



**Blend**

Grenzeloos verbonden

**Health insurance 2024**

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# Blend & Witte-Boussen



## What is Blend?

Blend is the new brand name of the BGZC Foundation. A new name and appearance better suits to realize all future plans.

## Origination

The introduction of the new health care system in 2006 was the direct reason for the establishment of the BGZC Foundation in 2005. The basic health insurance did not provide for the sometimes complex crossborder care that frontier workers and residents of the border region could have to deal with. A large number of (regional) employers also saw the need to join forces and joined the Foundation in 2006.

By clustering more than 500 companies (including ± 200 self-employed people), Blend has grown into a true purchasing combination, partly due to the large volume. As a result, many benefits have been negotiated with Aevitae/EUCARE, including competitive premiums for the supplementary insurance policies offered. No distinction is made between the size of the affiliated companies - from self-employed people to companies with more than 1000 employees; everyone enjoys the same benefits! Unique agreements have also been made in the field of cross-border healthcare in Belgium and Germany. Blend focuses on employers' collectives. This makes it possible, among other things, to reach targeted agreements in the field of absenteeism prevention, sustainable employability and the health of employees. Think of exercise, nutrition, and smoking cessation programs. In addition to health insurance, Blend also offers competitive rates in the field of income and non-life insurance for affiliated employers and their (retired) employees.



## What does Witte-Boussen do?

Since 2006, Witte-Boussen Assurantiën B.V. (hereinafter referred to as Witte-Boussen) has been operating from Terneuzen as an intermediary for collective health insurance, representing the interests of companies affiliated with our foundation, its (retired) employees, and insured family members. Witte-Boussen is therefore your first point of contact for questions!

Witte-Boussen is an independent insurance office, whose activities are focused on insurance, mortgages, and pensions for both private and commercial clients. They provide careful risk analyses, compare premiums and conditions of various insurers, and give balanced advice. In order to inform customers in time about important changes, the developments in the insurance market are closely monitored by their expert employees.

Witte-Boussen's Care department specializes in offering and maintaining health insurance policies. Employers, their (retired) employees and family members can contact them for tailor-made advice. The Care department employs enthusiastic, professional and customer-oriented employees who are specialized in advising on health insurance. In addition, the knowledge is constantly maintained at a high level and they have the necessary diplomas that are kept up-to-date. Below you will find the contact details of Witte-Boussen:

Mr. F.J. Haarmanweg 16  
P.O. Box 201, 4538 AE TERNEUZEN  
+31 (0)115 - 61 83 44  
zorg@witteboussen.nl  
www.witteboussen.nl

# The health insurance

## The 7 benefits of collective health insurance from Blend in 2024

Blend has an excellent offer for you: collective health insurance from Aevitae with a lot of benefits for the whole family. Would you like to know what benefits you have with collective insurance? We'll summarize it for you:

- **Premium discount for your whole family.** All family members benefit from a competitive premium for the basic health insurance and the supplementary insurances. Children up to 18 years get the same supplementary insurance as the highest insured parent. Moreover, children are insured for free.
- **Een persoonlijke en flexibele service.** You can contact Witte-Boussen with all your healthcare questions. They can be reached on working days between 8.30 am and 5.00 pm by phone (0115-618 344), e-mail (zorg@witteboussen.nl), online chat (www.witteboussen.nl) or drop by without an appointment. Do you have questions about premium payments or arrears, about healthcare mediation, or logging into your 'Mijn Blend'? Please contact Aevitae directly (088 - 35 35 763) or via the [contact form!](#)
- **Aevitae does not apply a healthcare ceiling.** Many health insurers agree a maximum number of treatments with the care providers in order to limit health care costs. We believe that everyone has the right to good and timely care! We also offer you freedom of choice in healthcare providers through a refund policy.
- **Access to 'Mijn Blend'.** You can arrange all your healthcare matters quickly and easily via your own online environment. You can also easily declare invoices via 'Mijn Blend'.
- **Paying your deductible can sometimes be inconvenient.** That is why you can pay all bills at Aevitae from €50 **in instalments**. You can arrange a payment arrangement yourself in 'Mijn Blend' or by contacting Aevitae.
- **Nice extras** to stay healthy and vital. For example, you get access to the online health portal, Aevital. You can read more about this later in this brochure.
- **Free switching service.** Aevitae cancels your current policy, takes over authorizations, and informs your healthcare providers. Aevitae accepts everyone and gives you 14 days to change your mind.

## The 5 certainties Blend stands for



Active listening and thoughtful advice: we are here to help you.



We don't just say what we do, we do what we say.



Positive impact for people and the environment.



Shared responsibility: together we make the world a little healthier.



Flexible: we move with you, because you (and your situation) also change.

## A health insurance that fits

Blend has put together the most suitable health insurance for you with great care. However, suitable health insurance is different for everyone. View the possible insurances below. Blend offer schematically looks like this:

### Basic health insurances



### Supplementary insurances



### Dental insurances



## The basic health insurance

The basic health insurance includes your most important care, such as general practitioner care, hospital care and pharmacy care. All applicants are eligible for our basic health insurance policy, regardless of their age or care needs. Each year, the government determines which care is included in the basic health insurance. Therefore, every basic insurance policy offers the same coverage.

Blend attaches great value to the freedom of choice of its policyholders. For insured persons who choose to be treated in Belgium or Germany, the Border Region Package is important. This can only be taken out in combination with the Restitutie policy and if the employer accepts this package in the collective health insurance contract.

Employees can choose between three types of basic health insurance policies. The Natura policy has a wide offer of contracted care providers. Do you want freedom of choice? Then choose the Restitutie policy.

Please note! With the Natura Select policy, you must order a number of medical aids online from a selected supplier. And by choosing this policy, you can only choose the additional packages Blend-Basis Plus, Blend-Intro, Blend-Jongeren, Blend-T Basic, Blend-T Start and Blend-T Extra.

### Basic health insurance **Natura Select**

- Exclusive offer for **frontier workers**
- 100% reimbursement for contracted providers
- No healthcare ceiling
- 75% reimbursement (average contracted rate) for non-contracted hospitals
- Selected range of contracted care providers

### Basic health insurance **Natura**

- 100% reimbursement for contracted providers
- No healthcare ceiling
- 80% reimbursement (average contracted rate) for non-contracted hospitals
- Wide range of contracted care providers

### Basic health insurance **Restitutie**

- 100% reimbursement for contracted providers
- No healthcare ceiling
- 100% reimbursement (average contracted rate) for non-contracted hospitals
- Free choice of contracted care providers



## The supplementary insurance

Not all care is covered under the basic health insurance. Do you want reimbursement for, for example, physiotherapy, alternative medicine, prescription glasses/lenses, or more extensive coverage for a stay abroad? There is a lot of choice in these packages. So there is always a package that suits your situation. Children up to the age of 18 get the same supplementary insurance as the parent with the highest insurance. Free of charge!

### The dental insurance

Orthodontics are included in a number of supplementary insurance policies. Dental costs above the age of 18 are reimbursed from a dental insurance.

Would you like a more comprehensive package, namely the Blend T Royaal or Blend T Excellent? In this case, a dental selection applies. When dental selection applies, Aevitae will assess the condition of your teeth via the ['Dental insurance inquiry form'](#). You will then hear whether you can take out the desired insurance.



## The Border Region package

### For planable care in Belgium and Germany

This package offers cost coverage for planable care provided in Belgium or Germany within a radius of 55 kilometers from the Dutch border. The condition is that the (dental) care is medically necessary due to an illness, an accident or a medical condition.

Was the care provided in other parts of Belgium or Germany? Then you are entitled to compensation up to a maximum of 2 times the market rate in the Netherlands.

The package applies if this has been agreed upon collective contract level and if the basic health insurance Restitutie is chosen. In that case, the policy sheet will state 'Blend Grensregio Pakket'.

# A personal and flexible service

### Care mediation

Is the care you need not immediately available? We believe it's important that you receive care in a timely manner and that care is easily accessible. Aevitae can help you with waiting list mediation. For which treatment is waiting list mediation possible?

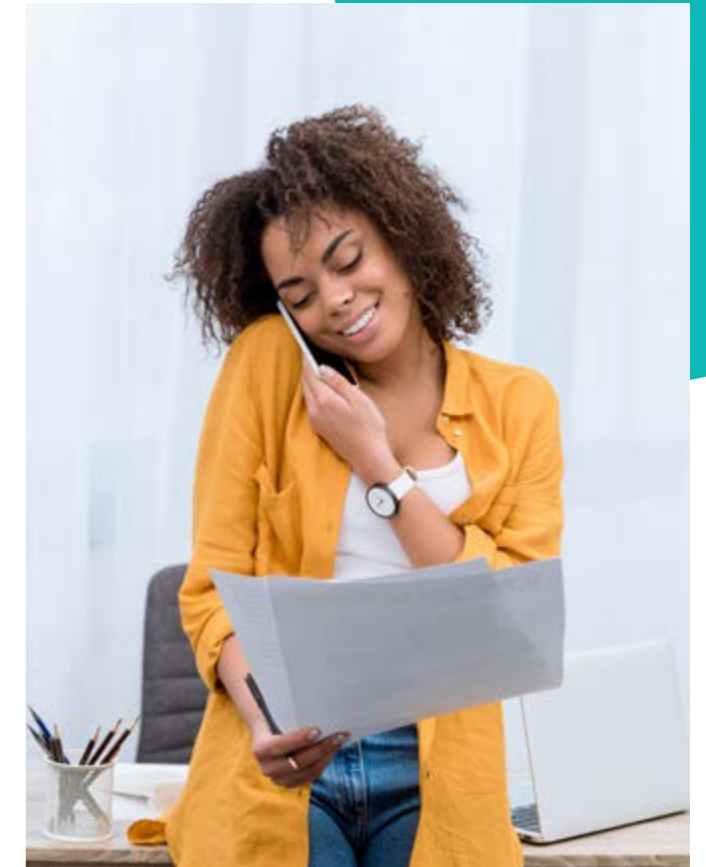
- A consultation with a medical specialist in the hospital;
- Indication or diagnosis for further treatment (diagnosis);
- Outpatient treatment (without admission);
- Treatment in hospital or treatment center (ZBC) with admission.

You can also appeal to 'mediation' (advice) with general questions about healthcare. Are you looking for a care provider with a certain expertise, or do you need help in finding the right path within the care system? Aevitae will then examine the possibilities with you. For the above matters, you can contact Aevitae by phone (088 - 35 35 763).

Did you move? And do you want help finding a general practitioner or dentist? You can apply for this [online](#).

### Second opinion

Do you have doubts about your diagnosis, your treatment of your attending physician? Then you can ask the opinion of a second doctor. You are entitled to one second opinion per calendar year. Ask your attending physician or general practitioner for a referral for a second opinion. You decide in which hospital you want a second opinion. We can also advise you in this. Your attending physician will forward your medical file to the doctor who gives the second opinion. Once the second opinion has been received, you will return to your current attending physician with the advice of the second specialist. Together, you discuss the advice and the next steps.



### Resource service

Having an accident is never fun. Especially if it's not your fault and you need medical care. You often have to deal with bills for the deductible or other damages. Fortunately, you do not always have to pay for this damage yourself. The person who caused the accident may be liable for that damage. You can think of a collision, but also, for example, an accident on the slopes. As long as someone else is at fault, we speak of a counterparty. You do not have to incur additional costs by calling in legal assistance. Aevitae will help you free of charge. If you send in a declaration, please indicate that the costs are made due to an accident and that there is a counterparty. If you indicate that a claim concerns an accident, you will be called by Aevitae. In this conversation you will be informed about damage claims.

## Fit and resilient with Aevitaal

We are happy to help you to stay fit and resilient. On Aevitaal you will find information about health, vitality, employability and resilience. Do you have complaints, do you sleep badly, do you want to live a healthier life, or increase your employability? Aevitae is proud to introduce the health platform Aevitaal.

Aevitaal is available to all our customers who want to take control of their own health. It offers tips and tests on various topics that you encounter in work and private life. In addition to information and articles, you will also find fun animation videos and interesting facts!



Do you have questions about these themes? You can ask them directly to Fitz, your personal Aevitaal assistant. Aevitaal is not a regular website, but a portal that adapts to your needs! The portal moves with your interests, so you can work on those points that are important to you. Of course your privacy is fully respected.

Aevitaal only works optimally if it suits you. Registering for customization is therefore a must! Even after registering, you will regularly receive questions, so that the portal is always up-to-date on your progress and interests. You are free to choose whether or not to answer these questions. Aevitaal is yours!

Curious? Go to [www.aevitaal.nl](http://www.aevitaal.nl) and register immediatel



# Practical matters

## Insight into your healthcare costs

Via [Mijn Blend](#) you have full insight into all declared healthcare costs. You can easily log in to 'Mijn Blend' with iDIN. With iDIN you log into your account in the same way as with internet banking. This is safe and easy, because you don't have to remember a password. More information can be found at [www.iDIN.nl](http://www.iDIN.nl). Do you prefer to log in with a username and password? Of course that is also possible. You will receive the login details along with your policy application by post. Are you having trouble logging in? Please contact Aevitae.

You only have insight in your own health data. Therefore, it is important that every insured person aged 16 or older creates his or her own account, and passes on his or her e-mail address to Aevitae via 'Mijn Blend'.

### Via Mijn Blend you have insight into:

- Costs that you and the healthcare providers have declared;
- What has been reimbursed in total and what you had to pay yourself;
- Insight into all invoices by type of care, status of receipt and handling;
- State of your deductible.

## Mijn Blend as app on your phone

Want to check on your healthcare, even if you don't have a PC at hand, or are away from home or on holiday? This is possible with Mijn Blend. Did you know that you can even save Mijn Blend as an app on your mobile device? Usually your browser will give a pop-up after logging in asking if you want to save Mijn Blend as an app. Did you not receive this message? Then you can add it manually in just a few steps!

### For iPhone or iPad

- Open [Mijn Blend](#) in your browser;
- Tap the share button at the bottom;
- Tap on **put on homescreen**. You will see the name and address appear;
- Tap the name if you wish to edit it;
- Finally tap **add**.

### For Android devices

- Open [Mijn Blend](#) in a Chrome browser;
- Tap the icon with three dots in the top right corner;
- Tap **add to homescreen**;
- Choose the default name or edit it;
- Finally tap **add**.

## Changes to your policy

Everything can change in a person's life. Such changes often require an adjustment to your health insurance. For advice, please contact Witte-Boussen. Changes in insurance policies usually take effect on 1 January. Are you turning 18, or are you changing collectives? Then you can change during the year.

Changes in the basic health insurance, the voluntarily chosen excess, or termination of the (supplementary) insurance must be made before 1 January. Changes to your supplementary insurance must be made before February 1. A medical selection applies to some insurance packages. If so, you'll hear from Aevitae.

Also report changes in address details, bank account numbers or family composition. This also applies to the registration or deregistration of an insured. You can easily report your change yourself in 'Mijn Blend', by e-mail to [zorg@witteboussen.nl](mailto:zorg@witteboussen.nl), or by regular mail to Witte-Boussen, attn. Care Department.

## Deductible

In 2023, a mandatory deductible of € 385,- applies for the basic health insurance. This is determined by the government. You can choose to increase your deductible in exchange for a lower premium. This is the voluntary deductible. You can increase the deductible by a maximum of € 500,-. The total deductible (mandatory + voluntary) is therefore a maximum of € 885,-. Please note, you can change

the deductible per January 1 (no later than 31 December 2022).

Do you incur healthcare costs that are covered by the basic health insurance? Then you have to pay the deductible yourself. The deductible does not apply to:

- Children up to 18 years
- A consultation from your general practitioner
- Care programs and chain care
- Obstetric care and childbirth
- Maternity care (there is a personal contribution)
- Medical aids on loan
- Nursing and care at home (district nursing)
- Medical costs associated with a donation
- Medical and psychological help for victims of sexual violence
- All care that is reimbursed under your additional (dental) insurance risk

Paying your deductible can be inconvenient. That is why you can pay all bills in instalments from as little as € 50,-. You can request a payment arrangement by telephone if you have received an invoice for your deductible from Aevitae via the Aevitae telephone number 088 – 35 35 763.

## Hearing aid 'outside category'

Can't your hearing problem be solved with a hearing aid from category 1 to 5? Your hearing care professional will then inform you whether you should be referred to the audiology centre. However, do you opt for an outside category appliance or for a higher category than has been determined? Then we reimburse the costs up to the level of the device for which you have an indication. The difference in costs is for your own expense. Please note, are you going to a non-contracted hearing care professional, and are you opting for an out-of-class device yourself? For more information, please refer to the brochure at [www.ditisblend.nl/documenten-formulieren](http://www.ditisblend.nl/documenten-formulieren). Hearing aids are subject to the deductible.



## Requesting patient transport

You need prior permission for patient transport. This concerns the use of taxi transport, personal transport, or public transport. You can request this permission using the ['Application form for seated patient transport'](#). Permission for patient transport for kidney dialysis and oncological treatments with chemotherapy, immunotherapy or radiotherapy can also be requested by telephone via the Aevitae telephone number 088- 35 35 763.

Do you already have permission for taxi transport? Then contact Transvision via telephone number 0900 - 33 33 330 (option 1). Do you use your own transport? In that case, you declare the costs yourself, after permission, using the ['Declaration form for seated patient transport'](#).

## Declarations

One rarely sees an invoice from the care provider. This is because many health care providers declare directly to the health insurer. It is also possible that you receive the bill yourself. This is the case if the care is not included in the basic health insurance or if the care provider has not concluded a contract. In that case, pay the bill to the care provider yourself and then submit the invoice to Aevitae. You can declare in three ways: online in 'Mijn Blend', with the app on your smartphone, and of course also via regular mail.



### Online

Scan your bill, log in to [Mijn Blend](#) and declare easily in 3 steps



### Per mail

Choose the right [declaration form](#), attach the original invoice and send it to Aevitae

Do you want to declare by post? Send the envelope to Aevitae B.V. - PO Box 2705 - 6401 DE Heerlen. We advise you to keep copies of the declarations for your own administration.

You will find separate declaration forms for foreign bills, PGB and patient transport online. Do you use the above forms? Then we can process the invoice(s) even faster for you. You can download these forms from [www.aevitae.com/zorgverzekeringen/documenten-formulieren](http://www.aevitae.com/zorgverzekeringen/documenten-formulieren). Don't you have access to the internet? Please request the form from Witte-Boussen.

### Declaration of care bills abroad

Have you incurred healthcare costs abroad? Then it is important that you use the correct declaration form. A number of important matters must also be specified on the invoice.

Each invoice must state both your personal details and the details of the healthcare provider. The invoice must be drawn up in Dutch, German, English, French or Spanish. It must be clear from each invoice which actions have been performed and which amount has been charged per action. Do you have a pharmacy bill? This must show who prescribed it, which medicines have been dispensed (name, dose and quantity) and which amount has been charged per medicine.

## Maternity care

You can request maternity care by contacting a healthcare provider of your choice. Contracted care providers can be found in our [Care finder](#). Please note that you arrange your maternity care no later than the 4th month of your pregnancy, so that we can process your request on time.

You can easily request a maternity package online via: <https://kraampakket.nl/aevitae-luxe-kraampakket/>

# Abroad

## Frontier workers: live in Belgium, work in the Netherlands

Employees who live in Belgium and work in the Netherlands are called frontier workers. Frontier workers who are taxable in the Netherlands must register with a Dutch health insurance company. They can receive care in the Netherlands, or in the country where they live. The Dutch health insurer provides a treaty form S1/E106, so that the frontier worker can register for care in the country where he or she lives. In Belgium this is with a so-called 'Mutualiteit'.

Family members of the frontier worker, who have no income in the Netherlands, cannot take out health insurance in the Netherlands. This foreign health insurer assesses which family members are co-insured. These are often family members without income in their own country of residence, these are called treaty beneficiaries. Those entitled to treaty are entitled to medical care in the country of residence. The party entitled to a treaty must register with the CAK. If he/she wishes to receive treaty healthcare in the Netherlands, he/she must apply for an EHC (European Health Insurance Card) from the CAK. Zilveren Kruis Achmea has been appointed as the only health insurer to settle claims for treaty insured persons. The treaty insured is then insured for the care under the basic health insurance. The person entitled to a treaty aged 18 and older must pay a treaty contribution. The CAK collects these premiums. Do you live in Belgium and do you receive a benefit or pension from the Netherlands and do you have no other income in Belgium from active work? Then you cannot take out health insurance in the Netherlands. Then you must take out insurance in Belgium, as it is sometimes called 'at the expense of the Netherlands'. Register for this with a Belgian health insurance company of your choice with a form 121. You can request this form from the CAK.

For information, visit [www.hetcak.nl](http://www.hetcak.nl).

## Frontier workers: live in the Netherlands, work in Belgium

If you live in the Netherlands, but work in Belgium, you are compulsorily insured in Belgium. In that case, you cannot take out regular health insurance in the Netherlands. As soon as you take out health insurance in Belgium with a health insurance company, you are also entitled to care in the Netherlands. You can take out a Treaty Policy (Verdragspolis) for this. Health insurer CZ is the only health insurer appointed to offer this Treaty Policy. With the Treaty Policy you will be reimbursed for healthcare in the Netherlands as if you were insured in the Netherlands. The reimbursements are the same as the CZ natura policy 'Zorg-op-maatpolis'. Care in Belgium is reimbursed through your health insurance company. In some situations you can also insure your partner and/or child(ren) via the Treaty Policy. Because you already pay a premium to your Belgian health insurance company, you no longer have to pay a premium for the Treaty policy, unless you take out additional insurance. For more information, please refer to: [www.cz.nl/zorgverzekering/buitenland/verdragspolis](http://www.cz.nl/zorgverzekering/buitenland/verdragspolis). You can also contact Witte-Boussen to take out the treaty policy.

### Care abroad

Your health insurance entitles you to medical care worldwide. Healthcare costs incurred abroad are divided into emergency care and non-emergency care.





## Emergency care

Do you need care abroad that cannot reasonably be postponed until your return to the Netherlands? Or was this unforeseeable when you left abroad? Then this is considered emergency care.

In case of emergency care, the basic health insurance covers your expenses in accordance with the average rate applicable in the Netherlands. If this compensation is not sufficient, it can be supplemented by any additional insurance. You must also purchase an additional insurance for the costs of repatriation or to take out travel insurance. These costs are not included in the basic health insurance.

In the event of hospitalization, you must contact the Aevitae emergency center within 24 hours. The telephone number +31 20 851 22 75 can also be found on the European Health Card (EHIC). Always take the EHIC with you as proof of insurance when staying abroad. You can find a digital version of the EHIC in [Mijn Blend](#).

Are you going to Turkey, Tunisia, Bosnia and Herzegovina, Montenegro, Macedonia, Serbia or the Cape Verde Islands? Then you can request the Treaty Form E111 from us before your trip and you must register there on site. Are you going to Cuba, Russia, Belarus or South Africa? Then you need an insurance statement in English.

Are you staying abroad for a longer period of time? Then it depends on the length of your stay whether you can keep your health insurance. For trips shorter than 1 year you will remain insured under Dutch law and you will retain the Dutch health insurance. Are you going to work abroad? Then you must take out health insurance in that country and your Dutch health insurance will expire.

## Non-urgent care

Non-urgent care is care that you can plan in advance. For example, are you going for a treatment or medication to Belgium or Germany? In that case, often other conditions and rates apply.

Do you have a Border Region Package? In that case the Border Region Package (Blend Grensregio Pakket) will be mentioned on your policy sheet. Are you going to a hospital at a maximum of 55 kilometers from the Dutch border? Then you get cost coverage. In Belgium, for example, this applies to hospitals in Knokke, Bruges and Antwerp, but also to UZ Ghent and UZ Leuven. In Germany this applies, for example, to hospitals in Münster, Duisburg, Mönchengladbach, and Aachen. Care in other parts of Belgium and Germany is reimbursed up to a maximum of 2 times the Dutch rate set by Aevitae. The cover only applies if the treatment would also qualify for reimbursement in the Netherlands, and you have received a referral from your doctor or general practitioner in advance.

If you wish to receive other care in Belgium or Germany, this is also reimbursed in many cases. To check whether this is the case, please contact Witte-Boussen in advance to coordinate this. For example, do you get medicines here? The pharmacy bill from Belgium or Germany must contain your personal data (name and date of birth), the name of the medicine, dose, quantity supplied and the calculated amount per medicine. Is the name of the prescribing doctor and his or her RIZIV-INAMI number not on the invoice? Please enclose a copy of the prescription. Belgian and German medicines are only reimbursed if there are GVS medicines registered in the Netherlands with the same or similar active ingredients. Do you receive a drug in a different form or dose than is used in the Netherlands? In that case, you may not be entitled to reimbursement for this medicine.

There is a wide range of contracted care abroad. Look in the [Care Finder](#) where you can go or contact Witte Boussen if you cannot find what you are looking for. Aevitae has price agreements with contracted providers and they pay for contracted care 100% from the basic health insurance. You do not have to advance any costs with a contracted care provider. Please note, the deductible does apply.

If you want to use a non-contracted care provider, you must always submit an application for approval in advance to Aevitae. This also applies to non-contracted treatments with a contracted care provider. You must submit a [form for medical treatment abroad](#), referral, treatment plan and cost estimate, after which Aevitae will assess whether the care in question is also insured in the Netherlands. This will take approximately 10 working days. Are you going to a non-contracted care provider without permission? Then you may not be entitled to compensation!





# Care in Belgium

## Fee supplements for non-, or partially, contracted doctors in Belgium

Aevitae has concluded contracts with a number of [Belgian hospitals](#) for various treatments, so that the hospital and/or the insured person does not have to request the relevant care in advance. In such cases, the invoices from the hospital are sent directly to Aevitae by the healthcare provider. However, there may be a doctor working in the contracted hospital whose rates deviate from the regular RIZIV rates. In that case, this so-called non- or partially contracted doctor can charge additional fee supplements. These are then billed to the patient. The relevant doctor must inform the insured beforehand or hang a poster in a public area, such as a waiting room, so that the insured is aware of this. Aevitae reimburses these invoices if a Restitutie policy with a Border Region Package has been taken out. If this is not the case, then in the case of a Restitutie policy, reimbursement will be made up to a maximum of the Dutch market rate. This may be a lower reimbursement for a Natura policy. Send a copy of the previously issued referral along with the supplement invoice!

## (Post-) check-up / consultation appointment in the private clinic of the attending doctor in Belgium

Sometimes an insured person is invited to the private clinic of the attending doctor for a follow-up check-up. The doctor charges costs for this to the insured person himself. Aevitae will reimburse these invoices if a Restitutie policy with Border Region Package has been taken out. If this is not the case, then in the case of a Restitutie policy, reimbursement will be made up to a maximum of the Dutch market rate. This may be a lower reimbursement for a Natura policy. It is important that the invoice also contains a description of the diagnosis, treatment date and type of treatment, so that Aevitae can link the invoice to an ongoing treatment. Send a copy of the previously issued referral together with the invoice!

## Private doctor appointment in Belgium

Belgian healthcare providers may charge supplements to their patients if they opt for a privatized consultation/treatment. For example, a privatized appointment can be chosen if the insured does not want to wait for the regular waiting time, but only wants to be treated by a professor and not by an intern. These costs are not reimbursed by Aevitae. If an insured does not want to incur these costs, a non-privatized appointment

can be requested when making an appointment. In that case, no supplement will be charged.

## Other uninsured supplement costs in Belgium, such as a single room

Supplements as a result of the insured person's choice to use a 1-person room are not eligible for reimbursement, unless there is a medical indication. In such cases, the hospital will ask you to sign an admission statement for approval. The (sometimes considerable) additional costs of a single room and the fees of the attending doctors are not insured. Other forms of luxury (such as extra costs for a TV, food/drinks, etc.) are also not eligible for reimbursement. The additional Hospital Extra insurance (Ziekenhuis Extra verzekering) can (partly) cover the additional costs of a (not medically necessary) admission to a single room. If you receive an invoice in advance, then this amount will also be settled by the hospital on the final invoice. In advance invoices are not reimbursed by the insurance company. This Ziekenhuis Extra verzekering is not actively offered. If you are interested in this, please contact Witte-Boussen.

## Appointment card for hospital visits in Belgium for km reimbursement for own transport

An insured person can apply for a mileage reimbursement (see page 9 of this brochure) for the use of a (own) means of transport. Proof must then be submitted that the insured has been there on the day in question. The hospital often uses an appointment card for this, which, along with the document '[Declaration form for seated patient transport](#)' can be submitted to Aevitae.

However, not all Belgian hospitals work with an appointment card. That is why the insured can use the form '[Afsprakenkaart Belgisch ziekenhuis](#)'. The form must be stamped and initialed by the doctor, his assistant, or the hospital receptionist.

## Cover overviews

Basic health insurance

Additional insurances

Dental insurances





# Cover overview of the basic health insurance

This cover overview is intended to make it easy to compare the various insurance policies. We therefore recommend that you read your policy conditions carefully for a complete overview. These are always leading. No rights can therefore be derived from this overview.

Type of care	Basic health insurance Natura Select
<b>Audiological care</b>	
hearing tests, advice on hearing aids	yes
<b>Delivery and maternity care</b>	
<b>Delivery</b>	
• delivery at home	yes
• delivery in birth clinic without medical necessity	€ 246,- per day for the delivery room (the remaining amount is personal contribution)
• delivery in birth clinic or hospital with medical necessity	yes
<b>Maternity Care</b>	
• maternity care at home or in a birth clinic	maximum 42 days (subject tot personal contribution of € 5.10 per hour)
• maternity care in hospital for childbirth with medical necessity	yes
• maternity care in hospital for childbirth without medical necessity	yes, except the personal contribution of € 40,- per day + the amount above € 286,- per day as charged by the hospital
<b>Physiotherapy and exercise therapy (Cesar/Mensendieck)</b>	
<b>Below age 18</b>	
• chronic conditions	yes, permission required
• non-chronich conditions	9 treatments with a possible extension of 9 extra treatments per year
<b>From age 18</b>	
• pelvic physiotherapy for urine incontinence	the first 9 treatments
• supervised remedial therapy (walking training) for claudication, stage 2 Fontaine	37 treatments during the first 12 months
• remedial therapy in case of osteoarthritis of the knee or hip joint	12 treatments per 12 months; if needed, another reimbursement for 12 treatments is possible after 12 months
• remedial therapy for COPD, supervised by a physiotherapist or exercise therapist, for stadium II or higher of the GOLD Classification for spirometry	In the first 12 months, depending of the GOLD Classification, at maximum: <ul style="list-style-type: none"> <li>• 5 treatments for Class A</li> <li>• 27 treatments for Class B1</li> <li>• 70 treatments for Class B2, C and D</li> </ul> After the first 12 months, if maintenance treatments are needed, depending on the GOLD Classification, at maximum: <ul style="list-style-type: none"> <li>• 3 treatments per 12 months for Class B1</li> <li>• 52 treatments per 12 months for Class B2, C and D</li> </ul>
• chronic conditions	yes, starting from the 21st treatment
• non-chronic conditions	no reimbursement from the basic health insurance
• extra physiotherapy and remedial therapy for (ex-) corona patients with long-term complaints	50 treatments
<b>Abroad</b>	
urgent care during holiday and temporary stay abroad	yes, up to the tariff charged in the Netherlands
non-urgent medical treatment abroad	yes, up to the tariff charged in the Netherlands

Type of care	Basic health insurance Natura Select
<b>Dietics</b>	
education with a medical purpose about food and eating habits	3 hours per year (7 hours extra for (ex-)corona patients with long-term complaints)
<b>Genetic testing</b>	
research of and for genetic anomalies or disorders	yes
<b>Occupational therapy</b>	
care aimed at increasing or restoring your ability to care for and rely on yourself	10 hours per year (8 hours extra for (ex-) corona patients with long-term complaints)
<b>Pharmaceutical care (medications)</b>	
contraceptives up to 21	yes, the statutory personal contribution of € 250.00 (over-limit price) still applies
contraceptives 21 or older	yes, only in the case of endometriosis or menorrhagia, the statutory personal contribution of € 250.00 (over-limit price) still applies
dietary preparations	yes, after permission
medications as listed in Appendix 1 of the Healthcare Insurance Regulations and the Pharmaceutical Care Regulations	yes, the statutory personal contribution of € 250.00 (upper-limit price) still applies
<b>Combined Lifestyle Intervention starting from age 18</b>	
an accredited 24-month programme	yes
<b>General practitioner care</b>	
medical care, research and diagnostics by a general practitioner, including: health advice, guidance to quit smoking, preconception care, and foot care if you have diabetes mellitus type 1 or 2	yes
<b>Medical aids</b>	
medical aids and bandaging as listed in the Medical Aids Regulations	yes, except the personal contribution.
<b>Medical care for specific target groups</b>	
medical care by a geriatric specialist or doctor for the mentally handicapped	yes
<b>In-vitro fertilisation (IVF) and other fertility treatments</b>	
in-vitro fertilisation (IVF) for women up to age 43. Further conditions apply.	yes, the 1st, 2nd and 3rd attempt
other fertility treatments (women up to age 43)	yes
<b>Speech therapy</b>	
medical care by a specialist, including laboratory research, medicines, bandages, and aids. Also covered are:	yes
• care by the thrombosis service	yes
• a second opinion by a medical specialist	yes
• dialysis in a dialysis center, hospital, or at home	yes
• chronic intermittent respiration and the necessary equipment	yes
<b>Dental care / oral care</b>	
• dental surgery from age 18	yes
• dentures (full, removable prostheses), with or without implants	yes, except fot the personal contribution
• dentures (full, removable prostheses), repair and re-fit	yes, except fot the personal contribution



Type of care	Basic health insurance Natura Select
• dental and orthodontic care in special cases	yes
• dental care up to age 18	yes
• dental implants	yes, in case of severe developmental disorder, growth disorder or acquired deviation in the tooth-jaw-mouth system
<b>Plastic and/or reconstructive surgery</b>	
for specific medical indications	yes, permission required
<b>Mental healthcare</b>	
• general Basic GGZ	yes, for mild to moderate, non-complex mental problems or stable problems
• specialist GGZ	yes, for complex mental disorders
<b>Rehabilitation</b>	
• quickscan	yes
• cancer rehabilitation	yes
• geriatric rehabilitation	yes
<b>Giving up smoking</b>	
Stop-Smoking programme	yes, once a year
<b>Tissue and organ transplants</b>	
if the transplant is performed in an EU or EER member state	yes
<b>Stay</b>	
medically necessary stay in a hospital, the psychiatric department of a hospital, a GGZ institution, or in a rehabilitation institution	yes
medically necessary first-line hospitalisation	yes
<b>Nursing and Care</b>	
nursing and care without lodging	yes
<b>Transport</b>	
• ambulance transport	yes
• seated patient transport for specific medical indications, using:	
• personal vehicle	€ 0.38 per km (minus the personal contribution of € 118,- per year), permission required
• public transport or taxi	yes (minus the personal contribution of € 118,- per year), permission required
ór compensation for your stay in the case of treatment longer than 3 days in a row	yes, a maximum of € 89,- per night (after permission)
<b>Sensory disability care</b>	
multi-disciplinary healthcare relating to a visual, auditive or communicative disability as a result of a language development disorder or a combination of these disabilities	yes
<b>Chain healthcare (care programmes)</b>	
chain healthcare for diabetes mellitus type 2 (DM type 2), vascular risk management (VRM), chronic obstructive pulmonary disease (COPD), asthma from age 16, and the target group of vulnerable elderly	yes





# Cover overview supplementary insurances

This cover overview is intended to make it easy to compare the various insurance policies. We therefore recommend that you read your policy conditions carefully for a complete overview. These are always leading. No rights can therefore be derived from this overview.

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
<b>Alternative therapies</b>							
Alternative forms of treatment, therapies and (anthroposophic & homeopathic) medicines				€ 350 per calendar year, consultations € 40 per day	€ 550 per calendar year, consultations € 40 per day	€ 1,200 per calendar year, consultations € 40 per day	€ 200 per calendar year, consultations € 30 per day
The practitioner must be a member of a specific association. The list of members can be consulted on <a href="http://www.aevitae.com">www.aevitae.com</a> . Homeopathic and anthroposophic medicines must be registered and prescribed by a doctor or general practitioner and be supplied by a pharmacy or dispensing general practitioner.							
<b>Bones, muscles and joints</b>							
Exercise programs					€ 350 for the duration of the insurance	€ 350 per indication per calendar year	
Exercise programs for elderly						1 program per calendar year	
Remedial therapy in a hot water pool in case of rheumatism					€ 150 per calendar year	100%	
Occupational therapy					3 hours	4 hours	
Fitness training (medical)						100%	
Physiotherapy, manual therapy and exercise therapy Cesar and Mensendieck (up to 18 years old)	all treatments of which max. 9 treatments manual therapy	all treatments of which max. 9 treatments manual therapy		all treatments of which max. 9 treatments manual therapy	all treatments of which max. 9 treatments manual therapy	all treatments of which max. 9 treatments manual therapy	
Physiotherapy, manual therapy and exercise therapy Cesar and Mensendieck (18 years and older)		9 treatments		12 treatments of which max. 9 treatments of manual therapy	27 treatments of which max. 9 treatments of manual therapy	50 treatments of which max. 9 treatments of manual therapy	12 treatments of which max. 9 treatments of manual therapy
<b>Abroad</b>							
Vaccinations, consultations and preventive medicines in connection with a stay abroad		100%		100%	100%	100%	€ 100 per calendar year
Non-emergency care abroad	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands		care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands
Overnight stay and transport costs in the case of treatments requiring particular expertise provided abroad	€ 5.000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; <ul style="list-style-type: none"> <li>flights: economy class;</li> <li>public transport: lowest class;</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	€ 5.000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; <ul style="list-style-type: none"> <li>flights: economy class;</li> <li>public transport: lowest class;</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>		€ 5.000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; <ul style="list-style-type: none"> <li>flights: economy class;</li> <li>public transport: lowest class;</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	€ 5.000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; <ul style="list-style-type: none"> <li>flights: economy class;</li> <li>public transport: lowest class;</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	€ 5.000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; <ul style="list-style-type: none"> <li>flights: economy class;</li> <li>public transport: lowest class;</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	
Emergency care abroad during holiday or temporary stay	supplementary cover up to 100%	supplementary cover up to 100%		supplementary cover up to 100%	supplementary cover up to 100%	supplementary cover up to 100%	supplementary cover up to 100%
Emergency pharmaceutical care abroad (not covered by the basic health insurance)	€ 50 per calendar year	€ 50 per calendar year		€ 50 per calendar year	€ 50 per calendar year	€ 50 per calendar year	
Transport costs after care mediation to Belgium or Germany				<ul style="list-style-type: none"> <li>only contracted (multi-person) taxi transport 100% or public transport: lowest class; 100%</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance</li> </ul>	<ul style="list-style-type: none"> <li>only contracted (multi-person) taxi transport 100% or public transport: lowest class; 100%</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance</li> </ul>	<ul style="list-style-type: none"> <li>only contracted (multi-person) taxi transport 100% or public transport: lowest class; 100%</li> <li>personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance</li> </ul>	

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Overnight stay and transport costs for family members in the case of treatments requiring particular expertise provided abroad				<ul style="list-style-type: none"> <li>€ 500 or the accommodation and / or transportation costs of all family members combined (€ 35 per night;</li> <li>personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	<ul style="list-style-type: none"> <li>€ 500 or the accommodation and / or transportation costs of all family members combined (€ 35 per night;</li> <li>personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance)</li> </ul>	accommodation costs: € 35 per night for the family combined; personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance	
Overnight stay and transport costs in the case of treatments requiring particular expertise provided abroad	€ 5.000 for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75 per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5.000 for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75 per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)		€ 5.000 for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75 per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5.000 for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75 per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5.000 for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75 per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	
Repatriation	100%	100%		100%	100%	100%	
<b>Medications</b>							
Contraceptives 21 years and older		100%		100%	100%	100%	€ 200 per calendar year
Registered medicines and pharmacy preparations that are not covered by the basic health insurance	€ 750 per calendar year	€ 750 per calendar year		€ 750 per calendar year	€ 750 per calendar year	€ 750 per calendar year	
Melatonin (provided by eFarma)					100%	100%	
Statutory personal contribution for medicines						100%	
<b>Skin</b>							
Acne treatment					€ 250 per calendar year	€ 500 per calendar year	
Camouflage therapy					€ 200 for the entire insurance term	€ 500 for the entire insurance term	
Epilation					€ 300 per calendar year	€ 500 per calendar year	
<b>Medical devices</b>							
Spectacles and/or contact lenses				€ 100 per 3 calendar years	€ 150 per 3 calendar years	€ 300 per 3 calendar years	
Hearing aids, statutory personal contribution						up to € 500 per hearing aid	
Accessories for breast prosthesis				100%	100%	100%	
Artificial nipple or mamilla prosthesis				100%	100%	100%	
Personal alarm equipment and subscription costs					€ 75 per calendar year	100%	
Bedwetting alarm (age 7 to 18)				€ 100 for the entire insurance term	€ 100 for the entire insurance term	€ 100 for the entire insurance term	
Wigs and other head covering					€ 100 per calendar year	€ 200 per calendar year	
Splints, braces and/or bandages		€ 50 per calendar year		€ 50 per calendar year	€ 90 per calendar year	€ 90 per calendar year	
Trans therapy					100%, <b>only</b> with contracted supplier	100%, <b>only</b> with contracted supplier	
Statutory personal contribution for other medical aids						100%, except for orthopedic and allergen-free shoes	
<b>Mouth and teeth (oral care)</b>							
Personal contribution for a dental prosthesis						100%	
Crowns, bridges, inlays and implants up to 18 years old				100%	100%	100%	



Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Orthodontics					Up to age 18: € 2.000 for the entire insurance term	Up to age 22: € 3.000 for the entire insurance term	
Dental care as a result of an accident	€ 10.000 per accident	€ 10.000 per accident		€ 10.000 per accident	€ 10.000 per accident	€ 10.000 per accident	
<b>Prevention and lifestyle</b>							
<b>Advice and counselling</b>							
Counselling (short-term psychosocial guidance)		€ 300 per calendar year		€ 300 per calendar year	€ 300 per calendar year	€ 300 per calendar year	
Dietary advice in addition to basic insurance						2 hours per calendar year	
Nutrition information by a weight consultant		€120 per calendar year		€120 per calendar year	€120 per calendar year	€120 per calendar year	
IncoCure (online advice for incontinence problems)				€ 15 per calendar year	€ 15 per calendar year	€ 15 per calendar year	
Care for Women (menstruation, birth control, pregnancy, menopause etc.)					€ 115 per calendar year	€ 115 per calendar year	
<b>Courses / training</b>							
Reduce alcohol consumption		€ 300 per calendar year		€ 300 per calendar year	€ 300 per calendar year	€ 300 per calendar year	
FITR4Life Lifestyle program • Vital (BMI 27-30) a 6-month program containing: • Intake and outtake • Exercise: once a week with coach and once a week individually • Nutrition education: once a week • Lifestyle education: once every 2 weeks • Intensive (BMI >29) a 9-month program containing: • Intake and outtake • Exercise: twice a week with coach • Nutrition education: once a week • Lifestyle education: once every 2 weeks • Weight reduction program: once a week for 12 weeks						Vital and intensive, 1x for the entire duration of the insurance with a personal contribution of € 100.	
Memory training						1 training per calendar year	
Lifestyle training for heart patients, whiplash patients and people with stress and burnout related complaints					€ 1.000 per calendar year only with Lifestyle Training & Coaching (LTC)	€ 1.250 per calendar year only with Lifestyle Training & Coaching (LTC)	
Mindfulness training		€ 250 per calendar year		€ 250 per calendar year	€ 250 per calendar year	€ 250 per calendar year	
Preventive courses (heart, lymphedema, rheumatism, diabetes, losing weight, resuscitation, first aid, etc.)				€ 115 per course per calendar year	€ 115 per course per calendar year	€ 115 per course per calendar year	
Sleep course		€ 150 per calendar year		€ 150 per calendar year	€ 150 per calendar year	€ 150 per calendar year	
Fall prevention						1 course per calendar year	
<b>Sport / fitness</b>							
Running coaching in case of injuries		1 online coaching trajectory of FysioRunning		1 online coaching trajectory of FysioRunning	1 online coaching trajectory of FysioRunning	1 online coaching trajectory of FysioRunning	
Sports medical examination		€ 200 per calendar year		€ 200 per calendar year	€ 200 per calendar year	€ 300 per calendar year	
Sports medical guidance		€ 150 per calendar year		€ 150 per calendar year	€ 150 per calendar year	€ 150 per calendar year	
<b>Other</b>							
Health Check		1 per calendar year		1 per calendar year	1 per calendar year	1 per calendar year	
Flu vaccination						100%	
Mamma print (diagnostic breast cancer test by laboratory Agendia)	100%	100%		100%	100%	100%	
<b>Home care</b>							
Home assistance in the event of outages 'General Daily Life operations' after hospital stay for the age of 18 years and older	€ 1.000 after a stay in a hospital (depending on the degree of GDL outages)	€ 1.000 after a stay in a hospital (depending on the degree of GDL outages)		€ 1.000 after a stay in a hospital (depending on the degree of GDL outages)	€ 1.000 after a stay in a hospital (depending on the degree of GDL outages)	€ 1.000 after a stay in a hospital (depending on the degree of GDL outages)	

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Childcare at home up to the age of 12 years during and after hospital stay of the parent(s) (only through Zorg voor u)				up to 50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs.	up to 50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs.	up to 50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs.	
Help with informal care				€ 150 per day up to € 900 per calendar year	€ 150 per day up to € 1200 per calendar year	€ 150 per day up to € 1500 per calendar year	
<b>Transport and stay</b>							
Statutory personal contribution patient transport						100%	
Patient transport in the Netherlands, Belgium or Germany (if not covered by the basic health insurance)						personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance; contracted taxi transport	
Guest house with outpatient treatment cycle (overnight costs)				€ 35 per night	€ 35 per night	€ 35 per night	
Guest house for your visit (accommodation and transport costs for your visit when staying in a hospital or mental healthcare institution)				up to € 500 for all visitors combined (€ 35 per night public transport: lowest class; personal transport or taxi: according to the same kilometer allowance as for patient transport in the basic health insurance)	up to € 500 for all visitors combined (€ 35 per night public transport: lowest class; personal transport or taxi: according to the same kilometer allowance as for patient transport in the basic health insurance)	up to € 750 for all visitors combined (€ 70 per night public transport: lowest class; personal transport or taxi: according to the same kilometer allowance as for patient transport in the basic health insurance)	
Therapeutic holiday camp for the disabled					€150 per calendar year	€ 500 per calendar year	
Therapeutic holiday camp for children					€ 150 per calendar year	€ 500 per calendar year	
Personal contribution hospice					€ 40 per day	€ 40 per day	
<b>Foot care</b>							
Pedicure care (medical foot)					€ 25 per treatment up to € 100 per calendar year	100%	
Podotherapy/ podology/ podopostural therapy					€ 150 per calendar year	100%	€ 70 per calendar year
Arch supports (1 pair per calendar year)					€ 150 per calendar year	100%	€ 60 per calendar year
<b>Hospital, treatment and nursing</b>							
Correction ear position up to the age of 18 years					100%	100%	
Laser eye surgery / lens implantation					€ 500 for the entire insurance term	<ul style="list-style-type: none"> <li>• up to 6 diopters: € 750 for the entire insurance term;</li> <li>• upward of 6 diopters: € 1.850 for the entire insurance term</li> </ul>	
Sterilization					100%	100%	
<b>Maternity care</b>							
Self-help program "Slimmer Zwanger"				1 subscription for the entire insurance term	1 subscription for the entire insurance term	1 subscription for the entire insurance term	
Pregnancy course				€ 50 per pregnancy	€ 50 per pregnancy	€ 50 per pregnancy	
Maternity package				1 package per pregnancy	1 package per pregnancy	1 package per pregnancy	
TENS during delivery (for pain relief)				1 device for the entire insurance term	1 device for the entire insurance term	1 device for the entire insurance term	
Statutory personal contribution childbirth				100%	100%	100%	
Statutory personal contribution maternity care				100%	100%	100%	
Maternity care postponed (medical)				15 hours per pregnancy	15 hours per pregnancy	15 hours per pregnancy	
Lactation care				€ 80 per pregnancy	€ 80 per pregnancy	€ 115 per pregnancy	
Breast pump device				€ 75 per pregnancy	€ 75 per pregnancy	€ 75 per pregnancy	



## Additional Hospital Extra Insurance

With the Hospital Extra Insurance you are entitled to reimbursement of the costs of staying in a single or double room when staying in a hospital in Belgium and Germany, while this is not medically necessary. You can see on your policy schedule whether you have taken out an Extra Insurance Hospital.

Please note! The hospital in Belgium has the legal right to charge an advance in order to make the patient aware of what they are choosing and what the additional costs are for a single room. Advance invoices are not paid by Aevitae. The advance will be settled by the hospital on the final invoice.

This insurance is not actively offered. If you are interested in this, please contact Witte-Boussen.

### 1. Comfort facility for hospital stay in Belgium or Germany

Are you 18 years or older and are you staying in a care institution in Belgium or Germany? And are you receiving medical treatment there that we have contracted? Then we reimburse the extra costs that the care institution charges for staying in a single or double room. We also reimburse the costs of a possible fee supplement. If the single or double room is not available to you, we reimburse € 70 per day that you stay in the hospital (the so-called daily allowance). We then reimburse up to a maximum of € 4.900 per calendar year.

Are you staying in a care institution in Belgium or Germany? And are you receiving medical treatment there that we have not contracted? Then we reimburse up to a maximum of € 70 per day that you stay in the hospital (the so-called daily allowance). This concerns a reimbursement for the extra costs that the health care institution charges for staying in a single or double room. We reimburse a maximum of € 4.900 per calendar year. We do not reimburse any onorarium surcharge.

You are also not entitled to reimbursement for additional comfort services for either contracted or non-contracted medical treatments in Belgium or Germany.

### What we don't reimburse

We do not reimburse the costs of comfort facilities when staying in the rehabilitation department or the psychiatric department of a (psychiatric) hospital. In addition, you are not entitled to reimbursement of additional comfort services for both contracted and non-contracted medical treatments in Belgium or Germany.

### 2. Taxi transport to and from the hospital

Do you incur costs for taxi transport on the first and last day of your hospital stay in Belgium or Germany? Then we reimburse the costs of this transport from your home address to and from the hospital. Is someone accompanying you with this transport? Then we also reimburse the costs of his or her outward or return journey. We reimburse a maximum of 4 taxi journeys per hospital stay. You'll find the application procedure on page 10.



## Border Region Package

This package can only be taken out if you also have the basic insurance 'Restitutie'. With this package you will receive a supplement up to a maximum of the cost price coverage for non-urgent care in Belgium and Germany.

### Non-urgent care in Belgium and Germany:

**a** for care provided in Belgium or Germany within a radius of 55 km from the Dutch border, you are entitled to a reimbursement of up to 100% of the costs of medically necessary care and dental assistance due to an illness, an accident or condition.

**b** for care provided in the remaining part of Belgium or Germany you are entitled to a reimbursement of up to 100% (in addition to the reimbursement through your basic health insurance) of the maximum rate set at the time of treatment under the Healthcare Market Regulation Act (Wmg) if the care is provided in the Netherlands would have been granted.

If and insofar no (maximum) Wmg rates have been set, you are entitled to reimbursement of the costs up to a maximum of 100% of the prevailing market rate in the Netherlands in addition to the reimbursement through your basic health insurance (together 200%).



### Conditions for reimbursement

**1** Aevitae only reimburses the costs if they would also reimburse these in the Netherlands from the basic health insurance and if the claim amount exceeds the reimbursement from the basic health insurance.

**2** The treatment must take place with recognized (or equivalent) care providers.

Are you entitled to non-emergency care abroad under the basic health insurance? Then the reimbursement applies as a supplement to the basic health insurance. Non-contracted care must be requested in advance from Aevitae. Whether or not you have a Border Region Package does not matter for this process. Only after permission from Aevitae you will know whether this care is insured or not.

Are you being admitted to a hospital? Then the reimbursement is limited to a reimbursement of the costs of a maximum of 365 days per case of illness.



## Cover overview additional dental insurances

This reimbursement overview is intended to make it easy to see which types of reimbursements are included in an insurance policy. The overview provides a general description of the healthcare to which you are entitled. You can not claim any rights to this. Specific conditions for reimbursement may be included in the policy conditions. A restriction on the reimbursement may also apply, for example if you use a non-contracted care provider.

<b>Blend T Basis</b>	<b>Blend T Start</b> € 250,-	<b>Blend T Extra</b> € 500,-	<b>Blend T Royaal</b> € 1000,-	<b>Blend T Excellent</b> € 1250,-
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Treatment	Blend T Basis
<ul style="list-style-type: none"> <li>• Consultation and diagnostics</li> <li>• Preventive oral care</li> </ul>	<ul style="list-style-type: none"> <li>• 1 check-up and 25 minutes of dental cleaning OR</li> <li>• 2 check-ups and 15 minutes of dental cleaning</li> </ul>
<ul style="list-style-type: none"> <li>• Anesthesia</li> <li>• Fillings</li> <li>• Surgical procedures</li> </ul>	€ 60,- per calenderyear

Treatment	Blend T Start	Blend T Extra	Blend T Royaal	Blend T Excellent
<b>The treatments below are reimbursed up to:</b>	€ 250,- per calendar year	€ 500,- per calendar year	€ 1.000,- per calendar year	€ 1.250,- per calendar year
<ul style="list-style-type: none"> <li>- Consultation and diagnostics</li> <li>- Anesthesia</li> <li>- Fillings</li> <li>- Surgical procedures</li> <li>- Root cleaning</li> <li>- Take and review Xrays</li> </ul>	100%	100%	100%	100%
<ul style="list-style-type: none"> <li>- Preventive oral care</li> </ul>	75%	75%	75%	75%
<ul style="list-style-type: none"> <li>- Partial dentures</li> <li>- Implants / Implantology</li> <li>- Temporomandibular joint treatments</li> <li>- Crowns and bridges</li> <li>- Partial prosthetic devices</li> <li>- Gum treatments</li> <li>- Root canal treatments</li> </ul>	75%	75%	75%	100%

\*We do not reimburse the costs of:

- autografts;
- subscriptions;
- teeth whitening;
- cosmetic treatments that change the color, shape, or position of the tissues in and/or around the mouth;
- fluoride treatments;
- partially completed work;
- treatments by the dental surgeon on referral from the dentist (this is reimbursed by basic insurance);
- inspection reports and statements;
- full anesthesia and laughing gas;
- missed agreements;
- orthodontics (consult the policy conditions of the supplementary insurance for possible reimbursement);
- snoring mouthpieces (MRA) and the diagnostics and aftercare for this;
- therapeutic injections with botox;
- fillings in baby teeth.

### Border Regio Package

Have you taken out dental insurance? And does your care policy state that you are also insured for the Border Region Package? Then you will receive the same reimbursement for treatments in Belgium and Germany from this package. This means that the rates as applied in Belgium and Germany apply. The maximum reimbursement as included in your dental insurance remains the same.

### Conditions for reimbursement

1. We only reimburse the costs if we would also reimburse these in the Netherlands from the dental insurance policy.
2. The treatment must take place with recognized (or equivalent) care providers.

## Contact



Witte-Boussen guarantees a personal and flexible service

You can contact them for all your healthcare questions. They are available on weekdays between 8.30 am and 5 pm by phone, email, online chat, or you can just drop by during office hours!

Contact details Witte-Boussen Assurantiën B.V.

Witte-Boussen Assurantiën B.V.  
Mr. F.J. Haarmanweg 16  
P.O. Box 201  
4530 AE TERNEUZEN  
Telephone: 0115 61 83 44  
From abroad: +31 115 61 83 44  
E-mail: zorg@witteboussen.nl  
Online: www.witteboussen.nl

### Do you have any complaints?

Aevitae does its utmost best to prevent complaints. However, it is possible that you are dissatisfied with something. If so, please contact Witte-Boussen. Also if you have questions, comments or complaints about, for example, declarations, policy conditions, policy coverage and hospitalization in Belgium or Germany. They ensure that complaints are settled in a timely manner. All reports are registered in order to continuously improve the services from Aevitae.

Do you have questions?  
Feel free to call us  
0115 - 61 83 44 or  
send an e-mail to  
zorg@witteboussen.nl



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Healthcare Advisor



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