which is aimed at public authorities;
 - internal disturbances: more or less organized violent acts that occur in different places within a state;
 - a riot: a more or less organized local violent movement directed against public authorities;

- mutiny: a more or less organized violent movement of members of an armed force, in which the movement is directed against the authority under which they are placed;
- n. caused by, occurring during or arising from nuclear reactions, regardless of how the reaction originated. Nuclear reactions are understood to mean any nuclear reaction in which energy is released, such as nuclear fusion, nuclear fission and artificial and natural radioactivity. This exclusion does not apply to damage caused by radioactive materials located outside a nuclear installation and used or intended to be used for industrial, commercial, agricultural, medical, scientific, educational or (non-military) security purposes. This is subject to the condition that a competent authority has issued a license for the manufacture, use, storage and disposal of radioactive substances. However, the exclusion remains in effect to the extent that a third party is liable for the damage suffered on the basis of a law or treaty. 'Nuclear installation' is understood to mean a nuclear installation within the meaning of the Nuclear Accidents Liability Act (Staatsblad 1979-225), as well as a nuclear installation on board a ship;
- o. while the insurance is void;
- p. due to correct or incorrect execution of an order or an order during any condition or action referred to in Article 8.1.n.

1.3 Not covered

The insurance does not cover the occurrence or aggravation of an intestinal hernia (hernia) or intervertebral disc injury (hernia nuclei pulposi).

1.4 Excluded circumstances

We do not reimburse the costs in case the insured:

- a. fails to fulfill an obligation, as a result of which the interests of the insurer have been or will be harmed;
- b. intentionally provides an incomplete or incorrect statement.



More information?

For any questions about the information in these policy conditions, you can contact the experienced staff at our Service Desk.

For our contact options and current opening hours, please visit aevitae.com/service-contact

You can find answers to frequently asked questions at aevitae.com/veelgestelde-vragen

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