a.s.r.
ik kies zelf

a.s.r.
de nederlandse
verzekerings
maatschappij
voor alle
verzekeringen

Ik kies zelf van a.s.r. Terms and Conditions Supplementary Health Insurance 2024

Inhoud

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1. How does your Supplementary Health Insurance work

Ik kies zelf van a.s.r. allows you to determine for which types of care you wish to take out insurance. In addition to 'compulsory' basic insurance, you can choose between a number of attractive supplementary health insurance policies.

Supplementary insurance:
- ZorgBasis
- ZorgGoed
- ZorgBewust (The possibility to take out a new ZorgBewust supplementary insurance policy ended on 1 January 2024. If you already had a ZorgBewust policy on that date, it will remain valid until the moment you terminate it or opt for a different supplementary insurance policy. The condition for the ZorgBewust can be found in a separate document).
- ZorgBeter
- ZorgBest (The possibility to take out a new ZorgBest supplementary insurance policy ended on 1 January 2020. If you already had a ZorgBest policy on that date, it will remain valid until the moment you terminate it or opt for a different supplementary insurance policy. The condition for the ZorgBest can be found in a separate document).

Detal insurance :
- Tandbewust
- TandGoed
- TandBeter
- TandBest (The possibility to take out a new TandBest supplementary insurance policy ended on 1 January 2023. If you already had a TandBest policy on that date, it will remain valid until the moment you terminate it or opt for a different supplementary insurance policy. The condition for the TandBest can be found in a separate document).

Glasses or contact lenses insurance:
- Glasses & contact lenses.

Any questions?
Then you can always contact us. View our contact details at www.asr.nl/contact/zorgverzekering or call us directly +31 (0)30 699 79 30.

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2. What will be reimbursed?

2.1 Physiotherapy/Manual therapy/Remedial therapy (Cesar/Mensendieck) including screening

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
- 3 treatments per calendar year - Access to a.s.r. Thuisfysio app	- 9 treatments per calendar year - Access to a.s.r. Thuisfysio app	- 12 treatments per calendar year - Access to a.s.r. Thuisfysio app

Terms and Conditions:
- If you go to a non-contracted practitioner, we will reimburse up to 75% of the average contracted rate.
- Treatment will be carried out by a (paediatric) physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic therapist, oedema therapist, manual therapist or geriatric physiotherapist.
- The treatment must be medically effective.
- Scar therapy and oedema therapy may also be provided by a skin therapist.
- Screening does not count towards the number of treatment sessions.
- The treatments may also take place in another EU, EEA and/or treaty country. It will not be necessary for you to make an application to us for this. The conditions of this specific article will remain in effect.
- When a treatment is performed at a location other than the healthcare provider's practice, e.g. at home or in an institution, this requires a statement from a general practitioner or medical specialist from which it is event that there is a medical necessity for the treatment at home or in an institution. This only applies if you go to a non-contracted physiotherapist or remedial therapist.

Explanation:
- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the basic insurance policy commencing from the 21st treatment. Appendix 1 to the Healthcare Insurance Decree and the list of contracted healthcare providers are available on www.asr.nl/verzekeringen/zorgverzekering.
- For some conditions, a number of treatment sessions qualify for direct reimbursement under your basic insurance. See the terms and conditions of the basic insurance for a list of the eligible conditions.
- The policy excess may apply to the reimbursement under the basic insurance.
- We do not reimburse the costs of manual therapy provided by an alternative healer or alternative therapist.

a.s.r. Thuisfysio app
When you take out health insurance with a.s.r., in addition to receiving treatment, you can use our Thuisfysio app. This app allows you to do an unlimited number of exercises in any location free of charge whenever it suits you. With the app, you can also easily and quickly make an appointment for a video consultation if you need advice or guidance. The video consultation will be charged to your supplementary insurance policy as one treatment.

If your health complaints have been resolved after doing the exercises shown in the app, you will have treatments left over that you can take at a later time. If you still need treatment after using the app, it is obviously advisable to make an appointment with a (contracted) physiotherapist in your local area. This way, you get the most out of your physiotherapy cover.

How it works
- Download the a.s.r. Thuisfysio app.
- Do the physiotherapy check in the app.
- If your health complaints match with the offering in the app, start doing exercises straightaway or make an appointment for a video consultation.
  The a.s.r. Thuisfysio app also offers (free) exercises for during and after pregnancy.

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2.2 Non urgent medical care abroad

General:
- In the event of emergency care, please contact our SOS International emergency service for advice and mediation services. You can call them on +31 (0)30 257 35 75 (available 24 hours a day).
- You must apply for non-urgent care from us in writing in advance via our Abroad application form, which is available on www.asr.nl/verzekeringen/zorgverzekering/zorg-in-het-buitenland. You will require our prior written permission for this type of care. There are several exceptions for which it will not be necessary to submit an application to us. These exceptions are:
  - Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck) including screening (see Article 2.1 for the specific conditions applicable);
  - Orthodontics (see Article 2.5 for the specific conditions applicable).
- For more information on care abroad and our 'Care Abroad' brochure, please visit www.asr.nl/verzekeringen/zorgverzekering/zorg-in-het-buitenland.

Terms and Conditions:
- We will only reimburse medical care if the treatment would also be reimbursed in the Netherlands under the insurance policy.
- Payment will be made in the Netherlands in Dutch legal tender, taking into account the rate of exchange applicable on the date that the claim is accepted for processing by the health insurance company. We apply the exchange rates listed on www.oanda.com.
- You must submit the discharge letter and invoice in Dutch, German, English, French or Spanish. If the discharge letter and invoice have been provided to you in any other language, it is your responsibility to provide us with a translation produced by a certified translator. If and for as long as the invoice is not made out in one of those languages or no translation by a certified translator is provided, the invoice will not be processed. The right to reimbursement will be void after three years.

Non-urgent care in the EU, EEA or a treaty country (resident in the country where care was provided)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance

Terms and Conditions:
- It does not concern urgent care.
- You must live in an EU, EEA or treaty country.
- You are receiving treatment in your country of residence from a healthcare provider established in the same country.
- The healthcare providers' expertise must be comparable to that of healthcare providers in the Netherlands.

Care in Belgium and Germany (resident in the Netherlands)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
100%	100%	100%

Terms and Conditions:
- This applies only if you live less than 50 kilometres from the healthcare provider's practice in Belgium or Germany. The distance is calculated using the Google Maps journey planner, based on the fastest normal route.
- The conditions set out in the relevant articles and the maximum reimbursements remain in force.

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- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.
- You must apply for non-urgent care from us in writing in advance via our Abroad application form, which is available on www.asr.nl/verzekeringen/zorgverzekering/zorg-in-het-buitenland. You will require our prior written permission for this type of care. There are several exceptions for which it will not be necessary to submit an application to us. These exceptions are:
  - Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck) including screening (see Article 2.1 for the specific conditions applicable);
  - Orthodontics (see Article 2.5 for the specific conditions applicable).

Explanation:
- The conditions and maximum reimbursements stated in the specific articles remain in force.

SOS Assistance

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
100%	100%	100%

Explanation:
- SOS International provides travellers with illness or accident assistance 24 hours a day, 7 days a week. You can call them on +31 (0)30 257 35 75. Medical travel assistance can be requested via www.sosinternational.nl/nl-NL/smartmelden. You will receive a response within 15 minutes.

2.3 Obstetric and maternity care

Delivery in a maternity facility without medical grounds (personal contribution and costs exceeding the maximum reimbursement)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	-	Up to €250 per calendar year

Terms and Conditions:
- The personal contribution and costs exceeding the maximum reimbursement refer to the costs that you yourself must pay under the terms and conditions of the basic insurance.
- The reimbursements only apply to the insured party who has given birth.

Explanation:
- Delivery in a maternity facility without medical grounds refers to a delivery in hospital for which there is no medical necessity or a delivery in a maternity hotel.

Maternity care (personal contribution)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	Up to €100 per calendar year	Up to €125 per calendar year

Terms and Conditions:
- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the basic insurance.
- The reimbursements only apply to the insured party who has given birth.
- This concerns maternity care provided at home or upon admission to a maternity hotel or hospital (without a medical necessity).

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Maternity package

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	Yes	Yes

Terms and Conditions:
- You will receive a maternity package from us if you were pregnant and insured with us at the time when you applied for the maternity package.
- You can apply for the maternity package via www.kraampakket.nl/asr-gratis-kraampakket.

2.4 Contraceptives

Contraceptives from age 21

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
Maximum of €100 per calendar year	Maximum of €100 per calendar year	Maximum of €100 per calendar year

Terms and Conditions:
- Reimbursement of contraceptives from age 21.
- All medicines and medical aids listed as contraceptives in the Z Index. You can ask about the registration of a medicine at your pharmacy. For more information about Z Index, see: www.z-index.nl/g-standaard.
- The purchase costs of an IUD bought at a pharmacy or dispensing general practitioner.

We do not reimburse:
- costs of placement of an IUD; these costs are covered by the basic insurance policy.

2.5 Orthodontics

Orthodontics (up to age 18)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	-	75% up to a maximum of €500 for the period during which you are insured with Ik kies zelf van a.s.r. under the ZorgBeter insurance policy

Terms and Conditions:
- The treatment must be provided by an orthodontist or dentist.
- Any reimbursement already granted under another supplementary health insurance will be deducted from the maximum reimbursement. This also applies if you were insured with us in the past.
- Orthodontic treatments may also take place in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.

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2.6 Hearing protection

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	75%, up to a maximum of €60 every two calendar years	75%, up to a maximum of €60 every two calendar years

Terms and Conditions:
- The hearing protection must be purchased via Pluggerz.
- The reimbursement only applies to the following Custom Fit ear plugs from Pluggerz:
  - Music, Music Premium, Music 2-in-1;
  - Road, Road Premium;
  - Water;
  - Travel;
  - Sleep, Sleep Side Sleeper;
  - Quiet, Quiet 2-in-1;
  - Pro, Pro Premium, Pro detec.
- The ear plugs can be ordered via shop.pluggerz.com/kortingsactie-asr.
- In addition to the reimbursement provided afterwards, you receive as 20% discount on your purchase with discount code EnjoyLifeASR24.

2.7 Vaccinations and preventive medicines for a temporary stay abroad

Vaccinations and preventive medicines for a temporary stay abroad

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	Maximum of €100 per calendar year	Maximum of €100 per calendar year

Terms and Conditions:
- We only reimburse the vaccinations and medicines that, in accordance with the advice of the National Coordination Centre for Travellers' Health (Landelijk Coördinatiecentrum Reizigersadvisering, LCR), are necessary to protect against or prevent diseases.

Explanation:
- Vaccinations may be administered by your general practitioner, the GGD Municipal Health Service and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie. Preventive medicine must be supplied by the pharmacy.
- Find out more on:
  - www.LCR.nl
  - www.ggdreisvaccinaties.nl
  - www.meditelopreis.nl
  - www.thuisvaccinatie.nl

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2.8 Medical aids

Reimbursement of the statutory personal contribution for the purchase of orthopaedic shoes, allergen-free shoes, eye glasses and contact lenses

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
100%	100%	100%

Terms and Conditions:
- You will only be reimbursed for the statutory personal contributions for medical aids that are reimbursed under the Medical Aids Vrije Keuze.
- We do not reimburse:
  - the statutory personal contribution for hearing aids.

Explanation:
- The statutory personal contribution refers to the costs that you yourself must pay under the basic insurance policy.

The Medical Aids Regulations can be found at www.asr.nl/verzekeringen/zorgverzekering/documenten.

Costs of funnel glasses, dressing stick and special plate/cutlery/drinking cup

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
100%	100%	100%

Terms and Conditions:
- You only qualify for reimbursement of the costs if you also receive district nursing aid.
- We reimburse a maximum 1 set of funnel glasses, 1 dressing stick and 1 plate, 1 cutlery set and 1 drinking cup per insured person per calendar year.
- We only reimburse medical aids purchased from Vegro.
- The aids are used to prevent the need for care or to reduce the deployment of district nursing.

Explanation:
- For more information, please visit www.vegro.nl

2.9 Informal care

Informal care (alternative arrangement)

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
Up to €150 per calendar year per insured person requiring care via Handen in Huis	Up to €600 per calendar year per insured person requiring care via Handen in Huis	Up to €900 per calendar year per insured person requiring care via Handen in Huis

Terms and Conditions:
- Reimbursement of the costs of alternative care for the insured person requiring care in the absence of their regular informal carers.
- Both the regular informal carer and the insured person requiring care may apply for this cover.
- The reimbursement applies per insured person requiring care , once per calendar year.

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- The care must be provided by Handen in Huis (the Netherlands informal care alternative arrangements organisation in Bunnik). They will determine whether you are eligible for an alternative care arrangement.

Explanation:
- For more information, please visit www.handeninhuis.nl.

Informal care broker- /coach/course

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	Up to €200 per insured party per calendar year	Up to €350 per insured party per calendar year

Terms and Conditions:
- The broker must be affiliated with the Professional Association for Informal Care Brokers (Beroepsvereniging Mantelzorgmakelaars, BMZM).
- The broker will decide whether you qualify for this type of care. You may contact a broker for informal care on your own initiative. To find a broker for informal care in your area, go to www.bmzm.nl/zoek-mantelzorgmakelaar.
- The coaching or course in informal care must be provided through:
  - a home-care organisation;
  - the Municipal Health Service (GGD);
  - a nationwide or regional patients' association;
  - your municipality' informal care support centre;
  - an informal care support organisation affiliated with MantelzorgNL (Mantelzorg.nl).

Explanation:
- If your informal care tasks interfere with your regular work, you may contact an informal care support agent to find a solution. A broker for informal care can provide assistance with respect to specific informal care issues.
- For more information regarding informal care and the broker for informal care, please visit www.bmzm.nl.

2.10 Lifestyle coaching

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
-	100%: Online lifestyle coaching program Dr Tamara 75%: providers listed on the website below, up to a maximum of €200 per calendar year	100%: Online lifestyle coaching program Dr Tamara 75%: providers listed on the website below, up to a maximum of €300 per calendar year

Terms and Conditions:
- Lifestyle coaching is organized by selected providers listed at
- www.asr.nl/verzekeringen/zorgverzekering/leefstijlcoaching.

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2.11 Personal Health Check

What will be reimbursed?		
ZorgBasis	ZorgGoed	ZorgBeter
Health check once every 12 months	Health check once every 12 months	Health check once every 12 months

Explanation:

- This online check is conducted by Persoonlijke gezondheidscheck.nl.
- The Personal Health Check involves completing a digital questionnaire to identify any potential mental health risks. The questionnaire has been tested scientifically and the results give you insight into the state of your health and your vitality.
- You will be able to find all the results and scores in your personal online health environment.
- The check is available via www.persoonlijkegezondheidscheck.nl/ikkieszelf.

3. Dentist

What will be reimbursed?		
TandBewust	TandGoed	TandBeter
Up to a maximum of €250 per calendar year for the 'Preventive, diagnostic or simple treatment' and 'Emergency dental assistance abroad' categories combined. No reimbursement for 'Extensive treatment'. - Preventive, diagnostic or simple treatments 75% (for M01, M02 and M03 a maximum of 30 minutes per person per calendar year applies) - Emergency assistance abroad 75%	Up to a maximum of €250 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined. - Preventive, diagnostic or simple treatments 75% (for M01, M02 and M03 a maximum of 40 minutes per person per calendar year applies) - Extensive treatments 75% - Emergency assistance abroad 75%	Up to a maximum of €250 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined. - Preventive, diagnostic or simple treatments 100% (for M01, M02 and M03 a maximum of 45 minutes per person per calendar year applies) - Extensive treatments 100% - Emergency assistance abroad 100%

Preventive, diagnostic or simple treatments

Terms and Conditions:
- Reimbursement of the performance codes for Oral Care of the Dutch healthcare Authority (NZa), reference date 1 January 2024, for :
  - consultations and diagnosis: C codes (except C014 Pocket Registration and C015 Periodontium Registration);
  - preventive oral care: M codes;
  - anaesthetic: A codes (except for A20 general anaesthesia and C84 preparation for treatment while completely anaesthetised. Subject to conditions and after authorisation, these codes can be reimbursed under the basic insurance.);
  - fillings: V codes.
- You are receiving treatment from a dentist, prosthodontist or (registered) oral hygienist.
- We do not reimburse:
  - mouth guard M61;
  - orthodontics, nor the corresponding costs and treatments.
    For more information on the reimbursement for orthodontics, see Article 2.5.
  - treatment for children up to the age of 18;
  - personal contributions.

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Explanation:
- The personal contribution refers to the costs that you yourself must pay under the basic insurance policy.
- A list of procedures (codes) and rates is available on www.allesoverhetgebit.nl.

Extensive treatments

Terms and Conditions:
- Reimbursement of the performance codes for Oral Care of the Dutch Healthcare Authority (NZa), reference date 1 January 2024, for:
  - Consultation and diagnostics: C014 Pocket Registration and C015 Periodontium Registration
  - surgical procedures: H codes
  - taking and assessing X-rays: X codes (except X25 take and review multidimensional jaw photo)
  - a light anaesthetic: B codes
  - root canal treatment: E codes
  - crowns and bridges: R codes
  - temporomandibular treatment: G codes
  - dentures (partial prosthetics): P codes
  - gum treatments (periodontology): T codes
  - implants (partial prosthetics): J codes.

- You are receiving treatment from a dentist, prosthodontist, dental surgeon or (registered) oral hygienist.
- If you are being treated by a dental surgeon for care not covered by the basic insurance, you can claim reimbursement of that treatment under this supplementary insurance.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.
- We do not reimburse:
  - orthodontics, nor the corresponding costs and treatments.
    For more information on the reimbursement for orthodontics, please see
    Article 2.5;
  - bleaching (codes E97 and E98) in the absence of medical grounds;
  - facings (codes R72, R78, and R79) in the absence of medical dental grounds;
  - treatment for children up to the age of 18;
  - dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the basic insurance policy, to which excess may apply;
  - personal contributions.

Explanation:
- The personal contribution refers to the costs that you yourself must pay under the basic insurance policy.
- A list of procedures (codes) and rates is available on www.allesoverhetgebit.nl.

Emergency dental care abroad

Terms and Conditions:
- During a temporary stay abroad.
- Only treatment performed by a dentist or a dental surgeon that cannot be postponed until returning to the Netherlands will be reimbursed. Treatment that can be scheduled does not qualify for reimbursement.

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4. Glasses and contact lenses

Our glasses and contact lenses module entitles you to an exclusive discount at Pearle Opticiens, GrandOptical and Eye Wish Opticiens. This module entails a separate monthly premium and gives access to the following unique reimbursement on the purchase of contact lenses or a full set of glasses plus frame:

- Contact lenses
  You will receive a €100 reimbursement upon the purchase of an annual or six-monthly package of daily, weekly or monthly disposable soft contact lenses.

- Single or multifocal glasses
  You will receive a €100 reimbursement upon the purchase of a full set of single or multifocal glasses with thin lenses. On top of that, you will also qualify for any discounts granted by Pearle, GrandOptical of Eye Wish themselves.

This is how it works

- This module is subject to a separate premium payment.
- Simply drop by at one of the Pearle, GrandOptical or Eye Wish stores in the Netherlands (over 500 branches).
- Choose an annual or six-month contact lenses package or a full set of glasses with thin lenses.
- You will receive the total €100 reimbursement on the purchase amount when checking out in an Pearle, GrandOptical or Eye Wish shop, per calendar year.

Conditions

- You must be at least 18 years old.
- The reimbursement will be granted once per calendar year and only at Pearle, GrandOptical or Eye Wish stores.
- You will receive the reimbursement when paying at the till. This means that you will not have to submit your receipt to apply for reimbursement.
- If the costs of your glasses or lenses are lower than the reimbursement amount, you will not receive any cash back at the till.
- The minimum reimbursement at Pearle, GrandOptical or Eye Wish applies to thin (1.6) ultra-clean reflection-free glasses lenses, and to a Silver glasses package at Pearle.
- The reimbursement does not apply to hard lenses, gas permeable lenses and night lenses.
- The reimbursement does not apply to contact lenses obtained via the EyeWish@Home or Pearle's P.O.S.T. home delivery service.
- The reimbursement does not apply to contact lens subscription Pearle, GrandOptical or Eye Wish.
- The reimbursement does not apply to lens fluid.

Glasses for children

Children up to age 12 qualify for a free full set of thin children's 'ultra clean' reflection-free glasses plus frame from Eye Wish Opticians, valued up to €100. You do not need to take out the Pearle & Eye Wish glasses and contact lenses module to qualify for this discount. Children do not qualify for an additional discount in combination with the glasses and contact lenses module. Children under the age of 18 who buy regular glasses rather than children's glasses do not qualify for the discount.

Difference between single and multifocal glasses

Multifocal glasses incorporate multiple strengths, allowing for correction at a range of distances, e.g. combining glasses for reading and for longer distances. Single glasses correct only for either long or short distances.

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What does a 'Smart'or a 'Silver' glass package include?
GrandOptical and Eye Wish offer the Smart glass package. These are thin (1.6) glasses that are scratch-resistant, anti-reflective, water-repellent, dirt-resistant and anti-static. If you opt for the Easy lens package, you will receive a €75 reimbursement on your glasses instead of €100.

At Pearle you choose at least the Silver glass package. These glasses are thein (1.6), scratch-resistant, non-reflective, and equipped with UV protection and hardening. If you opt for the Basic of Bronze lens package, you will receive a €75 reimbursement on your glasses instead of €100.

5. General terms and conditions

We will not provide any reimbursement:

- If you have deliberately provided incorrect details, for instance upon commencement of your insurance, when submitting claims (bills) or by failing to inform us about important changes.
- If your costs of care are already reimbursed under the law, specific regulations or any other regular or special current or previously existing insurance or are already covered by another insurance policy. In that case, we will only reimburse your costs of care once you are no longer entitled to reimbursement under those other regulations or insurance policies, and we will only reimburse the costs in excess of the maximum reimbursements to which you were entitled under those other regulations or insurance policies.
- If you qualify for reimbursement pursuant to the Long-Term Care Act (Wet langdurige zorg, Wlz).
- You will only be entitled to reimbursement if you receive the care during the period you are insured by Ik kies zelf van a.s.r.
- We will not reimburse any costs of care incurred in the period prior to your insurance with us. This will be determined on the basis of the date on which the treatment or medicine was provided.
- We do not reimburse the costs of consultations, treatments, medicines or medical aids that are granted, prescribed or provided by an insured party for him or herself or within a family by a family member for an insured party, unless we have given permission for this.

Neither do we reimburse:
- personal contributions pursuant to the Wlz or personal contributions toward national screening programmes;
- treatments contrary to the Population Screening Act (Wet op Bevolkingsonderzoeken);
- the costs of:
  - cell therapy;
  - missed appointments;
  - examinations and statements other than in the context of sports medical examinations and sports injury consultations;
  - physio fitness and medical fitness training, under the supervision of a physiotherapist or otherwise;
  - the costs caused by or associated with wilful damage or nuclear reactions.

What do we reimburse in the event of damage due to terrorism?

Under this insurance policy, any damage or loss due to terrorist acts is covered by the Dutch Terrorism Risk Reinsurance Company (Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade N.V., NHT).
For further details, see the Terrorism Cover clause.

What is your insurance based on?

We will issue your insurance policy on the basis of the information you or your representative have submitted to us. You are obliged to answer all questions as comprehensively as possible. This also applies to the information you provide to us about a person to be co-insured.

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Sanctions Act

We may refuse an application for supplementary insurance terminate a current supplementary insurance policy with immediate effect under the Sanctions Act 1977 (Sanctiewet 1977), the statutory requirements in which require (financial) institutions to safeguard their integrity and, by doing this, combat unwanted trade, money laundering and terrorism. The text of the Sanctions Act 1977 is available on https://wetten.overheid.nl.

Start date of the supplementary healthcare insurance policy

- Your insurance provisionally comes into effect on the date that we receive your application and will commence definitively as soon as we have accepted your application. The start date of your policy is stated on your policy schedule, which you can review via Mijn Zorg Ik kies zelf van a.s.r.
- After having taken out the policy, you have a period of 14 days to reconsider. During this period, you are free to cancel the insurance without any further obligations. In that case, we will refund in full any premium already paid. We will ask you to refund to us any amounts we already paid under this insurance.
- Your supplementary healthcare insurance is valid for an indefinite period of time. You are entitled to terminate your insurance policy on a yearly basis, with effect from 1 January of the subsequent calendar year.

When and how to amend your supplementary insurance policy

You can submit any changes to your supplementary health insurance to us via Mijn Zorg Ik kies zelf van a.s.r. or by phone. The resulting change in your cover will then be effective as of 1 January of the next calendar year. If you took out this supplementary insurance immediately following another supplementary insurance policy, your reimbursement will also depend on:

- any payments that you received under your previous supplementary insurance policy;
- the period during which you qualify for reimbursement.

Is it possible to take out supplementary insurance whilst living abroad?

The supplementary insurance can be taken out by anyone in the Netherlands is subject to insurance.

Are children below the age of 18 also insured?

A child below the age of 18 has the same level of supplementary insurance cover as the policyholder. Any changes to the policyholder's supplementary insurance therefore automatically apply to the supplementary insurance of the child.

What happens when my child turns 18?

Six weeks prior to the month in which your child turns 18, he or she will receive a proposal from us to take out an adult's insurance policy. If you do not respond to our proposal, we will charge a premium that corresponds with your existing supplementary insurance. In that case, the insurance will commence on the first day of the month following the month in which your child turns 18.

How is reimbursement calculated?

- The costs of care under supplementary insurance will only be reimbursed to the extent they are not reimbursed under your regular health insurance policy and provided that you satisfy all the conditions stated in the relevant articles, unless indicated otherwise.
- Costs that fall under the excess of the basic insurance will not be reimbursed.
- We will determine the reimbursement with reference to the year in which the first treatment took place. The reimbursement period is up to one year from the day of the first treatment.

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What is the maximum reimbursement amount?

You qualify for reimbursement of the costs of care up to:

- the rate that was agreed upon with the contracted healthcare providers;
- the (maximum) rate established at the time under the Health Care (Market Regulation) Act (Wet Marktordening Gezondheidszorg);
- or, the maximum rate as determined by a.s.r., which we define as the average rate that has been agreed on for your treatment with our contracted healthcare providers. In many cases, this results in 100% reimbursement, however you may sometimes need to pay part of the invoice yourself.
- We reimburse paramedical care with non-contracted care provider up to a maximum of 75% of the average contracted rate.

What if we reimbursed a higher amount?

If we have paid a higher amount than the actual reimbursement amount, we shall be entitled to reclaim the excess payment.

Changes to the premium and the terms and conditions

Annual amendment

We are entitled to amend your premium and/or terms and conditions every year, effective 1 January.

Interim amendment

It is in everybody's interest for us to be able to meet (and continue to meet) our financial obligations in the future. For this reason, in exceptional cases, we may introduce interim changes to your premiums and/or terms and conditions if they cannot wait until the annual renewal date (e.g. if we are required by law to do so). 'Exceptional cases' also include the threat or existence of circumstances that may result in solvency dropping to below the statutory minimum if the changes are not implemented. Adverse developments in the interest and investment market or lower-than-expected operating results do not constitute exceptional cases.

Message with notification of changes

A revision of the premium and/or policy conditions will take effect no sooner than seven weeks after the date upon which the policyholder was notified to this effect. Before we change anything, you will receive a message from us containing information on the changes. Complaints regarding the implementation of the change will be subject to the customary complaints procedure.

Premium payments

You pay a monthly premium for your supplementary insurance policy with a.s.r. The premium should be paid one month in advance. The premium amount will be debited from your bank account automatically every month, at around the same date. If you opt to pay the yearly amount in full, we will issue a one-off advance collection order. If the policy is backdated when drawn up, the outstanding premium will be collected as a lump sum within 30 days. The amount of the premium is shown on the policy schedule issued to you.

If you make a payment without stating the a.s.r. payment reference, a.s.r. will decide to which outstanding amount the payment will be credited.

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Premium arrears
- If we are unable to debit the premium from your bank account, we will let you know that you have incurred 'premium arrears'.
- In the reminder, you will be urged to pay as quickly as possible – within no more than 14 days. If you fail to do so, we will send you another reminder stating that, if no payment is forthcoming, your supplementary insurance policy will be terminated.
- This means you will only be insured under your basic health insurance policy. Your annual subscription (if applicable) will also be discontinued.
- In addition, we will transfer the collection of your debt to the bailiff. From then on, you will be required to pay the amount due to a bailiff.
- We will also be authorised to set off the outstanding amount against any reimbursements due to be paid.

Excess arrears
- If your excess arrears amount to 35, 55 or 75 days, we will send you a reminder requesting that you pay the amount due as soon as possible.
- If the amount due has still not been credited to our account after 95 days, we will transfer the collection of your debt to a collection agency. From then on, you will be required to pay the amount due to the collection agency.

Premium refunds in relation to interim termination
If you decide to terminate your insurance policy early, you will qualify for a proportionate refund of the premium you have paid. However, this does not apply when you have committed fraud. In that case, we will terminate your policy.

a.s.r. Vitality cashback
On 31 December of each policy year, the participant's a.s.r. vitality status is determined. The status, which can be bronze, silver, gold or platinum, is used to determine the amount of the cashback over the supplementary insurance/dental insurance. The cashback is paid after 1 February of the subsequent year. For more information about cashback on your insurance, visit www.asr.nl/vitality/beloningen/status

Submitting healthcare bills
You will be required to submit your original healthcare bills to us within a period of three years following the treatment date. Make sure to submit the invoices in such a way that it will be clear to us which costs we need to reimburse, without having to make further inquiries. Invoices submitted digitally via our app or the my-environment qualify for fast-track payment. Invoices submitted separately (digitally) are processed faster than when multiple invoices are bundled together.

If you do not have the a.s.r. Care App yet, you can download it here for Android or here for Apple.

To submit your bill online:
- Go to https://mijnzorg-ikkieszelf.asr.nl/
- Login using your Mijn Zorg Ik kies zelf van a.s.r. details.
- Upload a scan of the invoice.
- Submit the invoice.

Or:
- Print out and complete the 'Medical Expenses Claim Form'.
- Send your claim to:
  a.s.r. Zorgverzekering
  Attn. Claims Handling Department:
  PO Box 2072
  3500 HB Utrecht

We may also decide to pay out the bills of healthcare providers who treated you directly to the healthcare provider concerned. All your expense claims are available for review at any time via Mijn Zorg Ik kies zelf van a.s.r. We will not pay the healthcare provider directly if the latter is subject to a statutory sanctions regime.

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In the case of direct payment to the healthcare provider, we will pay out the full amount. We will also do so if the expense claim does not qualify for full reimbursement, for example because part of it is covered by your excess or in the event that a limited reimbursement scheme applies. We will then settle the excess or the amount in excess of the reimbursement scheme maximum with you directly.

What should you do when a third party is liable for costs you have incurred (recourse)?
In this case, you are obliged:
- to provide us with information and lend your cooperation with regard to seeking recourse against a liable third party;
- to contact us before entering into an arrangement with a third party or with a person operating on that third party's behalf, including the third party's health insurance company, about the damage incurred.

You are not allowed to enter into an arrangement (including discharge) that would limit our rights with the liable third party or with a person operating on that third party's behalf, including the third party's health insurance company, without our written permission.

If you fail to comply with one or more of the provisions of this article, you will be required to compensate us for the damage we have incurred.

If we recover the costs from the liable third party, we will not adjust the maximum reimbursements under the supplementary insurance in your favour.

Handling your personal data

We handle your personal data appropriately and with due care. We will only ask you to provide the personal data that we need in order to be able to:
- conclude and implement insurance contracts;
- prevent and combat fraud;
- provide you with commercial offers by email. If you do not wish to receive such offers, please let us know. To that end, go to Mijn Zorg Ik kies zelf van a.s.r.

When you visit our website:
- We will store the details of your visit and your own browser will save a cookie. This is done in order for us to ensure that the information we provide becomes increasingly relevant.
- You must use your DigiD to log into Mijn Zorg Ik kies zelf van a.s.r. By taking out a health insurance policy with us, you agree to a digital policy and to your data being secured using your DigiD. If you do not have a DigiD, you can request one from www.DigiD.nl.
- You can review and change your personal details at any time via Mijn Zorg Ik kies zelf van a.s.r. Your details are password protected. You are responsible for keeping your passport secret.

Do you prefer to receive correspondence on paper?

We will communicate with you using digital means. If you nevertheless prefer to receive an item of correspondence on paper, please submit a request to that effect to our Customer Service Department. They will then send you the item of correspondence concerned on paper. Please note that such a request only applies to the specific item of correspondence concerned. You will receive all subsequent correspondence from us in digital form, as usual.

We abide by:
The Code of Conduct for the Processing of Personal Data by Financial Institutions (Gedragscode verwerking persoonsgegevens financiële instellingen) and the addendum for health insurance providers. For more information, please see our privacy statement on www.asrnederland.nl/privacyverklaring.

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If you believe that we have violated this code of conduct, please let us know. If this does not lead to a satisfactory outcome and you still believe that we are not observing the code of conduct, you can report the case to the Financial Services Complaints Tribunal (KIFID). Please note that any telephone calls or conversations to us may be recorded for staff training purposes. We may decide to change the text of this privacy statement, for example in connection with the launch of financial services governed by different rules.

Applying for authorisation

In some cases, it may be necessary for you to apply for authorisation. To do so, you should always contact us on +31 (0)30 699 79 30.
Any authorisation we issue:
- is only valid for the period of the insurance policy;
- will be subject to changes in laws and regulations.

Our approach to healthcare

Our aim is to reimburse the costs of the care covered by your insurance. At the same time, we wish to keep your premium as low as possible. We can achieve this by, for example, conducting random tests to check whether the care we have reimbursed was actually the proper care for the insured party concerned. We conduct all random tests in accordance with the rules laid down in the Healthcare Insurance Act.

Detention provisions

Your insurance and annual subscription will be suspended for any period during which you are detained.
Your rights and obligations will be reinstated as soon as the period of detention ends.

Under what conditions will we terminate your supplementary insurance policy and annual subscription?

- We will terminate your supplementary insurance policy if you refuse to pay your premiums, personal contributions or other amounts owed, or if you fail to pay them in time.
- We will terminate your supplementary insurance policy if you did not comply with your duty of disclosure.
- We will terminate your supplementary insurance policy if you tried to mislead us and we would never have entered into the supplementary insurance contract with you if we had had the correct information.
- Your insurance will end on the date stated in the notice of termination.
- If it is established that you have committed fraud or that you have deceived us, your insurance will end with effect from the date of the relevant letter of notification. This may be a reason for us to also terminate any other insurance policies you have taken out with a.s.r. In addition, we will report the matter to the police and enter your details in one or more registers that can also be consulted by other insurance companies.
- If, upon and/or after acceptance of the insurance application, it appears that you are listed in the External Referral Register maintained by the Central Information system Foundation (Stichting CIS), we may decide to terminate your supplementary insurance retroactively from the commencement date.

When and how to terminate your insurance policy

- You can do so online via Mijn Zorg Ik kies zelf van a.s.r. by 31 December at the latest.
- You can use the transfer service to switch to another health insurance provider.
- The Dutch Healthcare Authority (Nederlandse Zorg Autoriteit, NZa) has informed you that we have failed to meet the provisions of Section 15.f of the Processing of Personal Data in Healthcare (Additional Provisions) Act (Wet aanvullende bepalingen verwerking persoonsgegevens in de zorg). In that case, we need to have received your notice of termination within six weeks of the NZa's message.

If you do not terminate your supplementary health insurance policy, it will be renewed automatically for another year.

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Under which circumstances will your insurance policy terminate automatically?

Your insurance policy will automatically be terminated in the following cases:
- in the event of your death (your next of kin must inform us of your death within two months after your death);
- once you are no longer co-insured under the Long-Term Care Act (unless we have entered into another agreement with you);
- when you join the military as a regular soldier;
- we announce our intention to withdraw the insurance policy concerned from the market or to no longer offer it one month after the date of that announcement.

Applicable law

This agreement is governed by Dutch law.

What you can expect from us?

You can expect us to:
- be reasonable;
- respect you;
- trust you;
- aim to reimburse the costs of the care covered by your insurance;
- work with you in order to find a good solution if and when you need care.

What we expect from you

We expect you to:
- be honest;
- respect us;
- take all reasonable measures to prevent damage and the need for care;
- inform us within 30 days of any and all events that may be of significance for the proper implementation of the insurance, such as moving house, a divorce, birth and death; If we have not received the change within 30 days after the start of the event, we will amend this insurance policy effective 7 days following the receipt date. An amendment with retroactive effect will not be possible in that case.
- report any and all events to us that may potentially result in an obligation on us to play a claim as soon as possible;
- provide us with all information required for the assessment of our obligation to pay claims as soon as possible;
- fully cooperate and refrain from everything that might harm our interests;
- always contact us first before reaching a settlement with a liable third party;
- ensure that your bank balance is sufficient for us to debit the premium automatically each month.

What happens if you fail to meet these expectations?

This may result in our:
- cancelling your entitlement to a claim;
- demanding compensation for the damage or loss we have incurred;
- discontinuing or permanently cancelling your supplementary insurance policy and annual subscription.

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Procedure for cases of fraud

Duty of cooperation

Under the Healthcare Insurance Act and the Incidents Warning System for Financial Institutions Protocol (Protocol Incidentenwaarschuwingssysteem Financiële Instellingen), for the purposes of fraud investigation, we are entitled to monitor the content of your insurance application, your personal data in our systems and your claims. Under the Healthcare Insurance Regulations, we are obliged to conduct material checks and fraud investigations in accordance with the requirements in the Regulations. You are obliged to cooperate in this regard. If you refuse to cooperate, we will be unable to acknowledge your statements and will be required to draw unilateral conclusions.

Personal data

For the purposes of fraud investigation, we will register your personal data as well as those of any accessories or co-perpetrators in our Incident Register. The Incident Register is lodged with the Dutch Data Protection Authority, and is administered by the Healthcare Security Team.

Health insurers actively collaborate on fraud management

The Healthcare Insurance Act, the Long-Term Care Act and the Health Care (Market Regulation) Act authorise health insurance providers to exchange information among themselves for monitoring and fraud management purposes.

We also share certain indications with sector partners to combat fraud, such as the Dutch Healthcare Authority (NZa), the Social Affairs and Employment Inspectorate (iSZW) and the Fiscal Intelligence and Investigation Service (FIOD), with due observance of Article 06.01 of the General Data Protection Regulation (GDPR). This information exchange may take place directly, or via the Association of Dutch Health Insurers. The GDPR sets out the way in which personal data may be processed.

Lapsed right to claims

No payments for claims will be made while a fraud investigation is underway. If the investigation reveals proof of full or partial fraud, you will no longer be entitled to reimbursement for any healthcare costs. This means we will either reject and refuse to pay the relevant claim(s) or recall the payment(s) already issued. Cases of partial fraud will void the right to compensation for the entire claim, including the portion in which no fraud was involved. We will also charge investigation costs in accordance with Section 6:96 of the Dutch Civil Code.

Sanctions

If you and any accessories/co-perpetrators are found guilty of fraud, we are entitled to:

- issue an official warning;
- place an internal alert;
- terminate your healthcare insurance with immediate effect. This means we will:
  - refuse to grant you a new Basic Insurance policy for a five-year period. In such cases, other health insurance providers will be obliged to accept your application for basic insurance;
  - refuse to grant you any supplementary or other insurance policies from a.s.r. insurers for a period of eight years;
- discontinue your contractual relationship and terminate all current insurances with the brands of a.s.r. and its authorisations;
- register your personal data in the External Referral Register maintained by the Central Information System Foundation (Stichting CIS);
- register your personal data with the Insurance Fraud Bureau (Centrum Bestrijding Verzekeringsfraude) of the Dutch Association of Insurers;
- commence a request for criminal proceedings by submitting a report to the police or another investigative body;
- reclaim healthcare and other costs involved in fraud.

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Reconsideration of a decision and complaints

Reconsideration
In the event that you do not agree with a decision made by a.s.r., you may request that we review and reconsider our decision. You do this by submitting your authorisation again and adding new medical information. You can submit via www.asr.nl/service/zorgverzekering-upload. Alternatively, you may send a letter to a.s.r., attn. Medical Department, PO Box 2072, 3500 HB Utrecht (the Netherlands) or call us on +31 (0)30 699 79 30. In all cases, please clearly state that your correspondence concerns a request for reconsideration.

SKGZ
If we fail to respond to your request for reconsideration within four weeks or have indicated the intention to adhere to our decision, you may turn to the Dutch Health Insurance Industry Complaints and Disputes Authority (Stichting Klachten en Geschillen Zorgverzekering, SKGZ). The SKGZ offers mediation services in order to solve problems. If mediation fails to produce satisfactory results, the Disputes Board of the SKGZ may issue a binding decision. You may also bring your request for reconsideration before the competent court.

Complaints
If you have a complaint, please use the complaints form available on www.asr.nl/over-asr/klachtenformulier. Alternatively, you can call us (+31 (0)30 699 79 30) or send a letter to a.s.r. Complaints Office, PO Box 2072, 3500 HB Utrecht (the Netherlands).

If you are dissatisfied with the way we have handled your complaint, you may consider submitting your complaint to the SKGZ.

You may also bring your complaint before the competent court.
This agreement is governed by Dutch law.

6. What do we mean by...?

Supplementary health insurance
The supplementary insurance provides voluntary supplementary cover in addition to the health insurance cover offered by the basic insurance that is compulsory under the Healthcare Insurance Act (Zorgverzekeringswet).

Alternative healer
An alternative healer practising in the Netherlands, who is widely recognised in a certain field and who is a member of a professional association.

Pharmacy
Pharmacy includes regular pharmacies, Internet pharmacies, chains of pharmacies, hospital pharmacies, outpatient pharmacies and dispensing general practitioners.

Dispensing practitioner
The dispensing general practitioner or an established pharmacist registered in the register of established pharmacists, or a pharmacist who is assisted by registered pharmacists in their practice. The term dispensing practitioner shall also include legal entities that provide care through pharmacists that are registered in the foregoing register.

Basic insurance
A healthcare insurance policy taken out with an insurance company under the Healthcare Insurance Act.

Company doctor
A doctor who acts on behalf of the employer or the employer's Occupational Health and Safety Service.
This doctor must be registered as a company doctor in the registry of the Royal Dutch Medical Association that was instituted by the Board of Registration of Doctors of Social Medicine (Sociaal-Geneeskundigen Registratie Commissie, SGRC).

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Pelvic physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as a pelvic physiotherapist in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Day treatment
Admission for less than 24 hours in a healthcare institution that is permitted in accordance with the rules established by law.

Personal contribution
The costs of care that are covered by your basic insurance, but require a contribution on your part. The personal contribution may be a fixed amount per treatment or a percentage of the costs of care. Please note that the personal contribution and the excess are two different things. Your insured care may be subject to both a personal contribution and an excess.

EU and EEA States
In addition to the Netherlands, this shall mean the following countries within the European Union: Austria, Belgium, Bulgaria, Croatia, Cyprus (Greek), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovenia, Slovakia, Spain and Sweden. Switzerland has been given equal status under the relevant treaty provisions.
The EEA States (states that are party to the Agreement on the European Economic Area) are Iceland, Liechtenstein, and Norway.

Pharmaceutical care
The supply of medicine and dietary preparations and/or advice and guidance as provided by dispensaries in the interests of medication assessment and responsible use, designated as such under or pursuant to the Healthcare Insurance Decree, with due observance of the Pharmaceutical Care Regulations stipulated by a.s.r.

Fraud
To deliberately commit or attempt to commit forgery of documents, deceit, to prejudice creditors or entitled parties and/or commit embezzlement with respect to the conclusion and/or performance of a health insurance or other insurance contract, aimed at acquiring a payment or reimbursement or the performance of services to which there is no entitlement, or acquiring insurance cover under false pretences.

Physiotherapist
A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie). A remedial masseur as referred to in Section 108 of the Individual Health Care Professions Act is also deemed to be a physiotherapist.

G standard
A database that supports the prescribing, delivery and ordering of healthcare products, as well as the submission of any claims, and reimbursements, in an integrated manner. To this end, the database contains relevant data on care products that are available in pharmacies and healthcare institutions in the Netherlands.

Contracted care
The care that the healthcare provider may provide or that may be reimbursed based on an agreement between the health insurance company and the healthcare provider.

Municipal Health Service (GGD)
The Municipal Health Service (GGD) focuses chiefly on the prevention of disease and on promoting a healthy lifestyle in a healthy environment.

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Medicine
A substance or combination of substances intended to be administered or used or presented in order to:
- cure or prevent an illness, defect, wound or pain in a person;
- establish a medical diagnosis for a person; or
- recover, improve or otherwise modify functions in a person.

Registered oral hygienist
A registered oral hygienist is authorised to perform designated procedures, such as taking X-rays and filling early-stage caries.

Geriatric physiotherapist
A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act and who is also registered as a geriatric physiotherapist in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Skin therapist
A skin therapist who is registered in the Quality Register for Allied Health Professions and also satisfies the requirements as stated in the Decree governing educational requirements and the discipline of skin therapists (Besluit opleidingseisen en deskundigheidsgebied huidtherapeut).

General practitioner
A doctor who is registered as a general practitioner in the register of accredited general practitioners established by the Committee for the Registration of Medical Specialists (Registratiecommissie Geneeskundig Specialisten, RGS) of the Royal Dutch Medical Association (Koninklijke Nederlandse Maatschappij tot bevordering der Geneeskunst, KNMG).

Provision of medical aids
A provision to meet the need for medical aids and dressing materials designated by a ministerial regulation with due observance of the Medical Aids Regulations (Reglement Hulpmiddelen) laid down by the health insurer regarding the requirements for permission, period of use and quantity.

Dental surgeon
A dental specialist who is registered in the register of specialists for oral diseases and oral surgery of the Commission for the Registration of Dental Specialists (Registratiecommissie Tandheelkundig Specialismen, RTS).

Paediatric physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as a paediatric physiotherapist in Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Maternity care
The care provided by a maternity nurse affiliated with a hospital, maternity centre or maternity hotel, who cares for both the mother and child and – where applicable – for the household.

Lactation consultant
A lactation consultant practising in the Netherlands, who is a member of the Dutch Association of Lactation Consultants (Nederlandse Vereniging van Lactatiekundigen, NVL).

Informal carer
A person who provides care to a dependant in their immediate environment, and where the care results directly from the social relationship, without remuneration and not in the context of a care profession.

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Manual therapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as a manual therapist in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Maximum rate
The average rate that has been agreed on for your treatment with our contracted healthcare providers.

Medical adviser
A medical consultant who is listed as a Health and Society physician (arts Maatschappij en Gezondheid) in the Specialists Register established by the Commission for the Registration of Medical Specialists (Registratiecommissie Geneeskundig Specialisten, RGS) or is listed as a Policy and Advice physician (arts Beleid en Advies) KNMG in the Profile Register established by the Royal Dutch Medical Association (KNMG), and who works as such for a health insurance company. The medical consultant can be found in the BIG register under the profession of physician, with or without a statement of the specialist area.

Medical specialist
A physician who is registered as a medical specialist in the Specialists Register established by the Committee for the Registration of Medical Specialists (RGS) and maintained by the Royal Dutch Medical Association (KNMG).

Dental hygienist
A dental hygienist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

NZa
The Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa)

Oedema therapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as an oedema therapist in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Cesar/Mensendieck remedial therapist
A Cesar/Mensendieck remedial therapist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists, and is also registered as a remedial therapist in the Quality Register for Allied Health Professions.

Accident
A sudden and unexpected external trauma effected on the body of the insured person, from which medically verifiable injury resulted directly and without contribution of other causes.

Admission
Admission in a hospital of longer than 24 hours, if and to the extent that nursing, examination and treatment can only be provided in a hospital on medical grounds, with uninterrupted treatment by a medical specialist being required.

Orthodontist
A dental specialist who is registered in the specialist register of the Commission for the Registration of Dental Specialists (RTS) of the Royal Dutch Dental Association (Koninklijke Nederlandse Maatschappij tot bevordering der Tandheelkunde).

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Podopostural therapist
A podopostural therapist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) as an 'A therapist' and is registered with Quality Registration and Accreditation for Healthcare Professionals (KABIZ).

Podiatrist
A podiatrist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists and is also registered as a podiatrist in the Quality Register for Allied Health Professions.

PreMeo Thuisvaccinatie
PreMeo Thuisvaccinatie (PreMeo Home Vaccination) is a nationwide vaccination centre, accredited by the National Coordination Centre for Travellers' Health (Landelijk Coördinatiecentrum Reizigersadvisering, LCR), providing travel vaccinations at clients' homes by BIG-registered physicians.

Psychosomatic physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as a psychosomatic physiotherapist in the Individual Physiotherapy Register (Individueel Register Fysiotherapie) maintained by the Physiotherapy Quality House (Kwaliteitshuis Fysiotherapie).

Psychosomatic Cesar and Mensendieck remedial therapist
A remedial therapist trained in Cesar and Mensendieck therapy who is registered in the register of psychosomatic remedial therapists of the Association of Cesar and Mensendieck Remedial Therapists (Vereniging van Oefentherapeuten Cesar en Mensendieck) and is also registered as remedial therapist in the Quality Register for Allied Health Professions with the specialisation Psychosomatic remedial therapist.

Registered chiropodist
A registered chiropodist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella association for podology) and is registered with the Quality Registration and Accreditation for Healthcare Professionals ().

Beautician
A beautician practising in the Netherlands with an ANBOS (General Dutch Beauty Care Professional Organisation) registration.

SOS International
SOS International provides 24/7 assistance to travellers in the event of illness or an accident abroad. You can call them on +31 (0)30 257 35 75. Medical travel assistance can be requested via www.sosinternational.nl/nl-NL/smartmelden. You will receive a response within 15 minutes.

Emergency care
Care that cannot be anticipated in advance and is the result of an acute illness or accident that requires immediate emergency medical care that cannot reasonably be postponed.

Dentist
A dentist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act.

Prosthodontist
A prosthodontist who has been trained in accordance with what is known as the Decree governing educational requirements and the discipline of prosthodontics (Besluit opleidingseisen en deskundigheidsgebied tandprotheticus).

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Temporary stay
Temporary residence abroad for a period of up to 12 months. In the event of admission to hospital, this period will be extended during hospitalisation by a maximum of 365 days calculated from the date of admission.

Treaty country
A country that is not part of the European Union, an EEA Member State or Switzerland, with which the Netherlands has a treaty on social security in which regulations on the provision of medical care have been included. These are the following countries: Australia (only for a temporary stay), Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, Tunisia, Turkey and the United Kingdom.

Obstetrician
An obstetrician who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act.

Referral
The recommendation of a healthcare provider or institution to an insured person to be admitted for treatment or for treatment to be continued by another healthcare provider or institution. A referral must be issued prior to the treatment. The referral must at least state: the name and address and date of birth of the insured person, name, job title, AGB code (administrative code assigned to healthcare professionals in the Netherlands) and stamp of the practice and/or signature of the referring party, date of issue, reason of referral and any other relevant details. A referral letter remains valid for a period of one year (nine months in the case of mental healthcare) after the date of issue and must comply with the national laws and regulations.

Insured party
Any person who is listed as such in the healthcare policy, the policy endorsement letter or the certificate of registration.

Policyholder
The person who has entered into the insurance agreement with the health insurance provider.

Wet BIG
Individual Healthcare Professions Act (Wet op de Beroepen in de Individuele Gezondheidszorg, Wet BIG).

Wlz
The Long-Term Care Act (Wet langdurige zorg, Wlz).

WTZa
Healthcare and Care Providers (Accreditation) Act (Wet toetreding zorgaanbieders, WTZa).

Independent treatment centre (Zelfstandig behandelcentrum, ZBC)
A centre for specialist medical care (examination and treatment) located in the Netherlands and permitted to operate as such in accordance with the rules laid down by law.

Hospital
An institution for nursing, examination and treatment of patients, which has been permitted to operate as a hospital under the rules laid down by law.

Healthcare provider
An institution or solo healthcare professional that has a WTZa accreditation.

Healthcare professional
A natural person whose profession it is to provide healthcare.

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Health insurance company/health insurance provider
ASR Aanvullende Ziektekostenverzekeringen NV, also referred to as 'we' or as the 'health insurance company/ health insurance provider'. ASR Basis Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110828) and ASR Aanvullende Ziektekostenverzekeringen NV (Chamber of Commerce no. 32110823), located at Archimedeslaan 10 in Utrecht, are under the supervision of the Netherlands Authority for the Financial Markets (AFM) and are registered under AFM numbers 12000605, 12001028 and 12001029.

7. Contact details

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