

Policy conditions 2026 Inzetbaar Bedrijfszorgmodule



ævitæ

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
I	Definitions	4		III	Reimbursements	16	
II	General	9					
Article 1	Insured care	9		Physiotherapy			16
Article 2	General Provisions	11		Psychological help			17
Article 3	Payments	12		Preventive			17
Article 4	Other liabilities	13		Health check			19
Article 5	Changes to premiums and conditions	14		Informal care replacement			19
Article 6	Start, duration and termination of the additional insurance	14		Informal care broker			20
Article 7	Complaints and disputes	15		Family help in the event of a partner's absence			20
Article 8	Care and waiting list mediation	15		Childcare in case of admission of parent			20
				Overnight stay in a guesthouse			21
				Travel expenses for sick visits			21
				Transport			21

I Definitions

The following definitions shall apply in this insurance agreement:

Additional insurance(s)

The insurance(s) described in these insurance conditions.

Admission

Admission to a (psychiatric) hospital, psychiatric department of a hospital, rehabilitation organisation, convalescence centre or an independent treatment centre, when and as long as it is on medical grounds and nursing, research and treatment can solely be provided in a hospital, rehabilitation organisation or convalescence centre.

Aevitae

The authorised agent to whom power of attorney is given by the healthcare insurer as meant in Article 1.1 of the Financial Supervision Act (Wet op het financieel toezicht; (Wft)) to provide healthcare insurances.

Aids provision

The provision for functional aids and bandages identified in the Dutch Healthcare Insurance Regulations (Regeling zorginsurance), taking into account the regulations with respect to consent requirements, usage time limits and volume regulation requirements set by the insurer.

Basic insurance / Health care insurance

The healthcare insurance as has been established in the Dutch Healthcare Insurance Act (Zorginsurancswet (Zvw)).

BIG Act

Professions act for individual healthcare. In this Act the expertise and competences of the healthcare providers are described. In the corresponding registers the names of the healthcare providers that meet the legal requirements are listed.

Birth centre

A birthing facility in or on the site of a hospital, possibly combined with a maternity care facility.

A birth centre can be equal to a birthing hotel and birthing centre.

Calendar year

The period that runs from January 1 up to and including December 31.

Centre for genetic research

An organisation holding a license based on the Dutch Special Medical Treatments Act (Wet op bijzondere medische verrichtingen) for clinical genetic research and hereditary advice.

Centre for Special Dentistry

A university or equivalent centre for providing dental healthcare in special cases and for which treatments require a team approach and/or special expertise.

Child and adolescent psychologist

A child and adolescent psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act and is registered in the Dutch Child and Adolescent Register of the Dutch Institute of Psychologists (Nederlands Instituut van Psychologen (NIP)).

Clinical psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 14 of the BIG Act.

Collective agreement

A collective agreement of healthcare insurance (collective contract) concluded between Aevitae and an employer of legal entity with the aim of offering the affiliated participants the option to take out healthcare insurance through Aevitae under the conditions described in this agreement and possibly take out additional insurances.

Consent (authorisation)

Written permission for the purchase of particular healthcare provisions that are provided for you by, or on behalf of, us or the insurer prior to the purchase of that particular healthcare provision.

Contract with preference policy

By this we mean an agreement between the insurer and the dispensing party in which specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical healthcare.

Day treatment

Admission shorter than 24 hrs.

Dental hygienist

A dental hygienist that is educated in accordance with the educational requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut') and the Dutch Functional Independence Decree ('Besluit functionele zelfstandigheid (Stb. 1997, 553)').

Dental prosthodontist

A dental prosthodontist who is educated in accordance with the Education Requirements and Field of Expertise dental prosthodontist Decree ('Besluit opleidingseisen en deskundigheidsgebied tandprotheticus').

Dentist

A dentist who is registered in accordance with the conditions in Article 3 of the BIG Act.

Diagnosis Treatment Combination (DBC) healthcare product

From January 1, 2012 new healthcare benefits for medical specialist healthcare are expressed in DBC-Healthcare products. This path is called DOT (DBC towards Transparency). A DBC-Healthcare product is a billable benefit, based on the Dutch Market Regulation Healthcare Act (Wet Marktordening Gezondheidszorg); within specialist medical healthcare that is the result of the entire process from diagnosis by the healthcare provider through to (possible) treatment. The DBC-path starts the moment you report your request for healthcare and is finalised at the end of the treatment, or after 365 days.

Dietician

A dietician that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Dispensing

The dispensing GP or an established pharmacist that is registered in the register of established pharmacists, or a pharmacist assisted in the pharmacy by pharmacists that are registered in this register, or the legal entity that lets the pharmacists provide healthcare and is registered in said register.

Dyslexia (severe)

A reading and spelling disorder as a result of a neurobiological function disorder that is genetically determined and can be distinguished from other reading and spelling problems.

EU and EER member state

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

Based on treaty provisions, Switzerland has an equivalent status.

The EER member states (states that are a party to the Agreement with respect to the European Economic Area) are Liechtenstein, Norway and Iceland.

Family

One adult, or two married or permanently cohabitating persons and their unmarried children, stepchildren, foster children or adopted children up to the age of 30 who are entitled to children's allowance benefits, as set out in the terms of the Dutch Student Finance Act (Wet Studiefinanciering 2000)/ Dutch Study Costs Allowance Act (Wet allowance studiecosten) or on extraordinary expense deductions under the tax laws.

Fraud

Intentionally committing or attempting forgery, deception, fraud of creditors or beneficiaries and/or embezzlement in the creation and/or implementation of an agreement of a damage insurance, aimed at obtaining benefits, reimbursement or performance for which one is not eligible, or to obtain an insurance coverage under false pretences.

GGZ organisation

An organisation that provides medical healthcare with regard to a psychiatric disorder and is authorised as such.

GP

A physician who is registered as a GP in a register set up by the Dutch GP, Specialist Geriatric Physician and Physician for the Mentally Disabled Registration Committee (Huisarts, Verpleeghuisarts en arts voor verstandelijk gehandicapten Registratie Commissie (HVRG)) or acknowledged GPs of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) and usually has a general practice as a GP.

Healthcare group

This is a group of healthcare providers from different disciplines that together provide multidisciplinary care.

Healthcare hotel

An organisation contracted by the insurer in which 24 hrs healthcare and services are guaranteed in a hotel-like setting and at the least comprising of nursing and nursing care.

Healthcare insurer

The insurance company that is authorised as such and offers (supplementary) insurances in accordance with the Healthcare Insurance Act. On your healthcare policy it is stated which company this concerns.

Healthcare provider

The healthcare provider or healthcare providing organisation that provides healthcare.

Healthcare psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Hospital

An Organisation for Specialist Medical Healthcare (instelling voor medisch specialistische zorg (IMSZ)) for nursing, research and treatment of the sick, that is authorised as such in accordance with the rules as set by law.

Laboratory research

Research by a legally accredited laboratory.

Independent treatment centre

An Organisation for Specialist Medical Healthcare (instelling voor medisch specialistische zorg (IMSZ)) for research and treatment that is authorised as such in accordance with the rules as set by law.

Insured party

Each person stated as such on the policy sheet.

Insured person

The person who has taken out the insurance agreement with us.

Insurer

The healthcare insurer that is authorised as an insurance company and offers (supplementary) insurances in accordance with the Healthcare Insurance Act.

Logopedist

A logopedist that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Maternity care

The healthcare provided by a qualified midwife or a nurse working as such.

Maternity centre

An organisation that provides obstetric healthcare and/or maternity which offers and meets the requirements established by the Act.

Medical advisor

The physician who advises us in medical matters.

Medical specialist

A physician who is registered in the specialist register of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) set by the Medical Specialists Registration Committee (Medische Specialisten Registratie Commissie (MSRC)).

Multidisciplinary care

A healthcare programme organised around a particular condition.

Multidisciplinary cooperation

Integrated (multidisciplinary) healthcare that is provided by several healthcare providers with different disciplinary backgrounds in collaboration with one another and where direction is required to tailor the healthcare process around the insured party.

Obstetrician

An obstetrician who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Occupational physician

A physician who is registered as an occupational physician in the register set up by the Social Physicians Registration Committee (Sociaal Medische Registratie Commissie (SGRC)) of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) and acts on behalf of the employer or the Health and Safety Service (Arbodienst) the employer is affiliated to.

Occupational therapist

An occupational therapists that meets the requirements as stated in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Oral surgeon

A dental specialist who is registered in the specialist register for oral diseases and maxillofacial surgery of the Dutch Dental Association (Nederlandse Maatschappij tot Bevordering der Tandheelkunde).

Organisation

- 1 An organisation as defined in the Dutch Care Institutions Accreditation Act (Wet toelating zorginstellingen);
- 2 A legal entity established abroad that provides healthcare in the respective country within the scope of the existing social security system in that country or focuses on providing healthcare to specific groups of public officials.

Orthodontist

A dental specialist who is registered in the specialist register for dentomaxillary orthopaedics of the Dutch Dental Association (Nederlandse Maatschappij tot Bevordering der Tandheelkunde).

Pelvic physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as meant in Article 3 of the BIG Act and who is also registered as a pelvic physiotherapist in the pelvic physiotherapy register of the Central Quality Register (Centraal Kwaliteitsregister (CKR)) of the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF)).

Pharmaceutical healthcare

By pharmaceutical healthcare we mean:

Providing the medicines and dietary preparations and/or advice and guidance such as pharmacists are supposed to offer as pointed out in this insurance agreement for medication assessment and responsible use, all this should take into account the Dutch Rules of Procedure Pharmaceutical Healthcare (Reglement Farmaceutische Zorg) established by the insurer.

Pharmacy

By pharmacy we mean: (internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

Physician

The person who is authorised to practice medicine, based under Dutch law, and as such is registered at the competent authority under the BIG Act.

Physician for youth healthcare

The physician working as defined in the Act on the youth healthcare.

Physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as defined in Article 3 of the BIG Act. Under physiotherapist we also include a remedial masseur as meant in Article 108 of the BIG Act.

Podiatrist

A podiatrist who meets the requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Policy sheet

The healthcare policy (certificate) in which the basic insurance and additional insurances between you (the insured person) and the healthcare insurer are recorded.

Preferred medicines

The medicines preferred by the insurer, within a group of identical, interchangeable medicines.

Primary psychologist

A healthcare psychologist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act and meets educational and quality requirements as included in the Dutch Qualification Scheme for Primary Psychologists of the Dutch Institute for Psychologists (Kwalificatieregeling Eerstelijnspsychologen van het Nederlands Instituut of Psychologen (NIP)).

Psychiatrist/neurologist

A physician who is registered as a psychiatrist/neurologist in the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst) Specialist register set by the Medical Specialists Registration Committee (Medische Specialisten Registratie Commissie (MSRC)). Wherever it says psychiatrist, this can also be read as neurologist.

Psychotherapist

A psychotherapist who is registered in accordance with the conditions as defined in Article 3 of the BIG Act.

Registered Orthopedagogue

A Registered Orthopedagogue who is registered in the NVO Orthopedagogue Register of the Dutch Society of Pedagogues and Educators (Nederlandse Vereniging van pedagogen and onderwijskundigen (NVO)).

Rehabilitation

Research, advice and treatment by a specialist medical, paramedical, behavioural and rehabilitative nature. This healthcare is provided by a multidisciplinary team of experts, led by a medical specialist and linked to an organisation for rehabilitation in accordance with, or authorised by, the regulations of the Act.

Remedial therapist

A remedial therapist that meets the requirements as defined in the Dutch Occupational Therapists, Speech Therapists, Dental Hygienist, Remedial Therapists, Orthoptists and Podiatrists Decree ('Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut').

Sexologist

Primary psychologist, physician or nurse that holds registration as a sexologist from the Dutch Association for Sexology (Vereniging for Seksuologie (NVS)).

Skin therapist

A skin therapist who is educated in accordance with the Dutch Decree for Educational Requirements and Field of Expertise Skin Therapist (Besluit opleidingseisen en deskundigheidsgebied huidtherapeut (Stb. 2002, nr. 626)). This decree is based on Article 34 of the BIG Act.

Specialist geriatric medicine

A physician that has completed the course for specialist geriatric medicine and is registered in the register of geriatric medicine specialists of the Royal Dutch Society for the Advancement of Medicine (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst). This specialism has only been in existence since January 1, 2009. This specialism is a succession of Nursing Home Medicine. Physicians that started their education prior to January 1, 2009, are registered as a nursing home physician, but are now also called geriatric medicine specialists.

Specialist mental healthcare

Diagnosis and specialist treatment of complex psychiatric disorders. The involvement of a specialist (psychiatrist, clinical psychologist or psychotherapist) is required.

Sports medical examination

Taking an anamnesis (general and sports specific), performing a physical examination and performing (sports specific/ additional) examination of the postural and movement apparatus, cardiovascular system and lungs in order to give (inexperienced) athletes a direct and responsible movement and sporting advice. There is no basis for care demand.

Sports physical examination

Sports associations require athletes to undergo a physical examination in order to practice the respective sport. (Sports) academies require potential students to undergo a physical examination in order to be admitted. There is no basis for care demand.

Stay

Admission with a duration of 24 hrs or longer.

Treaty country

Each state with which the Netherlands has concluded a treaty with respect to social security and in which an arrangement for providing medical healthcare is included. These are Australia (only on temporary stays), Bosnia and Herzegovina, Cape Verde, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.

We/us

Aevitae.

Wlz

The Long Term Care Act (Wet langdurige zorg).

Wmg-rates

Rates as established by or pursuant to the Market Regulation Healthcare Act (Wet Marktordening Gezondheidszorg (Wmg))

Wmo

The Social Support Act (Wet maatschappelijke ondersteuning).

You/your

The insured person. This is mentioned on the policy sheet as 'you (the insured person)' and means the person who took out the insurance with us.

Youth Healthcare Centre

A centre as meant in Article 4 of the Youth Healthcare Act.

II General terms and conditions

Welcome to Aevitae

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 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 Terrorisemeschaden 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 health care 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;
- 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 debit from your account, you (policyholder) will receive a notification of the direct debit 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 Alterations to the premium and the terms and conditions

5.1 Alterations to the premium and the terms and conditions

We have the right to alter the premium, as well as the terms and conditions, of the supplementary insurance at any time. We will inform you, as the policy holder, of this in writing. Any alterations will be implemented on a date to be 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 Commencement, duration and termination of the supplementary insurance

6.1 Commencement and duration

The insurance agreement comes into force on the day on which the health care insurance commences or the first day of the calendar year. If you apply for health care insurance from us, then you give us permission to terminate your old health care insurance with a Dutch insurer. This permission also applies to the supplementary insurance. If the supplementary insurance does not have to be terminated, then you must state this on the application form.

The supplementary insurance is entered into for the calendar year in which the supplementary insurance takes effect. After this period has expired, the supplementary insurance will be automatically extended for a period 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

You can alter your supplementary insurance. The stipulations of 6.2.2 will then apply. The person covered by the insurance policy must inform us of the alteration by no later than 31st December. 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 Termination, annulment or suspension of the supplementary insurance

We can terminate, annul or suspend the supplementary insurance in writing:

- On account of non-timely payment of money owed as stated in article 3.5.
- If fraud has been committed (see article 2.4).
- If you have deliberately not provided us with information, have deliberately provided us with incomplete information or have deliberately provided us with incorrect information which is (or can be) disadvantageous to us.
- If you have acted with the purpose to mislead us or if we would not have provided supplementary insurance if we had known the real state of affairs. In these cases, we can terminate the supplementary insurance within two months of discovery with immediate effect. In these cases, we are not obliged to pay any compensation or can opt to reduce the compensation. We can settle any money to be reclaimed with outstanding payments for compensation.

Article 7 Complaints and disputes

7.1 Complaint Management

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 en 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@financialarbiter.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, PostbusBox 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 a 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 our Team Medical 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.

III Reimbursements

1. Physiotherapy

1.1 Physiotherapy

Description

We reimburse the costs of:

- physical therapy by a (pediatric) physical therapist, pelvic floor physical therapist, psychosomatic physical therapist, or geriatric physical therapist;
- exercise therapy by a (pediatric) exercise therapist or psychosomatic exercise therapist;
- manual physical therapy by a manual physical therapist;
- lymphedema therapy by a physical therapist or skin therapist.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- A separate intake counts as a treatment.
- The healthcare provider meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- We reimburse a maximum amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- If the healthcare provider does not have a contract, the reimbursement may be lower than with a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the [Lijst maximale Reimbursementen niet-gecontracteerde zorgverleners](#).
- The amount of the reimbursement depends on which basic health insurance is listed on the policy. If there is no basic health insurance listed on the policy, the terms and conditions of our in kind policy apply.

Exclusion

We do not reimburse the costs of pregnancy gymnastics, sports massage, occupational and recreational therapy, or forms of fitness with the goal of improving fitness through training.

Reimbursement

- Inzetbaar Bedrijfszorgmodulel We reimburse a maximum of 30 treatments per calendar year, of which a maximum of 9 treatments are manual therapy per condition.

1.2 Fysio Zelfcheck app (Physio Self Check app)

Description

Fysio Zelfcheck is an app developed by and from physiotherapists. The Fysio Zelfcheck offers accessible exercises, information and tips with which you can actively work on solving your complaints. It is suitable if you suffer from mild musculoskeletal complaints, such as painful shoulders, lower back pain or complaints during/after exercise.

You will have full access to the Fysio Zelfcheck via Mijn Aevitae. Via Mijn Aevitae you will go to a registration page of the Fysio Zelfcheck app. You can download the Fysio Zelfcheck via the app store (IOS and Android). For more information, please refer to fysiozelfcheck.nl.

About Fysio Zelfcheck

In many people, common, mild musculoskeletal complaints reduce or disappear within a few weeks with rest and simple exercises. The Fysio Zelfcheck can help in these situations. Users of the Fysio Zelfcheck start by completing a questionnaire. These are questionnaires that comply with the current guidelines of the profession. Based on this, the user is presented with information, tips and a series of exercises. The user can get started with the exercises with various instructional videos and vlogs from, often specialist physiotherapists. If the questionnaire shows that additional help is needed, you will be advised to make an appointment with a (specialized) physiotherapist or general practitioner.

Reimbursement

- Inzetbaar Bedrijfszorgmodulel 100%

2. Psychological help

A. Treatment for work-related problems or relationship problems

Conditions for Reimbursement

Treatment is carried out by a primary care psychologist, clinical psychologist, healthcare psychologist or occupational psychologist NIP. You are not entitled to reimbursement from your health insurance. Costs that are covered by the deductible of the health insurance or are not paid in full on the health insurance will not be paid in addition to this supplementary insurance.

Details

Primary psychological care is a short-term treatment of mild, non-complex psychological or psychological problems.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 500 per calendar year for the combined costs of A and B

B. Mindfulness for burnout symptoms

Conditions for Reimbursement

We would like to receive a certificate of participation from you. This can be, for example, proof of registration/participation or proof of payment. The trainer must be a member of the Association for Mindfulness (V.V.M) and/or the Association of Mindfulness Based Trainers in the Netherlands and Flanders (V.M.B.N). For a training course that starts in one calendar year and continues into the following calendar year, Reimbursement will be granted once.

We reimburse the following treatments, courses, consultations and tests. The Reimbursement is € 750.00 and capped for all treatments below together and not per type of care.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 500 per calendar year for the combined costs of A and B

3 Preventive

A Preventive Courses

An allowance for preventive courses aimed at losing weight, quitting smoking and heart problems.

Conditions for Reimbursement

- The courses must be organized by a home care agency;
- You will need to provide us with an original proof of registration and payment.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

B EHBO course

The courses must be given by a first aid association, Oranje Kruis, or training institute that is recognized by the NIBV.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

C Resuscitation course

Resuscitation course given by a CPR partner of the Dutch Heart Foundation.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

D Lifestyle training

Lifestyle training organized by the Lifestyle Training Center.

The following basic training courses are eligible for Reimbursement:

- training for cardiac patients;
- training for whiplash patients;
- training for people with burnout;
- training stress reduction in people with stuttering problems.

Condition for Reimbursement

You must have been referred by a general practitioner or medical specialist.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

E Weight consultant

Description

We reimburse the costs of education and advice from a weight consultant regarding nutrition and dietary habits without a medical purpose.

Conditions for reimbursement

The weight consultant meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

F Sports medical examination

Description

We reimburse the following costs in a sports medical facility:

- Sports medical examination
- Sports assessments
- Exercise tests
- Injury consultations

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- The care is not medically necessary.
- The sports physician or sports medical facility meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

G Care by a Menopause Consultant

We reimburse 8 consultations up to a maximum of € 40.00 per consultation for information and advice/treatment of women in the menopause by a menopause consultant.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

H Flu vaccination

Description

We reimburse the costs of the flu vaccine administered by a doctor or general practitioner.

Exclusion

We do not reimburse the costs of vaccinations within the framework of the National Influenza Prevention Programme (risk groups).

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

I Vaccinations and preventive medicines in connection with a stay abroad

Description

We reimburse the costs of consultations, necessary vaccinations (inoculations), and/or preventive medicines when you are traveling abroad. Necessary vaccinations and/or preventive medicines are defined as those deemed necessary according to the advice of the National Coordination Centre for Travel Advice (LCR). You can view the recommended vaccinations per country on the website: www.lcr.nl/Landen.

Condition for reimbursement

- The consultation, necessary vaccinations, and/or the prescription for preventive medicines must be provided by Reisprik.nl. You can find a location near you using the Zoekjouwzorgverlener tool.
- The prescribed medicines must be supplied by a pharmacy or a dispensing general practitioner with whom we have a contract.

Exclusions

- We do not reimburse the cost of over-the-counter medicines that are not included in the 'Regeling zorgverzekering'. Over-the-counter medicines are those you can purchase in the Netherlands without a prescription.
- We do not reimburse costs if the consultation, vaccinations, and/or preventive medicines are obtained from a non-contracted healthcare provider.

Reimbursement

- Inzetbaar Bedrijfszorgmodule Maximum of € 750 per calendar year for the combined costs of A and I

4 Healthcheck

We reimburse the costs of a health check that can help detect health risks in a timely manner.

The reimbursement covers the following components:

- A general health questionnaire.
- Measurement of blood pressure, waist circumference, and BMI (Body Mass Index).
- Blood tests: cholesterol and glucose.
- Urine tests: protein, blood, and glucose.
- Lung function test.
- Visual examination.
- Bicycle stress test.
- A written final report with advice and the results of the examinations.

Conditions for reimbursement:

- There is no entitlement to reimbursement from the basic health insurance.
- The health check is conducted by Care for Human (www.careforhuman.nl), HealthCheckCenter (www.healthcheckcenters.nl), or Persoonlijkegezondheidscheck.nl.
- The invoice should indicate which examinations are part of the health check.

Reimbursement

Once every three calendar years, the basic health test / Preventive Medical Examination (PMO).

5 Informal care replacement

Description

We reimburse the costs of temporary replacement of informal care in the absence of the informal caregiver for a consecutive period of days. The replacement informal care can be requested by the person providing informal care.

Informal care is defined as the unpaid and long-term (at least 8 hours per week for at least 3 months) care provided to a chronically ill or disabled individual within one's immediate social environment.

Conditions for reimbursement

- We have granted prior authorization. Afterward, please request care from the care provider at least 8 weeks in advance.
- Care is preferably provided by Handen in Huis (www.handeninhuis.nl) or Saar aan Huis (www.saaraanhuis.nl).
- Care is provided for a consecutive period of days due to the absence (vacation, hospitalization, leave, or illness) of the informal caregiver.
- Only the insured informal caregiver is eligible for reimbursement.
- If there are multiple informal caregivers for one individual in need of care, reimbursement will be granted to one informal caregiver.

Exclusions

We do not reimburse:

- The costs of household support, such as cleaning.
- The travel expenses of the substitute family caregiver.

Reimbursement

Maximum of €150 per day up to €1.500 per year

9 Informal care broker

Description

We reimburse the costs of an informal care consultant for professional support of the informal caregiver. An informal care consultant, in consultation with the informal caregiver, takes over organizational tasks related to care, well-being, or finances to prevent the informal caregiver from becoming overloaded. The informal care consultant can be engaged by the person providing informal care. The informal care consultant can be found through BMZM (www.bmzm.nl).

Condition for reimbursement

The informal caregiver is insured for this reimbursement.

Reimbursement

100%

10 Family help in the event of a partner's absence

Description

If your partner is ill and is therefore unable to take on the care of the child(ren), you are entitled to family help. We reimburse up to and including the calendar year in which your youngest child turns 12 years old. He or she must also be insured with us.

Conditions for Reimbursement

The family help must be provided by a home care organization with the HKZ quality mark. To claim family help, you must first contact our Service Desk. If the claim is approved, you can call in family help yourself and submit the invoice.

Reimbursement

A maximum of € 20.00 per hour for children up to and including 12 years of age, a maximum of 40 hours per calendar year.

11 Childcare in case of admission of parent

Conditions for Reimbursement

In the event of hospitalisation of you or your partner who is also insured with us. We reimburse up to and including the calendar year in which your youngest child turns 12 years old. He or she must also be insured with us. We only reimburse the costs of extra childcare due to the hospitalization. We do not pay the costs of regular childcare. You must provide a statement from the hospital about the number of days in hospital.

Details

Childcare will be provided at your home within a maximum of two working days, unless you want the help at a later time.

Reimbursement

A maximum of € 25.00 per day for a maximum of 30 days per calendar year for children up to 12 years old.
To apply for childcare, please contact us during office hours on 088 - 35 35 763.

12 Overnight stay in a guesthouse

Description

We reimburse the costs of:

- stay in a guest house during day treatment in a hospital or mental health institution;
- stay of co-insured family members in a guest house attached to a hospital or mental health institution in which the insured person is admitted

Conditions for Reimbursement

- The admission takes at least two consecutive days.
- The costs are claimed through the [Declaratieformulier bezoek- en verblijfskosten voor alle bezoekers](#).
- The hospital or mental health institution is located at least 40 km and at most 200 km from the home address.

Reimbursement

100% of the personal contribution for parents or partners at a Ronald McDonald House or a family or guest house connected to the hospital.

13 Travel expenses for visiting the medical

Description

We reimburse the travel expenses of co-insured family members in connection with visits to the insured person admitted to a hospital or mental health institution.

Conditions for Reimbursement

- The admission takes at least two consecutive days.
- The costs are claimed through the [Declaratieformulier bezoek- en verblijfskosten voor alle bezoekers](#).
- The hospital or mental health institution is located at least 40 km and at most 200 km from the home address.

Reimbursement

We reimburse per family per day 1x the outward journey and 1x the return journey over the shortest possible route. We calculate the distance via www.routenet.nl. You must provide a statement from the hospital or rehabilitation clinic about the number of days in hospital.

14 Transport

Taxi transport

We reimburse a maximum of € 250.00 per calendar year for taxi transport between the place of residence or residence of the insured and the place of work insofar as transport by public transport or private car is not possible due to medical reasons.

Conditions for Reimbursement

- The transport is carried out by a carrier with whom the health insurer has concluded an agreement and on referral from the company doctor.
- The application must be accompanied by a statement from the company doctor stating that transport by public transport or private car is not possible due to a serious limitation of mobility.



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

Aevitae

Nieuw Eyckholt 284

6419 DJ Heerlen

P.O. Box 2705

6401 DE Heerlen

KvK 31047513

info@aevitae.com