

Policy conditions 2025

Blend BasisPlus

Blend Intro

Blend Start,

Blend Royaal

Blend Excellent

Blend Grensregio Pakket

Blend Ziekenhuis Extra



Mr. F.J. Haarmanweg 16 • 4538 AR Terneuzen
www.ditisblend.nl • zorg@witteboussen.nl

Important information and service

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

Our website

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

Contact

For current opening hours, please refer to ditiBlend.nl. During the weeks in December when many people change providers, we offer expanded hours of operation in order to provide you with even better service.

Submitting care invoices

If you have received an invoice for care, you can digitally submit it for reimbursement through Mijn Blend. First, log in securely and easily using iDIN. In order to use iDIN, you must first complete the one-time activation process. More information on logging in using iDIN can be found [here](#). In the Mijn Blend digital environment, you can also easily and conveniently edit your personal details, view your healthcare costs or make changes to your coverage package(s).

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

Mailing/Visiting address

Mr. F.J. Haarmanweg 16
4538 AR Terneuzen

Need approval for care?

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

Complaints

We do everything we can to provide Blend clients like yourself with the best possible service. If you are unsatisfied with a decision we have taken regarding our service, or the service of one of your healthcare providers, please do not hesitate to let us know. For more information check page 15.

Find a healthcare provider

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

Aevitaal

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



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Definitions

The following definitions apply in this insurance agreement::

Additional Insurance Policy(s)

The insurances set out in these conditions of insurance.

Admission

Admission in a (psychiatric) hospital, psychiatric ward of a hospital, rehabilitation institution, convalescent home or an independent treatment centre, when and as long as nursing, examination and treatment can only be offered on medical grounds in a hospital, rehabilitation centre or convalescent home.

Aevitae

The authorised agent to whom authorisation has been granted by the health insurance company, as meant in article 1.1 of the Financial Supervision Act, with regard to the implementation of health care insurances.

Basic health insurance / Health care insurance

The health insurance as laid down in the Dutch Health Care Insurance Act.

Birth centre

A childbirth facility in or on the site of a hospital, possibly combined with a maternity care facility. A birth centre may be equated to a birth hotel and childbirth centre.

Calendar year

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

Care group

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

Care hotel

An institution contracted by the insurer in which 24-hour care and service provision, consisting in any event of nursing and care, is guaranteed, in a hotel like setting.

Centre for Special Dentistry

A university or centre considered as equivalent by the health care insurer providing dental treatment in special cases in which treatment requires a team approach and/or special expertise.

Centre for genetic research

An institution which holds a licence under the Act on Special Medical Procedures for the application of clinical genetic testing and genetic counselling.

Child and youth psychologist

A child and youth psychologist who is registered in accordance with the conditions laid down in Article 3 of the Individual Health Care Professions Act and is in the Register of Child and Youth Psychologists of the Dutch Institute of Psychologists (DIP).

Clinical psychologist

A health care psychologist who is registered in accordance with the conditions referred to in article 14 of the Individual Healthcare Professions Act.

Consent (authorization)

A written consent for the purchase of certain care that is provided by or on behalf us or the insurer is provided to you, prior to the purchase of this certain care.

Contract with preference policy

This is defined as a contract between the insurer and the dispensing general practitioner wherein specific agreements are made on the preference policy and/or the delivery and payment of pharmaceutical care.

Day treatment

Admission for less than 24 hours.

Dental surgeon

A dental specialist who is registered in the specialists' register for oral diseases and dental surgery of the Dutch Dental Association.

Dentist

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

Diagnosis Treatment Combination (DTC) care product

From 1 January 2012, new care services for specialist medical care are expressed in DTC Care Products. This process is called DTT (DTC's Towards Transparency). A DTC Care Product is a declarable benefit under the Health Care Market Regulation Act within the specialist medical care that is the result of the entire process of the diagnosis that the caregiver gives up to the (possible) treatment. The DTC process begins when you submit your request for care, and terminates at the end of the treatment, or after 365 days.

Dietician

A dietician who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Dispensing general practitioner

The dispensing general practitioner or a resident pharmacist who is registered in the register of established pharmacists or a pharmacist who is allowed to assist in a pharmacy by pharmacists who are entered in this register or the legal person that provides the care by pharmacists who are registered in above-mentioned register.

Dyslexia (severe)

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

EU and EEA state

Includes the following countries other than the Netherlands in the European Union: Belgium, Bulgaria, Cyprus (the Greek part), Denmark, Germany, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Spain, the Czech Republic, the United Kingdom and Sweden.

Under convention provisions, Switzerland is considered as equivalent to these countries.

The EEA states (states who are party to the Agreement on the European Economic Area) are Liechtenstein, Norway and Iceland.

Family

One adult or two married or permanently cohabiting persons and the unmarried own, step, foster or adoptive children under 30 years of age, who are entitled to child benefit, benefit under the Student Finance Act 2000 / Study Costs Allowances Act or deduction of extraordinary expenses under tax legislation.

Fraud

The intentional perpetration of or attempt to commit forgery of documents, deception, prejudice to creditors or rightful claimants and/or embezzlement through the realization and/or execution of a contract of general insurance, aimed at obtaining a payment, compensation or service to which no right exists or to obtain insurance coverage under false pretences.

General practitioner

A physician who is registered as general practitioner in the register maintained by the HVRC (Registration Committee for general practitioners, geriatric specialists and physicians for the mentally handicapped, of the Royal Dutch Medical Association and exercises the general practice in customary manner.

General remedial educationalist

A general remedial educationalist who is registered in the NVO Register of General Remedial Educationalists of the Association of Educationalists in the Netherlands.

Geriatrics specialist

A physician who has followed the training for the geriatrics specialty and is registered in the register of geriatric specialists of the Royal Dutch Medical Association. This specialty only exists since 1 January 2009. This specialty is in succession to nursing home medicine. Physicians who commenced the training course before 1 January 2009, are registered as nursing home physicians, but are now also called geriatrics specialists.

Group health insurance contract

A collective agreement of health insurance (collective contract) concluded between Aevitae and an employer or legal entity with the aim of offering the affiliated participants the possibility of taking out health care insurance and any additional insurance cover under the conditions set out in this agreement.

Health Care (Market Regulation) Act tariffs

Tariffs as established by or pursuant to the Health Care (Market Regulation) Act.

Health care insurer

The insurance company which has been authorized as such and provides (supplementary) insurance(s) within the meaning of the Health Care Insurance Act. Your health care policy states which company this concerns.

Health care provider

The health care provider or health care providing organization that provides health care.

Health care psychologist

A Health care psychologist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Hospital

An institution for medical specialist health care for nursing, examination and treatment of illnesses, which is approved as such in accordance with the rules drawn up by law.

Independent treatment centre

An institution for medical specialist health care for examination and treatment that is approved as such in accordance with the rules drawn up by law.

Individual Health Care Professions Act

Act on professions in individual health care. This act sets out the expertise and competencies of the care providers. The accompanying registers list the names of the caregivers who meet the legal requirements.

Institution

1 an establishment within the sense of the Care Institutions (Accreditation) Act;

2 a legal entity established abroad which provides care in the respective country in connection with the social security system existing in that country or which is aimed at providing care to specific groups of public officials.

Insured person

Everyone named as such in the policy document.

Insurer

The health insurance company which has been authorized as an insurance company, providing (supplementary) insurance(s) within the meaning of the Health Care Insurance Act.

Integrated care

A care programme organized around a particular disorder.

Laboratory research

Research by a legally accredited laboratory.

Maternity centre

An institution that provides obstetric and/or maternity care and that meets the statutory requirements.

Maternity care

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

Medical consultant

The physician who advises us in medical matters.

Medical devices

The provision in the need for functioning aids and bandages designated in the Health Insurance Regulations, taking into account the regulations established by the insurer with regard to consent requirements, periods of use and volume prescriptions.

Medical specialist

A physician who is registered in the register maintained by the Medical Specialists Registration Committee of the Royal Dutch Medical Association.

Mental health care institution

An institution which provides medical care related to a psychiatric disorder and is authorized as such.

Multidisciplinary cooperation

Integrated (chain) care that is supplied by multiple care providers in conjunction with different disciplinary backgrounds and wherein direction is necessary in order to provide the care process surrounding the insured party.

Obstetrician

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

Occupational physician

A physician who is registered as occupational physician in the register established by the Social-Medical Registration Committee (SGRC) of the Royal Dutch Medical Association and acts on behalf of the employer or the occupational health and safety service wherein the employer is affiliated.

Occupational therapist

An occupational therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Oral hygienist

An oral hygienist who has been trained in accordance with the oral hygienist's training requirements as listed in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree' and in the Health Care (Unsupervised Activities) Decree (Bulletin of Acts and Decrees 1997, 553).

Orthodontist

A dental specialist who is registered in the Specialists Register for Dentomaxillary orthopaedics maintained by the Dutch Dental Association.

Pelvic physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act and is also registered as a pelvic physiotherapist in the pelvic physiotherapy sub-register of the Central Quality Register (CKR) of the Royal Dutch Association for Physiotherapy (KNGF).

Pharmaceutical care

This is defined as:

- the handing over of medicines and dietary preparations designated in this insurance contract and/or
- advice and guidance such as pharmacists tend to offer for the benefit of medication assessment and responsible use, all this taking into account the Pharmaceutical Care Regulations established by the insurer.

Pharmacy

Pharmacy refers to: (Internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies and dispensing GPs.

Physician

Whoever is authorized under Dutch law to practice medicine and is registered as such by the competent authority in the context of the Individual Health Care Professions Act.

Physiotherapist

A physiotherapist who is registered as such in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act. The term physiotherapist also means a remedial gymnast/masseur according to Section 108 of the Individual Health Care Professions Act.

Podiatrist

A podiatrist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Policyholder

The person who has entered into the insurance contract with us.

Policy schedule

The health insurance care policy (instrument) wherein the basic and supplementary insurances entered into between you (the policyholder) and the health insurance company are recorded.

Preferential medicines

Preferred products designated by the insurer within an identical group of mutually interchangeable medicinal products.

Primary care psychologist

A health psychologist who is registered in accordance with the conditions laid down in Article 34 of the Individual Health Care Professions Act and who meets the training and quality requirements as contained in the Primary Care Psychologists' Qualification Scheme of the Dutch Institute of Psychologists (NIP).

Prosthodontist

A prosthodontist who is trained in accordance with the so called 'Decree for training requirements and expertise for prosthodontists'.

Psychiatrist/neurologist

A physician who is registered as psychiatrist/neurologist in the register maintained by the Specialists Registration Committee of the Royal Dutch Medical Association. Neurologist may also be read in place of psychiatrist.

Psychotherapist

A psychotherapist who is registered in accordance with the conditions as referred to in article 3 of the Individual Health Care Professions Act.

Rehabilitation

Examination, advice and treatment of a specialist medical, paramedical, behavioural and rehabilitative nature. This care is provided by a multidisciplinary team of experts, led by a medical specialist, connected to a rehabilitation institution in conformity with the rules laid down by law.

Remedial therapist

A remedial therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sexological care provider

Primary care psychologist, physician or nurse who, as a sexological care provider, is in the possession of a registration from the Dutch Association for Sexology (NVVS).

Skin therapist

A skin therapist who is trained in accordance with the Decree on skin therapist training and area of expertise (Bulletin of Acts and Decrees 2002, no. 626). This decree is based on article 3 of the Individual Health Care Professions Act.

Specialist mental health care

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

Speech therapist

A speech therapist who meets the requirements stipulated in the so-called 'Dietician, occupational therapist, speech therapist, oral hygienist, remedial therapist, orthopist and podiatrist Decree'.

Sports medical examination

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

Sports physical examination

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

Stay

Admission with duration of 24 hours or longer.

Treaty country

Any state with which the Netherlands has concluded a social security treaty wherein an arrangement for the provision of medical care is included. These are defined as Australia (only temporary stay), Bosnia and Herzegovina, Cape Verde Islands, Croatia, Macedonia, Serbia-Montenegro, Tunisia and Turkey.

We/us

Aevitae

Wlz

The Long Term Care Act (Wet langdurige zorg).

Wmo

The Social Support Act (Wet maatschappelijke ondersteuning).

You/your

The person insured. This is stated to in the policy document. 'You (the policyholder)' means the person who has entered into the insurance with us.

Youth health care physician

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

Youth Care Agency

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

General terms and conditions

Article 1 Insured health care

1.1 Content and scope of the insured health care

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

1.1.1 Collective health insurance agreement

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

1.2 Medical need

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

1.3 Health care providers

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

For a number of types of health care, we have contracted, appointed or recognized certain health care providers. You will receive no or reduced compensation if you use a non-contracted, non-appointed or non-recognized health care provider for these types of health care. This will be specified in the relevant health care articles. For the other types of health care, you are free to choose a health care provider provided that the other stipulations in these insurance policy terms and conditions are met.

An overview of the health care providers who have been contracted or appointed by us and of the compensation awarded for non-contracted health care providers is available on our website or can be requested by telephone. The recognized health care providers are listed in the relevant health care article. We have made specific agreements with some health care providers. They are our preferred health care providers. Preferred health care providers are specified in the relevant health care article.

1.4 Compensation of the cost of health care

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

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

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

1.5 How do you claim a reimbursement?

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

- your name, address and date of birth;
- type of treatment, the amount per treatment and the date of treatment;
- the name and address of the healthcare provider;
- AGB code (with a Dutch healthcare provider).

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

Online claim forms

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

1.6 Direct payment

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

1.7 Settlement of the costs

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

1.8 Referral, prescription or permission

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

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

Contracted health care provider

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

Non-contracted health care provider

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

1.9 Derived rights

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

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

1.10 Exclusions

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

- 1.10.1 That are related to illnesses or abnormalities which existed before or during the time at which the insurance policy was taken out and which the person covered by the insurance policy knew of or should have known of or which he was experiencing the symptoms of and which Aevitae was not informed of in writing. This exclusion does not apply if and insofar as the insurance came into effect without medical or dental screening;
- 1.10.2 Of written certificates, administrative costs, costs of appointments not kept or costs incurred as a result of late payment of health care providers' invoices;
- 1.10.3 Incurred as a result of gross negligence or intent;
- 1.10.4 Consisting of personal contributions or excess payable under the terms of any other insurance, unless stipulated otherwise in these insurance policy terms and conditions;
- 1.10.5 That could be claimed under the Long-term Care Act (Wet langdurige zorg), the Youth Act (Jeugdwet) or the Social Support Act (Wet maatschappelijke ondersteuning), if the insured person is covered under the Act;
- 1.10.6 That could be claimed under another insurance policy, whether or not of a previous date or under any law or other provision provided the insurance coverage is not available from Aevitae. In that case, this insurance policy is the last insurance policy applicable. Only the costs which exceed the amount the person covered by the insurance policy could claim elsewhere will be eligible for reimbursement;
- 1.10.7 That can be claimed or could be claimed under the Health Care Insurance Act if you are obliged to be insured according to that law;
- 1.10.8 Caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny;
- 1.10.9 Caused by, incurred during or resulting from nuclear reactions, irrespective of how they came about. This exclusion does not apply in the case of damage caused by radioactive nuclides situated outside a nuclear facility that are used or intended to be used for industrial, commercial, agricultural, medical, scientific or security purposes, provided there is a valid permit issued by the national government for the manufacture, use, storage and disposal of radioactive substances (in this context, a 'nuclear facility' is a nuclear facility as defined in the Wet Aansprakelijkheid Kernongevallen (Nuclear Incidents (Third Party Liability) Act). The stipulations of the previous sentence do not apply insofar as a third party is liable under Dutch or foreign law for the damage sustained;
- 1.10.10 Or compensation for damage indirectly resulting from acts or omissions by Aevitae.

1.11 Entitlement to (compensation of the costs of) health care and other services as a result of terrorist actions

The following rule is applicable if you require health care as a result of one or more terrorist actions. If the total amount which is claimed in one year from damage insurers, life insurers or funeral insurers is greater than, according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT) (Netherlands Reinsurance Company for Terrorism Losses), the maximum amount which this insurance company reinsures per year, you are only entitled to compensation of a certain percentage of the costs or of the value of the health care. The NHT determines this percentage. This applies to damage insurers, life insurers and funeral insurers (including health care insurers) to whom the Wet op het financieel toezicht (Financial Supervision Act) is applicable.

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

Article 2 General conditions

2.1 Basis of the health insurance

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

2.2 Supplementary insurance

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

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

2.3 Accompanying documents

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

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

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

2.4 Fraud

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

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

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

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

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

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

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

2.5 Protection of personal information

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

Your personal details will be processed for the following purposes:

- for concluding and performing your insurance contracts or financial services;
- for inspections and/or checks among insured, healthcare providers and/or suppliers to ensure the healthcare services have actually been delivered;
- for research into the quality of healthcare delivered as perceived by our insured;
- for statistical analysis;
- for compliance with statutory obligations;
- in the context of the security and integrity of the financial sector (preventing and combating fraud);

- if you participate in a group contract: for exchanging data with the contract party to the group contract for assessing your
- entitlement to premium discounts.

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

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

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

2.6 Announcements

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

2.7 Right of withdrawal period

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

2.8 Dutch law

The supplementary insurance is governed by Dutch law.

Article 3 Payments

3.1 Due premium

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

3.2 Premium reduction for a collective agreement

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

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

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

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

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

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

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

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

3.4 Settlement

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

3.5 Non-timely payment

- 3.5.1 If you do not pay the premium, the (mandatory) excess, personal contributions or any other costs in time, we send you a payment reminder. If you do not pay within the time of 14 days stated, we can suspend your coverage. In that case, there is no right to (compensation of the costs of) health care from the last premium payment due day before the reminder. In the event of the insurance coverage being suspended, you are still obliged to pay the insurance premium.
- 3.5.2 In the event of non-timely payment, we also have the right to terminate any supplementary insurance policies. In the event of termination, the supplementary insurance can be reinstated after payment of the outstanding amount and any additional costs. You will have to apply for this reinstatement in writing within one month after you have paid all of your outstanding costs. Your supplementary coverage will resume from the first day of the month following your payment. If your request exceeds the term of one month after your payment, the starting date of your supplementary insurance will be January 1st of the following calendar year. The supplementary insurances will not be automatically reinstated. You have to apply for it.
- 3.5.3 We may charge the following fees in the event of overdue payment:
- statutory interest from the day following the due date of the original invoice;
 - debt collection fees from the day following the due date of the original invoice. This is 14 days after receipt of the reminder. For the amount of the collection fees, we refer to the Reimbursement for Extrajudicial Collection Costs Decree (BIK).
- 3.5.4 If you have previously received a reminder for the non-timely payment of the premium, legal contributions, personal contributions or other costs, we do not have to remind you in writing separately in the case of non-timely payment of a subsequent invoice.
- 3.5.5 We have the right to settle overdue premium payments and costs with any compensation of costs for health care you have claimed from us or other sums of money which we owe you.
- 3.5.6 If we terminate the supplementary insurance on account of the non-timely payment of the owed premium, we have the right to not enter into an insurance agreement with you for a period of five years.

Article 4 Other obligations

You are obliged:

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

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

Article 5 Alterations to the premium and the terms and conditions

5.1 Alterations to the premium and the terms and conditions

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

5.2 Right of termination

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

Article 6 Commencement, duration and termination of the supplementary insurance

6.1 Commencement and duration

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

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

6.2 Acceptance for supplementary insurance

6.2.1 Health care insurance

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

6.2.2 Family cover

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

6.2.3 Alterations to supplementary insurance

You can alter your supplementary insurance. The stipulations of 6.2.2 will then apply. The person covered by the insurance policy must inform us of the alteration by no later than 31st December. The change will then become effective as per 1 January of the following calendar year (with retroactive effect if submitted after 1 January). Relating to healthcare subject to reimbursement periods of more than one calendar year, such terms will continue if supplementary insurance policies are amended within Aevitae. This means that any reimbursements paid out previously pursuant to a previous supplementary insurance policy will be transferred to the new supplementary insurance policy. This is subject to the condition that your new supplementary insurance policy covers reimbursement of this service or treatment.

6.3 Termination by law

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

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

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

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

6.4 Times when the insurance policy may be terminated

6.4.1 Annually

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

6.4.2 Intervening times

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

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

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

6.5 Termination, annulment or suspension of the supplementary insurance

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

- On account of non-timely payment of money owed as stated in article 3.5;

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

Article 7 Complaints and disputes

7.1 Complaint management

7.1.1 You can be sure that all matters concerning your supplementary insurance will be taken good care of. Nevertheless, it is possible that not everything will be as you would wish.

We will be glad to hear your complaints and suggestions. You can send your complaints to: Klachtenmanagement, Mr. F.J. Haarmanweg 16, 4538 AR Terneuzen. You can also send an e-mail to klachtenmanagement@aevitae.com. The Complaint Management department deals with complaints on behalf of the management.

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

7.2 Complaints about our forms

7.2.1 If you feel there is no need for a certain form or that a form is too complicated, then you can send your complaint to: Klachtenmanagement, Mr. F.J. Haarmanweg 16, 4538 AR Terneuzen. You can also send an e-mail to klachtenmanagement@aevitae.com.

7.2.2 You will receive a reaction to your complaint within 30 days. If you are not satisfied with the answer or do not receive a reply within 30 days, you can file your complaint with the Dutch Health Care Authority by sending a letter to the Informatielijn/Meldpunt, Postbus 3017, 3502 GA Utrecht, the Netherlands or an email to informatielijn@nza.nl. The website of the Dutch Health Care Authority (www.nza.nl) explains how to submit a complaint about forms.

Article 8 Health care and waiting list mediation

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

Reimbursements Supplementary Insurances

You can take out various additional insurance policies with us. You can see which insurance policies you have taken out on your policy schedule. Below you will find the care that is included in the various supplementary insurance policies. For each form of care, it is indicated which part of the care is insured and the amount of the reimbursement. You can also read below which conditions apply to the reimbursement.

Alternative care

1 Alternative care

Description

We reimburse the costs of:

- consultations with alternative doctors;
- consultations with alternative therapists;
- homeopathic and anthroposophic medicines.

Conditions for reimbursement

- The homeopathic and anthroposophic medicines are prescribed by a doctor.
- The medicines are registered with HA (homeopathic anthroposophic) or HM (homeopathic remedy) in the Taxe Homeopathie of the Z-index. The pharmacist can check this.
- The homeopathic and anthroposophic medicines are supplied by a pharmacy or dispensing general practitioner.
- The alternative therapist is a member of a specific association, see the [Lijst Alternatieve beroepsgroepen](#).

Exclusions

We do not reimburse the costs of:

- care if the alternative healer or therapist is also your own GP;
- laboratory research requested or carried out by an alternative healer or therapist.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 350 per calendar year, consultations up to €40 per day.
- Blend Royaal A maximum of € 550 per calendar year, consultations up to €40 per day.
- Blend Excellent A maximum of € 1,200 per calendar year, consultations up to €40 per day.

Bones, muscles and joints

2 Exercise programmes

2.1 Exercise programmes in connection with diseases and conditions

Description

We reimburse the costs of exercise programs aimed at:

- COPD;
- diabetes mellitus;
- heart disease;
- obesity;
- osteoporosis;
- rheumatism;
- rehabilitation for an oncological condition;

Conditions for reimbursement

- The exercise program is prescribed by a doctor.
- The exercise program given by a specially trained physiotherapist and/or exercise therapist.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 350 per condition for the duration of the insurance.
- Blend Excellent A maximum of € 350 per condition per calendar year.

2.2 Exercise program for the elderly

Description

We reimburse the costs of a More Exercise for the Elderly (MBvO) program.

Conditions for reimbursement

You must provide us with an original proof of registration.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent A maximum of 1 program per calendar year.

2.3 Remedial therapy in a hot water pool for rheumatism

Description

Do you have rheumatism? Then we reimburse the costs of exercise therapy in extra heated water in a swimming pool.

Conditions for reimbursement

- 1 You must provide us with a statement from a general practitioner or medical specialist once. This statement must show that you need exercise therapy in extra heated water because of the medical indication for rheumatism.
- 2 The remedial therapy must be provided in a group session under the responsibility of a physiotherapist, a Cesar or Mensendieck remedial therapist and/or a rheumatoid arthritis patients' association.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent 100%

3 Occupational therapy

Description

We reimburse the costs of extra hours of occupational therapy in addition to the basic health insurance.

Conditions for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of 3 hours per calendar year, in addition to the basic health insurance.
- Blend Excellent A maximum of 4 hours per calendar year, in addition to the basic health insurance.

4 Fitness training (medical)

Description

We reimburse the costs of medically necessary fitness training in a recognized Fitness center (NL Actief quality mark).

Conditions for reimbursement

1. The training must take place on the prescription of the treating/referring doctor or medical specialist;
2. The training must take place under medical supervision in the context of ongoing medical treatment a doctor or medical specialist;
3. You must request the treatment in advance by submitting a statement from the treating/referring doctor/medical specialist for the attention of our medical advisor;
4. If you take out a subscription to a gym or swimming pool on the advice of your doctor or physiotherapist, these costs are not eligible for reimbursement..

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100%

5.1 Physiotherapy and exercise therapy (Cesar/Mensendieck)

Description

We reimburse the costs of:

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

Conditions for reimbursement

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

Exclusion

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

Reimbursement

- Blend BasisPlus Up to age 18: 100%, including up to 9 treatments of manual therapy per condition;
From age 18: No reimbursement.
- Blend Intro Up to age 18: 100%, including up to 9 treatments of manual therapy per condition;
From age 18: A maximum of 9 treatments per calendar year.
- Blend Start Up to age 18: 100%, including up to 9 treatments of manual therapy per condition;
From age 18: A maximum of 12 treatments per calendar year, including up to 9 treatments of manual therapy per condition.
- Blend Royaal Up to age 18: 100%, including up to 9 treatments of manual therapy per condition;
From age 18: A maximum of 27 treatments per calendar year, including up to 9 treatments of manual therapy per condition.
- Blend Excellent Up to age 18: 100%, including up to 9 treatments of manual therapy per condition;
From age 18: A maximum of 50 treatments per calendar year, including up to 9 treatments of manual therapy per condition.

5.2 Fysio Zelfcheck app (Physio Self Check app)

Description

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

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

About Fysio Zelfcheck

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

Reimbursement

- Pakket 100%

Abroad

6 Vaccinations and preventive medications related to stays abroad

Description

We reimburse the costs of vaccinations and/or preventive medications that are deemed necessary to prevent diseases during a stay abroad according to the advice of the 'Landelijk Coördinatiecentrum Reizigersadviesing' (National Coordination Center for Travelers' Health Advice). Please refer to the website www.lcr.nl/Landen for more information.

Condition for reimbursement

The care is provided by a general practitioner, Encare Arbozorg GGD, Thuisvaccinatie, Travel Health Clinic, or a physician with LCR accreditation and yellow fever registration.

Exclusions

We do not reimburse the costs of over-the-counter self-care products (available at the drugstore) that prevent infections, diarrhea, or dehydration.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro 100%
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

7 Emergency care abroad

7.1 Emergency care abroad during vacation or temporary stay

Description

We reimburse the costs of medically necessary emergency care during stays abroad for vacations, study, or business trips of up to 12 months. The costs are only reimbursed if the care was unforeseeable at the time of departure to the foreign country and could not be postponed until returning to the Netherlands.

Conditions for reimbursement

- The Alarm Center has granted prior approval. The phone number of the Alarm Center is 088 35 35 705.

- The invoices are in Dutch, French, German, English, or Spanish. If the invoices are in another language, we may request the invoices to be translated by a sworn translator. We do not reimburse the costs of translation.
- Healthcare costs in a currency other than the euro will be converted into euros. When converting the invoice amount, we use the exchange rate provided by www.XE.com on the treatment date.
- Reimbursement for non-contracted healthcare abroad is always paid directly to the insured. The insured is responsible for paying the healthcare provider.

Reimbursement

- Blend BasisPlus Full reimbursement, in addition to the basic health insurance.
- Blend Intro Full reimbursement, in addition to the basic health insurance.
- Blend Start Full reimbursement, in addition to the basic health insurance.
- Blend Royaal Full reimbursement, in addition to the basic health insurance.
- Blend Excellent Full reimbursement, in addition to the basic health insurance.

7.2 Urgent pharmaceutical care abroad

Description

We reimburse the costs of medicines abroad for emergency care. This concerns medicines that are not reimbursed by the basic health insurance but are prescribed by a doctor.

Conditions for reimbursement

- 1 The medicines must be prescribed by a general practitioner, a medical specialist or a dentist;
- 2 The medicines must be prescribed in connection with urgent medical treatment abroad;
- 3 The medicines must be dispensed by a pharmacy.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a self-care products that are not listed in the Healthcare Insurance Regulations. Self-care products are products that you can buy in the Netherlands without a prescription;
- b dietary and liquid nutrition products;
- c dressing;
- d vaccinations and medication required for foreign travel;
- e contraceptives;
- f homeopathic, anthroposophic and/or other alternative medicines and remedies.

Reimbursement

- Blend BasisPlus A maximum of € 50 per calendar year.
- Blend Intro A maximum of € 50 per calendar year.
- Blend Start A maximum of € 50 per calendar year.
- Blend Royaal A maximum of € 50 per calendar year.
- Blend Excellent A maximum of € 50 per calendar year.

8 Care mediation abroad

8.1 Transport costs after care mediation to Belgium or Germany

Description

We reimburse the costs of transport from the Netherlands during a hospital stay via our Team Medical at a care institution in Belgium or Germany and from there back to the Netherlands. We reimburse the costs of taxi transport, transport by private car and public transport.

Conditions for reimbursement

- 1 Are you traveling with a non-contracted taxi company, public transport or with your own transport? Then use the claim form to submit your request for reimbursement of the costs incurred to us. You can find this form on our website.
- 2 There must be a waiting time reduction.
- 3 We must approve the transport in advance. We will determine if you are entitled to reimbursement of the costs of transport and the form of transport to which you are entitled.
- 4 You must use contracted taxi services.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start Taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance.
- Blend Royaal Taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance.
- Blend Excellent Taxi transport: 100%, public transport (lowest class): 100%, personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance.

8.2 Accommodation and transport costs for family members after care mediation to Belgium or Germany

Description

Are you admitted from the Netherlands for care at a foreign care institution based on Article 9.3 of the “Reimbursements for supplementary insurances”? Then we reimburse for your family members:

- a the overnight costs in a guest house in the vicinity of the hospital;
- b transport by private car, public transport or taxi transport to and from the hospital.

Conditions for reimbursement

- 1 Are you traveling with a non-contracted taxi company, public transport or with your own transport? Then use the claim form to submit your request for reimbursement of the costs incurred to us. You can find this form on our website.
- 2 At our request, you must be able to prove that you have incurred the transport and / or accommodation costs.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 500 per calendar year for all family members combined (accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance).
- Blend Royaal A maximum of € 500 per calendar year for all family members combined (accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance).
- Blend Excellent Accommodation € 35 per night; transport costs: according to the same kilometer allowance as for patient transport in the basic health insurance.

8.3 Accommodation and transport costs for expertise treatment abroad

Reimbursement

Do you have permission for non-emergency expertise treatment abroad? Then we reimburse:

- a the overnight costs in the vicinity of the hospital;
- b transport from the Netherlands to the hospital and back;
- c accommodation and / or transportation costs of 1 specialized counselor if counseling is medically necessary;
- d accommodation and / or transportation costs of 1 family member or 2 family members for insured persons up to the age of 16.

A expertise treatment is a medical treatment abroad that meets the state of science and practice but is currently unavailable in the Netherlands and / or cannot be performed and where you are reasonably dependent on content and scope. Our medical adviser determines whether there is an expertise treatment.

Conditions for reimbursement

- 1 We must have given you written permission in advance.
- 2 You must be referred by a medical specialist for treatment.
- 3 You must provide us with a specification of the costs incurred.
- 4 The medical necessity of a supervisor and the type of supervisor (for example a nurse) is determined by us.

Reimbursement

- Blend BasisPlus A maximum of €5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance).

- Blend Intro A maximum of €5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance).
- Blend Start A maximum of €5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance).
- Blend Royaal A maximum of €5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance).
- Blend Excellent A maximum of €5,000 for you and your companion combined (accommodation: € 75 per person per night; flights (economy class): 100%; public transport (lowest class): 100%; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance).

9 Repatriation from abroad

Description

We reimburse the costs of:

- medical transport by ambulance or by plane, including the invoiced costs of medically necessary accompaniment from abroad to a healthcare facility in the Netherlands;
- transport of the deceased from the place of death to the Netherlands.

Conditions for reimbursement

- The Alarm Center has granted prior approval. The phone number of the Alarm Center is 088 35 35 705.
- The invoices are in Dutch, French, German, English, or Spanish. If the invoices are in another language, we may request the invoices to be translated by a sworn translator. We do not reimburse the costs of translation.
- Healthcare costs in a currency other than the euro will be converted into euros. When converting the invoice amount, we use the exchange rate provided by www.XE.com on the treatment date.
- Reimbursement for non-contracted healthcare abroad is always paid directly to the insured. The insured is responsible for paying the healthcare provider.

Exclusion

We do not reimburse the costs of any potential early return of fellow travelers.

Reimbursement

- Blend BasisPlus 100%
- Blend Intro 100%
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

Medicines

10 Contraceptives

Description

We reimburse the costs of contraceptives included in the 'Geneesmiddelenvergoedingssysteem' (Medicines Reimbursement System):

A: From age 21

- Contraceptive pill
- Hormonal patch
- Hormone implant
- Implanon
- NuvaRing
- Diaphragm
- Injectable contraceptive
- Intrauterine devices

B: Up to age 21 years or in case of medical indication (endometriosis or menorrhagia)

- The personal contribution for contraceptives in addition to the basic health insurance.

Conditions for reimbursement

- The contraceptive method has been prescribed by a (family) doctor or midwife. For the contraceptive pill, a prescription is only required for the first dispensing.
- The contraceptive method has been provided by a pharmacist or a pharmacy-owning physician.

Remark

The costs of inserting and removing a contraceptive method are reimbursed through the basic health insurance.

Reimbursement

- Blend BasisPlus A and B: No reimbursement.
- Blend Intro A and B: 100%
- Blend Start A and B: 100%
- Blend Royaal A and B: 100%
- Blend Excellent A and B: 100%

11 Registered medicines and pharmacy preparations

Description

We reimburse the costs of a limited number of registered medicines and pharmacy preparations which are not covered by your basic health insurance. We reimburse the costs of medicines and pharmacy preparations in one of the following cases:

- a the medicine in question is not, no longer, or not yet listed in the GVS as a medicine that can be covered by basic health insurance;
- b the pharmacy preparation in question is not covered by your basic health insurance.

Conditions for reimbursement

- 1 We must give you written permission in advance.
- 2 There is no reimbursable alternative in your situation.
- 3 The medicine must be used to treat a condition which is listed in relation to that medicine on a list compiled by us. This list contains registered medicines and pharmacy preparations in combination with health conditions and can be found on our website or obtained from us.

Reimbursement

- Blend BasisPlus A maximum of € 750 per calendar year.
- Blend Intro A maximum of € 750 per calendar year.
- Blend Start A maximum of € 750 per calendar year.
- Blend Royaal A maximum of € 750 per calendar year.
- Blend Excellent A maximum of € 750 per calendar year.

12 Melatonin

Description

We reimburse the costs of melatonin tablets.

Conditions for reimbursement

- The melatonin tablets have been prescribed by a (child) psychiatrist, (child) doctor, or (child) neurologist.
- The melatonin tablets have been supplied by the online pharmacy eFarma.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal 100%
- Blend Excellent 100%

13 Statutory personal contribution for medications

Description

We reimburse the statutory personal contribution for medications listed in the 'Geneesmiddelenvergoedingsstelsel' (Medicines Reimbursement System) when these medications are primarily covered by the basic health insurance.

Exclusion

We do not reimburse the personal contribution for ADHD medication.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100%

Skin

14 Acne therapy

Description

We reimburse the costs of the treatment of severe acne vulgaris (youth pimples) on the face and/or neck.

Conditions for reimbursement

- It concerns a severe form of acne vulgaris on the face and/or neck.
- The care is provided by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care is eligible for reimbursement only if it is provided by the beautician in accordance with ANBOS guidelines.
- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.

Exclusions

We do not reimburse the costs of:

- the treatment of acne rosacea;
- skin care products, such as creams and lotions.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 250 per calendar year.
- Blend Excellent A maximum of € 500 per calendar year.

15 Camouflage therapy

Description

We reimburse the costs of:

- camouflage lessons and the purchase costs of the camouflage products necessary for the lessons;
 - camouflage therapy using laser treatment;
- on the face and/or neck.

Conditions for reimbursement

- We reimburse the costs of camouflage lessons aimed at concealing port wine stains, scars, and other unsightly skin conditions on the face and/or neck.
- The care is provided by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care is eligible for reimbursement only if it is provided by the beautician in accordance with ANBOS guidelines.

- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 200 for the duration of the insurance.
- Blend Excellent A maximum of € 500 for the duration of the insurance.

16 Hair removal

Description

We reimburse the costs of the removal of extreme hair growth in unusual areas on the face and/or neck, for example, through electrical epilation or laser techniques.

Conditions for reimbursement

- The treatment is performed by a skin therapist or beautician who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#). The care provided by the beautician is eligible for reimbursement only if the treatment is carried out in accordance with ANBOS guidelines.
- The skin therapist or beautician has a valid personal AGB code relevant to the provided treatment. The AGB code and professional association should be listed on the invoice.
- The invoice should indicate which hair removal technique was used.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 300 per calendar year.
- Blend Excellent A maximum of € 500 per calendar year.

Medical aids

17 Spectacles and lenses

Description

We reimburse the costs of prescription eyeglass lenses (including the accompanying frame) or contact lenses.

Conditions for reimbursement

- The glasses or contact lenses are supplied by an optician or optical company.
- The date of delivery determines in which calendar year the reimbursement period begins.

Exclusions

We do not reimburse the costs of:

- testing, measuring, or optometric examinations of the eyes by an optician.
- a frame without lenses.
- non-optical items and services such as lens solution or eyeglass cases, service contracts, and insurance.
- repairs and maintenance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 100 per 3 calendar years.
- Blend Royaal A maximum of € 150 per 3 calendar years.
- Blend Excellent A maximum of € 300 per 3 calendar years.

18 Personal contribution hearing aids

Description

We reimburse:

- the personal contribution for hearing aids in addition to the basic health insurance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent A maximum of € 750 per calendar year.

19 Breast prosthesis

19.1 Accessories for breast prosthesis

Description

We reimburse the costs of:

- adhesive strips for a breast prosthesis;
- a breast prosthesis bra;
- a prosthesis swimsuit;
- cleaning supplies for a breast prosthesis after a mastectomy.

Condition for reimbursement

The supplier is SEMH certified based on the recognition scheme for Mammacare (MMC).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

19.2 Artificial nipple or mammilla prosthesis

Description

We reimburse the costs of a self-adhesive artificial nipple:

- that can be used on a breast (part) prosthesis;
- while waiting for a permanent nipple reconstruction if the custom-made nipple prosthesis does not fall under the reimbursement scheme of the basic health insurance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

20 Personal alarm equipment and subscription fees

Description

For the use of personal alarm equipment, we reimburse:

- the subscription fees with a medical indication in addition to the basic health insurance;
- the rental and subscription fees with a social indication;
- the rental and subscription fees for temporary use with a maximum of 4 weeks.

Conditions for reimbursement

- We have given prior approval.
- The personal alarm equipment has been prescribed by a (family) physician.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 75 per calendar year.
- Blend Excellent 100%

21 Bedwetting alarm

Description

We reimburse the costs of a bedwetting alarm for children aged 7 to 18 years, including any necessary bandages and underpants.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 100 for the duration of the insurance.
- Blend Royaal A maximum of € 100 for the duration of the insurance.
- Blend Excellent A maximum of € 100 for the duration of the insurance.

22 Wigs and other head covering

Description

We reimburse:

- an extra amount for a wig in addition to the basic health insurance;
- the costs of a headscarf, turban, or any other form of head covering in case of hair loss due to medical treatment or alopecia (hair loss).

Conditions for reimbursement

- The wig is primarily covered by the basic health insurance.
- The reimbursement period is the same as the reimbursement period in the basic health insurance.
- The healthcare provider must be S.E.M.H. certified (HWK) or ANKO certified. An overview of contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 100 per calendar year.
- Blend Excellent A maximum of € 200 per calendar year.

23 Splints, braces and/or bandages

Description

We reimburse the costs of a splint, (sports or cooling) brace, or bandage when it is temporarily needed for the stabilization, support, and/or correction of muscles or joints. Healthcare providers can be found under 'Orthesen en braces' in our care provider search tool [Zorgzoeker](#).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 50 per calendar year.
- Blend Start A maximum of € 50 per calendar year.
- Blend Royaal A maximum of € 90 per calendar year.
- Blend Excellent A maximum of € 90 per calendar year.

24 Incontinence therapy

Description

We reimburse the costs of hiring a TRANS therapy (nerve stimulation) device if you use the device to treat incontinence.

Condition for reimbursement

You must be referred by a doctor, pelvic-floor physiotherapist or incontinence nurse.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal 100%, only with a contracted supplier.
- Blend Excellent 100%, only with a contracted supplier.

25 Statutory personal contribution for other medical aids

Description

We reimburse the costs of the statutory personal contribution for other medical aids.

Condition for reimbursement

You need to be entitled to reimbursement for hearing aids through the basic health insurance.

What we do not reimburse (according to this article)

We do not reimburse the costs of the statutory personal contribution for orthopedic and allergen-free shoes.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100%

Dental care

26 Personal contribution dental prosthesis

Description

We reimburse the personal contribution for:

- a complete dental prosthesis or snap-in denture for the upper and/or lower jaw;
- the repair or rebase of a complete dental prosthesis or snap-in denture for the upper and/or lower jaw.

Condition for reimbursement

The treatment is performed by a dentist, dental prosthetist, dental implantologist, or a Special Dental Care Center.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100%

27 Crowns, bridges, inlays and implants up to age 18

Description

We reimburse the costs of crowns, bridges, inlays, and implants (including technical costs) for children up to 18 years of age.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- We have granted prior authorization. We assess the cost-effectiveness of the treatment.
- The treatment is performed by a dentist, dental prosthetist, implantologist, special dental care center, or oral surgeon.

Reimbursement

• Blend BasisPlus	No reimbursement.
• Blend Intro	No reimbursement.
• Blend Start	100%
• Blend Royaal	100%
• Blend Excellent	100%

28 Orthodontics

Description

We reimburse the costs of dental procedures related to orthodontics, including material and technical costs.

Exclusion

We do not reimburse the costs of replacement due to loss or repair due to careless use.

Reimbursement

• Blend BasisPlus	No reimbursement.
• Blend Intro	No reimbursement.
• Blend Start	No reimbursement.
• Blend Royaal	Up to age 18: a maximum of € 2,000 for the duration of the insurance.
• Blend Excellent	Up to age 22: a maximum of € 3,000 for the duration of the insurance.

29 Dental care as a result of an accident

Description

We reimburse the costs of the cheapest and most straightforward treatment by a dentist, orthodontist, dental prosthetist, or oral surgeon within 1 year after the accident.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- The accident and treatment occur during the term of this insurance.
- Treatment takes place within 1 year after the accident, unless it is necessary to postpone a (definitive) treatment for children up to 18 years of age because their teeth are not fully developed.
- The treatment is aimed at restoring the situation immediately before the accident.
- We have granted prior authorization. We assess whether the treatment is cost-effective and whether the above conditions are met.
- The application for authorization includes a treatment plan with a cost estimate and available X-rays. The treatment plan is prepared by the dentist, orthodontist, oral surgeon, dental prosthetist, or implantologist.

Exclusions

We do not reimburse the costs of treatments that are directly or indirectly the result of:

- illness or a pathological condition in the insured party;
- gross negligence or intent of the insured party;
- the use of alcohol and/or narcotics by the insured party;
- the insured party's participation in a fight, other than in self-defense.

Reimbursement

- Blend BasisPlus A maximum of € 10,000 per accident.
- Blend Intro A maximum of € 10,000 per accident.
- Blend Start A maximum of € 10,000 per accident.
- Blend Royaal A maximum of € 10,000 per accident.
- Blend Excellent A maximum of € 10,000 per accident.

Prevention

30 Advice and guidance

30.1 Counselling

We reimburse the costs of counselling. Counselling is a short-term form of individual psychosocial support.

Condition for reimbursement

- 1 The counsellor who works with you must be a member of the General Professional Association for Counselling (Algemene Beroepsvereniging voor Counselling (ABvC));
- 2 On the invoice it must be specified clearly that the costs concerns counselling.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 300 per calendar year.
- Blend Start A maximum of € 300 per calendar year.
- Blend Royaal A maximum of € 300 per calendar year.
- Blend Excellent A maximum of € 300 per calendar year.

30.2 Dietary advice

Description

We reimburse the costs of education and advice from a dietitian regarding nutrition and dietary habits for medical purposes. This reimbursement is in addition to the coverage provided by the basic health insurance.

Conditions for reimbursement

- We reimburse up to the amount agreed upon with contracted healthcare providers. An overview of the contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).
- If the healthcare provider does not have a contract, the reimbursement may be lower than that of a healthcare provider we have contracted. The maximum reimbursements per treatment can be found in the '[Lijst maximale vergoedingen niet-gecontracteerde zorgverleners](#).' The amount of the reimbursement depends on which basic health insurance is listed on the policy document. If there is no basic health insurance listed on the policy document, the terms and conditions of our in kind policy apply.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent A maximum of 2 hours per calendar year, in addition to the basic health insurance.

30.3 Weight consultant

Description

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

Conditions for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 120 per calendar year.
- Blend Start A maximum of € 120 per calendar year.
- Blend Royaal A maximum of € 120 per calendar year.
- Blend Excellent A maximum of € 120 per calendar year.

30.4 IncoCure self-help programme

Description

For female insured persons who suffer from incontinence we reimburse the costs of the therapeutic online process offered by IncoCure. This self-help programme consists of an online questionnaire that diagnoses the type of incontinence. You are given personal advice on treatment. To complete the questionnaire, you can go straight to the website: www.incocure.com.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 15 per calendar year.
- Blend Royaal A maximum of € 15 per calendar year.
- Blend Excellent A maximum of € 15 per calendar year.

30.5 Care for women

Description

We reimburse the costs of health advice, menopause complaints, getting pregnant & pregnancy, menstruation problems, contraception and breast self-examination.

Condition for reimbursement

The consultation must be provided by a consultant who is a member of Care for Women. In the case of menopause complaints the consultation can also be provided by a menopause consultant who is a member of the Vereniging Verpleegkundig Overgangsconsulenten (VVOC) (Association of Medical Menopause Consultants). Or a care provider who meets the quality criteria established by one of these organisations.

What we do not reimburse (according to this article)

We do not reimburse the costs of dietary supplements or medicines.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 115 per calendar year.
- Blend Excellent A maximum of € 115 per calendar year.

31 Courses and training

31.1 Course for reducing alcohol consumption

Description

We reimburse the costs of (preventive) courses designed to reduce alcohol consumption.

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 300 per calendar year.
- Blend Start A maximum of € 300 per calendar year.
- Blend Royaal A maximum of € 300 per calendar year.
- Blend Excellent A maximum of € 300 per calendar year.

31.2 FITR4Life Lifestyle program

Description

We reimburse the costs of a sustainable health program which consists of exercising together, exercising daily, learning to eat healthier and improving the quality of life. Depending on your BMI, you can choose from 2 programs:

a BMI 27 to 29,9: 'Vitaal' program. This 6-month program includes:

- intake and outtake;
- exercise: once a week with a coach, and once individually;
- nutrition education: once a week;
- lifestyle education: once every 2 weeks.

b BMI from 30: 'Intensief' program. This 9-month program includes:

- intake and outtake;
- exercise: twice a week with a coach;
- nutrition education: once a week;
- lifestyle education: once every 2 weeks;
- lifestyle education: once a week for 12 weeks.

Condition for reimbursement

This lifestyle program is provided by Bodyline Healthcenters in Terneuzen, Hulst and Oostburg.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 1 program for the duration of the insurance. You pay a personal contribution of € 100.

31.3 Memory training

Description

We reimburse the costs of a memory training course organized by a home care institution.

Conditions for reimbursement

You must provide us with an original proof of registration.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 1 training per calendar year.

31.4 Lifestyle training courses

Description

We reimburse the costs of a maximum of 1 basic lifestyle training course for:

- a heart patients;
- b whiplash patients;
- c people suffering from stress and conditions associated with burnout.

Conditions for reimbursement

- 1 You must be referred by a general practitioner, a company doctor or a medical specialist.
- 2 The course must be organised by Leefstijl Training & Coaching (a personal development and health management institute).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 1,000 per calendar year.
- Blend Excellent A maximum of € 1.250 per calendar year.

31.5 Mindfulness training

Description

We reimburse the costs of mindfulness training.

Condition for reimbursement

The mindfulness training must be provided by a trainer who is a member of the Vereniging Mindfulness Based Trainers Nederland en Vlaanderen (VMBN) (Community of Mindfulness-Based Trainers in the Netherlands and Flanders). The members of the community are listed at www.vmbn.nl.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro a maximum of € 250 per calendar year
- Blend Start a maximum of € 250 per calendar year
- Blend Royaal a maximum of € 250 per calendar year
- Blend Excellent a maximum of € 250 per calendar year

31.6 (Preventive) courses

Description

We reimburse the costs of the following (preventive) courses:

- a For heart problems a course with the aim of teaching patients how to cope with heart problems. The course is organized by a home care institution. We do not reimburse the costs of a sports club or fitness center.
- b In the case of lymphedema, an awareness and / or self-management course with the aim of teaching patients to actively contribute to the prevention, signaling and / or treatment of lymphedema. The course must be organized by an authorized teacher. This teacher must have followed the training for self-management in lymphedema at the Lymphology Center of the Netherlands (SLCN).
- c In the case of rheumatoid arthritis, osteoarthritis or Bechterew's disease, a course with the aim of teaching patients to cope with their illness. The course must be organized by the Reumafonds or a home care institution
- d In type 2 diabetes, a patient, basic or follow-up education course organized by Diabetesvereniging Nederland (DVN) or a home care institution.
- e In case of weight loss 1 of the selected courses for nutritional advice:
 - 1 of the written and online programs organized by Happy Weight;
 - the courses offered by Biamed Netherlands;
 - the courses offered by Lekker Puh!;
 - the range of Weight Watchers courses;
 - the Sporting weight loss course at a home care organization;
 - the good nutrition course for the elderly organized by a home care organization.
- f A basic CPR course through a training institute registered with the Dutch CPR Council (NRR).
- g A first aid course that trains you for the First Aid certificate of the Orange Cross or the First Aid certificate of the Red Cross. We do not reimburse the costs of company emergency training courses (including first aid courses for children for the purpose of registration within the meaning of the Childcare Act).
- h A first aid course for child accidents that leads to the certificate of the Orange Cross or the certificate of the Red Cross. We do not reimburse the costs of company emergency training courses (including first aid courses for children for the purpose of registration within the meaning of the Childcare Act).
- i A course 'lekker in je vel'. The course must be organized by a home care institution.
- j Courses organised by patient associations. The course must be organised by a patient association affiliated with Patiëntenfederatie Nederland (Dutch Federation of Patient Associations) or the leder(in) network for those with physical or mental disability or chronic illness.
- k A course on self-respect for kids. The classes must be run by licensees affiliated with Instituut voor Kanjertrainingen B.V. (Institute for Self-Respect for Kids Training Courses).

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 115 per course per calendar year.
- Blend Royaal A maximum of € 115 per course per calendar year.
- Blend Excellent A maximum of € 115 per course per calendar year.

31.7 Sleep improvement course

Description

We reimburse the costs of:

- a. an online sleep improvement course or 'the sleep coach' from age 18, which provides professional advice and practical solutions online to help improve your sleep. The course must be organised by Somnio.
- b. a 'You can learn to sleep' course. The course must be organised by a home care agency.

Condition for reimbursement

You must provide us with the original confirmation of registration for the course.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 150 per calendar year.
- Blend Start A maximum of € 150 per calendar year.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent A maximum of € 150 per calendar year.

31.8 Fall prevention course

Description

We reimburse the costs of a fall prevention program. This is a course for the elderly who regularly fall or are afraid of falling.

Conditions for reimbursement

- a. The fall prevention program "In Balance" or "Falling Past Time" given by a contracted physiotherapist or Cesar / Mensendieck exercise therapist who offers this program;
- b. A fall prevention program provided by a home care institution.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 1 course per calendar year

32 Sport and fitness

32.1 Running coaching to prevent or accommodate injuries

Description

We reimburse the costs of the FysioRunning online coaching programme. The process consists of a screening and coaching for a maximum of 13 weeks.

For registration / screening you can go directly to the website www.fysiorunning.nl.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro 1 online coaching process by FysioRunning per calendar year.
- Blend Start 1 online coaching process by FysioRunning per calendar year.
- Blend Royaal 1 online coaching process by FysioRunning per calendar year.
- Blend Excellent 1 online coaching process by FysioRunning per calendar year.

32.2 Sports medical examinations

Description

We reimburse the following costs in a sports medical facility:

- sports medical examination;
- sports assessments;
- exercise tests;
- injury consultations.

Conditions for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 200 per calendar year.
- Blend Start A maximum of € 200 per calendar year.
- Blend Royaal A maximum of € 200 per calendar year.
- Blend Excellent A maximum of € 300 per calendar year.

32.3 Sports medical advice and guidance

Description

We reimburse the costs of sports medical advice and guidance (advice on sports training and a personal training programme based on the results of the sports medical examination) provided by a sports doctor at a sports medical institution.

Condition for reimbursement

- 1 A sports medical examination must be performed by a sports doctor at a Sports Medical Institution before the advice is provided.
- 2 The Sports Medical Institution must be accredited by the Stichting Certificering Actoren in de Sportgezondheidszorg (SCAS) (Dutch Sports Health Care Professionals Certification Association). A list of SCAS-accredited Sports Medical Institutions can be found at www.sportzorg.nl/zoek-een-sportzorgprofessional.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro A maximum of € 150 per calendar year.
- Blend Start A maximum of € 150 per calendar year.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent A maximum of € 150 per calendar year.

33 Health Check

Description

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

The reimbursement covers the following components:

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

Conditions for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro 1 test per calendar year.
- Blend Start 1 test per calendar year.
- Blend Royaal 1 test per calendar year.
- Blend Excellent 1 test per calendar year.

34 Flu vaccination

Description

We reimburse the costs of the flu vaccine administered by a (family) physician.

Exclusion

We do not reimburse the costs of vaccinations under the National Influenza Prevention Program (for at-risk groups).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100%

35 Mammaprint

Description

We reimburse the costs of a mammaprint (specific breast cancer test). With the Mammaprint the treating doctor can, in some cases, make a better diagnosis. This allows the treating physician to determine whether or not chemotherapy is necessary.

Condition for reimbursement

The diagnostic test must be performed by the Agendia laboratory.

Reimbursement

- Blend BasisPlus 100%
- Blend Intro 100%
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

At home

36 Home assistance in the event of ADL loss (inability to perform daily living activities)

Description

Did you spend more than 24 hours in a hospital bed? And were you allowed to go home after being discharged? In that case, for an insured person aged 18 or older, you are entitled to an allowance (budget) for extra assistance at home. The amount of the allowance depends on the degree of ADL loss (inability to perform daily living activities such as washing and dressing yourself). You can use the allowance to pay for additional care to compensate for your ADL loss.

Conditions for reimbursement

1. Do you want to be eligible for this reimbursement? Then contact us within 10 working days after your discharge from the hospital.
2. The degree of ADL loss is determined by us on the basis of a protocol. We determine the financial compensation based on the outcome. The questions must be answered truthfully and, if requested, must be demonstrated with evidence.
3. Reimbursement for home assistance may only be applied for after a hospital stay with discharge.
4. The reimbursement can only be claimed once if there are several hospital stays within 8 weeks.

What we do not reimburse (according to this article)

We do not reimburse the costs of home assistance in the event of an ADL loss:

- a. after a stay in a hospital as a result of a birth, unless there is a complication;
- b. after a stay in the rehabilitation or psychiatric ward of a (psychiatric) hospital;
- c. after rehabilitation or first-line stay in a care institution that is connected to hospitalization;
- d. when you call us after the 10th working day after being released from the hospital.

Reimbursement

- Blend BasisPlus A maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss).
- Blend Intro A maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss).
- Blend Start A maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss).
- Blend Royaal A maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss).
- Blend Excellent A maximum of € 1,000 after a hospital stay (depending on the degree of ADL loss).

37 Childcare during and after hospital stay parent(s)

Description

Is a parent who is insured with us admitted to a hospital? Then we arrange childcare at home outside the hours that you normally have already arranged, from the third day of the hospital stay until the third day after the discharge. This applies to children up to the age of 12 who are living at home. The number of hours of childcare that we reimburse depends on the age of your youngest child.

Condition for reimbursement

1. Do you want to use childcare? Then you need our prior permission. Please contact us for this.
2. The care is only reimbursed through the organization 'Zorg voor u', www.zorg-voor-u.nl.

What we do not reimburse (according to this article)

We do not reimburse the costs of:

- a. child care if you stay in a psychiatric hospital;
- b. extended hours at the child day care centre you normally use.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of 50 hours per week; administration fees: 100%.
- Blend Royaal A maximum of 50 hours per week; administration fees: 100%.
- Blend Excellent A maximum of 50 hours per week; administration fees: 100%.

38 Informal care

38.1 Informal care course

Description

We reimburse the costs of an informal care course for those who provide informal care and are insured under these conditions with us.

Condition for reimbursement

The course is organized by the Public Health Service (GGD), a home care organization, patient association, or a family caregiving support organization.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 150 per calendar year.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent A maximum of € 150 per calendar year.

38.2 Informal care broker

Description

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

Condition for reimbursement

The informal caregiver is insured for this reimbursement.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 250 per calendar year.
- Blend Royaal A maximum of € 250 per calendar year.
- Blend Excellent A maximum of € 250 per calendar year.

38.3 Informal care replacement

Description

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

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

Conditions for reimbursement

- We have granted prior authorization. Afterward, please request care from the care provider at least 8 weeks in advance.
- The care giver is affiliated with an informal care network. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- Care is provided for a consecutive period of days due to the absence (vacation, hospitalization, leave, or illness) of the informal caregiver.
- Only the insured informal caregiver is eligible for reimbursement.
- If there are multiple informal caregivers for one individual in need of care, reimbursement will be granted to one informal caregiver.

Exclusions

We do not reimburse:

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 150 per day up to € 900 per calendar year.
- Blend Royaal A maximum of € 150 per day up to € 1,200 per calendar year.
- Blend Excellent A maximum of € 150 per day up to € 1.500 per calendar year.

Transportation and stay

39 Personal contribution for patient transport

Description

We reimburse the personal contribution for patient transport if there is an indication for reimbursement from the basic health insurance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent 100% of the statutory personal contribution

40 Patient transport

Description

We reimburse the costs of taxi transportation or using your personal vehicle, both to and from:

- a hospital or maternity facility for stay;
- a hospital for outpatient treatment or examination at the request of a medical specialist;
- the location where the treating medical specialist practices;
- an orthopedic instrument maker to adjust a prosthesis;
- a mental health care (GGZ) institution;
- a rehabilitation center;
- an audiology center.

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- It is not possible for medical reasons to use public transportation.
- We have granted prior authorization. You can apply using the 'Aanvraagformulier ziekenvervoer' (Medical Transportation Request Form).
- The healthcare provider is located within a maximum of 200 kilometers from the insured's residential address.
- For treatment in Belgium or Germany, we only reimburse the costs of medical transportation to healthcare providers within 55 kilometers of the Dutch border.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal No reimbursement.
- Blend Excellent Personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance; contracted taxi transport: 100%

41 Overnight stay in a guesthouse and/or travel expenses for sick visits

Description

We reimburse the costs of:

- A. overnight stay in a guest house when receiving day treatment in a hospital or mental healthcare institution.
- B. overnight stay for visitors in a guest house linked to a hospital or mental health institution in which the insured is admitted.
- C. travel for visitors to the insured person admitted to a hospital or mental health institution.

Conditions for reimbursement

- The admission lasts for a minimum of two consecutive days.
- The costs are claimed using the 'Declaratieformulier bezoek- en verblijfskosten voor alle bezoekers' (Expense claim form for visit and accommodation costs for all visitors).
- The hospital or mental healthcare institution is located at a minimum of 40 km and a maximum of 200 km from the residential address.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A: A maximum of € 35 per night;
B: A maximum of € 35 per night up to € 500 per calendar year for the combined costs of B and C;
C: Travel expenses: according to the same kilometer allowance as for patient transport in the basic health insurance up to € 500 per calendar year for the combined costs of B and C.
- Blend Royaal A: A maximum of € 35 per night;
B: A maximum of € 35 per night up to € 500 per calendar year for the combined costs of B and C;
C: Travel expenses: according to the same kilometer allowance as for patient transport in the basic health insurance up to € 500 per calendar year for the combined costs of B and C.
- Blend Excellent A: A maximum of € 35 per night;
B: A maximum of € 70 per night up to € 750 per calendar year for the combined costs of B and C;
C: Travel expenses: according to the same kilometer allowance as for patient transport in the basic health insurance up to € 750 per calendar year for the combined costs of B and C.

42 Therapeutic holiday camps

We reimburse the costs of therapeutic holiday camps for children (42.1) and the disabled (42.2). At these holiday camps children and the disabled learn to cope with their illness, condition or disability, by learning and practising with others in the same situation.

42.1 Therapeutic holiday camp for children

Description

For children under the age of 18 we reimburse the costs of a stay at a therapeutic holiday camp organised by:

- a Stichting Heppie (for children who suffer from asthma and/or constitutional eczema);
- b Diabetes Jeugdvereniging Nederland (for children with diabetes); Stichting Kinderoncologische Vakantiekampen (for children being treated for cancer);
- d Stichting De Ster (Sterkamp and Maankamp) (to increase self-confidence and self-esteem);
- e Nederlandse Hartstichting (Jump) (for children with cardiovascular disease);
- f Bas van de Goor Foundation (sports camps for diabetics).

Condition for reimbursement

You must provide us with proof of payment for the course. This proof of payment must clearly state that it concerns a therapeutic holiday camp.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent A maximum of € 500 per calendar year.

42.2 Therapeutic holiday camp for the disabled

Description

For insured persons with a disability we reimburse the costs of a stay at a therapeutic holiday camp.

Condition for reimbursement

You must provide us with proof of payment for the course. This proof of payment must clearly state that it concerns a therapeutic holiday camp.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 150 per calendar year.
- Blend Excellent A maximum of € 500 per calendar year.

43 Personal contribution for a hospice

Description

We reimburse the personal contribution for stays in a hospice or 'Bijna Thuis Huis' (Almost Home House). Recognized locations can be found through: [ZorgkaartNederland](https://www.zorgkaartnederland.nl).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 40 per day.
- Blend Excellent A maximum of € 40 per day.

Foot care

44 Pedicure

Description

We reimburse the costs of pedicure care for a medical foot provided by a pedicurist or pedicure-chiroprapist. A medical foot is considered in cases of:

- chemotherapy;
- corns or calluses due to abnormalities in the position of the feet or toes;
- diabetes;
- neurological diseases such as MS and Parkinson's;
- skin conditions including epidermolysis bullosa, keratoderma palmoplantaris, psoriasis, recurrent erysipelas, and tylotic eczema;
- muscular diseases like ALS and HMSN;
- vascular conditions including arterial insufficiency, arteriosclerosis obliterans, chronic thrombophlebitis, and Buerger's disease;
- spinal cord injury (paralysis due to damaged spinal cord);
- hammer toes;
- foot paresis (partial paralysis), for example, due to a stroke (CVA);
- peripheral neuropathy (nerve pain);
- rheumatoid arthritis;
- muscle spasms (excessive muscle tension);
- Sudeck's dystrophy/post-traumatic dystrophy (pain after surgery or injury);
- multiple myeloma (a form of bone marrow cancer).

Conditions for reimbursement

- There is no entitlement to reimbursement from the basic health insurance.
- The treatment was performed by a medical pedicurist who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).
- The invoice specifies the foot condition for which the treatment was provided.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 25 per treatment up to € 100 per calendar year.
- Blend Excellent A maximum of € 25 per treatment

45 Podotherapy, podology and orthopedic insoles

Description

We reimburse the costs of:

- (sport) podotherapy by a (sport) podotherapist;
- podology by a podologist;
- podopostural therapy by a podopostural therapist;
- (sport) orthopedic insoles (and their repair) by an orthopedic cobbler, podo(postural) therapist, or podologist.

Condition for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 150 per calendar year, including 1 pair of (sports) insoles.
- Blend Excellent 100%, including a maximum of 1 pair of (sports) insoles per calendar year.

Hospital / clinic

46 Protruding ear correction up to age 18

Description

We reimburse the costs of correction of protruding earlobes for children up to 18 years of age.

Conditions for reimbursement

- The treatment was performed before the age of 18.
- The treatment was performed by a medical specialist in a contracted hospital or independent treatment center. An overview of contracted healthcare providers can be found in our care provider search tool [Zorgzoeker](#).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal 100%
- Blend Excellent 100%

47 Eye laser treatment and lens implantation

Description

We reimburse:

- the costs of an eye laser treatment;
- the costs of lens implantation (to replace glasses or contact lenses);
- the additional costs of a lens other than a monofocal (standard) artificial lens when there is entitlement to reimbursement for lens implantation from the basic health insurance.

Conditions for reimbursement

- The reimbursement for lens implantation during a cataract operation is supplementary to the basic health insurance.
- The treatment is performed by an ophthalmologist who meets the relevant quality requirements. See the [Lijst kwaliteitseisen voor zorgverleners](#).

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal A maximum of € 500 for the duration of the insurance.
- Blend Excellent Up to 6 dioptries: a maximum of € 750 for the duration of the insurance;
From 6 dioptries: a maximum of € 1,850 for the duration of the insurance.

48 Sterilization

Description

We reimburse the costs of sterilization in a contracted hospital, independent treatment center, or general practitioner's practice.

Exclusion

We do not reimburse the costs of reversing sterilization.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start No reimbursement.
- Blend Royaal 100%
- Blend Excellent 100%

Pregnancy and childbirth

49 Self-help program “Slimmer Zwanger”

Description

We reimburse the subscription costs of the “Slimmer Zwanger” self-help program. A subscription to the Slimmer Zwanger program lasts 26 weeks and can be used both before and during pregnancy.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 1 subscription for the duration of the insurance.
- Blend Royaal 1 subscription for the duration of the insurance.
- Blend Excellent 1 subscription for the duration of the insurance.

50 Pregnancy course

Description

We reimburse to female insured persons the costs of the following courses:
a which prepare you for the birth during pregnancy and/or guide you during the birth;
b that promote your physical recovery after delivery.

Conditions for reimbursement

- 1 You must provide us with proof of registration and payment.
- 2 The courses must be provided by:
 - a home or maternity care institution;
 - a midwifery practice or health center;
 - a qualified care provider who is affiliated with and meets the quality requirements of the Samen Bevallen association;
 - a Cesar / Mensendieck physiotherapist or remedial therapist;
 - a healthcare provider qualified in hypnobirthing;
 - a qualified healthcare provider who is affiliated with Zwanger en Fit;
 - a caregiver qualified in Psychoprophylaxis (fear of childbirth);
 - Mom in Balance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 50 per pregnancy.
- Blend Royaal A maximum of € 50 per pregnancy.
- Blend Excellent A maximum of € 75 per pregnancy.

51 Birth kit

Description

We send a birth kit that has been assembled in consultation with midwives. Please request the birth kit no later than 3 months before the expected due date via kraampakket.nl/aevitae-luxe-kraampakket.

Condition for reimbursement

Only pregnant insured are eligible to claim this birth kit.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

52 TENS during delivery (for pain relief)

Description

We reimburse to female insured persons the costs of a TENS for pain relief during childbirth. An obstetrician or a midwife who is active as an obstetrician must supervise the delivery.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 1 device for the entire insurance term.
- Blend Royaal 1 device for the entire insurance term.
- Blend Excellent 1 device for the entire insurance term.

53 Personal contribution for outpatient delivery

Description

We reimburse the personal contribution charged for a non-medically necessary delivery in a hospital or in a contracted maternity center. This personal contribution is the difference between the invoice amount and the reimbursement from the basic health insurance.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

54 Personal contribution for maternity care

Description

We reimburse the personal contribution for maternity care in addition to the basic health insurance.

Condition for reimbursement

The maternity care is provided:

- at the insured person's home;
- in a birthing center;
- in a maternity hotel

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start 100%
- Blend Royaal 100%
- Blend Excellent 100%

55 Extra maternity care

Description

We reimburse the costs of additional maternity care if necessary support could not be received within the regular maternity care hours. The care includes the care of the mother and the care of the child, as well as the integration of care into the daily routine.

Additional maternity care includes:

- postpartum care for the mother and/or newborn;
- incubator aftercare;
- deferred maternity care;
- maternity care for the adoption of a child under 12 months of age.

Conditions for reimbursement

- The number of care hours is determined by the maternity center, starting from the 42nd day after childbirth.
- The care is provided by a certified maternity nurse or a nurse.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of 15 hours per delivery.
- Blend Royaal A maximum of 15 hours per delivery.
- Blend Excellent A maximum of 15 hours per delivery.

56 Lactation care

Description

We reimburse lactation care and advice to the mother for breastfeeding problems.

Condition for reimbursement

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

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 80 per delivery.
- Blend Royaal A maximum of € 80 per delivery.
- Blend Excellent A maximum of € 115 per delivery.

57 Breast pump

Description

We reimburse the rent or purchase of a breast pump within 6 months after childbirth.

Reimbursement

- Blend BasisPlus No reimbursement.
- Blend Intro No reimbursement.
- Blend Start A maximum of € 75 per delivery.
- Blend Royaal A maximum of € 75 per delivery.
- Blend Excellent A maximum of € 75 per delivery.

Blend Grensregio Pakket

Does your policy state that you are also insured for the Blend 'Grensregio Pakket' (Border Region Package)? Then you will receive an additional reimbursement for non-emergency care in Belgium and Germany from this package.

Non-emergency 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, accident, or medical 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 provided would have been covered in the Netherlands. If and insofar no (maximum) Wmg rates have been set, you are entitled to reimbursement of the costs up to 100% of the prevailing market rate in the Netherlands in addition to the reimbursement through your basic health insurance (up to 200% combined).

Conditions for reimbursement

1. We only reimburse the costs if we 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.

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. By illness we mean: any uninterrupted need for medical treatment, which results from the same cause of illness or the same accident.

Blend Ziekenhuis Extra

With the Blend 'Ziekenhuis Extra' (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 the Blend Ziekenhuis Extra insurance.

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.

Advance

Belgian hospitals charge an advance for your stay in a single room. We only reimburse the final bill after your discharge from the hospital. You therefore pay the advance yourself.

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.

What we do not 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.

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.



Need more info?

Our experienced customer service employees are happy to help! You can reach our experienced Healthcare Consultants on working days from 08.30 until 17.00 on telephone number 0115 - 61 83 44.

You will find useful information and the answers to frequently asked questions on our website www.ditisblend.nl.

Blend

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