

Fertility treatment abroad

Conditions and application procedure

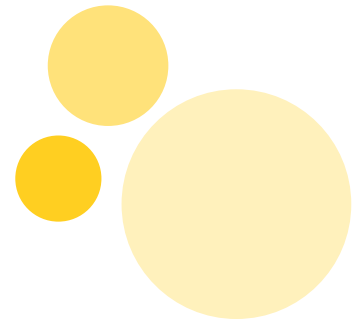


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1 Introduction

Fertility treatment abroad

You may be eligible for reimbursement of examinations and treatments abroad related to a desire to have children in case of fertility problems.

In the Netherlands, fertility treatments are part of specialist medical care. This also applies if you wish to receive this care abroad. We assess and reimburse care abroad based on Dutch laws and regulations and the applicable conditions of your health insurance policy.

Please note: The reimbursement for fertility treatments is always registered under the name of the woman undergoing the treatment, even if the cause of the fertility problem lies with the man. In most cases, the man will also undergo (diagnostic) tests and examinations. These costs are covered by the man's own health insurance.

2 IVF and ICSI treatments abroad must be requested in advance

Are you planning to undergo an IVF or ICSI treatment (with or without Pre implantation Genetic Diagnosis (PGD)) with a non contracted healthcare provider abroad? If so, always request approval from us in advance.

Below you can read how to do this, so you won't face any unexpected surprises. If you receive our approval, the letter will also state the amount of reimbursement you are entitled to.

Please note: For each new IVF or ICSI attempt, you must submit a new request for approval.

Submitting a request

For certain fertility treatments, we require specific information. We need this information to determine whether your treatment is eligible for reimbursement. This applies to IVF and ICSI treatments abroad, both with and without PGD.

Which information do we need?

- A valid referral from your Dutch general practitioner or Dutch medical specialist. This referral must describe your medical history, including any previous fertility treatments.
- A detailed medical treatment plan:
 - Written in Dutch, German, English, Spanish, or French
 - On official letterhead of the hospital/clinic/fertility center
 - Signed by the treating physician
 - The treatment plan must include at least:
 - your medical history, including previous fertility treatments
 - the diagnosis
 - a description of the examinations and/or treatments and techniques used
 - a description of the medications
 - an itemized cost estimate
 - for treatments involving PGD: the medical indication provided by the treating specialist

Once your request has been submitted and is complete, you will receive a letter from us within 15 to 20 working days. This letter will state whether your treatment is eligible for reimbursement and the amount you are entitled to.

3 In these cases your treatment is eligible for reimbursement

When are you eligible for reimbursement?

Age

- As a female insured person, you may be eligible for reimbursement of examinations and fertility-enhancing treatments abroad up to and including the age of 42. If you are 43 or older, you are no longer entitled to reimbursement. If you started the treatment attempt while you were still 42, the ongoing attempt will still be reimbursed after your 43rd birthday.
- For male insured persons, there is no age limit.

Number of attempts

- IUI and KID: no maximum number of attempts.
- IVF and ICSI: a maximum of 3 attempts per pregnancy of at least 10 weeks.

A “pregnancy” is defined as an ongoing pregnancy of at least 10 weeks, counted from the moment of follicle puncture. Fertilization of the egg takes place immediately after the puncture. For cryopreserved embryos (cryo transfers), an ongoing pregnancy is defined as at least 9 weeks and 3 days after implantation.

When does a treatment count as an attempt?

- An IVF or ICSI treatment counts as an attempt once a follicle puncture has been performed. This also counts as an attempt if no mature egg is retrieved.

When are you entitled to three new attempts?

- After changing partners, you regain entitlement to a new IVF/ICSI treatment cycle if there is joint infertility.
- After a pregnancy lasting longer than 10 weeks (see definition above).
- After the birth of your child.

Number of embryo transfers per attempt

The maximum number of embryos that may be transferred per attempt depends on your age:

- Women under 38: 1 embryo in the 1st and 2nd attempt; 2 embryos in the 3rd attempt.
- Women aged 38 to 42: a maximum of 2 embryos per attempt.

4 In these cases your treatment is not eligible for reimbursement

When are you not eligible for reimbursement?

• *After 3 unsuccessful attempts*

After three unsuccessful attempts in the Netherlands and/or abroad, you are no longer entitled to additional attempts under the basic health insurance. This also applies in a new calendar year or if you switch to a different health insurer. For the counting of attempts, it does not matter where the IVF/ICSI treatments took place. If you paid for an attempt yourself, this attempt also counts toward the total number.

• *The treatment does not meet the standards of science and practice*

In some countries, additional treatments may be offered alongside standard fertility treatments. It is possible that these treatments are not eligible for reimbursement, because they do not (yet) meet the Dutch standards of science and practice. This means that, according to Dutch medical guidelines, these treatments are not yet sufficiently supported by scientific research and clinical experience.

Examples include:

- Assisted hatching
- Lipid Infusion
- NK cell testing
- Scratching
- Time-lapse imaging

- **Fertility treatment for lesbian couples and women without a partner**

If you are a lesbian couple or a single woman seeking fertility treatment, this concerns a KID treatment (Artificial Insemination with Donor Sperm). Without a medical necessity, this treatment unfortunately cannot be reimbursed under your health insurance. Therefore, a KID treatment without a medical indication abroad cannot be requested.

Subsidy possibilities for fertility treatments without medical necessity

The government offers a subsidy program intended for basic fertility examinations and fertility treatment through KID (Artificial Insemination with Donor Sperm). You can find more information about this on the website of the Dutch National Health Care Institute (Zorginstituut Nederland).

- **Egg and sperm donation are not reimbursed**

Under the basic health insurance, only treatments that are medically necessary are reimbursed. In the case of egg or sperm donation, there is no medical necessity for the donor. Therefore, treatments performed for the purpose of donating eggs or sperm are not reimbursed under the basic insurance.

Egg donation for intended mothers with a medical indication

Women who wish to become mothers are also referred to as intended mothers. If you, as an intended mother, have a medical indication for egg donation, then only the treatments performed on the intended mother are eligible for reimbursement. All healthcare costs related to the donor are not eligible for reimbursement.

Please note: Egg or sperm donation may never be anonymous. This is prohibited under Dutch law (“Donorgegevens kunstmatige bevruchting”). If you choose to use an anonymous donor, your entire treatment will not be eligible for reimbursement.

- **The treatment is not efficient**

Reimbursement for a fertility treatment depends on several conditions. Reimbursement for a treatment is only possible if it is the most suitable option for your medical situation and if it offers the highest chance of success. If information from your healthcare provider shows that this is not the case, the costs of your treatment will not be eligible for reimbursement.

5 How it works with hospitals/clinics/fertility centers (without a contract)

The amount of the reimbursement

If you are eligible for reimbursement of your treatment, the reimbursement will be based on the rate applicable in the Netherlands. The maximum reimbursement is based on the diagnosis treatment combination (DBC). This is an administrative code that describes the entire course of care. Each DBC has its own rate. Depending on the type of insurance policy you have, you may receive a percentage of this rate.

Please note: All consultations, examinations, and treatments related to your fertility treatment program are included in the same DBC care product. Fertility examinations and treatments abroad are often significantly more expensive than in the Netherlands. This may mean that you will have to pay a (substantial) amount yourself. This is in addition to the mandatory and any voluntary deductible you must pay.

Advance payment

Please note: Most foreign healthcare providers without a contract require an advance payment or the full amount before the treatment begins. You must pay these costs yourself upfront. If you submit the advance invoice to us, we cannot reimburse it.

Submitting a claim

To ensure that we can process the correct reimbursement, it is highly recommended that you submit all invoices related to your fertility treatment at once.

6 Fertility-enhancing medication

Fertility-enhancing medication

Fertility-enhancing medication prescribed abroad is reimbursed if it is also reimbursed in the Netherlands. Certain medications fall under the DBC rate. This means that you will not receive a separate reimbursement for them. Some fertility-enhancing medications are eligible for separate reimbursement. The table below shows which medications are reimbursed and in what way.

Medication not covered by the DBC	Medication covered by the DBC
Amelgen	Cetrotide
Bemfola	Choriomon
Cetura	Decapeptyl
Crinone	Fyremadel
Cyclogest	Ganiran
Duphaston	Ganirelix
Elonva	Gonasi
Estradiol	Orgalutran
Estrofem	Ovitrelle
Evopad	Pamorelin
Fermara	Pregnyl
Fostimon	Salvacyl
Gonal-F	Triptofem
Granocyte	
Inprosub	
Lutinus	
Lutrelf	
Luveris	
Menogon	
Menopur	
Meriofert	
Ovaleap	
Pergoveris	
Progeffik	
Progynova	
Prolutex	
Puregon	
Rekovele	
Suprefact	
Utrogestan	
Zumenon	

We recommend obtaining your medication from the hospital or center where the fertility treatment takes place. If your foreign healthcare provider cannot supply these medications, it is possible to obtain them from another hospital, fertility center, or pharmacy service.

[Apotheekzorg](#) provides medication tailored to your needs and delivers it to your home. After receiving our approval, they also submit claims directly to us.

How to submit a claim if you obtain the medication in the Netherlands

When submitting your invoice, please include at least the following information:

- The name of the medication
- The dosage
- The quantity dispensed

It is important that you submit the medication invoice together with the invoice for the fertility treatment. If you do not do this, there is a chance that the medication invoices will initially be rejected. If this happens, you can contact our Service Desk.

7 How to apply and (after approval) submit claims

You can safely and easily apply for approval via [Mijn Aevitae](#). In the main menu, go to “Service en contact”, then click “Zorg in het buitenland aanvragen”, and select “Fertiliteitsbehandeling”.

Via Mijn Aevitae, you can also easily and quickly submit your invoices to us.

Do you have any questions?

We understand that you (or your partner) may still have questions after reading this letter. You can ask us your questions via the secure contact form in [Mijn Aevitae](#) or on our website. We are happy to help you.