

# Supplementary insurance terms and conditions

LIC Health Plan 2014

Turien & Co./VGZ Zorgverzekering

**TURIEN&CO**  
ASSURADEUREN



[www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl)



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# General terms and conditions of the supplementary health insurance policies of Turien & Co.

## 1. REGISTRATION

### 1.1. Applying for supplementary insurance.

Anyone, who is entitled to basic insurance, can apply for supplementary insurance. It is not obligatory. You can register for supplementary insurance by submitting a completely filled in and signed application form or by filling in the internet application form. For some packages you will be required to complete a health declaration and/or an age limit will apply as referred to in Articles 1.3 and 7.3. The health declaration is indicated on the application form.

### 1.2. Sometimes we will not be able to offer you supplementary insurance

We are unable to provide supplementary insurance in number of instances. We can reject your application if:

- you (the policyholder) still have to pay premium for an insurance policy you already have with us;
- you are guilty of fraud as described in Article 14 of these general terms and conditions;
- your state of health gives cause to do so;
- you already need care when you register. Another such instance is if care is expected which, as regards nature and scope, is covered by the provisions via the supplementary insurance policies;

### 1.3. Age limit

An age limit applies to the LIC Health Plan Fit & Vrij Package. You can only take out the LIC Health Plan Fit & Vrij Package if you are younger than 50.

### 1.4. Children have the same supplementary insurance as their parent(s)

Supplementary insurance can only be taken out for children under the age of 18 which is as extensive as the supplementary insurance of (one of) the parents insured with us.

The child's supplementary insurance policy may not be more extensive than that of the insured parent/guardian. This means that, for example, no LIC Health Plan Prima Package can be taken out for the child if the insured parent/guardian has the basic insurance. If one parent/guardian has a higher-graded package than the other parent/guardian, the (non-paying) underage child can, at your request, be insured under the highest-graded supplementary package.

If one of the parents/guardians on the policy has a LIC Health Plan Fit & Vrij Package then a child aged under 18 will be assigned the supplementary insurance of the other insured party parent/guardian. If both parents/guardians on the policy have taken out a LIC Health Plan Fit & Vrij Package, a child aged under 18 will automatically be assigned LIC Health Plan Prima Package. If you wish to take out a LIC Health Plan Fit & Vrij Package for your child(ren) aged under 18, you will pay the full premium for them.

## 2. UNDERLYING PREMISE OF THE SUPPLEMENTARY INSURANCE

The insurance agreement is partly concluded on the basis of the details you entered on the application form or which you submitted to us in writing.

### Obligation to notify

The policyholder is obliged, prior to concluding the agreement, to inform Turien & Co. of any facts which the policyholder knows or should know.

This means facts with regard to which the policyholder knows or should know may influence the decision by Turien & Co. and/or may affect the conditions under which the insurance is taken out. The insurance is therefore only concluded on the basis of a signed application form which has been completed truthfully and any additional details submitted. By submitting the application form the policyholder takes full responsibility for the notifications made on the application form personally or otherwise by the policyholder. The details referred to on the policy document are considered to have originated from the policyholder and have been approved by the policyholder.

If it transpires that the policyholder has not fulfilled his obligation to notify, Turien & Co. will inform the policyholder accordingly within two months after this fact has been established. The same applies at the moment at which Turien & Co. discovers the failure to disclose or incorrect submission of details after the risk has occurred and the insured party has been reimbursed costs.

If, during realisation or prior observation of the risk, Turien & Co. invokes non-fulfilment of the obligation to notify, the policyholder can cancel the insurance agreement with immediate effect until, at the latest, two months thereafter.

Turien & Co. can cancel the insurance agreement within two months after discovery:

- in the event of deliberate misleading;
- if Turien & Co. would not have provided insurance if it had been aware of the facts.

In other instances Turien & Co. cannot terminate the insurance. However, Turien & Co. can change the terms and conditions and premium of the insurance in question.

## 3. WHAT COVER DOES A SUPPLEMENTARY INSURANCE POLICY PROVIDE?

### 3.1. Our reimbursements

You are entitled to reimbursement of the costs based on the supplementary insurance insofar as these are incurred during the period in which this supplementary insurance is applicable. The date of the treatment and/or the date on which the care was provided are decisive in this respect. What counts is the treatment date referred to on the bill and not the date on which the bill was issued. If you are claiming treatment in the form of a DBC care product, the time your treatment started is then what counts.

You are only entitled to reimbursements via the supplementary insurance which are not, or only partially, issued via a statutory regulation. The reimbursement must also be covered by the supplementary insurance policy.

### 3.2. What we do not reimburse (concurrency of costs)

We do not reimburse, via the supplementary insurance policy, the costs to compensate:

- costs which have been set off against the deductible excess of the basic insurance, unless a group supplementary insurance policy has been taken out with us which reimburses the obligatory or voluntary deductible excess;
- statutory personal contributions and amounts in excess of the statutory maximum reimbursement, unless this reimbursement is explicitly included in the supplementary insurance policy.

There is no cover on account of this supplementary insurance if and insofar as the medical costs are covered by any law or other provision or by another insurance policy (including travel insurance), whether with an older date or otherwise, or would be covered if this supplementary insurance had not existed.

### 3.3. Reimbursement sequence in the event of numerous insurance policies

If you have taken out a number of insurance policies with us, we reimburse the bills that you submit to us in the following sequence:

- the basic insurance;
- the supplementary dental insurance;
- the supplementary insurance policies.

## 4. COMMENCEMENT DATE OF YOUR SUPPLEMENTARY INSURANCE

### 4.1. Your supplementary insurance policy commences on 1 January

You can extend an insurance policy you already have with us to include supplementary insurance. You can do so up to and including 31 December of the current calendar year. We have to give our written approval. A medical assessment may be required beforehand. This applies both to the insured party obliged to pay the premium and the insured party that is not obliged to pay the premium.

### 4.2. Period of grace

If it transpires, after receipt of the policy document, that the insurance does not meet your expectations, you can still cancel the insurance you have applied for. You can do so by returning the policy document along with a request to cancel the insurance. This request must be submitted to Turien & Co. within 14 days after you have received the policy from us.

### 4.3. Term

The insurance is entered into as from the commencement date referred to on the policy document, up to and including 31 December of that same calendar year and is renewed thereafter, each time for a period of 12 months.

## 5. HOW TO CHANGE YOUR SUPPLEMENTARY INSURANCE POLICY

### 5.1. Changing your supplementary insurance

If you want to change a supplementary insurance policy you have with us, you can do so up to and including 31 December of the current calendar year. We will then change your insurance as of 1 January. We have to give our written approval. A medical assessment may be required beforehand. This applies both to the insured party obliged to pay the premium and the insured party that is not obliged to pay the premium.

### 5.2. If you have changed an existing supplementary insurance policy

The reimbursements you have received will then count towards your new supplementary insurance policy. This applies both to the care entitlement deadlines and the determination of the (maximum) reimbursement.

### 5.3. Changing the supplementary insurance policy when reaching the age of 18

The cover can be changed within 30 days after reaching the age of 18. This change takes effect as of the first of the month following the month of the 18th birthday.

For example: if your birthday is on 5 September, you will be obliged to pay premium as of 1 October. If you wish to implement a change, you must inform us before 1 November in writing, by e-mail or via [www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl). The commencement date of this change will be 1 October.

## 6. CONTINUATION OF THE GROUP INSURANCE

The insured party can continue the insurance within the framework of the group insurance agreement as long as the latter is defective and as long as the group contracting party has granted its approval, in the event of:

- retirement or an equivalent scheme, such as an early retirement scheme;
- the death of a participant in the group insurance being participated in.

The application must be submitted in writing within 30 days after the date of (early) retirement or death.

## 7. TERMINATION OF YOUR SUPPLEMENTARY INSURANCE POLICY

### 7.1. Ways in which you can terminate your supplementary insurance policy

You can terminate your supplementary insurance policy in the following ways:

- By sending a letter or e-mail in which you terminate your supplementary insurance policy. We must receive the cancellation by no later than 31 December. The supplementary insurance policy will then end on 1 January of the following year. If you have cancelled, this cancellation will be irrevocable.
- By using the cancellation service provided by the new health insurer. If you take out supplementary insurance by no later than 31 December of the current calendar year for the subsequent calendar year, the new health insurer will cancel the supplementary insurance policy you have with us on your behalf. If you do not want to use this service, you must give notice to this effect on the application form of your new health insurer.

## 7.2. When do we terminate your supplementary insurance?

We terminate your supplementary insurance:

- in the event of the death of the policyholder or the insured party/parties;
- by means of written cancellation by Turien & Co. at a moment in time determined by Turien & Co. in the event of:
  - failure to disclose or the incorrect submission of details as referred to in Article 2 of these insurance terms and conditions;
  - non-fulfilment of the obligation to pay premium as referred to in Article 8 of these insurance terms and conditions;
  - fraud as referred to in Article 14 of these insurance terms and conditions;
  - permanent residence of the insured party abroad if income tax is no longer deducted in the Netherlands.

## 7.3. When do we terminate your LIC Health Plan Fit & Vrij Package?

The LIC Health Plan Fit & Vrij Package ends on the first day of the calendar month following the calendar month in which you reach the age of 50. The LIC Health Plan Fit & Vrij Package can be converted into LIC Health Plan Prima Package. You will be given an opportunity to take out another supplementary insurance policy or terminate the insurance altogether. As the policyholder you must inform us accordingly in writing or by e-mail within 30 days of receiving the notification.

## 7.4. Repayment of premium

In the event that the insurance policy is terminated, repayment will only take place with regard to the remainder of the current insurance period for which premium has already been paid.

## 7.5. Unlawful registration

In the event that an insurance agreement is concluded for your benefit under the terms of the Zorgverzekeringswet [Health Insurance Act] and this insurance is supplementary to that and it later emerges that you did not have an insurance obligation, the insurance agreement will lapse with retrospective effect as of the date on which the insurance obligation ceased to exist. We will set off the premium which you paid as of the day on which your insurance obligation no longer existed with the care you have received since then for your account and will pay you or charge you the balance.

## 7.6. Imprisonment

The rights and obligations resulting from the supplementary insurance policy will be suspended during the period that the insured party is imprisoned as a consequence of a legal judgement. These rights and obligations will become valid again as soon as the period of imprisonment ends. The insured party is obliged to inform the health insurer accordingly within 30 days after the period of imprisonment ends.

## 8. THE COSTS

### 8.1. Premium and premium payment

The policyholder will owe premium for the supplementary insurance. The premium is charged per month and must be paid in advance by means of a direct debit.

If the premium is not credited to the account of Turien & Co. on time, there will be a risk that the reimbursements will not be paid out. If you prefer, you can pay per quarter, six months, or year. You may then be eligible for a discount on the premium. If you have taken out basic and supplementary insurance with us, you can only change your payment arrangements for your insurance as a whole.

In the event of the insured party's death, the premiums will be settled or refunded as from the day immediately following the date of the death.

It is not permitted to set off the premium against the reimbursement due from Turien & Co.

### 8.2. Statutory personal contribution

You will receive a giro payment slip which you can use to pay the statutory personal contributions and make any other payments.

### 8.3. Premium exemption for children aged up to 18

If one of the parents has taken out a basic and a supplementary insurance policy with us, the person aged under 18, who is included in the basic and supplementary insurance policy, will not have to pay any premium for this supplementary insurance policy. This premium exemption applies until the first day of the calendar month following the calendar month in which the insured reached the age of 18.

### 8.4. If you do not pay the premium on time

We terminate your supplementary insurance policy/policies if your premium has not been paid by the set payment deadline referred to in our second written reminder. Your entitlement to reimbursement will then lapse automatically as of the first day of the month following the end of the payment period referred to. The obligation to pay will continue to exist. If Turien & Co. takes measures to collect its claim, all collection costs, both in and out of court, will be for the account of the policyholder.

If your premium arrears have been paid, you will be able to reapply for the same supplementary insurance policy/policies. A medical assessment may be required beforehand. If the application is approved, the supplementary insurance will be concluded as of the first of the month following the month of the application.

## 9. CHANGES TO YOUR PREMIUM AND/OR CONDITIONS

### 9.1. We are allowed to change your premium and/or conditions

Turien & Co. is entitled to implement group changes to the premium and/or terms and conditions of the insurance at a date to be determined by Turien & Co. or the health insurer. Turien & Co. will give notice of the intended changes in writing.

### 9.2. If you do not agree to the changes

If you do not agree to a higher premium on a change in terms and conditions, you can send us a letter or e-mail within 30 days after we have given notice of the change. We will then terminate your insurance on the day on which the change to the premium and/or terms and conditions takes effect.

### 9.3. Sometimes it is not possible to cancel after a change

In a number of cases you will not be able to cancel the insurance prematurely if we change the and/or terms and conditions. This applies if:

- the premium increase and/or the restrictions of the terms and conditions and/or reimbursement are the consequence of statutory regulations or the discontinuation of the allocated group discount.
- your premium increases due to you exceeding an age limit.

In these cases the termination is subject to the procedure described in Article 7 of these general terms and conditions.

## 10. CARE ENTITLEMENT

### 10.1. Entitlement and right to care

The entitlement to care, or the reimbursement of healthcare costs as described in the health insurance policy, will also be determined by science and practice or, in the absence of such criteria, by what is considered to constitute prudent and appropriate care and service in the relevant field of expertise. You are only entitled to care insofar as, within the bounds of reasonableness, you are reliant on care of that nature and to that extent.

### 10.2. Free choice of care provider

The insured party is free in the choice of the care providers referred to in these terms and conditions.

### 10.3. Referrals, prescriptions or permission

For some forms of care you will require a referral, prescription or permission which shows that you are entitled to the care. The details can be found in the respective care article. If a referral or prescription is necessary, you can request this from the care provider referred to in the article. This will often be your general practitioner. If permission is needed, you will need prior permission for the care in question from Turien & Co. This permission is also referred to as an authorisation.

### 10.4. If you require care mediation

You are entitled to care mediation. This means, for example, that you will receive information about treatment, waiting times and quality differences between care providers of care institutions. On the basis of this information, you will be able to make your own choice, or we will mediate on your behalf with the care provider of care institution with regard to the waiting lists. We will also arrange appointments for you. We refer to this as waiting list mediation.

You will also be entitled to care mediation if you are looking for a new care provider or care institution, for example because you have moved house. We will then help you to find the right care provider or care institution. If you wish to receive care mediation and/or waiting list mediation, please contact us via the telephone number shown on the top right of your policy document. We will then examine the possibilities together.

### 10.5. General exclusions

No entitlement to the reimbursement of costs exists if:

- the costs are the consequence of illnesses or afflictions which existed before the insurance was applied for, or before the insurance was extended or before the insured class was increased which the policyholder or the insured party was aware

of at that point in time and did not refer to on the application form, unless agreed otherwise. The above does not apply if Turien & Co. was informed of said illnesses, afflictions, or complaints and did not stipulate any exceptional conditions when accepting or extending the insurance policy, or when increasing the insured class;

- the costs are a consequence of illnesses or afflictions of which the risk is excluded from the insurance in accordance with notes on the policy document;
- the costs are related to: the reversal of voluntary sterilisation, circumcision on religious grounds, chelation and cell therapy, dendritic cell therapy and hyperthermia, costs of psychological examination is, diagnostics and the treatment of complex psychological disorders and/or problems other than those which the professional group in question is supposed to offer, written statements, administration costs, telephone and fax costs, the costs of desk work and research, the costs of missed appointments, the costs of late payment of care provider bills, interest costs, the costs of (extrajudicial) collection and reminders incurred by care providers or credit card companies and the costs of medical examinations relating to one's job and/or driving licence renewal;
- the costs relating to the personal contributions or deductible excesses:
  - as a consequence of the basic insurance and/or Exceptional Medical Expenses Act [Algemeen Wet Bijzondere Ziektekosten] (AWBZ);
  - relating to population screening or general vaccinations unless these personal contributions or deductible excesses are explicitly included in the chosen supplementary insurance policy.
- the costs relating to operations to improve a person's appearance, based on a personal desire, need, or circumstance;
- the costs of care caused by, or resulting from, armed conflict, civil war, insurrection, domestic disorder, rioting and rebellion, or the costs which are a consequence of, or are connected to, nuclear reactions (unless used for the medical treatment of the insured party);
- this insurance only applies as a supplement to the cover provided via another insurance, government regulation or subsidy scheme, or would have been provided if the supplementary insurance policy taken out with Turien & Co. had not existed;
- the policyholder, the insured party and/or a third party deliberately submitted incorrect details;
- the costs of treatment which you or a family member provide. You are not allowed to treat yourself and declare the related costs via your own insurance. You have no entitlement to this care. If you want your partner, a family member and/or a first or second degree family member to treat you, and you wish to claim for the expenses, we must have given you permission beforehand.
- entitlement to care and other services as a consequence of terrorist acts. If you need care as a consequence of one or more terrorist acts, the following rule will apply:
  - If the total damage in a calendar year to be claimed from non-life, life or prepaid funeral services insurers is expected by the Nederlandse Herverzekeringsmaatschappij voor Terrorisemeschade N.V. [Dutch reinsurance

company for damages caused by terrorism] to be higher than the maximum amount that this company reinsures for a calendar year, you will only be entitled to a certain percentage of the costs or the value of the care. The NHT determines the relevant percentage. The above applies to non-life, life or prepaid funeral services insurers that are subject to the Wet op het financieel toezicht [Act on Financial Supervision]. The exact definitions and provisions relating to the entitlement referred to are included in the NHT's schedule governing terrorism cover.

- The costs relate to written statements, mediation costs which third parties charge without prior written permission from Turien & Co., administration costs or costs due to late payment of bills from care providers.

## **11. NON-LIABILITY FOR DAMAGE CAUSED BY A CARE PROVIDER OR A CARE INSTITUTION**

We are not liable for an act or omission on the part of a care provider or care institution which causes you damage. The above applies even if the care or assistance provided by the care provider of care institution is included in the basic insurance.

### **11.1. How to act if third parties are liable**

If a third party is liable for costs which are a consequence of your illness, accident, or injury, you must provide us with all the necessary information free of charge which is required to recoup the costs from the party responsible. The right of recourse is based on statutory regulations. This does not apply to liability which results from a legal insurance, a health insurance under public law or an agreement between you and another (legal) entity.

### **11.2. You have a duty to report**

If you become ill, have an accident, or suffer an injury in some other way, and a third party is involved, as referred to in Article 11.1 of these general terms and conditions, you must inform us as soon as possible. You also have to report the incident to the police.

### **11.3. Do not make an arrangement with third parties without permission**

You are not allowed to make any arrangement which prejudices our rights. You may only make an arrangement with a third party, or the party that acts on behalf of said third party, if you have received written permission from us beforehand.

## **12. COMPLAINTS**

### **12.1. Applicable law**

This agreement is governed by Dutch law.

### **12.2. Complaints & disputes**

- You can submit a complaint on how this insurance is implemented to the Klachtenbureau [Complaints Department] of Turien & Co. Complaints can be submitted in writing, by fax, e-mail (klachten@turien.nl) or using the complaints form via [www.turien.nl](http://www.turien.nl).
- Complaints are dealt with in accordance with the Turien & Co. internal complaints procedure.

The Complaints Department will inform the party that submitted the complaint of its findings within four weeks. In some cases it will be necessary to acquire additional information or advice. It may be that this delays the amount of time it takes to deal with the complaint.

- A complaint on which no agreement can be reached, can be submitted to the Stichting Klachten en Geschillen Zorgverzekeringen (SKGZ), for the attention of the Ombudsman Zorgverzekeringen, Postbus 291, 3700 AG Zeist ([www.skgz.nl](http://www.skgz.nl)). The SKGZ can issue a binding recommendation, with due regard for the provisions in the applicable rules and regulations.
- If the policyholder is unhappy with the SKGZ recommendation, or if the policyholder or insured party does not want to comply, the dispute can be submitted to a competent court in the Netherlands.

Complaints must be written in Dutch or English. If you submit a complaint in another language, you have to pay any translation costs yourself.

## **13. PERSONAL DETAILS**

- 13.1. We ask you to provide personal data to process applications for an insurance policy or a financial service. We use these at Turien & Co.:

- to conclude and implement agreements;
- to inform you about relevant products and/or services;
- to guarantee the safety and integrity of the financial sector;
- for statistical analysis;
- for customer management;
- to fulfil statutory obligations;
- for research among insured parties to establish whether the care has actually been provided;
- for research into the quality of the care provided as experienced by insured parties;
- for activities aimed at increasing customer numbers;
- to manage the resulting customer relationships.

Health insurers who use your personal details have to comply with the Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars [Code of Conduct for the Processing of Personal Data by Health Insurers]. The Gedragscode Verwerking Persoonsgegevens Financiële Instellingen [Processing of Personal Data by Financial Institutions] Code of Conduct also applies.

- 13.2. In connection with a sound acceptance, risk and fraud policy, we are allowed to consult your details and record them at the Stichting Centraal Informatie Systeem [Central Information System Board] (CIS) in Zeist, [www.stichtingcis.nl](http://www.stichtingcis.nl). Within this framework Stichting CIS participants can also exchange details. The aim is to manage the risks and combat fraud. This is subject to the privacy regulations of the Stichting CIS. More information can be found at [www.stichtingcis.nl](http://www.stichtingcis.nl). We can register your personal details and those of other parties involved:
- with the Centrum Bestrijding Verzekeringsfraude [Anti Insurance Fraud Centre] of the Verbond van Verzekeraars [Dutch Association of Insurers];
  - in the internal and external detection systems recognised mutually by financial institutions, the internal referrals register (IVR) and the external referrals register (EVR).

- 13.3. From the moment that the insurance commences, we are allowed to request information from, and give information to, third parties (such as care providers and suppliers) insofar as such is necessary in order to fulfil the obligations on account of the supplementary insurance. In this context information means your address and policy details and Citizen Service Number (BSN). If you have legitimate reasons for not wanting care providers or suppliers to have access to your address details, please let us know in writing.

We are legally obliged to include your Citizen Service Number (BSN) in our records. Your care provider of care institution is legally obliged to use your BSN in any form of communication. The same applies to other service providers that offer care within the framework of the Zorgverzekeringswet (Health Insurance Act). Consequently we also use your BSN when we communicate with these parties.

## 14. FRAUD

### 14.1. Fraud

The deliberate perpetration or attempt to perpetrate forgery, deceit, prejudicing of creditors or entitled parties and/or embezzlement, when a(n) (care) insurance agreement is drawn up or implemented, with the aim being to obtain unjustly a benefit, reimbursement or performance, or obtain insurance cover under false pretences.

### 14.2. Exceptions

If you commit fraud, your entitlement to (a reimbursement of the costs of) care will lapse. (Whole or partial) fraud will result in us reclaiming the reimbursements paid from you. Fraud can also result in:

- the matter being reported to the police, judicial authorities and/or the Fiscal Information and Investigation Service - Economic Investigation Service (FIOD-ECD);
- the insurance policy/policies will be ended;
- registration will take place between the companies' standard warning systems. Any payment that has been made (including costs) will be reclaimed;
- Fraud in connection with an insurance taken out with us will result in your supplementary insurance policy/policies being terminated.

### 14.3. Material check

Turien & Co. is entitled to carry out material check(s). This will involve Turien & Co. checking the insurer under whose authority the care has been included in the insurance terms and conditions, whether the provision charged by the care provider has actually been provided and whether that provision was necessary in view of your state of health or that of the insured party.

## 15. WHEN ABROAD

### 15.1. Costs for non-emergency medical assistance incurred abroad

Medical costs incurred abroad are only eligible for reimbursement:

- with due regard for the conditions and exclusions referred to in the relevant articles of the supplementary insurance for medical expenses incurred (in the Netherlands);

- up to a maximum of the amount for which reimbursement would take place in accordance with the applicable Dutch Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG) rates, or the Dutch market-comparable rates if no WMG rates apply.

The bills must be drawn up in Dutch, French, German, English, or Spanish and specified in such a way that no additional enquiries need to be made to determine the reimbursement Turien & Co. is obliged to provide. If we consider it to be necessary, we may ask you to have a bill translated by a sworn translator. We do not reimburse the translation costs. We pay out the reimbursement in euros into a Dutch bank account. We base our payment on the exchange rate which applied on the date on which the treatment took place. We convert foreign currency to euros using the historical rates at [www.XE.com](http://www.XE.com).

It may be that additional information is required to process the bills. For example, a policyholder may be asked to submit a treatment report by the doctor providing the treatment, drawn up in Dutch, English, German, French, or Spanish, along with his/her name, address and place of residence, plus, where possible, the details of the hospital (telephone number, fax number and e-mail address). A policyholder and/or insured party may also be asked to provide a signed authorisation, combined with a copy of their proof of identity for our medical adviser. The latter can then obtain additional medical information from your general practitioner or the foreign care provider or care institution.

### Transfers to the care provider up to an amount of €3,000

We always transfer amounts up to €3,000 to you and not directly to the foreign care provider. Please take into account that you are yourself responsible for paying the bill on time to the care provider.

## 16. REIMBURSEMENTS

### 16.1. Method of payment

The reimbursement is paid to the insured party. The amount is transferred to the bank account of which details are already known to us, unless Turien & Co. and the care provider or care providing institution have agreed that the costs are to be declared digitally to Turien & Co. by the care provider or care providing institution and are to be paid by Turien & Co. directly to the care provider or the care providing institution. At the explicit request of the insured party, Turien & Co. can pay directly to the party that provided the care in question. The payment in question then has a discharging effect vis-à-vis the insured party.

### 16.2. Amount of compensation, entitlements and reimbursements

You are entitled to reimbursement of the costs of care up to the maximum of the Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG) rates applicable in the Netherlands. If no WMG rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands. If you use care supplied by contracted care provider, the costs of care will be reimbursed on the basis of the rate agreed with the care providers in question.

We determine the level of the reimbursement you are entitled to and/or the personal contribution you are required to pay for each care claim. We reimburse the costs of care provided by a care provider up to a maximum of:

- the (maximum) rate determined at that moment on the basis of the WMG.
- If no (maximum) rate has been determined on the basis of the WMG, We reimburse the costs up to a maximum of the market-comparable amount applicable in the Netherlands.

You can download a list of the reimbursement amounts from [www.turien.nl](http://www.turien.nl) or obtain a copy by telephoning our Customer Contact Team. The contact details can be found on the top right of your policy document.

### 16.3. Commencement and end of the reimbursement

The insured party is entitled to reimbursement of the insured party costs, insofar as these costs are incurred during the period in which the insurance is effective. What counts is the date of treatment, nursing, examination etc. and not the date of the bills. In the case of a Diagnose Behandelings Combinatie [Combined Diagnosis and Treatment] (DBC) the costs are allocated to the calendar year in which the DBC was opened. In the event that the bill relates to a DBC the costs will only be reimbursed if the commencement date of the DBC falls within the term of the health insurance.

### 16.4. Submitting claims

Claims can be submitted by completing the Turien & Co. claims form and sending it to us along with the original bill(s). The original bills submitted cannot be returned, not even if they are not, or only partially, going to be reimbursed. If you wish you can make a copy for your own records. Please take into account that you are yourself responsible for paying the bill on time to the care provider.

You can also submit bills digitally via [www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl), see Article 17.

### 16.5. Claims deadline

We recommend that you do not wait too long to submit bills for claims. You should submit the bills, in any event, within 36 months after the date on which the treatment was provided. Otherwise the bills will not be eligible for reimbursement.

### 16.6. Personal contribution

You will be charged for the amounts which fall under your personal contribution and which Turien & Co. advanced to a care provider that submitted claims electronically. To this end you will receive a giro payment slip.

## 17. MIJN ONLINE POLISMAP [MY ONLINE POLICY FOLDER]

Turien & Co. offers the possibility of viewing and changing insurance details in a secure environment at My Online Policy Folder. You can also submit your claims digitally here using our online claims service.

Surf to [www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl) and follow the instructions under 'claiming online'. After submitting the claim, we will ask you to keep the bill in a safe place for the year. We may ask you to submit the bills for

verification purposes. If you are unable to submit the bills, we may reclaim the amounts paid out to you or set them off with amounts you owe. Claims for some bills, including foreign bills, cannot be submitted online. You have to send us these original bills together with the completed claims form. We recommend that you make copies for your own records. You can submit documents to us using the self-addressed envelope. If you have not received a self-addressed envelope, please send your claim to the address referred to on the back of these terms and conditions.

You can access My Online Policy Folder by logging in at [www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl). Access to My Online Policy Folder can be blocked at the policyholder's request. The request in question can be communicated to us by e-mail ([blokkeren@turien.nl](mailto:blokkeren@turien.nl)).

## 18. OBLIGATIONS OF THE POLICYHOLDER/INSURED PARTY

The following information relates to the obligations you have to fulfil. If you damage our interests by not fulfilling these obligations, you will not be entitled to a reimbursement of the healthcare costs. In addition, non-fulfilment of these obligations can result in your insurance agreement(s) being terminated.

### The policyholder/insured party is obliged:

- to assist Turien & Co., the medical adviser, the dental adviser, or any person responsible for verification, in obtaining all information that may be required;
- to submit to Turien & Co. the original bill within 36 months after the date on which the treatment took place, accompanied by a completed claims form. The care provider must specify these bills in such a way that no additional enquiries need to be made to determine the reimbursement Turien & Co. is obliged to provide. The care provider must authenticate bills;
- to submit a referral by a general practitioner, specialist or dentist for the medical treatment referred to in these terms and conditions, if Turien & Co. requests such;
- to inform Turien & Co. immediately, and provide all the necessary details, if the insured costs have been incurred due to an error by a third party that can be held liable under civil law. Neither the policyholder nor the insured party will be allowed to conduct negotiations with the other party or its insurer in relation to the damage which has been or will be reimbursed by the insurer. The policyholder and insured party will refrain from anything that might prejudice the interests of Turien & Co., such under penalty of the loss of the right to reimbursement of the insured costs, even if Turien & Co. has already paid;
- to pay the personal contribution to Turien & Co. in the event that Turien & Co. has reimbursed the full costs directly to a care provider or care providing institution, while a personal contribution (still) applies to that element of the risk coverage. The payable personal contribution must be paid to Turien & Co. at the first request or to a third party designated by Turien & Co.

**If the above-mentioned obligations are not fulfilled, Turien & Co. will not need to reimburse (care) costs.**

When collecting the payable amounts Turien & Co. is entitled to use third-party services or transfer ownership of the claim to said third parties. Such with due regard for the requirements of the Wet Bescherming Persoonsgegevens [Personal Data Protection Act].

If Turien & Co. takes measures to collect its claim, all collection costs, both in and out of court, will be for the account of the policyholder.

**Notification of changes and relevant events**

Any changing composition of the family and any other change which affects the rights and obligations resulting from this insurance agreement must be reported in writing or by e-mail to Turien & Co., along with reference to the date of the change. This modification must be made within 30 days after the change has occurred. Such changes include:

- divorce;
- termination of a registered partnership. The policyholder or co-insured partner must inform Turien & Co. in writing of the ending of the relationship. Turien & Co. will inform both the policyholder and the co-insured partner in writing of the intended change;
- death;
- no longer being insured on the basis of the AWBZ;
- the commencement of actual service in the armed forces;
- a changed account number;
- the start and end of a period of imprisonment. The cover and obligation to pay premium will be suspended for the period of imprisonment.

Notification of birth and adoption:

- birth. The birth of a child must be reported within 4 months after the birth;
- adoption. Notification of an adopted child must be made within 4 months, counting from the date of the issue of the declaration by the Ministry of Security and Justice. Turien & Co. must be aware of the date of the by the foreign institutions to the adoptive parents. A copy of the adopted child's passport must be submitted.

Failure to comply with the above will result in a lapsing of any right to reclaim the premium or claim reimbursement.

## **19. NOTIFICATIONS**

Notifications by Turien & Co. to the policyholder and insured parties must be sent to the policyholder's address. Notifications sent to the address last known to Turien & Co. will be deemed to have reached the insured party. The same applies with regard to the e-mail address(es) provided. Consequently, you should make sure that we are aware of your most recent contact details including e-mail addresses.

Notifications and commitments by Turien & Co. to the policyholder or the insured party only binding if Turien & Co. has confirmed them in writing.

# LIC Health Plan Prima Package

The amounts referred to in the articles apply per insured party, unless stated otherwise. Details of the supplementary insurance policy/policies you have can be found on your policy document.

Description of article	LIC Health Plan Prima Package
<p><b>1. Supplementary home nursing</b>            A supplement to the home nursing/home care provided by the AWBZ insofar as this prevents or shortens a hospital admission based on medical necessity, excluding psychiatric hospitals.</p> <p><b>Other details</b>            You have to be able to submit a CIZ needs assessment.</p> <p><b>By</b>            Nurse or carer.</p> <p><b>Permission</b>            You are obliged to obtain written permission from Turien &amp; Co., including a declaration from the doctor providing the treatment.</p>	<p>For a maximum of 120 days per calendar year up to € 150 per day.</p>
<p><b>2. Acne treatment</b>            Peeling in the event of serious facial acne.</p> <p><b>Other details</b>            Serious acne is interpreted as being any form of acne that requires medical treatment.</p> <p><b>By</b></p> <ul style="list-style-type: none"> <li>- A dermatologist or specialist affiliated to the Nederlandse Vereniging van Huidtherapeuten (NVH) [Netherlands Association of Dermatologists].</li> <li>- A beautician affiliated to the Algemene Nederlandse Branche Organisatie Schoonheidsverzorging [General Trade Organisation for Dutch Beauticians] (ANBOS).</li> </ul> <p><b>Referral</b>            General practitioner or medical specialist.</p> <p><b>Exclusion</b>            The costs of cosmetic resources are not eligible for reimbursement.</p>	<p>A maximum of € 450 per calendar year.</p>
<p><b>3. Adoption reimbursement</b>            In the event of adoption we reimburse the costs of maternity care for adopted babies or medical screening (preventive examination). This applies to one or more children that you legally adopt during the term of the basic insurance and who you have registered for basic insurance with us.            In the case of foster care a reimbursement is only available for maternity care.</p> <p><b>Conditions</b></p> <ul style="list-style-type: none"> <li>- For maternity care your adopted or foster child must, at the time of inclusion in the adoptive or foster family, be younger than 12 months and must not yet be a member of your own family.</li> <li>- You can only opt for medical screening if your adopted child comes from abroad.</li> <li>- The medical screening has to be carried out by a paediatrician.</li> <li>- The medical screening must be an obligatory part of the adoption process.</li> </ul> <p><b>Exclusion</b>            We do not reimburse the costs of medical screening of the adopted child after the adoption has taken place.</p>	<p>Maternity care in the case of adoption or foster care: a maximum of 10 hours  <b>or</b>            medical screening in the event of adoption: € 300 per adopted child.</p>

Description of article	LIC Health Plan Prima Package
<p><b>4. Alternative care</b></p> <p>Consultations and/or treatment for:</p> <ul style="list-style-type: none"> <li>- acupuncture;</li> <li>- treatment on anthroposophical grounds;</li> <li>- homeopathy;</li> <li>- treatment in accordance with natural medicine;</li> <li>- treatment with (ortho)manipulation (manual medicine);</li> <li>- chiropractic;</li> <li>- osteopathy.</li> </ul> <p>The alternative care must be provided by a preferred care provider. A list of the preferred care providers can be found on <a href="http://www.turien.nl">www.turien.nl</a>.</p> <p>Are you using a care provider who is not on the list of preferred care providers? The cost of treatment will not be reimbursed.</p> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>- The costs of laboratory research do not qualify for reimbursement.</li> <li>- The alternative healer or therapist may not be your General practitioner.</li> <li>- The costs of vitamin and food supplements prescribed by an alternative healer or therapist within the framework of the treatment.</li> <li>- Treatment and examinations with a social or societal nature, aimed at well-being and/or prevention.</li> <li>- The costs of work and school-related coaching.</li> </ul>	<p>A maximum of € 1,000 per calendar year with a maximum of € 100 per day.</p>
<p><b>5. Contraceptives</b></p> <p>Contraceptives for insured parties aged 21 and over which may be issued on the grounds of the Regeling zorgverzekering [Health Insurance Regulations], such as the Pill, contraceptive rods, coils, rings or diaphragm.</p> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- The costs of placing and removing a contraceptive such as a coil are reimbursed via the basic insurance policy irrespective of your age.</li> <li>- The contraceptive must have been prescribed by a general practitioner or medical specialist. In the case of the Pill, a prescription is required the first time.</li> </ul>	<p>Up to a maximum of the amount stipulated in the Regeling zorgverzekering [Health Insurance Regulations] and the Geneesmiddelen-vergoedingssysteem [Medicine Reimbursements Scheme] (GVS).</p>
<p><b>6. Monitoring equipment to prevent cot death</b></p> <p>The hire of a monitor for a maximum of 12 months.</p> <p><b>Permission</b></p> <p>You are obliged to obtain written permission beforehand from Turien &amp; Co.</p> <p><b>Referral</b></p> <p>Paediatrician.</p>	<p>Full reimbursement.</p>
<p><b>7. Exercise programmes</b></p> <p>An exercise programme is intended for people whose illness or complaint means they should exercise more, but who are unable to do so. During the exercise programme a physiotherapist and/or remedial therapist teaches you how to move independently so that you can continue the exercise after the programme has finished.</p> <p>The reimbursement applies to insured parties with obesity (BMI &gt;30), rehabilitating insured parties who have suffered heart failure, insured parties with rheumatism (as defined by the Reumafonds), patients with type 2 diabetes and patients with COPD with a light to medium burden of disease with a lung function value of FEV1/VC &lt; 0.7, a dyspnoea score of &gt;2 on the MRC scale and a health score of &gt;1 to &gt;1.7 on the CCQ scale.</p> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- You must have been referred by a general practitioner, company doctor or medical specialist.</li> <li>- The exercise programme must take place in the exercise room of the physiotherapist and/or remedial therapist providing the treatment.</li> <li>- The exercise programme has to last at least 3 months.</li> </ul> <p><b>By</b></p> <p>Physiotherapist and/or remedial therapist.</p>	<p>A maximum of € 350 per calendar year.</p>

Description of article	LIC Health Plan Prima Package
<p><b>8. Glasses and/or contact lenses</b></p> <p>We reimburse the combined costs of prescription glasses and contact lenses (prescription lenses or extended wear contact lenses).</p> <p><b>By</b></p> <p>An optician or firm of opticians.</p>	<p>A maximum of €227 per calendar year.</p>
<p><b>9. Emergency and unforeseen care when abroad</b></p> <p>1. A supplement to the costs of emergency medical care during the first 12 months of a stay abroad for holiday, study or business purposes in a country other than your country of residence due to an extent or unforeseen illness. The costs are only covered if the care relates to an acute situation which could not have been foreseen upon departure, which is immediately required and which cannot be postponed until you return to your home country. This insurance is a supplement to the reimbursement which you can claim on the grounds of your basic insurance.</p> <p>We reimburse:</p> <ul style="list-style-type: none"> <li>- treatment carried out by a general practitioner or doctor, or a medical specialist;</li> <li>- hospital admission and/or operation;</li> <li>- treatment, examinations and medicines prescribed by a doctor;</li> <li>- the care has to be effective and not unnecessarily expensive and must comply with the latest scientific knowledge and practices;</li> <li>- medically essential patient transport by ambulance to and from the closest doctor and/or the closest hospital;</li> <li>- dental treatment for insured parties aged up to 18;</li> <li>- only bills drawn up in Dutch, French, German, English or Spanish will be processed. We pay out the reimbursement in euros to a Dutch account. We base the foreign currency conversion on the exchange rate which applied on the date on which treatment took place.</li> </ul> <p><b>Exclusion</b></p> <p>We do not reimburse dental care for insured parties aged 18 and over, unless you have supplementary dental insurance.</p> <p><b>Conditions</b></p> <ul style="list-style-type: none"> <li>- We reimburse the costs only if we would also reimburse in the Netherlands via the basic insurance.</li> <li>- In the event of a possible stay in a hospital, you must immediately contact the Emergency Centre. The number can be found on the back of your care pass.</li> </ul> <p>2. Medicines used in the context of emergency care abroad which are not reimbursed via the basic insurance.</p> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- The medicines must have been prescribed by a general practitioner, medical specialist, or dentist.</li> <li>- This situation has to be one of emergency care abroad.</li> <li>- The medicines must be provided by a dispensing specialist.</li> </ul> <p><b>Exceptions</b></p> <p>We do not reimburse the costs of:</p> <ul style="list-style-type: none"> <li>- self-care medicines which are not referred to in the Regeling zorgverzekering [Health Insurance Regulations]. Self-care medicines are medicines which you can buy in the Netherlands without a prescription;</li> <li>- dietary preparations and liquid food;</li> <li>- dressings;</li> <li>- vaccinations and medicine in connection with a trip abroad;</li> <li>- contraceptives;</li> <li>- homeopathic, anthroposophic and/or other alternative medicines/ remedies.</li> </ul>	<p>1. A supplement to the costs which you receive via the basic insurance up to 200% of the rates applicable in the Netherlands and treatment in accordance with the Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG).</p> <p>2. € 50 per calendar year.</p>

Description of article	LIC Health Plan Prima Package
<p><b>10. Camouflage therapy</b> Camouflage lessons and the purchase costs of the resources required for the lessons.</p> <p><b>By</b></p> <ul style="list-style-type: none"> <li>- A dermatologist or specialist affiliated to the Nederlandse Vereniging van Huidtherapeuten (NVH) [Netherlands Association of Dermatologists].</li> <li>- A beautician affiliated to the Algemene Nederlandse Branche Organisatie Schoonheidsverzorging [General Trade Organisation for Dutch Beauticians] (ANBOS).</li> </ul> <p><b>Referral</b> A general practitioner or medical specialist.</p>	<p>A maximum of € 450 per calendar year.</p>
<p><b>11. Circumcision, based on a needs assessment</b> We reimburse the costs of male circumcision based on a needs assessment.</p> <p><b>Condition</b> The care must be provided by a care provider who has been recognised and designated by the health insurer. More information can be found at <a href="http://www.turien.nl">www.turien.nl</a>.</p> <p>If you receive treatment from a care provider that has not been contracted by the health insurer, you must obtain our written permission beforehand.</p>	<p>Full reimbursement.</p>
<p><b>12. Incubator after-care</b> After-care for parents of incubator children, whereby support and advice is offered relating to caring for and coping with the newborn child at home.</p> <p><b>By</b> Maternity centre or qualified assistant midwife.</p> <p><b>Other details</b> Available to the parents of babies who have spent at least 14 consecutive days in an incubator.</p>	<p>A maximum of 12 hours up to a maximum of €21 per hour.</p>
<p><b>13. Dietary advice and/or nutritional information</b></p> <ol style="list-style-type: none"> <li>1. Dietary advice covers information and advising in the field of diet and eating habits with a medical goal. In the case of insured parties who are entitled to dietary advice on the basis of the Zorgverzekeringswet [Health Insurance Act], this reimbursement is a supplement to the reimbursement via the basic insurance.</li> <li>2. Nutritional information covers information and advising in the field of diet and eating habits without a medical goal.</li> </ol> <p><b>By</b></p> <ol style="list-style-type: none"> <li>1. A dietician.</li> <li>2. A weight consultant or dietician.</li> </ol> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- The dietician providing the treatment must be affiliated to the Nederlandse Vereniging van Diëtisten [Netherlands Association of Dieticians] or with the Diëtisten Coöperatie Nederland [Netherlands Dieticians Cooperation] or fulfil the quality requirements of these associations.</li> <li>- The weight consultation providing the treatment must be affiliated to the Beroepsvereniging Gewichticonsulenten Nederland [Netherlands Association of Professional Weight Consultants] or fulfil the quality requirements of this association.</li> </ul>	<p>A maximum of € 115 per calendar year.</p>
<p><b>14. Electrical epilation and/or laser hair removal from the face</b> The removal of excess hair from the face of female insured parties using epilation.</p> <p><b>By</b></p> <ul style="list-style-type: none"> <li>- A dermatologist or specialist affiliated to the Nederlandse Vereniging van Huidtherapeuten (NVH) [Netherlands Association of Dermatologists].</li> <li>- A beautician affiliated to the Algemene Nederlandse Branche Organisatie Schoonheidsverzorging [General Trade Organisation for Dutch Beauticians] (ANBOS).</li> </ul> <p><b>Referral</b> General practitioner or medical specialist.</p>	<p>A maximum of € 450 per calendar year.</p>

Description of article	LIC Health Plan Prima Package
<p><b>15. Physiotherapy and remedial therapy</b> Treatment and consultations.</p> <p><b>By</b> A physiotherapist or Mensendieck/Cesar remedial therapist.</p> <p><b>Other details</b> The entitlement to reimbursement of the treatment exists if:</p> <ul style="list-style-type: none"> <li>- no reimbursement takes place via the basic insurance;</li> <li>- you have been referred by a general practitioner, or a medical specialist.</li> </ul> <p>If the treatment is provided by a care provider with which no agreement has been concluded, a maximum of € 24.50 will be reimbursed per appointment.</p> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>- gymnastics during and following pregnancy;</li> <li>- sport massage;</li> <li>- work and occupational therapy;</li> <li>- therapy which is only provided to improve fitness by means of training.</li> </ul>	<p>A maximum of 20 appointments per calendar year.</p>
<p><b>16. Guest house</b> Accommodation in a guest house and transport of family members in the event of a hospital admission. If you are admitted to a hospital in the Netherlands which is more than 50 kilometres from your home, we reimburse:</p> <ul style="list-style-type: none"> <li>- the accommodation costs incurred by your family members in a Ronald McDonald house or other guest house located in the vicinity of the hospital;</li> <li>- the costs of transport of your family members by their own vehicle or taxi from their home address to the hospital or guest house and between the guest house and the hospital. We reimburse €0.31 per kilometre;</li> <li>- the costs of public transport (lowest class) from the home address to and from the hospital or guest house and between the guest house and the hospital.</li> </ul> <p><b>Other details</b> You have to submit to us a specification of the costs incurred.</p> <p><b>Exclusion</b> We do not reimburse these costs in the event of admission to a psychiatric hospital or the psychiatric ward of a general hospital.</p> <p><b>Permission</b> You are obliged to obtain written permission beforehand from Turien &amp; Co.</p>	<p>A maximum of € 35 per day up to a maximum of € 600 per calendar year for all family members together.</p>
<p><b>17. GeboorteTENS device</b> The loaning of a GeboorteTENS for pain control during childbirth.</p> <p><b>By</b> A midwife or general practitioner acting as a midwife.</p> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- Your midwife or general practitioner acting as a midwife must submit the application for the equipment to the appliances supplier.</li> <li>- The equipment will be made available to you temporarily and must be supplied by an appliances supplier.</li> </ul>	<p>Full reimbursement.</p>
<p><b>18. Holidays for handicapped people</b> Home care provided to handicapped people during a holiday trip is eligible for reimbursement:</p> <ul style="list-style-type: none"> <li>- if the holiday trip and the home care have been arranged by the international emergency services;</li> <li>- provided the holiday trip takes place in consultation with the doctor providing the treatment;</li> <li>- if the home care for handicapped people is provided by the Stichting Thuisverzorging van Gehandicaptten while volunteer carers are on holiday.</li> </ul> <p><b>Permission</b> You are obliged to obtain written permission beforehand from Turien &amp; Co.</p>	<p>Full reimbursement.</p>

Description of article	LIC Health Plan Prima Package
<p><b>19. Medicines, other</b></p> <p>Medicines which may be supplied subject to the Geneesmiddelenwet [Medicines Act] and which, based on a prescription by a doctor practising in the Netherlands, have been supplied by a pharmacy or dispensing general practitioner established in the Netherlands.</p> <p>This means:</p> <ul style="list-style-type: none"> <li>- homeopathic and/or anthroposophical medicines supplied by a dispensing specialist and prescribed by a recognised and designated care provider. More details can be found at <a href="http://www.turien.nl">www.turien.nl</a>;</li> <li>- self-care medicines and identical prescription medicines or short-term or chronic use during the first 15 days.</li> </ul> <p><b>Other details</b></p> <p>the only self-care medicines eligible for reimbursement are laxatives, calcium carbonate tablets, anti allergy medicines, medicines to combat diarrhoea, medicines to empty the stomach and medicines to protect choirs from drying out which may be supplied without prescription on the basis of the Geneesmiddelenwet [Medicines Act]. The homeopathic and anthroposophic medicines must be registered in the G-standard of the Z-index (database in which all medicines are included which are available from pharmacies) as homeopathic or anthroposophic medicines.</p> <p>If you would like to know whether the costs of the medicine you have been prescribed are reimbursed, you can ask your care provider or call the telephone number shown on the top right of your policy document.</p> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>- medicines reimbursed via the basic insurance;</li> <li>- vaccinations (for vaccinations in connection with a trip abroad see Article 52);</li> <li>- strengthening medication, nutritional and dietary medication;</li> <li>- food supplements, tonics and medicinal wines;</li> <li>- soaps, shampoos, bath oils and balsams;</li> <li>- lotions and/or medicines to stimulate hair growth;</li> <li>- vitamin preparations;</li> <li>- potency and/or erectile dysfunction medication;</li> <li>- medicines which do not comply with the Besluit Homeopathische Farmaceutische Producten [Decree on Homeopathic Pharmaceutical Products] or which are not registered as homoeopathic and/or anthroposophic medicines;</li> <li>- medicines used for treatment other than that referred to in Annex 2 of the Regeling zorgverzekering [Health Insurance Regulations];</li> <li>- medicines to treat nicotine dependency.</li> </ul>	<p>A maximum of €2,500 per calendar year.</p>
<p><b>20. Geneesmiddelenvergoedingssysteem [Medicine Reimbursements Scheme] (GVS), personal contribution</b></p> <p>The personal contribution which applies to medicines covered by the GVS as stipulated by the government in law. For more information about medicines please refer to <a href="http://www.medicijnkosten.nl">www.medicijnkosten.nl</a>.</p> <p><b>Other details</b></p> <p>An entitlement to reimbursement exists only in the event of an entitlement to a medicine on the grounds of the basic insurance.</p>	<p>A maximum of € 500 per calendar year.</p>
<p><b>21. Group therapy for rheumatism patients</b></p> <p>Led by a physiotherapist.</p> <p><b>Other details</b></p> <p>You must be a member of a rheumatism patient association.</p>	<p>Full reimbursement.</p>

Description of article	LIC Health Plan Prima Package
<p><b>22. Herstel &amp; Balans [Recovery &amp; Balance]<sup>®</sup></b>  Aftercare for cancer patients who wish to improve both their physical and mental condition following treatment by a medical specialist.</p> <p><b>By</b></p> <ul style="list-style-type: none"> <li>- Hospitals;</li> <li>- general cancer centres;</li> <li>- other institutions which are certified for the 'Herstel &amp; Balans<sup>®</sup>' group-based rehabilitation by the Stichting Herstel &amp; Balans;</li> <li>- institutions which are affiliated to the Stichting Instellingen Psychosociale Oncologie [Psychosocial Oncology Institutions Foundation] (IPSO).</li> </ul> <p><b>Referral</b>  General practitioner or medical specialist.</p>	A one-off amount of € 700.
<p><b>23. Head covering or Toupim in conjunction with oncological treatment</b>  In the event of (temporary) hair loss as a consequence of chemotherapy.</p> <p><b>Needs assessment</b>  You have to submit a needs assessment to us from a General practitioner or medical specialist which shows that you have suffered hair loss due to chemotherapy.</p> <p><b>Exceptions</b>  Wig purchase costs.</p>	A maximum of € 75 per calendar year.
<p><b>24. Nursing articles, personal contribution</b>  The personal contribution which is payable in addition to the maximised reimbursement on the basis of the Regeling Hulpmiddelen [Nursing Articles Scheme].</p> <p><b>Other details</b>  An entitlement to reimbursement exists only in the event of an entitlement to a nursing article on the grounds of the basic insurance.</p> <p><b>Exceptions</b>  Reimbursement of the personal contribution which applies to orthopaedic and allergy-free shoes.</p>	A maximum of € 250 per calendar year.
<p><b>25. Maternity pack</b>  A pack put together in consultation with midwives.</p> <p><b>Other details</b>  If you are pregnant, you must apply to Turien &amp; Co. for the maternity pack by no later than during the 5th month of your pregnancy. You will receive the maternity pack at least 6 weeks before the predicted due date.</p>	Full reimbursement.
<p><b>26. Maternity care, personal contribution</b>  The statutory personal contribution in connection with childbirth and/or maternity care.</p> <p><b>Other details</b>  The supplementary reimbursement is granted on the same number of hours or days to which the entitlement to maternity care on the grounds of the basic insurance relates.</p>	50% reimbursement
<p><b>27. Maternity care, postponed</b>  Postponed maternity care for female insured parties provided by a maternity care centre.</p> <p><b>Other details</b>  Postponed maternity care is reimbursed if the insured party has not received regular maternity care during the first 10 days after the birth.</p> <p><b>Permission</b>  You are obliged to obtain written permission beforehand from Turien &amp; Co.</p>	A maximum of 15 hours.

Description of article	LIC Health Plan Prima Package
<p><b>28. Breastfeeding consultation</b> Advice, information and practical support to encourage breastfeeding.</p> <p><b>By</b> Breastfeeding expert affiliated to the Nederlandse Vereniging van Lactatiekundigen [Netherlands Association of Lactation Consultants] (NVL).</p>	A maximum of € 125 per birth.
<p><b>29. Mammaprint</b> In some cases a mammaprint can help the doctor providing the treatment to make a better diagnosis and thereby determine whether chemotherapy is, or is not, necessary.</p> <p><b>Other details</b> The examination has to be carried out by the Agendia laboratory.</p>	Full reimbursement.
<p><b>30. An overnight stay at an oncological hospital</b> A stay following outpatient radiation treatment and/or cytostatics treatment in the Dr. Daniël den Hoed Kliniek in Rotterdam or the Antoni van Leeuwenhoek Ziekenhuis in Amsterdam.</p>	A maximum of € 35 per night.
<p><b>31. Obesity treatment</b> Participation in the part-time outpatient programme for obese patients at the Nederlandse Obesitas Kliniek [Netherlands Obesity Clinic] (NOK) in Hilversum. The programme aims to change behaviour by means of non-surgical, multidisciplinary treatment.</p> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- The patient must be suffering from grade 3 obesity. This is the case if the Body Mass Index (BMI) is equal to or greater than 40.</li> <li>- You must have completed the entire programme.</li> </ul> <p><b>Permission</b> You are obliged to obtain written permission beforehand from Turien &amp; Co.</p>	A maximum of € 750 for the entire term of this insurance policy.
<p><b>32. Eye laser treatment</b> A contribution to the costs of eye laser treatment</p> <p><b>By</b> VisionClinics.</p>	A one-off amount of € 350 for the entire term of this insurance policy.
<p><b>33. Eyelid correction</b> Correction of upper eyelids in a hospital or zelfstandig behandelcentrum [independent treatment centre] (ZBC) independent treatment centre.</p> <p><b>Other details</b> An entitlement to reimbursement of the costs exists in the event of seriously restricted vision. This is the case if the lower edge of the upper eyelid or the overhanging skin fold hangs 1 millimetre or less above the centre of the pupil. The measurement is performed from the centre of the pupil with the insured party looking straight ahead.</p> <p><b>By</b> A medical specialist.</p> <p><b>Permission</b> You are obliged to obtain written permission beforehand from Turien &amp; Co. The application must be accompanied by a clarification and a needs assessment by the medical specialist providing the treatment. The application must also be accompanied by 2 photos (taken at the hospital/ZBC or by yourself), showing front and side views. The photos must also show a ruler held next to the eye.</p>	Full reimbursement.
<p><b>34. Correction of ear position</b> The plastic surgery correction of prominent ears for insured parties aged under 18 in a hospital or an zelfstandig behandelcentrum [independent treatment centre] (ZBC).</p> <p><b>By</b> A medical specialist.</p> <p><b>Permission</b> You are obliged to obtain written permission beforehand from Turien &amp; Co. The application must be accompanied by a clarification and a needs assessment by the medical specialist providing the treatment. The application must also be accompanied by 2 photos (taken at the hospital/ZBC or by yourself), showing front and side views.</p>	Full reimbursement.

Description of article	LIC Health Plan Prima Package
<p><b>35. Orthodontics for insured parties aged under 22</b> Orthodontic treatment (or straightening of the teeth).</p> <p><b>By</b> A dentist or orthodontist.</p> <p><b>Other details</b> If the orthodontic treatment has been started and is ongoing when the insured party reaches the age of 22, the costs of the continued treatment will also be eligible for reimbursement.</p> <p><b>Exceptions</b> The costs of repairing or replacing orthodontic equipment as a consequence of attributable carelessness on the part of the insured party.</p>	80% reimbursement.
<p><b>36. Orthopaedic medicine</b> Diagnosis and the treatment of disorders affecting the locomotor apparatus without any operation(s) taking place.</p> <p><b>By</b> An orthopaedic doctor The orthopaedic doctor must be affiliated to the Vereniging van Artsen voor Orthopedische Geneeskunde [Association of Orthopaedic Doctors] (VAOG) or fulfil the quality requirements of this association.</p> <p><b>Referral</b> General practitioner or medical specialist.</p>	A maximum of € 300 per calendar year.
<p><b>37. Menopause consultant</b> Information, advice and treatment for menopausal women.</p> <p><b>By</b> The menopause consultant must be affiliated to Care for Women or the Vereniging Verpleegkundig Overgangsconsulenten [Association of Menopause Consultants] (VWOC) or fulfil the quality requirements of one of these organisations.</p>	75% of the consultation rate up to a maximum of € 115 per calendar year.
<p><b>38. Chiropodist care</b> Chiropodist care in connection with foot problems caused by rheumatoid arthritis or diabetes with a Simm-0 classification.</p> <p><b>Conditions</b></p> <ul style="list-style-type: none"> <li>- You must submit to us, on a one-off basis, a declaration by a general practitioner, medical specialist or diabetes nurse. This declaration must show that foot care is needed in connection with diabetes (foot risk Simm-0 classification) or a rheumatic foot.</li> <li>- The chiropodist must be registered in the ProCert KwaliteitsRegister voor Pedicures [Chiropodists' Quality Register] (KRP). She must have the 'diabetic foot' and/or 'rheumatic foot' qualification or be a qualified medical chiropodist.</li> <li>- The care provider must state the diabetes type (1 or 2) and the Simm's classification on the bill. The bill must also state that the chiropodist is registered in the KRP of ProCert or in the Stijpezo Register Paramedische Voetzorg [Paramedic Footcare Register] (RPV).</li> </ul> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>- Foot examinations and treatment in connection with diabetic feet (Simm's 1 classification and higher).</li> <li>- The removal of callous for cosmetic reasons.</li> <li>- The cutting of nails without any medical reason.</li> </ul>	A maximum of € 250 per calendar year.
<p><b>39. Breast prosthesis adhesive strips</b> For the fitting of an external breast prosthesis following a mastectomy.</p>	Full reimbursement.
<p><b>40. Incontinence alarm</b> Purchase or hire of an incontinence alarm in connection with bed-wetting problems. We also reimburse the costs of the accompanying briefs.</p>	A maximum of € 100 for the entire term of this insurance policy.

Description of article	LIC Health Plan Prima Package
<p><b>41. Podiatric therapy and support soles</b>            Treatment of foot abnormalities, namely skin and nail disorders or problems with the foot-related support and locomotor apparatus. Including the purchase and repair of a maximum of one pair of orthopaedic and/or podotherapeutic support soles.</p> <p><b>Conditions</b></p> <ul style="list-style-type: none"> <li>- The podologist providing the treatment must be affiliated to the Nederlandse Vereniging van Podotherapeuten [Dutch Association of Podiatrists] (NVvP) or Stichting Loop [Loop Foundation].</li> <li>- The support soles must have been supplied or repaired by a recognised supplier of orthopaedic resources, a podologist affiliated to the NVvP or Stichting Loop or by a podiatrist.</li> </ul>	<p>A maximum of € 400 per calendar year.</p> <p>Support soles maximised to one pair per calendar year.</p>
<p><b>42. Outpatient childbirth without a needs assessment, personal contribution</b>            The statutory personal contribution payable for outpatient childbirth without a needs assessment on the basis of the Zorgverzekeringswet [Health Insurance Act].</p> <p><b>By</b>            An obstetrician or general practitioner.</p>	<p>75% reimbursement</p>
<p><b>43. Preventive courses</b></p> <p>1. A contribution to the costs of:</p> <ul style="list-style-type: none"> <li>- A course intended to teach patients to deal with heart problems, organised by a home care institution.</li> <li>- An awareness and/or self-management course designed to make an active contribution to preventing, identifying and/or treating lymphoedema. The course has to be organised by an authorised teacher who has completed a course for self-management teachers in conjunction with lymphoedema at the Stichting Lymfologie Centrum Nederland [Netherlands Lymphology Centre Foundation] (SLCN).</li> <li>- A course intended to teach patients to cope with rheumatoid arthritis, osteoarthritis or Bechterew's disease, organised by the Reumapatiëntenbond [Association of Rheumatoid Arthritis Sufferers] or a home care institution.</li> <li>- A basic or follow-up course for type 2 diabetes patients organised by Diabetesvereniging Nederland (DVN) or by a home care institution.</li> <li>- A course on how to lose weight organised by a home care institution, one of the correspondence and online programmes organised by Happy Weight or the 'Slim Healthy' programme organised by a Health Center.</li> <li>- A course on stopping smoking organised by Allen Carr, Diagnosis4Health or a home care institution and laser therapists at Prostop Lasertherapie, Lasercentrum SMOKE FREE and Lasercentra Noord-Oost Nederland.</li> <li>- The Vrij van alcohol [Alcohol Free] training course organised by the De Helderheid organisation.</li> <li>- A basic first aid resuscitation course via the Nederlandse Hartstichting [Netherlands Heart Foundation].</li> <li>- A first aid (EHBO) course organised by the local First Aid (EHBO) association which trains people and awards the Oranje Kruis [Orange Cross] organisation 'first aid' diploma to those who complete the training.</li> <li>- A course on first aid for children's accidents organised by a home care institution or the local First Aid (EHBO) association.</li> <li>- A baby massage course organised by a home care institution.</li> <li>- A sleep therapy course organised by Somnio. This online sleep therapy course offers advice and solutions to alleviate (chronic) sleeping problems.</li> </ul> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- We can provide you with information on where these courses are given.</li> <li>- You must submit to us an original proof of registration and payment.</li> </ul>	<p>1. 75% up to a maximum of € 115 per course per calendar year.</p>

Description of article	LIC Health Plan Prima Package
<p><b>44. Repatriation</b> The transportation, for medically essential reasons, of the (deceased) insured party to the Netherlands. This includes the following:</p> <ul style="list-style-type: none"> <li>- medically essential escort;</li> <li>- the necessary communication costs;</li> <li>- the transportation and/or sending of essential medicines which are not available abroad;</li> <li>- transport by ambulance and/or aeroplane or transport by an undertaker.</li> </ul> <p><b>Permission</b> Reimbursement is only possible on the basis of a needs assessment approved beforehand by the Emergency Centre. You will find the Emergency Centre telephone number on your care card.</p> <p><b>Other details</b> Repatriation by ambulance and/or aeroplane of the insured party from abroad to an institution located in the Netherlands, where follow-up treatment is to take place, including the escorting costs.</p>	Full reimbursement.
<p><b>45. Repatriation for insured persons which are broadcast abroad for work and/or study</b> By illness lasting longer than 3 months are entitled to reimbursement of the costs of Repatriation to the home country. Reimbursement is only possible with a medical indication approved in advance by the Emergency Centre.</p>	A maximum of € 9,076 per calendar year.
<p><b>46. Sports doctor</b> An injury or follow-up consultation.</p> <p><b>By</b> A sports doctor, in a sport medical institution which is certified by the Federatie van Sportmedische Instellingen [Federation of Sports Medical Institutions] (FSMI).</p>	A maximum of € 130.
<p><b>47. Sports medical examination</b> A sports medical examination in a sports medical institution.</p> <p><b>By</b> A sport medical institution certified by the Federatie van Sportmedische Instellingen [Federation of Sports Medical Institutions] (FSMI).</p> <p><b>Exceptions</b> A(n) (obligatory) sports examination or sports medical examination performed by a sports doctor in order to assess the individual state of health and suitability of the insured party for a specific sport or for admission to a sport training institute.</p>	Once every 2 calendar years: - basis: a maximum of € 85; - basis plus: a maximum of € 100; - large: a maximum of € 135.
<p><b>48. Sterilisation</b> Sterilisation in hospital.</p> <p><b>By</b> A medical specialist.</p> <p><b>Exceptions</b> The operation to reverse a sterilisation performed previously is not reimbursed.</p>	Male sterilisation: a maximum of € 800;  Female sterilisation: a maximum of € 1,250.
<p><b>49. Stutter therapy</b> According to the Boma, Del Ferro, Hausdörfer and McGuire methods.</p>	Full reimbursement.
<p><b>50. Dental care for insured persons up to 18 years</b> Dental care which is not covered in the basic healthcare insurance.</p>	A maximum of € 341 per calendar year.
<p><b>51. Dental care for insured persons of 18 years and older</b> Dental treatment charged by the dentist conform the Dutch NZa-rates.</p>	A maximum of € 2,269 per calendar year.

Description of article	LIC Health Plan Prima Package
<p><b>52. Vaccinations and medicine in connection with travelling abroad</b>            Consultations, vaccinations and/or medicines for a trip abroad for holiday, business or study purposes for a maximum of 12 months to prevent hepatitis A and B, DTP, yellow fever, typhoid, cholera, meningitis, malaria, rabies and Lyme disease.</p> <p><b>Other details</b>            Costs relating to the prevention of rabies are only eligible for reimbursement if you have stayed for a long period of time in a country where rabies is endemic and where there is also poor access to adequate medical assistance. In addition, at least one of the following conditions has to be fulfilled:</p> <ul style="list-style-type: none"> <li>- you go on a walking or cycling tour outside tourist areas;</li> <li>- you spend more than 3 months with, or stay overnight with, the local population;</li> <li>- you stay outside a resort or protected environment;</li> <li>- you are younger than 12 years old.</li> </ul>	<p>A maximum of € 150 per calendar year.</p>
<p><b>53. Patient transport</b>            Medically essential patient transport from and to a hospital in the Netherlands, if the doctor providing the treatment regards travel by public transport to be irresponsible for medical reasons. In accordance with the following rules:</p> <p><b>For insured parties with a chronic needs assessment</b>            Patient transport in own vehicle as a supplement to the entitlement via the basic insurance.</p> <p><b>Other details</b>            An entitlement to reimbursement via the basic insurance exists if the transport is required for kidney dialysis, radiotherapy, chemotherapy, or in connection with a visual handicap or wheelchair use.</p> <p><b>For insured parties without a chronic needs assessment</b>            Patient transport by taxi or using own vehicle.</p> <p><b>Other details</b>            A reimbursement is applicable if:</p> <ul style="list-style-type: none"> <li>- the transport is required for a medical examination or medical treatment on behalf of the insured party;</li> <li>- the bill is accompanied by a declaration by the doctor providing the treatment which refers to the needs assessment. The needs assessments must provide evidence that the transport is medically essential;</li> <li>- the bill is accompanied by (a copy of) the appointments card;</li> <li>- you are treated at the closest location at which the required care can be supplied.</li> </ul> <p><b>Permission</b>            You are obliged to obtain written permission beforehand from Turien &amp; Co.</p> <p><b>Exceptions</b>            The reimbursement of transport relating to resocialisation, AWBZ, weekend leave in conjunction with long-term residence in an AWBZ institution and transport that is reimbursed on the basis of other statutory regulations.</p>	<p>€ 0.05 per kilometre.</p> <p>Taxi:            full reimbursement;            own vehicle:            € 0.31 per kilometre.</p>
<p><b>54. Pregnancy course</b>            We reimburse to female insured parties the costs of attending courses:</p> <ul style="list-style-type: none"> <li>- while pregnant in preparation of the birth and supervision during the birth;</li> <li>- to encourage the physical recovery, up to a maximum of six months after the birth.</li> </ul> <p><b>Other details</b></p> <ul style="list-style-type: none"> <li>- You must submit to us an original proof of registration and payment.</li> <li>- The courses must be given by:               <ul style="list-style-type: none"> <li>- a home care institution;</li> <li>- a qualified care provider that is affiliated to, and fulfils the quality requirements of, the 'Samen Bevallen' [Giving Birth Together] association;</li> <li>- a physiotherapist, Cesar/Mensendieck remedial therapist;</li> <li>- a care provider qualified in hypnobirthing;</li> <li>- a qualified care provider that is affiliated to Zwanger en Fit [Pregnant and Fit];</li> <li>- a care provider that is qualified in psychoprophylaxis (fear of childbirth);</li> <li>- Mom in Balance.</li> </ul> </li> </ul>	<p>€ 50 per person per pregnancy.</p>

# LIC Health Plan Supplementary insurance policies

The amounts referred to in the articles apply per insured party, unless stated otherwise. Details of the supplementary insurance policy/policies you have can be found on your policy document.

Description of article	Supplementary insurance policies
<p><b>55. Supplementary Tandem Gaaf cover for insured parties aged 18 and over</b> Dental care dentists should normally provide.</p> <p>Provided by a dentist. A dental hygienist and dental prosthetician may provide this care if it falls within their area of expertise.</p> <p><b>Cover is provided:</b></p> <ul style="list-style-type: none"><li>- in the Netherlands on the basis of the rate agreed with the care provider by or on behalf of Turien &amp; Co. If no rate has been agreed, Turien &amp; Co. reimburses the rate according to the descriptions and codes in the rates list. Rates for dental treatment must be specified. These costs are reimbursed on the basis of the legal rate determined in that case by the Nederlandse Zorgautoriteit [Dutch Healthcare Authority] (NZa) by virtue of the Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG), the Dentistry Rates Decision, unless indicated otherwise;</li><li>- for the costs of dental assistance normally provided by a dentist in the Netherlands or in an EU-EEA country or treaty country other than the Netherlands, up to a maximum of the legal rate for dentists in the Netherlands.</li></ul> <p>The maximum reimbursement is the amount referred to on the policy document per calendar year, if the treatment is carried out by:</p> <ul style="list-style-type: none"><li>- a dentist and/or;</li><li>- a dental hygienist and/or;</li><li>- a dental prosthetician, including the technical costs of the treatment, up to a maximum of the dentists' technical rates list specified by the NZa.</li></ul> <p>You are entitled to reimbursement of the costs of care up to the maximum of the Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG) rates applicable in the Netherlands. If no WMG rates apply, the costs will be reimbursed up to a maximum of the reasonable market price applicable in the Netherlands.</p> <p>The Regeling zorgverzekering [Health Insurance Regulations] is part of these insurance terms and conditions and is available on request.</p> <p><b>Exceptions</b></p> <ul style="list-style-type: none"><li>- The costs of the external whitening of elements, materials for home whitening and missed appointments.</li><li>- The filling of diastema (missing elements) which were present when the insurance was applied for.</li><li>- The placing of crowns on dental elements which had undergone root canal treatment when the insurance was applied for, unless a crown was present on the element in question.</li><li>- Treatment which is unnecessarily expensive, unnecessarily complicated or which is inefficient from dental point of view.</li><li>- Orthodontics.</li></ul>	<p>If included in the insurance, a reimbursement up to the maximised amount. The maximised amount is stated on your policy document.</p>

# LIC Health Plan Fit & Vrij Package

The amounts referred to in the articles apply per insured party, unless stated otherwise. Details of the supplementary insurance policy/policies you have can be found on your policy document.

## LIC HEALTH PLAN FIT & VRIJ PACKAGE

Your LIC Health Plan Fit & Vrij Package entitles you to reimbursement of the costs of care as described in these terms and conditions of insurance up to a maximum of the care credit of € 1,000 per calendar year. This care credit is subject to maximums for: dental care and glasses and/or contact lenses. The maximum for dental care is € 450 per calendar year and the maximum for glasses and/or contact lenses is € 150 per 3 calendar years. If you do not use up all of your maximum for dental care and/or glasses and/or contact lenses, you may spend the remainder on the other care covered by the credit. The reverse is not possible.

In addition a number of reimbursements are subject to a maximum per day or a personal contribution. These are:

- contraceptives (Article 57);
- convalescent homes and/or care hotels (Article 81);
- hospice (Article 82);
- transport in connection with organ transplants (Article 83).

The maximum reimbursements and/or personal contributions are referred to in the respective care articles.

### Description of article

### LIC Health Plan Fit & Vrij Package

## ALTERNATIVE CARE

### The budget or care credit for alternative care consists of:

#### 56. Alternative care

Alternative care consists of:

1. appointments and consultations covered by the following types of healthcare:
  - a. acupuncture and other Eastern forms of treatment;
  - b. anthroposophical forms of treatment;
  - c. homeopathy;
  - d. natural medicine;
  - e. psychosocial care.

#### By

- For the care under a to d: a doctor with a Wet op de individuele beroepen in de gezondheidszorg [Individual Healthcare Professions Act] (BIG) registration or a care provider designated by the health insurer;
- For the care under e: a care provider designated by the health insurer.

An overview of the designated care providers can be found at [www.turien.nl](http://www.turien.nl) or you can call us to obtain a copy.\*

If you are treated by a care provider that has not been designated by the health insurer, we will not reimburse the costs.

2. homeopathic or anthroposophical medicines which are registered in accordance with the Geneesmiddelenwet [Medicines Act] and homeopathic or anthroposophical remedies which have an HA or HM registration in the Z-index of the Taxe Homeopathie [Homeopathy List]. The medicines/remedies must have been prescribed by a doctor with a BIG registration, general practitioner, medical specialist, dental surgeon or obstetrician and be supplied by a pharmacist or dispensing general practitioner.

Would you like to know whether a reimbursement is available? You can obtain the Z index article number from your care provider and then contact our Customer Contact Team. On the basis of this number we can tell you whether a reimbursement is available. Your pharmacy or dispensing general practitioner can also check whether the resource has an HA or HM registration in the Taxe Homeopathie [Homeopathy List].

#### Other details

We do not regard alternative care as including consultations and (group) appointments for:

- prevention, well-being and/or self-development;
- social services;
- problems relating to work, child-raising and/or school;
- beautification;
- the provision of nutritional and exercise advice in connection with weight problems (see Article 76).

### Element of care credit.

Element of care credit.

Treatment and consultations are subject to a maximum of € 45 per day.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

**Exclusion**

- Coaching is not eligible for reimbursement.
- You are not entitled to reimbursement of the costs for diagnostic research such as laboratory research, scans, psychological tests at school, intelligence tests and research relating, for example, to applications for a personal budget.

**CONTRACEPTIVES****57. Contraceptives**

Contraceptives for insured parties aged 21 and over which may be issued on the grounds of the Regeling zorgverzekering [Health Insurance Regulations], such as the Pill, contraceptive rods, coils, rings or diaphragm.

**By**

A pharmacist of dispensing general practitioner.

**Prescription**

General practitioner or medical specialist for the first prescription of a (new) contraceptive.

The costs of placing and removing a contraceptive such as a coil are reimbursed via the basic insurance policy irrespective of your age. If you are younger than 12 years old, you are entitled to contraceptives such as the Pill, contraceptive rods, rings, coils, or diaphragm via the basic insurance.

Element of care credit to a maximum of the amount stipulated in the Regeling zorgverzekering [Health Insurance Regulations] and the Geneesmiddelenvergoedingssysteem [Medicine Reimbursements Scheme] (GVS).

**EXERCISE CARE****The budget or care credit for exercise care consists of:****58. Exercise care**

Exercise care consists of:

1. Physiotherapy.
2. Oedema therapy.
3. Cesar/Mensendieck remedial therapy.
4. Occupational therapy.

Besides these regular therapies you can also use alternative exercise therapies:

5. Chiropractic, osteopathy, manual therapy E.S., orthomanual medicine, craniosacral therapy, hapto therapy and Van Dixhoorn relaxation and breathing therapy.

**By**

1. **Physiotherapy:** a physiotherapist and specialist physiotherapists listed in the Centraal Kwaliteitsregister [Central Quality Register] of the Koninklijk Nederlands Genootschap voor Fysiotherapie [Royal Dutch Society for Physical Therapy] (KNGF) (these are child physiotherapists, pelvic physiotherapists, psychosomatic physiotherapists, geriatric physiotherapists and manual therapists).
2. **Oedema therapy:** oedema therapist or dermatologist. The oedema therapist must be listed in the Centraal Kwaliteitsregister [Central Quality Register] of the Koninklijk Nederlands Genootschap voor Fysiotherapie [Royal Dutch Society for Physical Therapy] (KNGF). The dermatologist must be listed in the 'Kwaliteitsregister Paramedici' [Paramedics' Quality Register].
3. **Cesar/Mensendieck remedial therapy:** a Cesar/Mensendieck remedial therapist and the specialist remedial therapists listed in the 'Kwaliteitsregister Paramedici' [Paramedics' Quality Register] (KP) (these are child and psychosomatic remedial therapists).
4. **Occupational therapy:** occupational therapist.

An overview of the care providers contracted by the health insurer can be found at [www.turien.nl](http://www.turien.nl) or you can call us to obtain a copy.\*

If you are treated by a care provider with which the health insurer has not concluded contract, the costs per appointment (session) are reimbursed up to a maximum of 80% of the average contracted rates for 2014, as agreed for the types of care in question, with the care providers concerned.

**Element of care credit.**

Element of care credit.

Alternative exercise therapies are subject to with a maximum of € 45 per day.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

**5. Alternative exercise therapies:**

by a care provider designated by the health insurer. You can find an overview of the designated care providers at [www.turien.nl](http://www.turien.nl). You can also telephone us to obtain a copy.\*

If you are treated by a care provider that has not been designated by the health insurer, we will not reimburse the costs.

**Where the care can be provided**

The care can be provided in the consulting room of your care provider or in a hospital, nursing home or care home. If the care provider providing the treatment considers it to be medically necessary, this care can also be provided at home.

**Other details****Younger than 18**

## 1. Non-chronic disorders:

you are entitled to (child) physiotherapy and (child) Cesar/Mensendieck remedial therapy from the nineteenth appointment. The first eighteen appointments are included in the health insurance.

**18 years old and over**

## 2. Chronic disorders:

you are entitled to reimbursement of the costs of the first twenty appointments up to a maximum of your budget. From the 21st appointment you are entitled to a reimbursement of the costs via the health insurance. This requires a referral beforehand from your general practitioner, company doctor or medical specialist and our permission. These chronic disorders are stipulated by the Minister of Health, Welfare and Sport. You can find them in the list of disorders for physiotherapy and remedial therapy.

## 3. Non-chronic disorders:

you are entitled to reimbursement of the costs of the appointments up to a maximum of your budget. In this case you will not receive any reimbursement from the health insurance (your disorder does not feature in the List of disorders for physiotherapy and remedial therapy).

## 4. Pelvic physiotherapy in the event of urine incontinence from the age of 18: reimbursement of the costs of pelvic physiotherapy in connection with urine incontinence applies as from the tenth appointment. The first nine appointments are charged to the health insurance.

## 5. Occupational therapy:

reimbursement from the 11th hour onwards. The first 10 hours are charged to the basic insurance policy.

**Exceptions**

- You are not entitled to appointments which are not regarded as exercise care. Examples include:
  - health and safety curative or reintegration procedures;
  - appointments and treatment programmes which are intended to improve fitness, such as medical training therapy, physio fitness, exercise for the elderly, exercise for people with obesity and cardio training.
- You are not entitled to reimbursement of the costs for diagnostic research such as laboratory research, scans, psychological tests at school, intelligence tests and research relating, for example, to applications for a personal budget.

**GLASSES AND/OR CONTACT LENSES****59. Glasses and/or contact lenses**

A contribution to the costs of the purchase of contact lenses and/or prescription glasses and accompanying frame.

**Supplied by**

An optician or firm of opticians.

**Other details**

No new entitlement to reimbursement upon reaching the age of 18.

Reimbursement of the statutory personal contribution via the basic insurance for glasses or filter glasses for insured parties aged under 18.

Element of care credit up to a maximum of € 150 per 3 calendar years.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

**ABROAD****60. Repatriation**

The transportation of the (deceased) insured party to the Netherlands. This includes the following:

- transport by ambulance and/or aeroplane or transport by an undertaker;
- (medically) essential escort;
- the necessary communication costs;
- the transportation and/or sending of essential medicines which are not available abroad.

**By**

The Alarmcentrale [Emergency Centre]. The telephone number can be found on the back of your care pass.

If the repatriation is not arranged by the Alarmcentrale [Emergency Centre], we will not reimburse the costs.

**Other details**

The Alarmcentrale [Emergency Centre] will determine the medical necessity of repatriation in consultation with the doctor providing the treatment abroad.

Full reimbursement.

**61. Emergency care during a holiday and/or temporary stay abroad**

A supplement to the reimbursement of emergency care which you receive via the basic insurance. We only reimburse the costs of transport if this transport is medically essential for the acquisition of care as close as possible to the residential address or the place of the accident. You will receive the reimbursement if:

- the care is emergency care. This is care which is unforeseen and could not reasonably have been postponed until after returning to the Netherlands;
- you did not stay abroad for longer than 365 days;
- the costs of care and transport are eligible for reimbursement in the Netherlands.

We pay out the reimbursement in euros to a Dutch account. We base our payment on the exchange rate which applied on the date on which the treatment took place. Turien & Co. converts foreign currency to euros using the historical rates at [www.XE.com](http://www.XE.com).

You have to use the Alarmcentrale [Emergency Centre]. The telephone number can be found on the back of your care pass.

Full reimbursement.

**SKIN TREATMENT****A budget or care credit for skin treatment consisting of:****Element of care credit.****62. Acne treatment**

Treatment of serious types of acne and treatment of acne scars in the face.

**By**

A care provider designated by the health insurer.

If you are treated by a care provider that has not been designated by the health insurer, we will not reimburse the costs.

Element of care credit.

**63. Camouflage therapy**

Treatment aimed at masking scars, varicose veins, skin disorders which result in skin colour deviations, including the necessary resources. That has to be serious (permanent) disfigurements of the face and/or the neck.

**By**

A care provider designated by the health insurer.

If you are treated by a care provider that has not been designated by the health insurer, we will not reimburse the costs.

Element of care credit.

Description of article	LIC Health Plan Fit & Vrij Package
<p><b>64. Depilation</b> Treatment aimed at the definitive removal of extreme facial hair growth in the case of female insured parties.</p> <p><b>By</b> A care provider designated by the health insurer.</p> <p>If you are treated by a care provider that has not been designated by the health insurer, we will not reimburse the costs.</p>	Element of care credit.
<p><b>CARE AIDS</b></p>	
<p><b>A budget or care credit for care aids that you can spend on:</b> - a reimbursement of the statutory personal contributions/own payments for the following care aids or; - the purchase of (extras relating to) the following care aids which are not included in the Regeling zorgverzekering [Health Insurance Regulations].</p>	Element of care credit.
<p><b>65. Audiological care aids</b> A contribution to the costs in connection with the purchase of audiological care aids in accordance with the Regeling zorgverzekering [Health Insurance Regulations]. The contribution is the difference between the amount charged by the supplier within the framework of the Regeling zorgverzekering [Health Insurance Regulations] and the costs of purchasing the audiological nursing article in question.</p> <p>Audiological care aids are: hearing aids, parts and accessories (batteries, chargers) for hearing aids, solo equipment, induction loops, infrared equipment, FM equipment and maskers to treat tinnitus.</p>	Element of care credit.
<p><b>66. Mamma prosthesis</b> A contribution to the costs of purchasing adhesive strips for a mamma prosthesis, a breast prosthesis bra, a prosthesis bathing suit and cleaning agents used after a mastectomy.</p>	Element of care credit.
<p><b>67. Wigs or mutssja head covering</b> A contribution to the costs in connection with purchasing a wig in accordance with the Regeling zorgverzekering [Health Insurance Regulations]. The contribution is the difference between the amount charged by the supplier and the reimbursement you receive via the basic insurance</p> <p><b>Other details</b> If you require a wig on the basis of the needs assessment, you can opt for a contribution to the costs of a wig or a contribution to the costs of a mutssja head covering.</p>	Element of care credit.
<p><b>VOLUNTEER CARE</b></p>	
<p><b>A volunteer carer provides care to a chronically ill, handicapped or infirm partner, parent, child or other family member, friend or acquaintance. The care provided is more than is usually provided in a personal relationship. Volunteer care comprises a volunteer care mediator and substitute volunteer care.</b></p>	
<p><b>68. Volunteer care mediator</b> A volunteer care mediator provides temporary professional support for the volunteer carer by taking responsibility for all kinds of tasks relating to care, welfare, finances, etc. You can call on the services of the volunteer care mediator if you receive volunteer care or are a volunteer carer yourself. The volunteer care mediator determines the number of required hours.</p> <p><b>By</b> A contracted volunteer care mediator after consultation with Turien &amp; Co. Please contact us by telephone or in writing.*</p> <p>If you use the services of a volunteer care mediator without the permission of Turien &amp; Co., we will not reimburse the costs.</p> <p><b>Other details</b> The services which a volunteer care mediator provides are eligible for a one-off reimbursement. The services provided cannot be claimed by both the volunteer carer and the party receiving the volunteer care.</p>	Element of care credit.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

**69. Substitute volunteer care**

The temporary provision of the care given by a volunteer carer to the insured party with the aim being to give that volunteer carer some free time. You can call on the services of the volunteer carer if you receive volunteer care or are a volunteer carer yourself. The contracted organisation determines whether a substitute volunteer carer can fulfil your care requirement. The substitute volunteer care can be requested for a minimum of 3 days.

**By**

A contracted organisation. You can find an overview of the contracted organisations at [www.turien.nl](http://www.turien.nl) or you can call us to obtain a copy.\*

If you use the services of a non-contracted organisation, we will not reimburse the costs.

**NB:** Make sure your first application is submitted 8 weeks before you or your volunteer carer wishes to go away. We need this time to make sure that everything is organised properly.

Element of care credit.

**MEDICAL SPECIALIST CARE****70. Abdominal wall operation**

Correction of the abdominal wall.

**By**

A medical specialist.

**Referral**

General practitioner or medical specialist.

**Needs assessment**

An overhanging abdominal skin fold whereby the depth of the fold (measured to the inside) is 6 centimetres or more with stains likely. Your weight must be proportional to your height ( $BMI \leq 30$ ).

You can calculate your Body Mass Index (BMI) by dividing your weight by your height squared (height x height). Example: you weight 85 kilogrammes and are 1.75 metres tall. Your BMI is then 85 divided by  $(1.75 \times 1.75) = 85$  divided by  $3.0625 = 27.76$ . Rounded off this is 28.

**Permission**

You are obliged to obtain written permission beforehand from Turien & Co. The application must be accompanied by a clarification by the medical specialist providing the treatment which details the nature and scope of the problem.

**Other details**

If you can claim a reimbursement via the basic insurance, the reimbursement via the LIC Health Plan Fit & Vrij Package will not apply.

Element of care credit.

**71. Eye laser treatment or intraocular lenses**

A contribution to the costs of eye laser treatment or intraocular lenses. This contribution also applies to the costs incurred for a cataract operation during which a multiple-focus lens. This means the difference in the costs between a multiple-focus lens and a mono-focus lens which is not reimbursed via the basic insurance.

**By**

Ophthalmologist.

Element of care credit.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

Description of article	LIC Health Plan Fit & Vrij Package
<p><b>72. Eyelid correction</b>            You are entitled to an upper eyelid correction if the lower edge of the upper eyelid, when the person is relaxed and looking straight ahead, is 1 mm above the centre of the pupil or lower.</p> <p><b>By</b>            A medical specialist.</p> <p><b>Referral</b>            General practitioner or medical specialist.</p> <p><b>Permission</b>            You are obliged to obtain written permission beforehand from Turien &amp; Co. The application must be accompanied by a clarification by the medical specialist providing the treatment which details the nature and scope of the problem. Turien &amp; Co. must also be sent a photo (taken by the hospital/independent treatment centre or by yourself), clearly showing the problem described above.</p>	Element of care credit.
<p><b>73. Sterilisation</b>            Sterilisation for men or women.</p> <p><b>By</b>            A medical specialist or - in the case of a vasectomy (male sterilisation) - an authorised general practitioner.</p>	Element of care credit.
<p><b>PREVENTION</b></p>	
<p>A budget or care credit for prevention that you can spend on the following types of prevention:</p> <ul style="list-style-type: none"> <li>- advice and supervision;</li> <li>- healthy lifestyle;</li> <li>- vaccinations.</li> </ul> <p>These types of prevention are described in the articles below.</p>	Element of care credit.
<p><b>Advice and supervision</b></p>	
<p><b>74. Sports medical advice</b>            Treatment, consultations and sport examinations.</p> <p><b>By</b>            A sports doctor employed at a sports medical institution affiliated to the Federatie van Sportmedische Instellingen [Federation of Sports Medical Institutions] (FSMI).</p>	Element of care credit.
<p><b>Healthy lifestyle</b></p>	
<p><b>75. Courses</b></p> <ol style="list-style-type: none"> <li>1. Courses aimed at teaching people how to cope with an illness or disorder, such as asthma, COPD, diabetes, joint related disorders, cancer, heart and vascular diseases organised by a patient association that is a member or affiliated to the Nederlandse Patiënten Consumenten Federatie [Federation of Patients and Consumer Organisations in the Netherlands] (NPCF) or a home care organisation.</li> <li>2. Courses on coping with dementia organised by a home care organisation, the Area Health Authority (GGD) or a mental healthcare (GGZ) institution.</li> <li>3. Resuscitation course given by an instructor or institution that is certified by the Nederlandse Reanimatieraad [Dutch Resuscitation Council] (NRR).</li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Details of the patient associations can be found at <a href="http://www.npcf.nl">www.npcf.nl</a>. You will find a link entitled 'onze leden' under the heading 'organisatie'.</p> </div>	Element of care credit.

Description of article	LIC Health Plan Fit & Vrij Package
<p><b>76. Weight consultant</b> Nutritional advice and exercise-related information for healthy people with weight problems. If your obesity has a medical or psychological cause, or in the event of extreme obesity, the weight consultant will refer you on to a dietician.</p> <p><b>By</b> A weight consultant affiliated to the Beroepsvereniging Gewichtsconsulenten Nederland [Netherlands Association of Professional Weight Consultants] (BGN). You can find a local weight consultant at <a href="http://www.gewichtsconsulenten.nl">www.gewichtsconsulenten.nl</a>.</p>	Element of care credit.
<p><b>77. Health test</b> Comprehensive medical health test aimed at the prevention or early detection of illnesses and disorders followed by advice. The health test comprises only the following examinations:</p> <ul style="list-style-type: none"> <li>- measuring your pulse, blood pressure, girth, fat percentage;</li> <li>- measuring your weight and BMI ('body mass index');</li> <li>- a blood and urine test;</li> <li>- a limited effort test to determine your level of fitness.</li> </ul> <p><b>Exceptions</b></p> <ul style="list-style-type: none"> <li>- You are not entitled to reimbursement if the health test is part of the Preventief Medisch Onderzoek van werkkenden [Preventive Medical Examination for workers] (PMO);</li> <li>- (Preventive) scans are not reimbursed.</li> </ul>	Element of care credit.
<b>Vaccinations</b>	
<p><b>78. Flu vaccination</b> The flu jab if you do not belong to the risk group whose members are eligible for flu vaccinations via the Nederlandse Programma Grieppreventie [Dutch Flu Prevention Programme].</p> <p><b>By</b> A general practitioner or medical specialist.</p>	Element of care credit.
<p><b>79. Preventive vaccinations and medicines in connection with a holiday</b> Consultations, vaccinations and/or preventive medicines required in connection with a holiday abroad to prevent: hepatitis A and B, DTP, yellow fever, typhoid, cholera, (meningococci) meningitis, rabies or malaria.</p> <p><b>By</b> Vaccination centres and general practitioner practices whether is a general practitioner or doctor with LCR accreditation and a yellow fever registration. Address can be found on the website of the Landelijke Coördinatiecentrum Reizigersadvies [National Travel Advice Coordination Centre] (<a href="http://www.lcr.nl">www.lcr.nl</a>). The vaccinations and/or preventive medicines may be supplied directly by these vaccination centres and general practitioner practices. Dispensing general practitioners and pharmacies may supply these resources on the basis of a prescription from the vaccination centres and general practitioner practices.</p>	Element of care credit.
<b>PSYCHOLOGICAL CARE</b>	
<p><b>80. Sexological care</b> Care provided by a sex therapist which focuses on the specialist field of sexology. This specialist field concentrates on a large number of aspects such as intimacy, eroticism, fertility, family planning, sexual functions and ethics. This also includes relationship and partner therapy.</p> <p><b>By</b> A sexologist. The sexologist must be listed in the register of the Nederlandse Vereniging voor Seksuologie [Dutch Sexology Association] (NVS).</p> <p><b>Referral</b> General practitioner, company doctor.</p> <p><b>Other details</b> An appointment must last at least 60 minutes.</p>	A maximum of 4 sessions per year up to a maximum of € 60 per session.

**ACCOMODATION****81. Convalescent home and/or care hotel**

A stay in a convalescent home or care hotel is possible:

- following discharge from hospital, or after treatment in an independent treatment centre if your appointments at the hospital or independent treatment centre have all been used up;
- if your volunteer carer is overburdened or temporarily unavailable and no other home care is possible;
- if you want to recover from (mental) stress or burnout.

**By**

A convalescent home or care hotel contracted by the health insurer. You can find an overview at [www.turien.nl](http://www.turien.nl) or you can call us to obtain a copy.\*

If you go to a convalescent home or care hotel with which the health insurer has not concluded a contract, we will not reimburse the costs.

**Referral**

You need a referral from your general practitioner or medical specialist in the event of a recovery in relation to (mental) stress or burnout.

Element of care credit up to a maximum of € 100 per day.

**82. Hospice**

A stay in a hospice or Bijna-Thuis-Huis [Almost Home House] for insured parties who are incurably ill and can no longer be cared for at home.

**By**

A hospice or Bijna-Thuis-Huis recognised by the health insurer. An overview of the recognised hospices or Bijna-Thuis-Huizen in your region can be found at [www.agora.nl/zorgkiezen](http://www.agora.nl/zorgkiezen).

If you go to a hospice or Bijna-Thuis-Huis that is not recognised by the health insurer, we will not reimburse the costs.

Element of care credit up to a maximum of € 30 per day.

**TRANSPORT****83. Transport in connection with organ transplants**

Transport by taxi or own transport over a maximum distance of 200 kilometres, one way between your place of residence and the institution at which you are going to receive the care relating to organ transplants if you cannot claim this transport on the grounds of the basic insurance. This relates to the following care: pre-transplant examination, admissions and follow-up checks. The distance is calculated on the basis of the fastest route given by the ANWB route planner. The outward and return journeys are calculated separately.

**By**

A transport company contracted by the health insurer. You can find an overview at [www.turien.nl](http://www.turien.nl) or you can call us to obtain a copy.\*

If you use the services of a transport company with which the health insurer has not concluded a contract, we will not reimburse the costs.

**Referral**

General practitioner or medical specialist.

**Permission**

You need to get our permission beforehand.

You can do so by using the Seated Patient Transport Medical Declaration Form. You can download this form from the website or you can call us to obtain a copy. The contact details are referred to on the back of these terms and conditions.

**Other details**

The donor's transport costs are not reimbursed.

Element of care credit.

Transport by taxi: up to a maximum of the care credit;

transport using own vehicle: € 0.31 per kilometre.

\* You can contact our Customer Contact Team using the telephone number shown on the top right of your policy document.

**FOOT TREATMENTS****A budget or care credit for podiatric treatment consisting of:****84. Podiatric therapy**

Treatment of foot abnormalities, namely skin and nail disorders or problems with the foot-related support and locomotor apparatus.

**By**

A podiatrist who is affiliated to the Nederlandse Vereniging van Podothérapeuten [Dutch Association of Podiatrists] (NVvP) and who is listed in the Kwaliteitsregister Paramedici [Paramedics' Quality Register].

**85. Arch supports**

Insoles which support the joints, ligaments and joint capsules of the foot.

**Supplied by**

Orthopaedic cobbler or workshop, podiatrist or podopostural therapist.

**86. Foot care in conjunction with rheumatoid arthritis**

Podiatric treatment for insured parties with rheumatoid arthritis.

**By**

A podiatrist who is affiliated to the Nederlandse Vereniging van Podothérapeuten [Dutch Association of Podiatrists] (NVvP) with the 'rheumatic foot' or medical pedicure designation and who is listed in the ProCert Kwaliteitsregister voor Pedicures [Chiropodists' Quality Register] (KRP).

**Part of care credit.**

Part of care credit.

Part of care credit.

Element of care credit.

**CARE FOR ONCOLOGICAL PATIENTS****87. Herstel & Balans® [Recovery & Balance] rehabilitation programme**

Group-based aftercare for cancer patients. Aftercare for cancer patients who wish to improve both their physical and mental condition following treatment by a medical specialist.

**By**

Institutions certified by the Stichting Herstel & Balans [Recovery & Balance Foundation]. Details of the institutions in question can be found at [www.herstelenbalans.nl](http://www.herstelenbalans.nl).

Element of care credit.

**DENTAL CARE****88. Dental care for insured parties aged 18 and over**

Dental care as dentists should normally provide. This means, for example, a (half) yearly check-up, dental cleaning, a filling, an extraction, crown or a partial dental prosthesis. The reimbursement also includes technical and material costs.

**We also regard dental care as including:**

- simple extractions carried out by the dental surgeon (code 234032);
- implantology in a non-toothless jaw performed by a dental surgeon. Turien & Co. then reimburses the costs for the fee, the technical and material costs and the additional costs for the institution/hospital.

**By**

A dentist, dental hygienist and dental prosthetician. The dental hygienist and the dental prosthetician may provide the care if it falls within their field of expertise. The dental surgeon may provide the care if it concerns implantology in a non-toothless jaw and simple extractions.

**Other details**

- We do not reimburse the costs of:
  - missed appointments;
  - general anaesthetic (A20).
- The costs of dental assistance abroad are also reimbursed if they fall under the maximum amount per calendar year.

Element of care credit maximum reimbursement for all dental and orthodontic care together:

80% up to a maximum of € 450 per calendar year.

**89. Dental prosthesis**

The statutory personal contribution for a removable complete dental prosthesis and/or a removable complete dental prosthesis on implants, as applies on the grounds of the basic insurance.

Element of care credit for dental care (see Article 88).

Description of article	LIC Health Plan Fit & Vrij Package
<p><b>90. Orthodontic care</b></p> <p><b>1. For insured parties aged under 18</b> Orthodontic care as normally provided by dentists and orthodontists.</p> <p><b>By</b> A dentist or orthodontist.</p> <p><b>2. For insured parties aged 18 and over</b> Orthodontic care as normally provided by dentists and orthodontists.</p> <p><b>By</b> A dentist or orthodontist.</p>	<p>Element of care credit for dental care (see Article 88).</p> <p>Element of care credit for dental care (see Article 88).</p>

## Definitions of terms

**Supplementary insurance:** The supplementary (dental) insurance policies of Turien & Co. in addition to the basic insurance.

**Dispensing specialist:** (Internet) pharmacies, pharmacy chains, hospital pharmacies, outpatient pharmacies or dispensing general practitioners.

**Doctor:** The person who is listed as such in the register referred to in Article 3 of the Wet BIG [Individual Healthcare Professions Act].

**The AWBZ** The Algemene Wet Bijzondere Ziektekosten [Exceptional Medical Expenses Act].

**Basic insurance:** The health insurance (basic insurance) as stipulated in the Zorgverzekeringswet [Health Insurance Act] (Zvw).

**Company doctor:** A doctor who is registered as a company doctor in the register set up by the Sociaal Geneeskundigen Registratie Commissie [Board of Registration of Doctors of Social Medicine] (SGRC) of the Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst [Royal Dutch Medical Association] and who acts on behalf of the employer of the Arbodienst [Workplace Health and Safety Agency] to which the employer is affiliated as insured party..

**Besluit zorgverzekering [Health Insurance Decree]:** Decree of 28 June 2005, including all amendments up to 1 January 2014.

**Abroad:** Any other country than the country of residence.

**Collective agreement:** A collective agreement for health insurance (group contract) entered into between Turien & Co. and an employer or legal entity with the aim being to offer the affiliated participants the possibility of taking out health insurance from Turien & Co. and any supplementary insurance policies subject to the terms and conditions described in this agreement.

**Outpatient treatment:** Admission to a care institution for a period of time shorter than 24 hours.

**Diagnose Behandeling Combinatie [Combined Diagnosis and Treatment] (DBC):** A DBC uses a DBC performance code to describe the agreed and validated care procedure. This covers the demand for and type of care provided, the diagnosis and the treatment. The DBC procedure commences at the time when the insured party submits a request for care and is terminated at the end of the treatment or after 365 days. The DBC performance codes are determined by the Nederlandse Zorgautoriteit [Dutch Healthcare Authority].

**Physiotherapist:** A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Article 3 of the Wet BIG [Individual healthcare Professions Act]. A physiotherapy masseur referred to in Article 108 of the Wet BIG [Individual healthcare Professions Act] is also deemed to be a physiotherapist.

**Turien & Co.:** The authorised agent of the insurer. Turien & Co. acts on behalf of the insurer and is responsible for implementing the insurance agreement on the basis of the insurance terms and conditions.

**Family:** One adult, or two people who are married or are cohabiting on a permanent basis and the unmarried own,

step, foster or adopted children aged up to 30 who are entitled to family allowance, to a grant on account of the Wet studiefinanciering 2000 [Student Finance Act] Wet tegemoetkoming studiekosten [Study Costs Allowances Act] or to a special benefit pursuant to tax legislation.

**Convalescent home** A non-AWBZ institution which offers short-term, individual assistance to insured parties who, after a physical illness and/or operation, require temporary nursing support and care 24 hours a day and who are unable to stay at home independently. The assistance is aimed at helping the insured party function independently again in the home environment.

**Homeopathic and anthroposophic medicines:** Medicines which are listed by the College ter Beoordeling van Geneesmiddelen [Medicines Evaluation Board] as registered medicines in the homeopathic medicines (HM) product group of the Z-index list, or which have been included in the anthroposophical medicines (HA) product group of the Z-index list, and which have been prescribed by a doctor and supplied by a pharmacy or a dispensing general practitioner in the Netherlands.

**Hospice:** A place of residence where seriously ill people, who are in the last phase of their life, are supervised and cared for by professional care providers and volunteers. The hospice must have AWBZ approval or have an agreement with a care office.

**Dermatologist:** A dermatologist who has been trained in accordance with the Besluit opleidingseisen en deskundigheidsgebied huidtherapeut [Decree Governing Dermatology Educational Requirements and Expertise] (Bulletin of Acts, Orders and Decrees 2002, no. 626). This decree is based on Article 34 of the Wet BIG [Individual healthcare Professions Act].

**General Practitioner:** A doctor who is registered as a general practitioner in the register drawn up by the Huisarts, Specialist Ouderengeneeskunde en Arts voor Verstandelijk Gehandicapten Registratie Commissie [general practitioners, geriatric specialist and doctors specialising in care for the mentally handicapped Registration Committee] (HVRC) of accredited general practitioners of the Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst [Royal Dutch Medical Association].

**Dental surgeon:** A dental specialist who is listed in the register of mouth diseases and dental surgery specialists as maintained by the Nederlandse Maatschappij tot bevordering der Tandheelkunde [Dutch Dental Association].

**Maternity centre:** An institution which offers obstetrician care and/or maternity care and which is a legally authorised maternity centre.

**Maternity care:** The care provided by a qualified midwife or a nurse who works in that capacity.

**Authorisation:** Written permission for the purchase of certain care issued by, or on behalf of, the health insurer to the insured party, prior to the purchase of said care.

**Needs assessment:** The need for nursing, examinations or treatment in accordance with generally acknowledged medical and scientific considerations.

**Medical adviser:** A doctor who advises Turien & Co. on medical matters.

**Medical necessity:** The need for an examination, treatment or nursing which has been sufficiently tested and found to be sound on the basis of knowledge available within the European Union, with this care being necessary, effective and not exclusively of a cosmetic nature.

**Medical specialist:** A doctor who is registered in the Specialistenregister [Register of Medical Specialists] maintained by the Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst [Royal Dutch Medical Association].

**Dental hygienist:** A dental hygienist who has been trained in accordance with the dental hygienist training requirements as referred to in what is known as the Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut [Decree governing Dieticians, Occupational Therapists, Speech Therapists, Dental Hygienists, Remedial Therapists, Orthoptists and Podiatrists] and the Besluit functionele zelfstandigheid [Decree on Functional Independence] (Bulletin of Acts, Orders and Decrees 1997, 553).

**Oedema therapist:** A physiotherapist who is registered as such in accordance with the terms and conditions referred to in Article 3 of the Wet BIG and who is also registered in the Register Verbijzonderde Fysiotherapeuten [Register of Specialist Physiotherapists] maintained by the Koninklijk Nederlands Genootschap for Fysiotherapeuten [Royal Dutch Association of Physiotherapists].

**Cesar or Mensendieck remedial therapist:** A remedial therapist who satisfies the requirements stipulated in the so-called Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut [Decree governing Dieticians, Occupational Therapists, Speech Therapists, Dental Hygienists, Remedial Therapists, Orthoptists and Podiatrists].

**Accident:** A sudden impact of violence to the insured party's body, coming from an external source and not being of his own volition, causing medically demonstrable physical injury.

**Admission:** Admission to a (psychiatric) hospital, psychiatric ward of a hospital or rehabilitation centre if and insofar as, on medical grounds, nursing, examinations and treatment can only be offered in a hospital or rehabilitation centre.

**Orthodontist:** A dental specialist who is registered in the specialist register for oral rehabilitation orthopaedics maintained by the Nederlandse Maatschappij tot bevordering der Tandheelkunde [Dutch Dental Association].

**Podiatrist:** A podiatrist covered by Article 34 of the Wet BIG [Individual Healthcare Professions Act].

**Policy:** The care policy (deed) in which the details of the health insurance entered into by you (the policyholder) and the health insurer are laid down.

**Regeling zorgverzekering [Health Insurance Regulations]:** Regulations stipulated by the Minister of Health, Welfare and Sport of 1 September 2005, number Z/VV-2611957, containing rules relating to the implementation of the Zvw, including all amendments up until 1 January 2014.

**Repatriation:** The medically essential transport of sick people from the place they are staying abroad to the Netherlands, insofar as the purpose of stay abroad is a holiday, business trip or study.

**Rehabilitation:** Research, advise and treatment of a medically specialist, paramedic, behavioural science and technical rehabilitation nature. This assistance is provided by a multi-disciplinary team of experts, led by a medical specialist, affiliated

to a rehabilitation institution accredited in accordance with the rules laid down by or pursuant to the law.

**Dentist:** A dentist who is registered as such in accordance with the terms and conditions referred to in Article 3 of the Wet BIG.

**Dental prosthetician:** An independently established dental hygienist who has been trained in accordance with the Besluit opleidingseisen en deskundigheidsgebied mondhygiënist [Decree governing Educational Requirements and the Discipline of Oral Hygiene].

**Permission:** If permission is required, you will need our prior permission for the care. This permission is also referred to as an authorisation.

**You:** The policyholder and/or insured party.

**Stay:** Admission for a period of 24 hours or longer.

**Midwife:** A midwife who is registered as such in accordance with the terms and conditions referred to in Article 3 of the Wet BIG [Individual healthcare Professions Act].

**Referral:** The advice of a general practitioner or medical specialist to you to undergo treatment or to continue treatment with a different care provider or care institution. A referral is never required for acute care (emergencies). If a referral is required, you can apply for it from the care provider or care institution referred to in the article. Often this is your general practitioner.

**The insured party:** The person on whose behalf this insurance agreement has been entered into and who is referred to as such on the policy document or on another proof of insurance, issued by Turien & Co.

**Policyholder:** The person who has entered into the insurance agreement with Turien & Co.

**Wet BIG :** Wet op de beroepen in de individuele gezondheidszorg [Individual healthcare Professions Act]. This Act describes the experts and authorities of the care providers. The accompanying registers include the names of the care providers that fulfil the statutory requirements.

**WMG rates:** Rates as determined by virtue of, or pursuant to, the Wet Marktordening Gezondheidszorg [Healthcare Market (Regulation) Act] (WMG).

**Self-care medicines:** A medicine that is available without prescription in accordance with the Geneesmiddelenwet [Medicines Act].

**Hospital/care institution (including independent treatment centres):** An institution for medical-specialist care (IMSZ) which by virtue of, or pursuant to, the Wet toelating zorginstellingen [Care Institutions (Accreditation) Act] (WTZi).

**Care hotel:** An institution contracted by the health insurer in which 24 hour care and services are guaranteed in a hotel-like setting which, in any event, include nursing and care.

**Care provider:** The person or institution that provides the care.

**Health insurer:** The health insurer referred to on the policy document.

**Health insurance:** The health insurance (basic insurance) as stipulated in the Zorgverzekeringswet [Health Insurance Act] (Zvw).

**If you have any questions, please do not hesitate to contact us**

**By telephone**

Our Customer Contact Team would be only too pleased to help.

You can contact us via the telephone number 072 5 181 979.

Lines are open from Monday to Thursday from 8.00 a.m. to 8.00 p.m. and on Friday from 8.00 a.m. to 5.00 p.m.

**By letter**

Turien & Co. Assuradeuren

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More information on our health insurance policies can be found at [www.turien.nl](http://www.turien.nl).

Surf to [www.mijnonlinepolismap.nl](http://www.mijnonlinepolismap.nl) to view your policy, notify us of any changes, download documents and submit claims.