Blend

Grenzeloos verbonden

Health insurance 2026

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Blend & Witte-Boussen

Blend
Grenzeloos verbonden

What is Blend?

Blend is the brand name of Stichting BGZC. The name refers to the fact that the product is a blend (mix) between different parties. Blend also stands for mixing care: the Grensregio Pakket (Border Region Package) allows you to opt for free choice of care in the Netherlands, Belgium or Germany. The slogan 'Grenzeloos verbonden' fits in nicely with this. It means the border doesn't matter, we are connected. We also combine standard care with themes such as vitality and preventive care.

Origination

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

By clustering more than 500 companies (including a couple of hundred self-employed people), Blend has grown into a true purchasing combination, partly due to the large volume. As a result, many benefits have been negotiated with Aevitae, including competitive premiums for the supplementary insurance policies offered.

No distinction is made between the size of the affiliated companies - from self-employed people to companies with more than 1000 employees; everyone enjoys the same benefits! Unique agreements have also been made in the field of cross-border healthcare in Belgium and Germany. Blend focuses primarily on employers' collectives.

This makes it possible, among other things, to reach targeted agreements in the field of absenteeism prevention, sustainable employability and the health of employees. Think of exercise, nutrition, and smoking cessation programs.

In addition to health insurance, Blend also offers competitive rates in the field of income and non-life insurance for affiliated employers and their (retired) employees.

The 5 certainties Blend stands for

1. Active listening and thoughtful advice: we are here to help you.
2. We don't just say what we do, we do what we say.
3. Positive impact for people and the environment.
4. Shared responsibility: together we make the world a little healthier.
5. Flexible: we move with you, because you (and your situation) also change.

Zeker,
Witte-Boussen

Assurantiën BV

What does Witte-Boussen do?

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

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

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

The health insurance

The 7 benefits of collective health insurance from Blend

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

1. **Premium discount for your whole family.** All family members benefit from a competitive premium for the basic health insurance and the supplementary insurances. Children up to 18 years get the same supplementary insurance as the highest insured parent. Moreover, children are insured for free.

2. **A personal and flexible service.** You can contact Witte-Boussen with all your healthcare questions. They can be reached on working days between 8.30 am and 5.00 pm by phone (0115-618 344), e -mail (zorg@witteboussen.nl), online chat (www.witteboussen.nl) or drop by without an appointment.

3. **Aevitae does not apply a healthcare ceiling.** Every year many health insurers agree a maximum number of treatments with the care providers in order to limit health care costs. Agreeing on a care ceiling (also called a turnover ceiling) with health insurers can mean that at the end of the year, you can no longer see your healthcare provider and have to wait until the following year! This could result in longer waiting lists in the new year. We believe this is undesirable; it is our belief that everyone should have the right to good and timely healthcare!

4. **Access to 'Mijn Blend'.** You can arrange all your healthcare matters quickly and easily via your own online environment. You can also easily declare invoices via 'Mijn Blend'.

5. **Paying your excess** can sometimes be inconvenient. That is why you can pay all bills at Aevitae from €50,- in instalments. You can arrange a payment arrangement yourself in 'Mijn Blend' or by contacting Witte-Boussen.

6. **Nice extras** to stay healthy and vital. For example, you get access to the online health portal, Aevital. You can read more about this later in this brochure.

7. **Free switching service.** Aevitae cancels your current policy, takes over medical authorizations from the basic insurance and informs your healthcare providers. Aevitae accepts everyone and gives you 14 days to change your mind.

The basic health insurance

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

Blend attaches great value to the freedom of choice of its policyholders. For insured persons who choose to be treated in Belgium or Germany, the Grensregio Pakket is important. This package can only be taken out in combination with the Combinatie policy.

Employees can choose between three types of basic health insurance policies. The Natura policy has a wide offer of contracted care providers. Do you want freedom of choice? Then choose the Combinatie policy. Under the Natura Select policy, a limited number of healthcare providers are contracted and you are required to order a number of aids online from contracted suppliers; you order medicines from the online pharmacy as much as possible. We only offer the Natura Select policy to cross-border workers.

Affordable choice (aangeboden voor grensarbeiders) **Natura Select** **€ 155,40 per month** *or € 131,90 with a voluntary excess of € 885,-*	Wide range **Natura** **€ 163,90 per month** *or € 146,40 with a voluntary excess of € 885,-*	Widest range **Combinatie** **€ 177,10 per month** *or € 159,60 with a voluntary excess of € 885,-*
Hospitals 100% reibursement if contracted, otherwise 65%*	**Hospitals** 100% reimbursement if contracted, otherwise 75%*	**Hospitals** 100% anywhere in the Netherlands***
Other healthcare providers 100% if contracted, otherwise 65%*	**Other healthcare providers** 100% if contracted, otherwise 75%*	**Other healthcare providers** 100% anywhere in the Netherlands*
Exception **Resources** Order certain aids from preferred supplier, otherwise 65%		*Exception* **Mental health care and Community nursing** 100% if contracted, otherwise 80%*
No care ceiling**	**No** care ceiling**	**No** care ceiling**

** Of the average contracted rate.*
*** A care ceiling is the maximum amount that a healthcare provider may claim from a health insurer. In practice, once the care ceiling has been reached, this often means a patient stop for everyone insured with the insurer in question.*
**** Of the market rate for healthcare providers without a contract. The market rate is the amount that is reasonable in the Netherlands for a specific treatment.*

The supplementary insurance

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

Basic health insurance covers emergency healthcare abroad up to a maximum of the Dutch rate. In some countries, however, this care is more expensive than in the Netherlands. That is one of the reasons why we always recommend taking out supplementary insurance in addition to basic health insurance. This will also cover medical repatriation.

The dental insurance

Regular dental costs are covered by basic health insurance for patients up to age 18. If you want to insure your dental costs after that age, you can take out supplementary dental insurance.

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

If you currently have an equivalent dental insurance policy and you can provide a copy of the policy statement proving this, a medical assessment is not necessary. There's also an exception for children who turn 18. At that age, the Blend T Royaal or Blend T Excellent can be purchased without medical selection.

Grens Regio Pakket

This package offers cost coverage for planable (non-urgent) care provided in Belgium or Germany within a radius of 55 kilometers from the Dutch border. The condition is that the (dental) care is medically necessary due to an illness, an accident or a medical condition. Was the care provided in other parts of Belgium or Germany? Then you are entitled to compensation up to a maximum of 2 times the market rate in the Netherlands.

You are only entitled to reimbursement from this package if the care is insured in the Netherlands. This coverage supplements the reimbursement from your basic health insurance.

The package can only be combined with the Combinatie basic health insurance. In addition, additional (dental) insurance can be added.

Collectief Zeker Pakket

Including service of Royal Doctors

When you have a basic health insurance through one of our collective insurances, then you will automatically receive the free Collectief Zeker Pakket. This includes the Royal Doctors service and 9 additional physiotherapy treatments after an accident.

Through Royal Doctors you get direct access to the right care. For almost all types of care. Whether it concerns a health question or a more complex medical issue, you are not alone. With the First Opinion Consult, Royal Doctors will arrange a consultation with the right specialist for you within 10 days, after referral by your GP. And thanks to the Second Opinion Service, you can easily and quickly request a second opinion. This gives you the assurance that you are making the right decisions when it comes to your health. For more information, please visit:
https://www.aevitae.com/collectief-zeker-pakket

A health insurance that fits

We have taken out our health insurance with the insurer Aevitae. We have put together the most suitable health insurance for you with great care. However, suitable health insurance is different for everyone. View the possible insurances below.

Basic health insurances

Combinatiepolis	Naturapolis	Natura Selectpolis (for frontier workers)

Supplementary insurances

Blend Basis Plus	Blend Intro	Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren

Supplementary optional packages

Grensregio Pakket*

Dental insurances

Blend T Basis	Blend T Start € 250,-	Blend T Extra € 500,-	Blend T Royaal** € 1000,-	Blend T Excellent** € 1250,-

** Only available with the Combinatie Policy.*
*** Medical selection generally applies to this package.*

A personal and flexible service

Care mediation

It is important that you receive care in a timely manner and that it is easily accessible. Insurers have made agreements with healthcare providers about how quickly insured persons should receive certain care. If it takes too long before you can get an appointment for a consultation or treatment, Aevitae will help you with waiting list assistance. For which treatment is this possible and what are the maximum waiting times?

- First consultation with a medical specialist (4 weeks);
- Indication or diagnosis (4 weeks);
- Outpatient treatment (6 weeks);
- Treatment in hospital or treatment center (ZBC) with admission (7 weeks).

Have to wait longer? Then you can request waiting list assistance.

You can also appeal to 'mediation' (advice) with general questions about healthcare. Are you looking for a care provider with a certain expertise, or do you need help in finding the right path within the care system? Aevitae will then examine the possibilities with you. You can apply for this *online*.

Second opinion

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

Resource service

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

Vitality platform

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

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

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

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

Curious?
Go to *www.aevitaal.nl* and register immediately!

We want to help you stay healthy and vital. Did you know that many options are offered through your health insurance?

For example, the basic health insurance includes 'Stop smoking' programmes; Combined Lifestyle Intervention (GLI); fall prevention for the elderly and medical dietetics.

In addition, many supplementary insurance policies include reimbursements for prevention and lifestyle, such as advice and guidance (including, counselling for short-term psychological guidance), dietary advice in addition to reimbursement under the basic health insurance, care for women, preventive courses and training (such as mindfulness training; a sleep course; reduction of alcohol consumption and lifestyle training), sports/fitness (such as sports medical examination - and sports medical guidance and online running coaching for injuries) and a health test/health check.

If you want to know more about this, please consult the terms and conditions or contact Witte-Boussen.

Practical matters

Insight into your healthcare costs

Via *Mijn Blend* you have full insight into all declared healthcare costs. You can easily log in to 'Mijn Blend' with iDIN. With iDIN you log into your account in the same way as with internet banking. This is safe and easy, because you don't have to remember a password. More information can be found at www.iDIN.nl.

Do you prefer to log in with a username and password? Of course that is also possible. First you willd need to create an account. You will receive the login details along with your policy application by post. Are you having trouble logging in? Please contact Aevitae
(tel. 088-3535763).

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

Via Mijn Blend you have insight into:

- Costs that you and the healthcare providers have declared;
- What has been reimbursed in total and what you had to pay yourself;
- Insight into all invoices by type of care, status of receipt and handling;
- State of your excess.
- The terms and conditions;
- Your policy;
- Your digital health insurance card; also if you want to apply for it physically.

The health insurance card

In the Netherlands, a health insurance card shows that you are insured with Aevitae through Blend. On the back of your card, you will find the European Health Insurance Card (EHIC). You can use this if you unexpectedly need healthcare in Europe. For more information about the EHIC, visit www.aevitae.com/ehic.

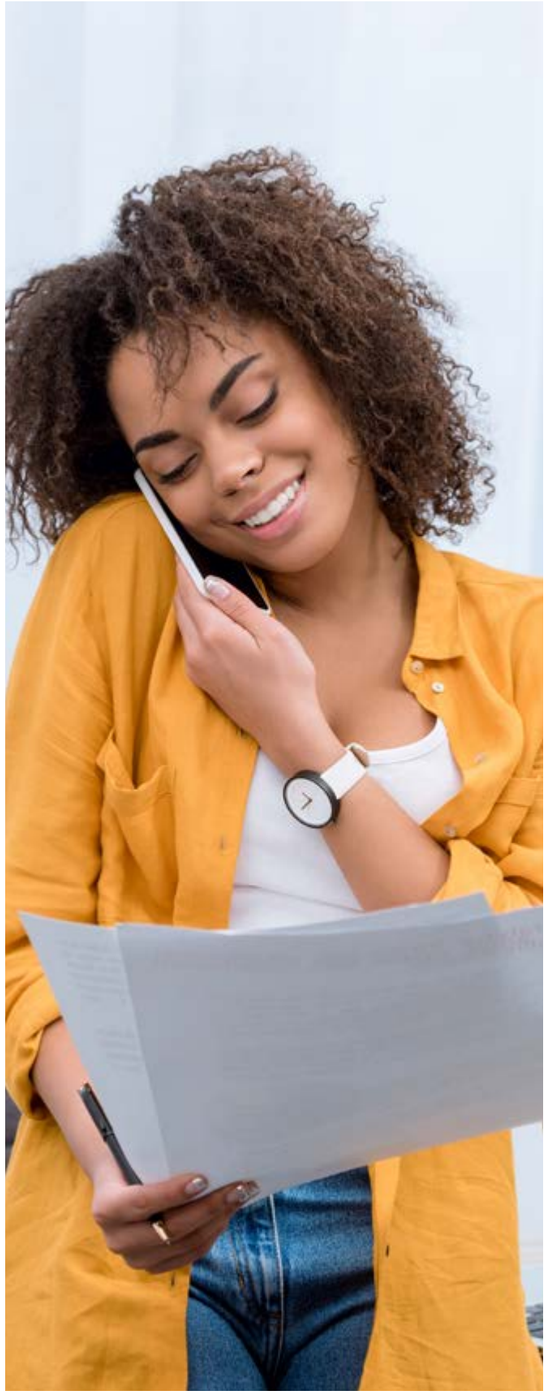
Seeing a healthcare provider in the Netherlands? He or she will ask for valid proof of ID, such as a passport, driving licence or ID card. The healthcare provider uses this to look up your health insurance in the national claims system. So you do not need to have a health insurance card at hand to receive the care you need. Aevitae will therefore no longer automatically send you the physical card. You can find the digital card in My Blend. You also have the option to download it on your phone or other mobile device. This way, you always have it at hand, wherever you are. If you would still like to receive a physical card, please apply for it in My Blend. Please note that it may take approximately 10 working days before it is sent out; therefore, apply for the health insurance card in good time.

Making changes

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

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

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



Excess

In 2026, a mandatory excess of € 385,- applies for the basic health insurance. This is determined by the government. You can choose to increase your excess in exchange for a lower premium. This is the voluntary excess. You can increase the excess by € 500,-. The total excess (mandatory + voluntary) is therefore a maximum of € 885,- . Please note, you can change the excess per january 1 (no later than 31 December).

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

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

Paying your excess can be inconvenient. That is why you can pay all bills in instalments from as little as € 50,-. You can request a payment arrangement via Mijn Blend if you have received an invoice for your excess from Aevitae.

Hearing aid 'outside category'

Can't your hearing problem be solved with a hearing aid from category 1 to 5? Your hearing care professional will then inform you whether you should be referred to the audiology centre. However, do you opt for an outside category appliance or for a higher category than has been determined? Then Aevitae reimburses the costs up to the level of the device for which you have an indication. The difference in costs is for your own expense.

Please note, are you going to a non-contracted hearing care professional, and are you opting for an out-of-class device yourself? Then you must ask permission in advance from Aevitae.

Please note, that all hearing aids are owned and will therefore be settled against the statutory policy excess. There is also a statutory deductible. (Partial) reimbursement is covered by the supplementary Blend Excellent package.

Requesting patient transport

You need prior permission for patient transport. This concerns the use of taxi transport, personal transport, or public transport. You can request this permission using the '*Application form for seated patient transport*'. Permission for patient transport for kidney dialysis and oncological treatments with chemotherapy, immunotherapy or radiotherapy can also be requested by telephone via Aevitae (tel. 088-3535763).

Do you already have permission (an authorization) for taxi transport? Then contact Transvision (tel. 0900 - 33 33 330, option 1). Do you use your own transport? In that case, you declare the costs yourself, after permission, using the '*Declaration form for seated patient transport*'.

Claiming expenses

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

Do you want to declare by post? Send the envelope to Aevitae B.V. - PO Box 2705 - 6401 DE Heerlen. We advise you to keep copies of the declarations for your own administration. You will find separate declaration forms for foreign bills, PGB and patient transport online. Do you use the above forms? Then Aevitae can process the invoice(s) even faster for you. You can download these forms from *www.aevitae.com/zorgverzekeringen/documenten-formulieren*. Don't you have access to the internet? Please request the form from Witte-Boussen.

Declaration of care bills abroad

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

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

Maternity care

You can request maternity care by contacting a healthcare provider of your choice. Contracted care providers can be found in the *Zorgzoeker*. Please note that you arrange your maternity care no later than the 4th month of your pregnancy, so it can be processed in time.

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

Preferred medicine policy

Since 1 January 2025, Aevitae applies a policy for the reimbursement of medicines: the preference policy. This policy helps to keep medicines affordable for everyone, without compromising on quality or reliability. How this affects you is explained below.

What is the preference policy?

The preference policy means that Aevitae designates one preferred medicine within groups of comparable medicines (with the same active substance). This medicine is selected based on quality, price and security of supply. This may mean that you receive a different brand or a different box at the pharmacy than you are used to.

You don't have to worry: all preferred medicines are approved in the Netherlands, meet the highest quality standards and are listed in the Medicines Reimbursement System ("Geneesmiddelen Vergoedingen Systeem" or "GVS"). In addition, preferred medicines remain unchanged for at least two years, so you don't have to change medicines often.

Aevitae publishes the list of preferred medications on its website.

How you benefit from a preference policy

If you opt for preferred medicines, you don't pay any excess for them. This can help you save on your healthcare costs. Do bear in mind that you will still have to pay an excess on additional pharmacy costs, such as consultations or dispensing costs.

Lower health insurance premium: The preference policy significantly reduces medicine prices, often by 30 to 90%. These cost savings make it possible to keep health insurance premiums affordable.

What if the preferred medicine is not suitable or not available?

Your doctor may prescribe another option with 'medical necessity' if you do not respond well to a preferred medicine. This medicine is still reimbursed under the basic health insurance, but you do pay an excess.

If the preferred medicine is temporarily unavailable, you will receive a replacement medicine. This replacement medicine is reimbursed under the basic health insurance, but the excess does apply.

List of preferred medications

You can find the list (Pharmaceutical Care Regulations) on the Aevitae website: www.aevitae.com/documenten-basisverzekering. You can then see which medications are covered by the preferred policy. With this preference policy, Aevitae contributes to keeping healthcare affordable for everyone. With these changes, they want to ensure that medicines remain accessible, affordable and of high quality.

Abroad

Emergency care

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

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

In the event of hospitalization, you must contact the Aevitae emergency center within 24 hours. The telephone number +31 88 353 57 05 can also be found on the European Health Card (EHIC). Always take the EHIC with you as proof of insurance when staying abroad. You can find a digital version of the EHIC in *Mijn Blend*.
More information about using the EHIC can be found at www.nederlandwereldwijd.nl.

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

Non-urgent care

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

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

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

Contracted care

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

Non-contracted care

If you want to use a non-contracted care provider, you must always submit an application for approval in advance to Aevitae. This also applies to non-contracted treatments with a contracted care provider. You must submit a '*form for medical treatment abroad*', referral, treatment plan and cost estimate, after which Aevitae will assess whether the care in question is also insured in the Netherlands. Please take into account a processing time of at least 10 working days ; so make sure you submit your application on time. Are you going to a non-contracted care provider without permission? Then you may not be entitled to compensation!

Care in Belgium

Important issues

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

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

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

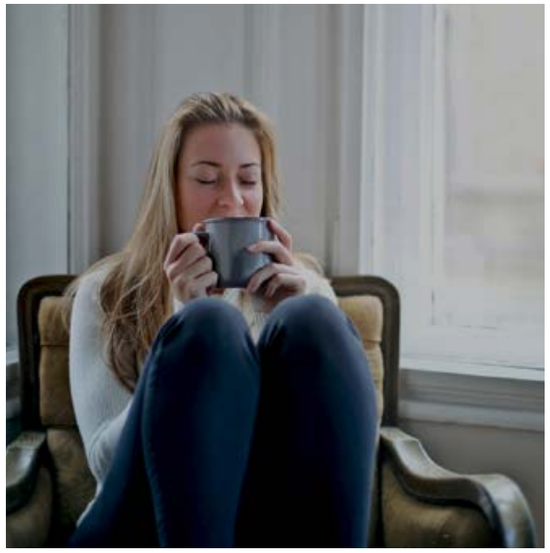
Sometimes an insured person is invited to the private clinic of the attending doctor for a follow-up check-up. The doctor charges costs for this to the insured person himself. Aevitae will reimburse these invoices if a Combinatie policy with the supplementary Grensregio Pakket has been taken out. If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

Private doctor appointment in Belgium

Belgian healthcare providers may charge supplements to their patients if they opt for a privatized consultation/treatment.
For example, a privatized appointment can be chosen if the insured does not want to wait for the regular waiting time, but only wants to be treated by a professor and not by an intern. These costs are not reimbursed by Aevitae. If an insured does not want to incur these costs, a non-privatized appointment can be requested when making an appointment. In that case, no supplement will be charged.

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

Supplements as a result of the insured person's choice to use a 1-person room are not eligible for reimbursement, unless there is a medical indication. In such cases, the hospital will ask you to sign an admission statement for approval. The (sometimes considerable) additional costs of a single room and the fees of the attending doctors are not insured. Other forms of luxury (such as extra costs for a TV, food/drinks, etc.) are also not eligible for reimbursement.



Advance invoices are not reimbursed

NB! Hospitals in Belgium may charge an advance payment to make a patient aware of what they are choosing and what the additional costs are for a single room. Advance invoices are not reimbursed by Aevitae. The hospital will deduct the advance payment from the final invoice.

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

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

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

Brace prescription in a Belgian hospital

If a Belgian hospital prescribes a brace, please inquire in advance whether this is eligible for reimbursement. You can also consult a Dutch supplier of aids. This supplier is aware of the regulations and knows what is and is not reimbursed.

If you're getting your medicines in Belgium, how will Aevitae's preference policy affect you?

Earlier in this brochure, we explained that Aevitae implemented a new medicine policy in 2025 and the consequences thereof for reimbursement. It is important to make a distinction within medicines:

- **Generic medicine (unpatented medicine)**
  If the medicine falls within a group of equivalent medicines (medicines with the same active substance), then the preference policy applies.

- **Single source**
  This concerns a branded medicine that is not yet off patent and for which therefore no generic variants exist. There is no preference policy for this.

Generic medicines

The guidelines that apply to insured persons who live in the Netherlands and obtain medicines in Belgium are the same as those in the Netherlands. Aevitae will only reimburse the preferred medicine. If another medicine is claimed, there is no right to reimbursement (as is the case in the Netherlands). The Blend Border Region Package ("Blend Grensregio Pakket") also does not provide coverage for another medicine, because the condition applies that if something is not eligible for reimbursement in the Netherlands, it cannot be done under this package either.

Single source

If the medicine is not yet off patent, then in both the Netherlands and Belgium, you are entitled to reimbursement up to a maximum of the Dutch price under your basic health insurance. In that case, the Blend Border Region Package may be supplemented up to the cost price (customary in Belgium).

Frontier workers & treaty beneficiaries

Frontier workers: living in Belgium, working in the Netherlands

Employees who live in Belgium and work exclusively in the Netherlands are also called frontier workers. Frontier workers who are socially insured in the Netherlands for the Long-Term Care Act ("WLZ") must take out insurance with a Dutch health insurer. They can use healthcare in the Netherlands, but also in Belgium. The Dutch health insurer will provide an S1 treaty form, so the frontier worker can register for care in the country where he or she lives. In Belgium, this is with a health insurance fund (mutuality) or the Auxiliary Fund for Sickness and Invalidity Insurance ("HZIV").

Frontier workers: co-insured family members living in Belgium

Family members of the frontier worker who have no income in the Netherlands cannot take out health insurance in the Netherlands. The Belgian health insurance fund or HZIV assesses which family members are co-insured. Often, these are family members without income in their country of residence.
Frontier workers and family members co-insured after assessment by the Belgian health insurance fund or HZIV are entitled to medical care in Belgium and the Netherlands. Insured frontier workers in the Netherlands are entitled to reimbursements from the Dutch basic health insurance package and to WLZ care, both in the Netherlands and Belgium.
Dependent family members co-insured in the Netherlands are entitled to healthcare from the Dutch basic health insurance package in the Netherlands and from the Belgian health insurance package in Belgium. If there are family members aged 18 or older, they must pay the so-called flat-rate premium. This is comparable to the Dutch basic premium. These co-insured children are entitled to Dutch healthcare allowance independently, regardless of their parents' income.

Frontier workers: living in the Netherlands, working in Belgium

If you work exclusively in Belgium, you are socially insured in Belgium. You are also insured against medical costs in Belgium. You take out health insurance with a Belgian health insurance fund or HZIV. With the S1 form from the health insurance fund or the HZIV, you register with health insurer CZ for a Treaty Policy, and you are entitled to healthcare in the Netherlands and Belgium. You do not pay a premium for basic Dutch health insurance, but you may pay for supplementary insurance with CZ. In Belgium, you pay health insurance premiums on your salary and membership fees to the health insurance fund. Belgium also has hospitalisation insurance. This is often provided free of charge by your Belgian employer, but can also be applied for without the intervention of an employer. This supplementary insurance (largely) covers the costs of the higher amounts to be paid for personal contributions (also called patient contributions) in Belgium. If your partner, also living in the Netherlands, is not insured on the basis of income or social security benefits from the Netherlands, the partner and/or children (under the age of 18) are also insured at the expense of Belgium. You do not pay a Dutch basic premium to CZ for your partner and these children. The family is then entitled to medical care in both the Netherlands and Belgium. Children aged 18 and over are independently insured in the Netherlands. They must take out basic health insurance and may be entitled to Dutch healthcare allowance.

Treaty beneficiary at the expense of the Netherlands

Do you live in Belgium or another EU country and have no income from employment in the Netherlands or your country of residence, but only receive a Dutch statutory social security benefit or an income that is equivalent to this, such as an AOW pension, Anw benefit or WIA/WAO benefit? Then you are "insured at the expense of the Netherlands", also known as: referred to as "treaty beneficiary".

This means that you must request the S1 form (also known as the 121 form) at www.hetcak.nl. This allows you to register with your Belgian health insurance fund or, if you live in another EU country, with your foreign health insurance institution. You are entitled to medical care in Belgium or another EU country of residence and in the Netherlands. You pay the so-called CAK Treaty contributions to the CAK (via deduction from your Dutch social security benefit). This consists of a flat-rate contribution and an income-related contribution. If you meet all the conditions, you are also entitled to Dutch healthcare allowance.

Emergency care outside the Netherlands and Belgium for frontier workers and treaty beneficiaries

The chapter 'Abroad' explains what cover the Dutch basic health insurance offers abroad and what your options are for taking out supplementary insurance. For frontier workers, in the event of emergency care outside the Netherlands and Belgium, the bill must be submitted to the Dutch health insurer, not to the Belgian health insurance fund or the HZIV. The remainder (above the rates applicable in the Netherlands) may be reimbursed from supplementary insurance or travel insurance. Treaty beneficiaries who are insured with the CAK in the Netherlands at their own expense must initially submit their expense claims for emergency care used in a country other than their country of residence and the Netherlands to the CAK. Any remaining unpaid medical care can be submitted to a travel insurer in the country of residence.

Cover overview

Basic health insurance

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

Type of Care	Basisverzekering Combinatie/Natura/Natura Select
Audiological care	
hearing tests, advice on hearing aids	yes
Delivery and maternity care	
Delivery	
• delivery at home	yes
• delivery in birth clinic without medical necessity	€ 278,- per day for the delivery room (the remaining amount is personal contribution)
• delivery in birth clinic or hospital with medical necessity	yes
Maternity Care	
• maternity care at home or in a birth clinic	maximum 42 days (subject tot personal contribution of € 5,70 per hour)
• maternity care in hospital for childbirth with medical necessity	yes
• maternity care in hospital for childbirth without medical necessity	yes, except the personal contribution of € 45,- per day + the amount above € 323,- per day as charged by the hospital
Physiotherapy and exercise therapy (Cesar/Mensendieck)	
Below age 18	
• chronic conditions	yes, permission required
• non-chronic conditions	9 treatments with a possible extension of 9 extra treatments per year
From age 18	
• pelvic physiotherapy for urine incontinence	the first 9 treatments
• supervised remedial therapy (walking training) for claudication, stage 2 Fontaine	37 treatments during the first 12 months
• remedial therapy in case of osteoarthritis of the knee or hip joint	12 treatments per 12 months; if needed, another reimbursement for 12 treatments is possible after 12 months
• remedial therapy for rheumatoid arthritis	yes
• remedial therapy for COPD, supervised by a physiotherapist or exercise therapist, for stadium II or higher of the GOLD Classification for spirometry	yes
• chronic conditions	yes, starting from the 21st treatment
• non-chronic conditions	no reimbursement from the basic health insurance
• extra physiotherapy and remedial therapy for (ex-) corona patients with long-term complaints	50 treatments
Abroad	
urgent care during holiday and temporary stay abroad	yes, up to the tariff charged in the Netherlands
non-urgent medical treatment abroad	yes, up to the tariff charged in the Netherlands
Dietetics	
education with a medical purpose about food and eating habits	3 hours per year
Genetic testing	
research of and for genetic anomalies or disorders	yes
Occupational therapy	
care aimed at increasing or restoring your ability to care for and rely on yourself	10 hours per year (8 hours extra for (ex-)corona patients with long-term complaints)

Type of Care	Basisverzekering Combinatie/Natura/Natura Select
Pharmaceutical care (medications)	
contraceptives up to 21	yes, the statutory personal contribution of € 250,- (over-limit price) still applies
contraceptives 21 or older	yes, only in the case of endometriosis or menorrhagia, the statutory personal contribution of € 250,- (over-limit price) still applies
dietary preparations	yes, after permission
medications as listed in Appendix 1 of the Healthcare Insurance Regulations and the Pharmaceutical Care Regulations	yes, the statutory personal contribution of € 250,- (upper-limit price) still applies, see the Pharmaceutical Care Regulations (Reglement Farmaceutische Zorg) on our website
Combined Lifestyle Intervention starting from age 18	
an accredited 24-month programme	yes
General practitioner care	
medical care, research and diagnostics by a general practitioner, including: health advice, guidance to quit smoking, preconception care, and foot care if you have diabetes mellitus type 1 or 2	yes
Medical aids	
medical aids and bandaging as listed in the Medical Aids Regulations	yes, except the personal contribution. A number of aids can only be ordered with a selected online supplier.
Medical care for specific target groups	
medical care by a geriatric specialist or doctor for the mentally handicapped	yes
In-vitro fertilisation (IVF) and other fertility treatments	
in-vitro fertilisation (IVF) for women up to age 43. Further conditions apply.	yes, the 1st, 2nd and 3rd attempt
other fertility treatments (women up to age 43)	yes
Speech therapy	
recovering or enhancing the ability to speak	yes
Specialist medical care	
medical care by a specialist, including laboratory research, medicines, bandages, and aids. Also covered are:	yes
• care by the thrombosis service	yes
• a second opinion by a medical specialist	yes
• dialysis in a dialysis center, hospital, or at home	yes
• chronic intermittent respiration and the necessary equipment	yes
• medically necessary circumcision	yes
Dental care / oral care	
• dental surgery from age 18	yes
• dentures (full, removable prostheses), with or without implants	yes, except fot the personal contribution
• dentures (full, removable prostheses), repair and re-fit	yes, except for the personal contribution
• dental and orthodontic care in special cases	yes
• dental care up to age 18	yes
• dental implants	yes, in case of severe developmental disorder, growth disorder or acquired deviation in the tooth-jaw-mouth system
Plastic and/or reconstructive surgery	
for specific medical indications	yes, permission required
Mental healthcare	
• general Basic GGZ 18 or older	yes, for mild to moderate, non-complex mental problems or stable problems
• specialist GGZ 18 years or older	yes, for complex mental disorders
Rehabilitation	
• quickscan	yes
• cancer rehabilitation	yes
• geriatric rehabilitation	yes

Type of Care	Basisverzekering Combinatie/Natura/Natura Select
Giving up smoking	
Stop-Smoking programme	yes, three times a year
Tissue and organ transplants	
if the transplant is performed in an EU or EER member state	yes
Stay	
medically necessary stay in a hospital, the psychiatric department of a hospital, a GGZ institution, or in a rehabilitation institution	yes
medically necessary first-line hospitalisation	yes
Nursing and care	
nursing and care without lodging	yes
Transport	
• ambulance transport	yes
• seated patient transport for specific medical indications, using:	
- personal vehicle	€ 0.40 per km (minus the personal contribution of € 134,- per year), permission required
- public transport or taxi	yes (minus the personal contribution of € 134,- per year), permission required
ór compensation for your stay in the case of treatment longer than 3 days in a row	yes, a maximum of € 94,50 per night (after permission)
Sensory disability care	
multi-disciplinary healthcare relating to a visual, auditive or communicative disability as a result of a language development disorder or a combination of these disabilities	yes
Chain healthcare (care programmes)	
chain healthcare for diabetes mellitus type 2 (DM type 2), vascular risk management (VRM), chronic obstructive pulmonary disease (COPD), asthma from age 16, and the target group of vulnerable elderly	yes

Supplementary insurances

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

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Alternative care							
Consultations of alternative doctors / therapists, and homeopathic or anthroposophic medicines				€ 350,- per calendar year, consultations € 40,- per day	€ 550,- per calendar year, consultations € 40,- per day	€ 1,200,- per calendar year, consultations € 40,- per day	€ 200,- per calendar year, consultations € 30,- per day
Bones, muscles and joints							
Exercise programs in connection with diseases and conditions					€ 350,- for the duration of the insurance	€ 350,- per indication per calendar year	
Exercise program for the elderly						1 program per calendar year	
Remedial therapy in a hot water pool in case of rheumatism					€ 150,- per calendar year	100%	
Occupational therapy (in addition to the basic health insurance					3 hours per calendar year	4 hours per calendar year	
Fitness training (medical)						100%	
Physiotherapy and exercise therapy from age 18		9 treatments per calendar year		12 treatments per calendar year, including 9 treatments of manual physiotherapy per indication	27 treatments per calendar year, including 9 treatments of manual physiotherapy per indication	50 treatments calendar year, including 9 treatments of manual physiotherapy per indication	12 treatments per calendar year, including 9 treatments of manual physiotherapy per indication
Physiotherapy and exercise therapy up to age 18	100%, including 9 treatments of manual physiotherapy per indication	100%, including 9 treatments of manual physiotherapy per indication		100%, including 9 treatments of manual physiotherapy per indication	100%, including 9 treatments of manual physiotherapy per indication	100%, including 9 treatments of manual physiotherapy per indication	
Fysio Zelfcheck (Physio Self-check) app		100%		100%	100%	100%	100%
Abroad							
Vaccinations and preventive medications related to a stay abroad		100%		100%	100%	100%	€ 100 per calendar year
Non-emergency care abroad	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands		care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	care in accordance with the reimbursement for your (supplementary) insurance in the Netherlands	
Emergency care abroad during vacation or temporary stay	Full reimbursement, in addition to the basic health insurance	Full reimbursement, in addition to the basic health insurance		Full reimbursement, in addition to the basic health insurance	Full reimbursement, in addition to the basic health insurance	Full reimbursement, in addition to the basic health insurance	Full reimbursement, in addition to the basic health insurance
Emergency pharmaceutical care abroad (not covered by the basic health insurance)	€ 50,- per calendar year	€ 50,- per calendar year		€ 50,- per calendar year	€ 50,- per calendar year	€ 50,- per calendar year	
Transport costs after care mediation to Belgium or Germany				contracted taxi transport: 100%; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance	contracted taxi transport: 100%; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance	contracted taxi transport: 100%; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance	
Accommodation and transport costs for family members after care mediation to Belgium or Germany				€ 500,- or the accommodation and / or transportation costs of all family members combined (€ 35,- per night; personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 500,- or the accommodation and / or transportation costs of all family members combined (€ 35,- per night; personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	accommodation: € 35,- per night; personal transport, public transport and taxi transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	
Accommodation and transport costs for expertise treatments abroad	€ 5,000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5,000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)		€ 5,000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5,000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 5,000,- for the accommodation and transport costs of you, your supervisor, and your family members combined (€ 75,- per night; flights: economy class; public transport: lowest class; personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance)	
Repatriation from abroad	100%	100%		100%	100%	100%	100%

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Medications (medicines) and diet preparations							
Contraceptives from age 21		100%		100%	100%	100%	100%
Registered medicines and pharmacy preparations not covered by the basic health insurance	€ 750,- per calendar year	€ 750,- per calendar year		€ 750,- per calendar year	€ 750,- per calendar year	€ 750,- per calendar year	
Melatonin					100%, **only** through eFarma	100%, **only** through eFarma	
Statutory personal contribution for medicines						100%	
Skin							
Acne therapy					€ 250,- per calendar year	€ 500,- per calendar year	€ 230,- per calendar year
Camouflage therapy					€ 200,- for the duration of the insurance	€ 500,- for the duration of the insurance	€ 200,- for the duration of the insurance
Hair removal					€ 300,- per calendar year	€ 500,- per calendar year	€ 570,- for the duration of the insurance
Medical devices							
Spectacles and lenses				€ 100,- per 3 calendar years	€ 150,- per 3 calendar years	€ 300,- per 3 calendar years	€ 100,- per 2 calendar years
Personal contribution hearing aids						€ 750,- per calendar year	
Accessories for a breast prosthesis				100%	100%	100%	
Artificial nipple or mamilla prosthesis				100%	100%	100%	
Personal alarm equipment and subscription fees					€ 150,- per calendar year	€ 150,- per calendar year	
Bedwetting alarm (age 7 to 18)				€ 100,- for the duration of the insurance	€ 100,- for the duration of the insurance	€ 100,- for the duration of the insurance	
Wig or other head covering					€ 100,- per calendar year	€ 200,- per calendar year	
Splints, braces and/or bandages		€ 50,- per calendar year		€ 50,- per calendar year	€ 90,- per calendar year	€ 90,- per calendar year	
Trans-therapy					100%, **only** with contracted supplier	100%, **only** with contracted supplier	
Statutory personal contribution for other medical aids						100%, except for orthopedic and allergen-free shoes	
Mouth and teeth (oral care)							
Dental care from age 18							€ 450,- per calender year (check-ups 100%, other treatments 75%)
Personal contribution for a dental prosthesis						100%	
Crowns, bridges, inlays and implants for individuals up to 18 years of age				100%	100%	100%	
Orthodontics					Up to age 18: € 2,000,- for the duration of the insurance	Up to age 22: € 3,000,- for the duration of the insurance	€ 350,- for the duration of the insurance
Dental care as a result of an accident	€ 10,000,- per accident	€ 10,000,- per accident		€ 10,000,- per accident	€ 10,000,- per accident	€ 10,000,- per accident	€ 10,000,- per accident
Prevention and lifestyle							
Advice and guidance							
Counselling		€ 300,- per calendar year		€ 300,- per calendar year	€ 300,- per calendar year	€ 300,- per calendar year	
Dietary advice, in addition to the basic health insurance						2 hours per calendar year	
Weight consultants		€ 120,- per calendar year		€ 120,- per calendar year	€ 120,- per calendar year	€ 120,- per calendar year	€ 50,- per calendar year
IncoCure self-help program (for women with incontinence problems)				€ 15,- per calendar year	€ 15,- per calendar year	€ 15,- per calendar year	
Care for Women					€ 115,- per calendar year	€ 115,- per calendar year	
Courses / training							
Reduce alcohol consumption		€ 300,- per calendar year		€ 300,- per calendar year	€ 300,- per calendar year	€ 300,- per calendar year	
FITR4Blend Lifestyle program 'Vitaal' or 'Intensief'						1x for the duration of the insurance with a personal contribution of € 100,-	
Memory training						1 training per calendar year	
Lifestyle training for heart patients, whiplash patients and people with stress and burnout related complaints					€ 1,000,- per calendar year, **only** with Lifestyle Training & Coaching (LTC)	€ 1,250,- per calendar year, **only** with Lifestyle Training & Coaching (LTC)	
Mindfulness training		€ 250,- per calendar year		€ 250,- per calendar year	€ 250,- per calendar year	€ 250,- per calendar year	
Preventive courses ((heart, lymphedema, rheumatism, diabetes, losing weight, resuscitation, first aid, etc.)				€ 115,- per course per calendar year	€ 115,- per course per calendar year	€ 115,- per course per calendar year	
Sleep course		€ 150,- per calendar year		€ 150,- per calendar year	€ 150,- per calendar year	€ 150,- per calendar year	

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Fall prevention						1 course per calendar year	
Sport / fitness							
Running coaching in case of injuries		1 online coaching trajectory by FysioRunning		1 online coaching trajectory by FysioRunning	1 online coaching trajectory by FysioRunning	1 online coaching trajectory by FysioRunning	
Sports medical examination		€ 200,- per calendar year		€ 200,- per calendar year	€ 200,- per calendar year	€ 300,- per calendar year	
Sports medical guidance		€ 150,- per calendar year		€ 150,- per calendar year	€ 150,- per calendar year	€ 150,- per calendar year	
Other							
Health Check		1 check per calendar year		1 check per calendar year	1 check per calendar year	1 check per calendar year	
Flu vaccination						100%	
MammaPrint (by Agendia)	100%	100%		100%	100%	100%	
At home							
Home assistance in the event of outages 'General Daily Life operations' after hospital stay for the age of 18 years and older	€ 1,000,- after a stay in a hospital (depending on the degree of GDL outages)	€ 1,000,- after a stay in a hospital (depending on the degree of GDL outages)		€ 1,000,- after a stay in a hospital (depending on the degree of GDL outages)	€ 1,000,- after a stay in a hospital (depending on the degree of GDL outages)	€ 1,000,- after a stay in a hospital (depending on the degree of GDL outages)	
Childcare at home up to the age of 12 years during and after hospital stay of the parent(s), **only** by Zorg voor u.				50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs	50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs	50 hours per week from the 3rd day of stay to the 3rd day after discharge, including the file costs	
Informal care course				€ 150,- per calendar year	€ 150,- per calendar year	€ 150,- per calendar year	
Informal care broker				€ 250,- per calendar year	€ 250,- per calendar year	€ 250,- per calendar year	
Informal care replacement				€ 150,- per day up to € 900,- per calendar year	€ 150,- per day up to € 1,200,- per calendar year	€ 150,- per day up to € 1,500,- per calendar year	
Transportation and stay							
Personal contribution patient transport						100%	
Patient transport in the Netherlands, Belgium or Germany (if not reimbursed from the basic health insurance)						personal transport: according to the same kilometer allowance as for patient transport in the basic health insurance; contracted taxi transport: 100%	
Overnight stay in a guesthouse and/or travel expenses for sick visits				€ 500,- for all visitors combined (€ 35,- per night; public transport: lowest class; transporti: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 500,- for all visitors combined (€ 35,- per night; public transport: lowest class; transporti: according to the same kilometer allowance as for patient transport in the basic health insurance)	€ 750,- for all visitors combined (€ 35,- per night; public transport: lowest class; transporti: according to the same kilometer allowance as for patient transport in the basic health insurance)	
Therapeutic holiday camp for the disabled					€ 150,- per calendar year	€ 500,- per calendar year	
Therapeutic holiday camp for children					€ 150,- per calendar year	€ 150,- per calendar year	
Personal contribution for a hospice					€ 40,- per day	€ 40,- per day	
Foot care							
Pedicure (medical foot)					€ 25,- per treatment up to € 100,- per calendar year	€ 25,- per treatment	
Podiatry and insoles					€ 150,- per calendar year, including 1 pair of (sports) insoles	100%, including 1 pair of (sports) insoles	Podiatry: € 70,- per calendar year. Insoles: € 60,- per calendar year.
Surgical procedures							
Protruding ear correction up to age 18					100%	100%	
Eye laser treatment and lens implantation					€ 500,- for the duration of the insurance	Up to 6 diopters: € 750,- for the duration of the insurance; From 6 diopters: € 1.850,- for the duration of the insurance	
Sterilization					100%	100%	

Type of care	Blend Basis Plus	Blend Intro		Blend Start	Blend Royaal	Blend Excellent	Blend Jongeren
Pregnancy and childbirth							
Self-help program "Slimmer Zwanger"				1 subscription for the duration of the insurance	1 subscription for the duration of the insurance	1 subscription for the duration of the insurance	
Pregnancy course				€ 50,- per pregnancy	€ 50,- per pregnancy	€ 75,- per pregnancy	
Birth kit				1 kit per pregnancy	1 kit per pregnancy	1 kit per pregnancy	
TENS during delivery (for pain relief)				1 device for the duration of the insurance	1 device for the duration of the insurance	1 device for the duration of the insurance	
Personal contribution for outpatient delivery				100%	100%	100%	
Personal contribution for maternity care				100%	100%	100%	
Extra maternity care				15 hours per delivery	15 hours per delivery	15 hours per delivery	
Lactation care				€ 80,- per delivery	€ 80,- per delivery	€ 115,- per delivery	
Breast pump				€ 75,- per delivery	€ 75,- per delivery	€ 75,- per delivery	

Grensregio Pakket

Does your policy state that you are also insured for the 'Grensregio Pakket'? Then you will receive an additional reimbursement for non-emergency care in Belgium and Germany.

Non-urgent care in Belgium and Germany

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

b. for care provided in the remaining part of Belgium or Germany you are entitled to a reimbursement of up to 100% (in addition to the reimbursement through your basic health insurance) of the maximum rate set at the time of treatment under the Healthcare Market Regulation Act (Wmg) if the care is provided in the Netherlands would have been granted. If and insofar no (maximum) Wmg rates have been set, you are entitled to reimbursement of the costs up to a maximum of 100% of the prevailing market rate in the Netherlands in addition to the reimbursement through your basic health insurance (together 200%).

Conditions for reimbursement

There is only reimbursement of the costs if it would also be reimbursed in the Netherlands from the basic health insurance and if the claim amount exceeds the reimbursement from the basic health insurance.
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.

Collectief Zeker Pakket

Everyone who has at least basic insurance through one of our employer collectives will receive the free Collectief Zeker Pakket.

Type of care	Collectief Zeker Pakket
Physiotherapy after an accident (from age 18)	A maximum of 9 treatments per calendar year.
Dienstverlening Royal Doctors • Ask Royal Doctors • First Opinion Consult with guaranteed care within 10 working days • Second Opinion • Complex Illness Solutions	100%

Dental insurances

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

Blend T Basis | **Blend T Start € 250,-** | **Blend T Extra € 500,-** | **Blend T Royaal € 1000,-** | **Blend T Excellent € 1250,-**

Treatment	Blend T Basis
• Consultation and diagnostics • Preventive oral care	• 1 check-up and 25 minutes of dental cleaning OR • 2 check-ups and 15 minutes of dental cleaning
• Anesthesia • Fillings • Surgical procedures	€ 60,- per calenderyear

Treatment	Blend T Start	Blend T Extra	Blend T Royaal	Blend T Excellent
The treatments below are reimbursed up to:	€ 250,- per calendar year	€ 500,- per calendar year	€ 1.000,- per calendar year	€ 1.250,- per calendar year
- Consultation and diagnostics - Anesthesia - Fillings - Surgical procedures - Root cleaning - Take and review Xrays	100%	100%	100%	100%
- Preventive oral care	75%	75%	75%	75%
- Partial dentures - Implants / Implantology - Temporomandibular joint treatments - Crowns and bridges - Partial prosthetic devices - Gum treatments - Root canal treatments	75%	75%	75%	100%

*There is no reimbursement for:
- autografts;
- subscriptions;
- teeth whitening;
- cosmetic treatments that change the color, shape, or position of the tissues in and/or around the mouth;
- fluoride treatments;
- partially completed work;
- treatments by the dental surgeon on referral from the dentist (this is reimbursed by basic insurance);
- inspection reports and statements;
- full anesthesia and laughing gas;
- missed agreements;
- orthodontics (consult the policy conditions of the supplementary insurance for possible reimbursement);
- snoring mouthpieces (MRA) and the diagnostics and aftercare for this;
- therapeutic injections with botox;
- fillings in baby teeth.

Grensregio Pakket

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

Conditions for reimbursement

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

Contact

Zeker,
Witte-Boussen
Assurantiën BV

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

Witte-Boussen guarantees a personal and flexible service

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

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Do you have any complaints?

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

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