a.s.r.

Terms and Conditions Doorgaan van a.s.r. 2025

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1. Definitions

In these terms and conditions, the following definitions shall apply:

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

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

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

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

NIP registered occupational psychologist
An occupational psychologist who is registered as such in the Labour and Organisation Register (Register Arbeid en Organisatie) of the Dutch Association of Psychologists (Nederlands Instituut voor Psychologen, NIP).

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

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

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

DTC Care Product
A DTC Care Product describes the full path of specialist medical care using an expense claim code laid down by the Dutch Healthcare Authority (NZa). This covers the request for care, the type of care provided, the diagnosis and the treatment.

The DTC care product commences on the date of the first care activity. This can be a consultation (in person or by telephone) with a specialist or an examination. The DTC is concluded in accordance with the applicable regulations.

Dietician
A dietician who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists (Besluit diëtist, ergotherapeut, logopedist, mondhygiënist, oefentherapeut, orthoptist en podotherapeut) and is also registered as a dietician in the Quality Register for Allied Health Professions (Kwaliteitsregister Paramedici).

Primary care psychologist
A healthcare psychologist who is registered in accordance with the terms and conditions referred to in Section 3 of the Individual Healthcare Professions Act (Wet op de beroepen in de individuele gezondheidszorg), and who meets the training and quality requirements laid down in the Qualification Regulations for Primary Care Psychologists (Kwalificatieregeling Eerstelijnspsychologen) of the Dutch Association of Psychologists (NIP).

Occupational therapist
An occupational therapist who satisfies the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists and is also registered as an occupational therapist in the Quality Register for Allied Health Professions.

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

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

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

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

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

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

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

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

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

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

Geriatric physiotherapist
A physiotherapist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Health Care Professions Act and who is also registered as a geriatric physiotherapist in the Individual Physiotherapy Register maintained by the Physiotherapy Quality House.

Home help
Private household assistance and support that is necessary due to illness, disability or admission to a hospital or other healthcare institution.

Healthcare psychologist
A healthcare psychologist who is registered as such in accordance with the requirements referred to in Section 3 of the Individual Healthcare Professions Act.

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

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

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

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

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

Clinical psychologist
A healthcare psychologist who is registered as such in accordance with the requirements referred to in Section 14 of the Individual Healthcare Professions Act.

Maternity centre
An institution that offers obstetric care and/or maternity care and meets the requirements laid down by law.

Maternity hotel
An institution where the insured party is able to give birth and/or spend (part of) the period following childbirth.

Maternity nurse
A skilled carer for new mothers remaining at home.

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

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

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

Market rate
The costs deemed reasonably appropriate given the current market conditions in the Netherlands.

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

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

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

NZa
The Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa)

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

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

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

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

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

Orthoptist
An orthoptist who meets the requirements laid down in the Decree governing dieticians, occupational therapists, speech therapists, oral hygienists, remedial therapists, orthoptists and podiatrists.

Partner
The employee's spouse or the person with whom the employee cohabits on a long-term basis.

Chiropodist
A chiropodist who is registered in the Quality Register of Chiropodists (KwaliteitsRegister voor Pedicures, KRP) or has a registration with Stipezo in the P-R register level A of B see https://www.stipezo.nl/register), or medical chiropody or a medical chiropodist who is registered in the Quality Registration and Accreditation for Healthcare Professionals (Kwaliteitsregistratie en Accreditatie Beroepsbeoefenaren in de Zorg, KABIZ) quality register of Medical Foot Care Providers (Kabiz Medisch Voetzorgverleners, KMV).

Podologist
A podologist practising in the Netherlands and who is a member of Stichting LOOP (the national umbrella organisation for podology).

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

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

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

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

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

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

Beautician
A beautician practising in the Netherlands with an SKIN registration with (when required) the appropriate annotation in the annotation register.

SOS International
SOS International provides 24/7 assistance to travellers in the event of illness or an accident abroad. Medical travel assistance can be requested via https://sosinternational.nl/op-reis-en-hulp-nodig/. You will receive a response within 15 minutes.

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

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

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

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

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

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

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

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

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

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

VVOC
Association of Medical Menopause Consultants (Vereniging Verpleegkundig Overgangsconsulenten). Kostverloren 7, 3863 BA Nijkerk. www.overgangsconsulente.com.

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

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

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

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

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

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

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

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

2. Manner in which the insurance is executed

Country of residence
This supplementary insurance agreement may be entered into by or on behalf of any person required to have insurance in the Netherlands as well as by persons residing abroad who hold an insurance obligation. For insured parties residing in the Netherlands, the costs of healthcare will only be recoverable if that care has taken place in the Netherlands and if it was carried out by a healthcare provider practising in the Netherlands. For insured parties living abroad, the costs of healthcare will only be recoverable if that care has taken place in the country of residence and if it was carried out by a healthcare provider practising in the country of residence. Please see Article 3.6 'Abroad' for any exceptions.

Reimbursement will take place up to the maximum rate as listed in the article on 'Maximum reimbursement' below. The further conditions of the relevant articles will remain in effect.

Supplementary to basic insurance
This insurance provides a supplementary provision or reimbursement in addition to basic insurance. A possible reimbursement on the basis of the supplementary insurance will only be applicable if the basic insurance provides no or no full reimbursement. Costs that fall under the excess of the basic insurance will not be reimbursed additionally under this supplementary insurance.

Maximum reimbursement
Entitlement to reimbursement of costs will not exceed:
- the rate that was agreed upon with the contracted healthcare providers;
- the (maximum) rate established at the time under the Health Care (Market Regulation) Act (Wet Marktordening Gezondheidszorg);
- if and insofar as no (maximum) rate has been established under the Health Care (Market Regulation) Act, reimbursement of the costs will take place up to a maximum of the market rate. In accordance with the law, this is understood to include the costs deemed reasonably appropriate given the current market conditions in the Netherlands. If a healthcare provider charges amounts higher than those deemed reasonably appropriate given the current market conditions in the Netherlands, we will therefore not be able to reimburse the higher portion.
- In the case of paramedical healthcare provided by a non-contracted healthcare provider, we will reimburse up to 100% of the average contracted rate, which is the average amount we pay for your treatment is if you go to one of our contracted healthcare providers.

If a healthcare provider charges amounts higher than those deemed reasonably appropriate given the current market conditions in the Netherlands, we will therefore not be able to reimburse the higher portion.

Medical grounds
The nature and extent of any entitlement to reimbursement of healthcare costs under this supplementary insurance policy will be determined by the latest developments in science and practice. In the absence of such criteria, it will be determined by what is deemed to constitute prudent and appropriate care and services in the relevant field of expertise. You will only be entitled to a reimbursement if you reasonably require the relevant care, which will in part be determined on the basis of suitability and quality. Care may not be unnecessarily expensive or unnecessarily complicated.

Collection transfer from the healthcare provider
If a.s.r. pays more to the healthcare provider than it is required to pay under this supplementary insurance policy, we will ask you to refund the excess amount. In that case we will take over collection from your care provider.

Changes to the supplementary insurance
If the insured party has changed a current supplementary insurance, the reimbursements received will count towards the new supplementary insurance. This applies to the terms (duration) of the care agreements as well as to the determination of the reimbursement/maximum reimbursement.

Conditions
Unless stated otherwise, the insured person must meet all the conditions referred to in the various articles before qualifying for reimbursement of costs.

3. Scope of the cover

3.1 Acne treatment

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €150 per calendar year	Up to €250 per calendar year	Up to €350 per calendar year

Terms and Conditions:
- We will reimburse facial care if you have acne on your face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis and localisation of the condition.
- The treatment must be carried out by a skin therapist.
- We will not reimburse any substances that you need for the treatment of your acne.

3.2 Allergen-free covers

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	100%

Terms and Conditions:
- This involves reimbursement of one set of covers for one bed. A set consists of a mattress cover, duvet cover and pillow cover.
- You must hold a written statement from a doctor, which includes the results of an allergy test. The test must show that you suffer from an allergy to the faeces of dust mites.
- Allergen-free and dust-proof covers will only be replaced every ten years after they were provided previously, not before.

3.3 Alternative medicine (examination and treatment)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €100 per calendar year, up to €45 per day	Up to €250 per calendar year, up to €45 per day	Up to €500 per calendar year, up to €45 per day

Terms and Conditions:
- The maximum insured amount is for all consultations and treatments from alternative practitioners or therapists combined.
- We reimburse the costs of consultations or treatment by alternative healers or therapists who are members of a professional association recognised by a.s.r.
  - Acupuncture: the practitioner should be a member of a professional association such as the Dutch Medical Acupuncture Association (Nederlandse Artsen Acupunctuur Vereniging, NAAV), the Dutch Acupuncture Association (Nederlandse Vereniging voor Acupunctuur, NVA), the International Free University (IFU), the Dutch Association of Traditional Chinese Medicine (Nederlandse Vereniging voor Traditionele Chinese Geneeskunde, ZHONG), the Dutch Professional Association of Chinese Medicine YI (Nederlandse Beroepsvereniging Chinese Geneeswijzen YI, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (Nederlandse

- Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP), the Scientific Doctors' Association for Acupuncture in the Netherlands (Wetenschappelijke Artsen Vereniging voor Acupunctuur in Nederland, WAVAN), the Therapist and Consumer Interest Association (Belangen Associatie Therapeut en Consument, BATC), the National Association of Naturopathic Therapists (Landelijke Vereniging van Natuurgeneeskundig Therapeuten, LVNT), the Association for the promotion of Alternative Medicine (Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG), the Federation of Additive Medical Therapists (Federatie voor Additief Geneeskundig Therapeuten, FAGT) or the Doctors' Association for Integrative Medicine (Artsenvereniging voor Integrale Geneeskunde, AVIG).
- Anthroposophy: The practitioner should be an anthroposophical doctor affiliated with the Dutch Association of Anthroposophical Doctors (Nederlandse Vereniging van Antroposofische Artsen, NVAA). We reimburse regular consultations and treatments.
  We do not reimburse:
  - treatments by non-physician practitioners;
  - diet therapy, eurhythmics, art therapy, psychological aid, external therapy, therapeutic pedagogy, speech therapy, meridian therapy, colour therapy, chirophonetic therapy and balneotherapy.
- Chiropractic: The practitioner should be affiliated with the Netherlands Chiropractic Association (Nederlandse Chiropractoren Associatie, NCA), the Dutch Chiropractic Federation (DCF), the Dutch Chiropractic Foundation (Stichting Chiropractie
- Nederland, SCN) or the Dutch National Register of Chiropractors (Stichting Nationaal Register van Chiropractoren, SNRC).
- Phlebology: The practitioner should be a physician who practises medicine independently.
  We do not reimburse:
  - treatments by non-physician practitioners.
- Haptotherapy/Haptonomy: The practitioner is affiliated with the Netherlands Association of Haptotherapists (Vereniging Van Haptotherapeuten, VVH) or the Federation for Additive Medical Therapists (Federatie voor Additief Geneeskundig Therapeuten, FAGT).
- Children's therapy: The practitioner should be affiliated with the Association of Integrative Therapists (Vereniging van Integraal Therepeuten, VIT).
- Medicine (Artsenvereniging voor Integrale Geneeskunde, AVIG), the Netherlands Association of Classical Homeopaths (Nederlandse Vereniging van Klassiek Homeopaten, NVKH), the Netherlands Organisation for Classical Homeopaths (Nederlandse Organisatie van Klassiek Homeopaten, NOKH), the
- Netherlands Working Group for the Practice of Natural Medicine (Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP), the National Association of Naturopathic Therapists (Landelijke vereniging van Natuurgeneeskundig Therapeuten, LVNT) or the Association for the Promotion of Alternative Medicine (Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG). Reimbursement of regular consultations and treatments.
- Musculoskeletal Medicine (formerly manual/orthomanual medicine): the practitioner should be affiliated with the Register of Practitioners of Musculoskeletal Medicine (Register Artsen Musculoskeletale Geneeskunde, RAMG), the Netherlands Medical Association for Musculoskeletal Medicine (Nederlandse Vereniging van artsen voor Musculoskeletale Geneeskunde, NVAMG) or the Association of Manual Therapists (Vereniging van Manueel Therapeuten, VMT).
- Naturopathy: the practitioner should be a BIG-registered doctor. We reimburse regular consultations and treatments.
  We do not reimburse:
  - massage therapy.
- Orthomolecular medicine: the practitioner should be an orthomolecular physician or should be affiliated with the Dutch Society for the Promotion of Orthomolecular Medicine (Maatschappij ter Bevordering van de Orthomoleculaire Geneeskunde, MBOG) or the National Association of Naturopathic Therapists (Landelijke Vereniging voor Natuurgeneeskundig Therapeuten, LVNT).
- We reimburse regular consultations and treatments.
  We do not reimburse:
  - kinesiology.
- Osteopathy: the practitioner should be listed in the Dutch Register for Osteopathy (Nederlands Register voor Osteopathie, NRO) or be a member of the Dutch Osteopathic Federation (Nederlandse Osteopathie Federatie, NOF).

- Reflex zone therapy: the practitioner should be affiliated with the Dutch Association of Reflex Zone Therapists (Vereniging van Nederlandse Reflexzone Therapeuten, VNRT), the Dutch department of the Association of European Reflexologists (Bond van Europese Reflexologen, afdeling Nederland, BER), National Association of Naturopathic Therapists (Landelijke Vereniging van Natuurgeneeskundig Therapeuten, LVNT), the Association for the Promotion of Alternative Medicine (Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG) or the Federation for Additive Medical Therapists (Federatie voor Additief Geneeskundig Therapeuten, FAGT).
- Shiatsu therapy: the practitioner should be affiliated with the Dutch Society for Traditional Chinese Medicine (Nederlandse Vereniging voor Tranditionele Chinese Geneeskunde, ZHONG), the Association of Iokai Shiatsu Therapists (Vereniging voor Iokai-Shiatsutherapeuten, VIS), the Dutch Shiatsu Association (Shaitsu Vereniging Nederland), the Dutch Association of Soma Therapists (Nederlandse Vereniging van Soma Therapeuten, NVST), the Dutch Professional Association of Chinese Medicine Yi (Nederlandse Beroepsvereniging Chinese Geneeswijzen Yi, NBCG YI), the Netherlands Working Group for the Practice of Natural Medicine (Nederlandse Werkgroep van Praktizijns in de Natuurlijke Geneeskunst, NWP), the Therapist and Consumer Interest Association (Belangen Associatie Therapeut en Consument, BATC), the National Association of Naturopathic Therapists (LandelijkeVereniging van Natuurgeneeskundig Therapeuten, LVNT), the Association for the Promotion of Alternative Medicine (Vereniging ter Bevordering van Alternatieve Geneeswijze, VBAG) or the Federation for Additive Medical Therapists (Federatie voor Additief Geneeskundig Therapeuten, FAGT).

- We do not reimburse:
  - laboratory costs for which an application has been made by an alternative healer;
  - alternative medicines. For more information on the reimbursement of alternative medicines, please see Article 3.16;
  - telephone consultations;
  - Consultations and treatments by practitioners with a student membership or by prospective members.

3.4 Cancer counselling and aftercare

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to €1,000 per calendar year	Up to €1,000 per calendar year	Up to €1,250 per calendar year	Up to €1,500 per calendar year

Terms and Conditions:

Exercise programme
- You are taking part in an exercise programme and have received a relevant referral from a company doctor or medical specialist.
- The programme must be provided by a physiotherapist and/or remedial therapist who regularly offers exercise programmes at his or her practice. The programme offered must be certified by the Royal Dutch Society for Physical Therapy (Konlinklijk Nederlands Genootschap voor Fysiotherapie, KNGF).

Cancer coaching
- The reimbursement will cover the costs for a coach issued to you via 'Cancer coaching' (Coaching rondom kanker).
- For more information, please visit www.coachconnectbijkanker.nl or call
- +31 (0)85 401 94 37. Please state that you are insured with a.s.r.

Oncological sports programmes
- Reimbursement applies for participation in an oncological sport programme via the OncoNet, Cyto fys or Stichting Tegenkracht programmes.

Explanation:
- The costs of any required sports medical examination will not be paid under 'Cancer counselling and aftercare'. If you have an Aanvulling Uitgebreid or Aanvulling Optimaal policy, then you may qualify for reimbursement under Article 4.5 'Sports medical examinations, sport examinations and sports injury consultations'.

3.5 Glasses or contact lenses

Glasses

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	Up to €150 every two calendar years	Up to €200 every two calendar years

Terms and Conditions:
- From 1.5 dioptres and above in one of the eyes – including if only a frame is required.
- You are entitled to reimbursement up to the maximum amount for the provision of one pair of glasses or one pair of frames or one pair of lenses every two calendar years.
- We do not reimburse:
  - glasses, lenses for glasses or frames if we have already reimbursed any contact lenses in the same calendar year;
  - glasses, lenses for glasses or frames if you have undergone laser treatment or lens implantation, which we reimbursed, within 60 months prior to the purchase of the glasses, lenses or frames.
- You may also purchase a pair of glasses in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.
- Explanation:
- The two calendar years will come into effect on the delivery date of the glasses, lenses or frames.

Example 1: the first pair of glasses was provided on 28 June 2023. The second pair of glasses was provided on 22 March 2025. Reimbursement of the second pair of glasses.

Example 2: the first pair of glasses was provided on 12 September 2023. The second pair of glasses was provided on 20 December 2024. No reimbursement of the second pair of glasses. A new pair of glasses will be reimbursed from 1 January 2025.

- The number of dioptres per eye is calculated as follows:
  - If the spherical and cylindrical powers are both positive or negative, these powers are added together (e.g. spherical -0.5 and cylindrical -2.0 = -2.5 dioptres or spherical +0.5 and cylindrical +2.0 = +2.5 dioptres).
  - If the spherical power is positive and the cylindrical power is negative or vice versa, the highest power will apply (e.g. spherical +0.5 and cylindrical 2.0 = -2.0 dioptres or spherical -0.5 and cylindrical +2.0 = +2.0 dioptres).
  - If the dioptre requirement cannot be met by way of the spherical and cylindrical powers in the case of multifocal glasses, the additional power will be included in the calculation. This will only be added to the spherical power (e.g. spherical +0.5, cylindrical +0.5 and addition +1.0 = +1.5 dioptres).

Tip: If you would like to consult an optician with a recognised quality mark, please visit www.nuvo-keurmerk.nl to find an optician with the NUVO quality mark.

Lenses

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	Up to €75 per calendar year	Up to €100 per calendar year

Terms and Conditions:
- From 1.5 dioptres per eye and above.
- We do not reimburse:
  - lenses if we have already reimbursed any glasses, lenses for glasses or frames in the same or the preceding calendar year;
  - lenses if you have undergone laser treatment or lens implantation, which we reimbursed, within 60 months prior to the purchase of the lenses.
- You may also purchase lenses in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.

Explanation:
- The number of dioptres per eye is calculated as follows:
  - If the spherical and cylindrical powers are both positive or negative, these powers are added together (e.g. spherical -0.5 and cylindrical -2.0 = -2.5 dioptres or spherical +0.5 and cylindrical +2.0 = +2.5 dioptres).
  - If the spherical power is positive and the cylindrical power is negative or vice versa, the highest power will apply (e.g. spherical +0.5 and cylindrical 2.0 = -2.0 dioptres or spherical -0.5 and cylindrical +2.0 = +2.0 dioptres).
  - If the dioptre requirement cannot be met by way of the spherical and cylindrical powers in the case of multifocal lenses, the additional power will be included in the calculation. This will only be added to the spherical power (e.g. spherical +0.5, cylindrical +0.5 and addition +1.0 = +1.5 dioptres).
- If you would like to consult an optician with a recognised quality mark, please visit www.nuvo-keurmerk.nl to find an optician with the NUVO quality mark.

3.6 Abroad (medical care)

General:
- You must apply for non-urgent care from us in writing in advance via our Abroad application form Geplande zorg in het buitenland, which you will find on www.asr.nl/verzekeringen/zorgverzekering/machtiging-aanvragen. You will require our prior written permission for this type of care.
  There are several exceptions for which it will not be necessary to submit an application to us. These exceptions are:
  - Glasses or contact lenses (see Article 3.5 for the specific conditions applicable);
  - Occupational therapy (see Article 3. 13 for the specific conditions applicable);
  - Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck) including screening (see Article 3.17 for the specific conditions applicable);
- Orthodontics (see Article 3.28 for the specific conditions applicable).
- In the event of emergency care, please contact our SOS International emergency service for advice and mediation services. Please call +31 (0)30 257 35 75 (available 24 hours a day).
- We do not reimburse:
  - excess.

For more information on care abroad, please visit www.asr.nl/verzekeringen/zorgverzekering/zorg-in-het-buitenland.

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

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

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance	100% of the items covered by your supplementary insurance

Terms and Conditions:
- You must live in an EU, EEA or treaty country.
- You are receiving treatment in your country of residence from a care provider established in the same country.
- The care providers' expertise must be comparable to that of care providers in the Netherlands. The conditions set out in the relevant articles and the maximum reimbursements remain in force.

Emergency care in the EU, EEA or in a treaty country

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

Terms and Conditions:
- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should immediately contact or have someone contact SOS International. You can call them on +31 (0)30 257 35 75. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

Emergency care in other parts of the world

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

Terms and Conditions:
- You have had an accident or have contracted an acute illness during a temporary stay abroad (the care should not have been the purpose of your trip).
- If you require emergency care, you should immediately contact or have someone contact SOS International. You can call them on +31 (0)30 257 35 75. The SOS International physician will act as our medical consultant.
- Reimbursement of costs not covered in full by the basic insurance. The reimbursement under the basic insurance will be deducted from this.

Care in Belgium and Germany (resident in the Netherlands)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

Terms and Conditions:
- This applies only if you live less than 50 kilometres from the care provider's practice in Belgium or Germany. The distance is calculated using the Google Maps journey planner, based on the fastest normal route.
- The conditions set out in the relevant articles and the maximum reimbursements remain in force.
- You must apply for non-urgent care from us in writing in advance via our Abroad application form Geplande zorg in het buitenland. You will find this application form on www.asr.nl/verzekeringen/zorgverzekering/machtiging-aanvragen. You will require our prior written permission for this type of care. There are several exceptions for which it will not be necessary to submit an application to us. These exceptions are:
  - Glasses or contact lenses (see Article 3.5 for the specific conditions applicable);
  - Occupational therapy (see Article 3. 13 for the specific conditions applicable);
  - Physiotherapy, manual therapy and remedial therapy (Cesar/Mensendieck) including screening (see Article 3.17 for the specific conditions applicable);
- Orthodontics (see Article 3.28 for the specific conditions applicable).

SOS Assistance

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

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

Emergency dental care abroad

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €150 per calendar year	Up to €250 per calendar year	Up to €250 per calendar year

Terms and Conditions:
- During a temporary stay abroad.
- Reimbursement is only available for treatments that are carried out by a dentist or dental surgeon and cannot be postponed until return to the Netherlands.

Return journey by ambulance, plane or air ambulance

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100% for transport to an institution in the country of residence	100% for transport to an institution in the country of residence	100% for transport to an institution in the country of residence

Terms and Conditions:
- If you require emergency care, you should immediately contact or have someone contact SOS International. You can call them on +31 (0)30 257 35 75. The SOS International physician will act as our medical consultant.
- SOS International will assess whether it is necessary for medical reasons to have you repatriated to the Netherlands because your treatment needs to be continued in a Dutch institution.
- You have received a statement from the attending physician showing that transport and medical assistance are necessary.
- We reimburse air ambulance transport only if this is needed to save your life, or to limit or prevent disability.

Explanation:
- Transport includes the necessary medical assistance and one family member.

Transport of the deceased, burial or cremation locally

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €10,000	Up to €10,000	Up to €10,000

Terms and Conditions:
- The next of kin must contact SOS International immediately by calling the telephone number +31 (0)30 257 35 75.
- The deceased's body will be transported to his or her place of residence.
- We do not reimburse:
  - assistance and costs if the purpose of your trip was medical treatment.

Explanation:
- The costs of the coffin that is required to transport the deceased are included.
- Reimbursement of the costs of burial or cremation locally is a further option.

3.7 Budget coach

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Maximum of €500 per calendar year	Maximum of €500 per calendar year	Maximum of €500 per calendar year	Maximum of €500 per calendar year

Terms and Conditions:
- You will be reimbursed for a budget coach you found via www.budgetcoach.nl.

3.8 Camouflage

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €150 for the period during which you are insured with a.s.r. under this insurance policy	Up to €250 for the period during which you are insured with a.s.r. under this insurance policy	Up to €350 for the period during which you are insured with a.s.r. under this insurance policy

Terms and Conditions:
- Reimbursement for camouflage lessons/camouflage therapy (learning how to conceal deviations in colour and/or shape in the face and on the neck) and the equipment required during the lessons.
- You suffer from a skin disorder affecting the face and/or neck.
- The practitioner should specify the skin disorder on the invoice. If necessary, we may request that you provide additional information.
- The lessons must be provided by a skin therapist or a beautician which has the annotation for camouflage.
- We do not reimburse:
  - camouflaging laser therapy;
  - camouflage lessons/camouflage therapy for which you have already received reimbursements in the past under another supplementary insurance at a.s.r.

3.9 Dietetics

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to two hours per calendar year

Terms and Conditions:
- If you go to a non-contracted practitioner, we will reimburse up to 100% of the average contracted rate.
- If you go to a non-contracted dietician, you need a statement from a general practitioner, dentist, child health clinic physician, company doctor, youth health care physician or medical specialist from which it is evident for which diagnosis you are receiving treatment from the dietician.
- The first three hours of treatment will be reimbursed under your basic insurance. This requires a statement from your doctor and is covered by your excess (for persons from age 18).
- Reimbursement from the fourth hour of treatment onwards for information and advice on your dietary habits from a dietician.
- The treatment must have a medical purpose.

3.10 Eczema treatment

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €500 per calendar year for a light therapy cabin at home

Terms and Conditions:
- You have a referral from your medical specialist.
- The medical specialist has diagnosed a case of severe eczema.
- You must apply for a light therapy cabin from us in advance.

3.11 Primary care psychological assistance with work-related or relationship problems

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Maximum of €2,000 per calendar year	Maximum of €2,000 per calendar year	Maximum of €2,000 per calendar year	Maximum of €2,000 per calendar year

Terms and Conditions:
- The treatment must be performed by a primary care psychologist, clinical psychologist, healthcare psychologist or NIP-registered occupational psychologist.
- The treatment is not covered by your basic insurance.

Explanation:
- Primary care psychological care concerns short-term treatment of minor, non-complex mental health or psychological problems.
- For help with finding a suitable care provider for psychological assistance with work-related or relationship problems, please call our Doorgaan expert on +31 (0)30 278 37 00.
- To qualify for reimbursement, the treatment must have the following description: relationship therapy (relatietherapie) or work-related therapy (arbeidsgerelateerde therapie). This must be stated on the invoice from the care provider.

3.12 Epilation or laser treatment for hair removal

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €150 per calendar year	Up to €250 per calendar year	Up to €350 per calendar year

Conditions applicable to regular epilation:
- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatments should be carried out by a skin therapist or beautician which has a certificate for electric hair removal and/or hair removal techniques/hair removal with light.

Conditions for laser treatment:
- Excessive hair growth in unusual places on the face and/or neck.
- On the invoice, the practitioner should mention the type of diagnosis, as well as localisation and the extent of the condition. If necessary, we may request that you provide additional information.
- The treatments must be performed by a doctor, skin therapist or beautician (who must be working on behalf of/ under the supervision of a skin therapist).

3.13 Occupational therapy

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	100%

Terms and Conditions:
- If you go to a non-contracted practitioner, we will reimburse up to 100% of the average contracted rate.
- Reimbursement from the 11th hour of treatment onwards for advice, instruction, training or treatment by a qualified occupational therapist at their practice or at your home.
- The goal of the treatment must be to improve your self-care and increase your level of self-reliance.
- The first 10 hours of treatment will be reimbursed under your basic insurance. The policy excess may apply to the reimbursement under the basic insurance.
- The treatments may also take place in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.

3.14 Supplementary childcare in the event of parents' hospitalisation

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
€125 per day, up to €1,500 per calendar year for a family with children up to the age of 12	€125 per day, up to €1,500 per calendar year for a family with children up to the age of 12	€125 per day, up to €1,500 per calendar year for a family with children up to the age of 12	€125 per day, up to €1,500 per calendar year for a family with children up to the age of 12

Terms and Conditions:
- In the event of hospitalisation of one of the parents or guardians, who must be insured with a.s.r.
- We will reimburse these costs up to and including the calendar year in which your youngest child turns 12. He or she must also be insured with a.s.r.
- You must submit a statement from the hospital on the number of hospital days.
- We will reimburse the supplementary childcare that is required as a result of the hospitalisation of one of the parents.
- We only reimburse the costs of supplementary childcare provided by a nursery.
- Please send us the original invoice which states the Chamber of Commerce registration number of the nursery concerned.
- We do not reimburse:
  - regular childcare;
  - childcare provided by family or friends, or other types of childcare.

3.15 Supplementary care after an accident

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to €5,000 per accident	Up to €6,000 per accident	Up to €6,000 per accident	Up to €6,000 per accident

Terms and Conditions:
- Reimbursement of care costs after an accident, which were not or not fully reimbursed under your basic or supplementary insurance policy.
- We reimburse the following care costs following an accident:
  - physiotherapy (including manual therapy);
  - dental costs in the event of damage to your teeth (including dentures and implants);

  - household assistance in the event of hospitalisation;
  - childcare for children in the event of hospitalisation of a parent;
  - taxi transportation to the hospital if you cannot drive or use public transport for medical reasons;
  - alternative medicine, such as chiropractic or manual/orthomanual medicine. (We reimburse the costs of consultations or treatment by alternative healers or therapists who are members of a professional association recognised by a.s.r.. Please see Article 3.3.);
  - simple walking aids such as crutches, rollators or Zimmer frames.
- The accident may have taken place abroad. This insurance does not cover the costst of care abroad, only for the car you need afterwards in the Netherlands.
- The accident occurred in the current or preceding calendar year.
- 'Supplementary care after an accident' can only be claimed if you hold both a basic and supplementary insurance policy at a.s.r. at the time of the accident.
- The medical care must be provided by healthcare providers.
- You are entitled to claim 'Supplementary care after an accident' for one accident per calendar year. If less than the whole amount is used for an accident, the remainder of the reimbursement amount cannot be used for a second accident in the same calendar year. If less than the whole amount is used for an accident in the calendar year, the remainder of the reimbursement amount for the accident concerned can be used in the next calendar year, provided that the person entitled to it is also insured with a.s.r. for this supplementary insurance in that (next) calendar year.
- We do not reimburse:
  - costs that fall under the excess amount;
  - glasses and lenses.

Explanation:
- If you would like to claim 'Supplementary care after an accident', please use the 'Claim for supplementary care after an accident' claim form on www.asr.nl/verzekeringen/zorgverzekering/documenten.

3.16 Pharmaceutical care (medicine and contraceptives)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €50 per calendar year for alternative medicines and contraceptives combined	Up to €150 per calendar year for alternative medicines and contraceptives combined	Up to €250 per calendar year for alternative medicines and contraceptives combined

Terms and Conditions:
- Reimbursement for:
  - Alternative medicines. We only reimburse alternative medicines designated as 'homeopathic' or 'anthroposophical' listed in the Z-index G-Standard database. You can ask about the registration of a medicine at your pharmacy. For more information about the Z-Index, see: www.z-index.nl/g-standaard.
  - Contraceptives
    - Contraceptives from age 21.
    - All medicines and medical aids listed as contraceptives in the Z-Index and included in the medicine reimbursement system. Examples include the contraceptive pill, contraceptive injections or the NuvaRing. You can ask about the registration of a medicine at your pharmacy. For more information about Z Index, see: www.z-index.nl/g-standaard.
    - The purchase costs of an IUD bought at a pharmacy or dispensing general practitioner.

- We do not reimburse:
  - non-drug treatments;
  - personal contribution;
  - nutrition and nutritional supplements;
  - vitamins;
  - experimental medication;
  - costs of placement of an IUD; these costs are covered by the basic insurance policy.

Explanation:
- For the reimbursement of medicines, please visit www.medicijnkosten.nl. For more information on non-registered medicines, please call the Claims Handling Department on +31 (0)30 278 36 30.

3.17 Physiotherapy, Manual therapy and Remedial therapy (Cesar/Mensendieck) including screening

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
9 treatments per calendar year	treatments per calendar year, of which up to 12 manual therapy treatments	treatments per calendar year, of which up to 12 manual therapy treatments	30 treatments per calendar year, of which up to 12 manual therapy treatments

Terms and Conditions:
- If you go to a non-contracted practitioner, we will reimburse up to 100% of the average contracted rate.
- You must be treated and screened by a paediatric or regular physiotherapist, psychosomatic physiotherapist, Cesar/Mensendieck (psychosomatic) remedial therapist, pelvic physiotherapist, oedema therapist, manual therapist or geriatric physiotherapist.
- The treatment must be medically effective.
- Scar therapy and oedema therapy may also be provided by a skin therapist.
- Screening does not count towards the number of treatment sessions.
- The treatments may also take place in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.
- When a treatment is performed at a location other than the healthcare provider's practice, e.g. at home or in an institution, this requires a statement from a general practitioner or medical specialist from which it is event that there is a medical necessity for the treatment at home or in an institution. This only applies if you go to a non-contracted physiotherapist or remedial therapist.

Explanation:
- If your condition is listed in Appendix 1 to the Healthcare Insurance Decree, the costs will be reimbursed under the basic insurance policy commencing from the 21st treatment. Appendix 1 of the Healthcare Insurance Decree can be consulted at www.asr.nl/verzekeringen/zorgverzekering/documenten.
- For some conditions, a number of treatment sessions qualify for direct reimbursement under your basic insurance. See the terms and conditions of the basic insurance for a list of the eligible conditions.
- The policy excess may apply to the reimbursement under the basic insurance.
- The costs of manual therapy provided by an alternative healer or alternative therapist are reimbursed in accordance with Article 3.3.

3.18 Family support in the event of illness of partner

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
80% subject to a maximum of €800 per calendar year for a family with children up to the age of 12	80% subject to a maximum of €800 per calendar year for a family with children up to the age of 12	80% subject to a maximum of €800 per calendar year for a family with children up to the age of 12	80% subject to a maximum of €800 per calendar year for a family with children up to the age of 12

Terms and Conditions:
- If your partner is ill and thus no longer able to care for your child(ren), you are entitled to family support if your partner is also insured with us.
- If you are the sole caregiver for your child(ren) and you are ill and thus longer able to give this care, you are entitled to family support.
- We will reimburse these costs up to and including the calendar year in which your youngest child turns 12, provided that they are also insured with us.
- The family support is provided by the firm Saar aan Huis.

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

3.19 Convalescent home and hospice

Convalescent home

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	75%, up to a maximum of €1,000 per calendar year

Terms and Conditions:
- You have a referral from your doctor.
- The convalescent home for somatic diseases must be located in the Netherlands.
- A stay in a convalescent home must follow a period in hospital.
- The reimbursement applies to the costs of the stay in a convalescent home or a hospice combined.

Hospice

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	75%, up to a maximum of €1,000 per calendar year

Terms and Conditions:
- The hospice must be located in the Netherlands.
- The reimbursement applies to the costs of the stay in a convalescent home or a hospice combined.

3.20 Medical aids

Statutory personal contribution for orthopaedic shoes, allergen-free shoes, hearing aids, eye glasses and contact lenses

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €50 per calendar year	Up to €250 per calendar year	Up to €400 per calendar year

Terms and Conditions:
- The maximum amount covered by the insurance is for all provisions combined.
- You will only receive a reimbursement for the statutory personal contributions for medical aids that are reimbursed under our Medical Aids Regulations.
- We only reimburse the statutory personal contribution for hearing aids in the category you are eligible for under the Hearing Care Selection Protocol (Keuzeprotocol Hoorzorg).

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

The Hearing Care Selection Protocol is available at www.asr.nl/verzekeringen/zorgverzekering/documenten.

Hearing protection

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	75%, up to a maximum of €30 every two calendar years	75%, up to a maximum of €60 every two calendar years	75%, up to a maximum of €90 every two calendar years

Terms and Conditions:
- The hearing protection must be purchased via Pluggerz.
- The reimbursement only applies to the following Custom Fit ear plugs from Pluggerz:
  - Music, Music Premium, Music 2-in-1;
  - Road, Road Premium;
  - Water;
  - Travel;
  - Sleep, Sleep Side Sleeper;
  - Quiet, Quiet 2-in-1;
  - Pro, Pro Premium, Pro detec.
- The ear plugs can be ordered via shop.pluggerz.com/kortingsactie-asr.
- In addition to the reimbursement provided afterwards, you receive as 20% discount on your purchase with discount code EnjoyLifeASR25.

Costs exceeding the maximum reimbursement for wigs

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €100 per calendar year (please note: this falls under the total budget of 'Costs exceeding the maximum reimbursement for wigs'.)

Terms and Conditions:
- You will only be reimbursed for the costs exceeding the maximum reimbursement under the basic insurance for the medical aids listed in our Medical Aids Regulations.

Explanation:
- The costs exceeding the maximum reimbursement refer to the costs exceeding the reimbursement under the basic insurance.

Costs of other types of head coverings

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

Terms and Conditions:
- This involves reimbursement of the purchase of another type of head covering, such as a bandana, scarf or hat.
- You will only be reimbursed if the full or partial baldness is the result of a medical condition or of treatment of a medical nature.
- The head covering must be purchased by a supplier contracted by a.s.r. that also provides wigs.

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

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

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

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

3.21 Intervention assistance by Doorgaan expert

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
100%	100%	100%	100%

Explanation:
- The Doorgaan insurance policy entitles you to support from our Doorgaan expert when you need it. The Doorgaan expert is your contact person at a.s.r. for personal assistance and is there for you to provide hassle-free assistance and support with getting and staying fit.
- You can reach the Doorgaan expert on +31 (0)30 278 37 00.

3.22 Maternity package

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	100%	100%	100%

Terms and Conditions:
- You will receive a maternity package from us prior to delivery of your baby if you were pregnant and insured with us at the time when you applied for the maternity package.
- You can apply for the maternity package via https://www.kraampakket.nl/asr-gratis-kraampakket/ or by calling +31 (0)30 278 36 30.

3.23 Health resort trips

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €500 per calendar year

Terms and Conditions:
- You suffer from ankylosing spondylitis, rheumatoid arthritis or psoriatic arthritis.
- You require our prior permission. In order to assess the application, we will require a referral from a medical specialist and an offer from a travel organisation.
- The trip must be organised by Stichting Kuurreizen or Reisorganisatie Fontana.
- We do not reimburse:
  - travel costs from and to the airport.

Explanation:
- Please visit www.Stichtingkuurreizen.nl and www.fontana-travel.nl for more information.

3.24 Lifestyle coaching

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
100%: Online lifestyle coaching program Dr Tamara	100%: Online lifestyle coaching program Dr Tamara	100%: Online lifestyle coaching program Dr Tamara	100%: Online lifestyle coaching program Dr Tamara

Terms and Conditions:
- See https://www.doktertamara.nl/leefstijlprogramma.

3.25 Guest house accommodation in the event of hospital admission

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
100%	100%	100%	100%

Terms and Conditions:
- In the case of admission to a Dutch hospital.
- Reimbursement of the personal contribution for the accommodation of parents or a partner in a Ronald McDonald House, or in a family house or guest house affiliated with the hospital.
- The family member who has been admitted to hospital must be insured with a.s.r.

3.26 Informal care (alternative arrangement)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to €2,700 per calendar year per insured person requiring care via Handen in Huis, Saar aan Huis or HUPS	Up to €3,300 per calendar year per insured person requiring care via Handen in Huis, Saar aan Huis or HUPS	Up to €3,600 per calendar year per insured person requiring care via Handen in Huis, Saar aan Huis or HUPS	Up to €4,500 per calendar year per insured person requiring care via Handen in Huis, Saar aan Huis or HUPS

Terms and Conditions:
- You qualify as an informal carer if you provide informal care for more than eight hours a week over a period of more than three months.
- Reimbursement of the costs of alternative care for the insured person who needs care in the absence of their regular informal carers.
- Both the regular informal carer and the insured person requiring care may apply for this cover.
- The reimbursement applies per insured person requiring care , once per calendar year.
- The care must be provided by Handen in Huis (the Netherlands informal care alternative arrangements organisation in Bunnik) or HUPS if you need alternative informal care in the long term (approximately 8 to 10 weeks in advance, for example in connection with a holiday). They will determine whether you are eligible for an alternative care arrangement.
- The care must be provided by Saar aan Huis if you need alternative informal care in the short term (approximately one week in advance, for example in connection with illness or incapacity). They will determine whether you are eligible for an alternative care arrangement.

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

3.27 Informal care broker/coach/course

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to €200 per insured party per calendar year	Up to €200 per insured party per calendar year	Up to €350 per insured party per calendar year	Up to €500 per insured party per calendar year

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

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

3.28 Orthodontics

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to 18 years of age, 80% up to a maximum of €500 for the period during which you are insured with a.s.r. under this insurance policy.	Up to 18 years of age, 80% up to a maximum of €500 for the period during which you are insured with a.s.r. under this insurance policy.	Up to 18 years of age, 80% up to a maximum of €1,500 for the period during which you are insured with a.s.r. under this insurance policy. In the first year after you have taken out this supplementary insurance, a reimbursement of up to €500 will apply. This reimbursement counts towards the maximum amount.	Up to 18 years of age, 80% up to a maximum of €2,500 for the period during which you are insured with a.s.r. under this insurance policy. From age 18, 80% up to a maximum of €1,000 for the period during which you are insured with a.s.r. under this insurance policy. In the first year after you have taken out this supplementary insurance, a reimbursement of up to €500 will apply. This reimbursement counts towards the maximum amount.

Terms and Conditions:
- The treatment must be provided by an orthodontist or dentist.
- In the first year after you have taken out this supplementary insurance, a reimbursement of up to €500 will apply. You will be able to claim reimbursement of the remainder of the insured amount from the second year onward. The treatment date is the decisive factor for calculating the amount.
- Any reimbursement already granted under another supplementary health insurance will be deducted from the maximum reimbursement. This also applies if you were insured with us in the past.
- Reimbursement for orthodontic treatment also covers bone anchors placed by a dental surgeon.
- If you turn 18 during the treatment period, the reimbursement granted before reaching the age of 18 will subsequently be deducted from the reimbursement.
- Orthodontic treatments may also take place in another EU, EEA and/or treaty country. It will not be necessary to make an application to us for this. The conditions of this specific article will remain in effect.

3.29 Orthoptics

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	100%	100%

Terms and Conditions:
- The treatment must be performed by an orthoptist.

3.30 Menopause consultant

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €500 for the period during which you are insured with a.s.r. under this insurance policy

Terms and Conditions:
- The treatment must be performed by a menopause consultant affiliated to the Nurses' Association for Menopause Consultants (Vereniging Verpleegkundig Overgangsconsulenten, VVOC) or Care for Women.
  - We do not reimburse:
  - menopause consultants for which you have already received reimbursements in the past under another supplementary insurance at a.s.r.

Explanation:
- A menopause consultant is a nurse specialising in all matters related to menopause. For more information, visit www.careforwomen.nl.

3.31 Chiropody for diabetes or rheumatism patients

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €100 per calendar year	100%	100%

Terms and Conditions:
- You suffer from diabetes or rheumatism.
- You are receiving treatment from a chiropodist.
- We do not reimburse:
  - the removal of calluses for cosmetic or grooming purposes;
  - general nail care, such as the precision-cutting of nails to prevent ingrown toenails.
  - chiropody if you suffer from arthrosis.

Explanation:
- If you go to a non-contracted practitioner, we will reimburse up to 100% of the average contracted rate.
- The chiropody care in connection with diabetes is offered in one of a number of Sims classifications. Sims 0 and 1 qualify for reimbursement. In the event of diabetes-related treatment, your Sims classification must be stated on the invoice. From Sims 2 and up, the foot care performed must be invoiced by a podiatrist. This treatment is reimbursed under the basic insurance. Any necessary additional chiropody treatments are reimbursed under the supplementary insurance.

3.32 Adhesive strips for breast prostheses

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	100%	100%

Terms and Conditions:
- You received a reimbursement from a.s.r. or your previous health insurance provider for a breast prosthesis.

3.33 Plastic surgery

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Correction of protruding ears, up to a maximum of the market rate

Terms and Conditions:
- Reimbursement for the correction of protruding ears.
- The treatment is not covered by your basic insurance.
- You must be treated by a medical specialist in a hospital or in an independent treatment centre.

Explanation:
- The correction of protruding ears is non-contracted healthcare. It may be the case that you will have to pay part of the costs yourself. You can request us to provide an indication of the reimbursement.
- We reimburse up to a maximum of the market rate. For more information, see Article 2: Manner in which the insurance is executed.

3.34 Urinary buzzer or buzzer watch

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	The one-off purchase of a urinary buzzer or buzzer watch, or the rent of a urinary buzzer for up to three months	The one-off purchase of a urinary buzzer or buzzer watch, or the rent of a urinary buzzer for up to three months

Terms and Conditions:
- You have received a referral from your attending physician.
- We do not reimburse:
  - replacement of the batteries.

3.35 Podiatry/podology/podopostural therapy

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €100 per calendar year	Up to €250 per calendar year	Up to €500 per calendar year

Terms and Conditions:
- If you go to a non-contracted practitioner, we will reimburse up to 100% of the average contracted rate.
- You are receiving treatment from a podiatrist, a registered chiropodist or a podopostural therapist.
- We only reimburse treatments and consultations.
- We do not reimburse:
  - the removal of calluses for cosmetic or general grooming purposes and the clipping of toenails;
  - silicone orthosis, nail braces and lateral wedges.

3.36 Sterilisation reversal

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Sterilisation reversal, up to a maximum of the market rate

Terms and Conditions:
- This involves reimbursement for sterilisation reversal.
- You receive treatment in a hospital or independent treatment centre.

Explanation:
- Sterilisation reversal will only be reimbursed if you had already taken out this supplementary insurance by the time of your first visit to a medical specialist for this reason.
- Sterilisation reversal is non-contracted healthcare. It may be the case that you will have to pay part of the costs yourself. You can request us to provide an indication of the reimbursement. For more information, see Article 2: Manner in which the insurance is executed.

3.37 Travel costs of visitors to insured party

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
€0.32 per km from the 5th day of hospitalisation, up to a maximum of €2,000 per calendar year	€0.32 per km from the 5th day of hospitalisation, up to a maximum of €2,000 per calendar year	€0.32 per km from the 5th day of hospitalisation, up to a maximum of €2,500 per calendar year	€0.32 per km from the 5th day of hospitalisation, up to a maximum of €3,000 per calendar year

Terms and Conditions:
- The cover applies for a family member that has been admitted to a hospital or rehabilitation centre in the Netherlands.
- We reimburse the outbound journey once per day per family and the return journey once per day per family, via the fastest regular route. The distance is calculated using the Google Maps journey planner.
- The reimbursement under Aanvullend Extra or Aanvullend Uitgebreid will be provided from the 15th day of admission in the case of an uninterrupted stay in hospital that exceeds two weeks.
- The reimbursement under Aanvullend Optimaal will be provided from the fifth day of admission in the case of an uninterrupted stay in hospital that exceeds four days.
- You must present a statement from the hospital or rehabilitation centre regarding the number of days in hospital.
- We do not reimburse:
  - travel costs relating to admission for the purposes of mental health care.

3.38 Sterilisation

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Sterilisation, up to a maximum of the market rate

Terms and Conditions:
- You are receiving treatment in a hospital, in a independent treatment centre or from a general practitioner.

Explanation:
- Sterilisation will only be reimbursed if you had already taken out this supplementary insurance by the time of your first visit to a medical specialist for this reason.
- Sterilisation is non-contracted healthcare. It may be the case that you will have to pay part of the costs yourself. You can request us to provide an indication of the reimbursement. For more information, see Article 2: Manner in which the insurance is executed.

3.39 Arch supports (or therapeutic supports)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €50 per calendar year	Up to €100 per calendar year	Up to €150 per calendar year

Terms and Conditions:
- You have received a referral from the doctor, podiatrist, registered chiropodist or podopostural therapist providing the treatment.
- The arch supports or therapeutic supports must be provided by an orthopaedic shoemaker, a podiatrist, a registered chiropodist or a podopostural therapist.
- We do not reimburse:
  - online delivery.

3.40 Stuttering therapy

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €500 per calendar year

Terms and Conditions:
- Reimbursement for the Del Ferro method, the Hausdorfer method, the BOMA method or the McGuire programme.
- We do not reimburse:
  - costs of accommodation.

3.41 Therapy camps

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €250, once every 12 months	Once every 12 months	Once every 12 months

Terms and Conditions:
- You suffer from asthma, an oncological disorder or diabetes and are less than 21 years old.
- This involves reimbursement of the participation costs for staying at an asthma, oncological or diabetes camp in the Netherlands.
- Organised by:
  - Stichting Heppie;
  - Stichting Kinderoncologische Vakantiekampen;
  - Netherlands Diabetes Association (Diabetes Vereniging Nederland).

3.42 Obstetric and maternity care

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

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €250 per calendar year	100%	100%

Terms and Conditions:
- The reimbursements only apply to the insured party who has given birth.

Explanation:
- The personal contribution and costs exceeding the maximum reimbursement refer to the costs that you yourself must pay under the terms and conditions of the basic insurance.
- Delivery in a maternity facility without medical grounds refers to a delivery in hospital for which there is no medical necessity or a delivery in a maternity hotel.

Maternity care (personal contribution)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	Up to €125 per calendar year	100%	100%

Terms and Conditions:
- The reimbursements only apply to the insured party who has given birth.

Explanation:
- The personal contribution refers to the costs that you yourself must pay under the terms and conditions of the basic insurance.
- This concerns maternity care provided at home or upon admission to a maternity hotel or hospital (without a medical necessity).

3.43 Wound care

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	Up to €50 per calendar year

Terms and Conditions:
- This involves reimbursement for wound self-care products.
- The products must be supplied by a dispensing practitioner.

3.44 Patient transport within the Netherlands

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	100% for transport by a Transvision taxi 100% for a personal contribution towards seated patient transport €0.32 per kilometre for transport using your own car €0.32 per km for transport by a non-contracted taxi operator

Terms and Conditions:
- We will only reimburse the cost of a taxi/own transport if your medical (physical) condition prevents you from taking public transport. We do not reimburse the costs of public transport.
- You require a statement from your general practitioner or attending medical specialist explaining the medical reasons why you cannot take public transport. The medical reasons must be clearly described. Also note that this statement should still be relevant to your current situation.
- You will require our prior permission. Always submit the statement before you require the transport.
- The treatment must be covered by your basic insurance or supplementary insurance. Reimbursements from supplementary insurance are for physiotherapy and remedial therapy, occupational therapy, cancer counselling and aftercare, or a convalescent home.
- We reimburse patient transport on the basis of the fastest regular outward and return journey between your home address and the healthcare institution. The distance is calculated using the Google Maps journey planner.

Explanation:
- Transvision is a transport coordinator that arranges a taxi to take you to the healthcare institution and back. If you would like to know whether you are entitled to Transvision taxi transport, please call +31 (0)900 33 33 33 0 (€0.15 p/m).
- The personal contribution for seated patient transport is understood to refer to the personal contribution for transport using your own car, by public transport and/or by taxi/wheelchair taxi under your basic insurance.

4. Scope of Prevention cover

4.1 Exercise programmes

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	Up to €100 per calender year	Up to €200 per calendar year

Terms and Conditions:
- You are taking part in an exercise programme and have received a relevant referral from a company doctor or medical specialist.
- You are rehabilitating following heart failure, type 2 diabetes, Gold stage 1 or 2 COPD, osteoporosis or a BMI of >30. The international BMI standard for obesity applies to children.
- The programme must be provided by a physiotherapist and/or remedial therapist who regularly offers exercise programmes at his or her practice. The programme offered must be certified by the Royal Dutch Society for Physical Therapy (KNGF) and tailored to the above target groups.

Explanation:
- The BMI chart for children can be found on a number of websites, including www.voedingscentrum.nl. The phone number is +31 (0)70 306 88 88.

4.2 Mindfulness and ACT (Acceptance and Commitment Therapy)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Up to €1,000 per calendar year	Up to €1,000 per calendar year	Up to €1,100 per calendar year	Up to €1,100 per calendar year

Terms and Conditions:
- The mindfulness trainer must be affiliated to the Mindfulness Association (Vereniging voor Mindfulness, V.V.M) and/or the Association for Mindfulness-Based Trainers in the Netherlands and Flanders (Vereniging mindfulness based trainers in Nederland en Vlaanderen, V.M.B.N).
- The ACT training must be sourced via SeeTrue ACT-trainingen (www.acttrainingen.nl), or the trainer must be a member of ACBS BeNe (Association for Contextual Behavioural Science Benelux).
- If a training programme commences in a given calendar year and continues in the following calendar year, reimbursement will be granted once only.
- We will cover the costs of one mindfulness or ACT course per calendar year.

Explanation:
- For further information, please visit www.verenigingvoormindfulness.nl, www.vmbn.nl and www.acttrainingen.nl.

4.3 Preventive courses

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	Up to €500 per calendar year	Up to €750 per calendar year

- Terms and Conditions:
- This involves reimbursement for health courses, consisting of a series of lessons provided by a qualified health-care provider. These lessons must help you improve your health or that of your co-insured parties, or help you learn to better cope with your illness. The courses included are:
  - general courses provided by a home-care organisation or patients' association (fall prevention, for example);
  - first aid for accidents involving children;
  - first aid;
  - heart problems;
  - resuscitation;
  - rheumatoid arthritis, arthrosis or ankylosing spondylitis;
  - self-management of lymphatic oedema;
  - a prenatal course, prenatal gym or prenatal yoga.
- The 'heart problems' course is only intended for people suffering from heart problems and must be organised by a home-care organisation.
- 'Resuscitation' is a basic course and must be provided in accordance with the guidelines issued by the Dutch Resuscitation Council (Nederlandse Reanimatieraad).
- The 'rheumatoid arthritis, arthrosis or ankylosing spondylitis' course is only intended for people suffering from these disorders and must be organised by the Dutch Association of Rheumatology Patients (Reumapatiëntenbond) or a home-care organisation.
- The 'self-management of lymphatic oedema' course must be organised by an instructor who has completed a study programme and is a qualified instructor in the self-management of lymphatic oedema course provided by the Dutch Lymphology Foundation (Stichting Lymfologie Centrum Nederland, SLCN).
- The provider of the prenatal course (including prenatal gym or yoga) must be registered with the Chamber of Commerce as a professional or commercial provider of such courses. These courses can also be offered by a healthcare provider who has filed its articles of association and uses a website that shows that the courses target prospective parents to help them prepare for delivery. Any courses attended following childbirth will not be reimbursed.

4.4 Preventive medicine

Preventive examinations for cardiovascular diseases and cholesterol

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	100%	100%

Terms and Conditions:
- The preventive examinations must be performed by a general practitioner.
- If any laboratory tests are required, the corresponding costs will fall under your basic insurance, to which the excess may apply.

Preventive vaccinations against flu, hepatitis B and meningococcal diseases

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
100% flu	100% flu	100% flu, hepatitis B and meningococcal	100% flu, hepatitis B and meningococcal

Terms and Conditions:
- Vaccinations must be carried out by your general practitioner or by Meditel.

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

Vaccinations and preventive medicines for a temporary stay abroad

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
-	-	-	100%

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

Explanation:
- Vaccinations may be administered by your GP, the GGD Municipal Health Service and Meditel. Travel vaccines may also be administered by PreMeo Thuisvaccinatie.
- Preventive medicine must be supplied by the pharmacy.
- For more information, please visit:
  - www.LCR.nl
  - www.ggdreisvaccinaties.nl
  - www.meditelopreis.nl
  - www.thuisvaccinatie.nl

a.s.r. Vitality Health Check (physically)

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Once every 12 months Physical check via BENU	Once every 12 months Physical check via BENU	Once every 12 months Physical check via BENU	Once every 12 months Physical check via BENU

Explanation:
- You can make an appointment to do the physical check via https://www.benu.nl/services/gezondheidscheck/maak-een-afspraak.

4.5 Sports medical examinations, sports examinations and sports injury consultations

What will be reimbursed?			
Doorgaan Basis	Doorgaan Start	Doorgaan Extra	Doorgaan Uitgebreid
Maximum of €200 once every 24 months for sports medical examination and sports injury consultations combined	Maximum of €200 once every 24 months for sports medical examination and sports injury consultations combined	Maximum of €200 once every 24 months for sports medical examination and sports injury consultations combined	100% for sports injuries consultations, and 100% once every 24 months for sports medical examination

Terms and Conditions:
- The sports medical examination must be performed by a Sports Medical Advisory Centre (SMA), a Sports Medical Centre (SMC) or a Sports Medical Institute (SMI).
- The SMA, SMC and SMI must all satisfy the independent quality criteria stipulated by the Foundation for Certification of Actors in Sports Healthcare (Stichting Certificering Actoren in de Sportgezondheidszorg, SCAS).
- The 24-month period will commence on the date of the examination or check-up.
- Injury and repeat consultations carried out by a sports physician may be covered by the basic insurance, to which excess will apply.
- The costs of occupational or other examinations of divers, pilots, glider pilots and balloonists are not reimbursed.

4.6 Sleep coaching

What will be reimbursed?		
Start	Extra	Uitgebreid
75% up to € 100 per calendar year via Somnox	75% up to € 200 per calendar year via Somnox	75% up to € 200 per calendar year via Somnox

Terms and conditions:
- See https://somnox.com/nl/asr.

4.7 Services via the Zorg voor jezelf app

Search for 'Zorg voor jezelf' in the App Store (Apple) of Google Play Store (Android) to download the app.
For more information about the app, visit https://asr.nl/zorg-voor-jezelf.

Lifestyle program (Jouw leefstijlprogramma)

What will be reimbursed?		
Start	Extra	Uitgebreid
Access to using the tailor-made 'Jouw leefstijl-programma' of 4 or 8 weeks via the Zorg voor jezelf app.	Access to using the tailor-made 'Jouw leefstijl-programma' of 4 or 8 weeks via the Zorg voor jezelf app.	Access to using the tailor-made 'Jouw leefstijl-programma' of 4 or 8 weeks via the Zorg voor jezelf app.

Terms and conditions:
- You are not (immediately) eligible for the 'Jouw leefstijlprogramma' if:
  - Your BMI is below 17.5 or above 45.
  - You are under 18 yours old.
  - You have a condition such as (but not necessarily limited to) heart problems, cancer of a neurological disease.
  - You have insulin dependent diabetes.
- If at least one of the above conditions applies to you, you will automatically excluded from participation. You then have the option to gain access to the program through an intake interview with a dietitian.

Explanation:
- Based on your BMI dietary preferences (vegan, vegetarian, omnivore), food intolerances, gender, exercise habit(s), personal goal (lose weight, gain weight and/or exercise more) and medical background (e.g. asthma) a dietitian will recommend a diet – and exercise program of 4 or 8 weeks (depending on your needs) put together for you.
- You will receive daily menus with recipes during the program. Any gluten and/or lactose intolerances are taken into account.
- You will receive exercises daily during the program.
- You track your progress weekly. If progress is not satisfactory, you will be asked if you would like to schedule a meeting with the dietitian.

Dietitian

What will be reimbursed?		
Start	Extra	Uitgebreid
A maximum of 3 consults of 45 minutes each per calendar year via the Zorg voor jezelf app.	A maximum of 3 consults of 45 minutes each per calendar year via the Zorg voor jezelf app.	A maximum of 3 consults of 45 minutes each per calendar year via the Zorg voor jezelf app.

Terms and conditions:
- You choose how you want to use the 3 consults. It is possible to plan consults with a dietitian and a mental coach, as long as the maximum of 3 consults together is not exceeded.
- If you exceeded the total of 3 consults for the calendar year, additional consults can be purchased via the app.

Explanation:
- Via the Zorg voor jezelf app, you can schedule a consult with the dietitian at a time that suits you. You can call (video) the care provider at a time of your choosing.
- Lose weight, build muscle mass or learn to deal better with intolerances. Together with the dietitian you determine your personal goal. The dietitian will provide you with tips, suggestions and recipes to achieve your chosen goal.
- The dietitians of the Zorg voor jezelf app can help you with:
  - Intolerances
  - Allergies
  - Eating during pregnancy
  - Nutrician and aging
  - Sports nutrition
  - Losing weight
  - Gaining weight
  - Meal planning
  - Recipes and menus

Mental coach

What will be reimbursed?		
Start	Extra	Uitgebreid
A maximum of 3 consults of 45 minutes each per calender year via the Zorg voor jezelf app.	A maximum of 3 consults of 45 minutes each per calender year via the Zorg voor jezelf app.	A maximum of 3 consults of 45 minutes each per calender year via the Zorg voor jezelf app.

Terms and conditions:
- You choose how you want to use the 3 consults. It is possible to plan consults with a dietician and a mental coach, as long as the maximum of 3 consults together is not exceeded.
- If you exceeded the total of 3 consults for the calendar year, additional consults can be purchased via the app.

Explanation:
- Via the Zorg voor jezelf app, you can schedule a consult with the mental coach at a time that suits you. You can call (video) the care provider at a time of your choosing.
- Via the Zorg voor jezelf app you can easily speak to an experienced mental coach from a familiar environment. In addition to a listening ear, the coaches offer you techniques to achieve goals, learn healthy behavior and change thoughts.
- The mental coaches of Zorg voor jezelf have extensive experience with the various topics of mental well-being:
  - Stress
  - Burn-out
  - Sleep problems
  - Negative feelings
  - Strong emotions
  - Life events (birth, divorce, death, dismissal, illness)
  - Physical complaints without a visible cause
  - Menopause
  - Informal care
  - Work and private life balance
  - Fears

5. Scope of dental cover

5.1 Dental treatment

What will be reimbursed?			
Tandarts Start	**Tandarts Extra**	**Tandarts Uitgebreid**	**Tandarts Optimaal**
Up to €250 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined.	Up to €500 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined.	Up to €750 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined.	Up to €1,500 per calendar year for the 'Preventive, diagnostic or simple treatment', 'Extensive treatment' and 'Emergency dental assistance abroad' categories combined.
- Preventive, diagnostic or simple treatments will be reimbursed to 100% - Extensive treatments will be reimbursed to 75% - Emergency assistance abroad will be reimbursed to 100%	- Preventive, diagnostic or simple treatments will be reimbursed to 100% - Extensive treatments will be reimbursed to 75% - Emergency assistance abroad will be reimbursed to 100%	- Preventive, diagnostic or simple treatments will be reimbursed to 100% - Extensive treatments will be reimbursed to 75% - Emergency assistance abroad will be reimbursed to 100%	- Preventive, diagnostic or simple treatments will be reimbursed to 100% - Extensive treatments will be reimbursed to 75% - Emergency assistance abroad will be reimbursed to 100%

We do not reimburse:
- Missed appointments
- Treatment that is not completed
- Mouthguard, for example for playing sports (M61)
- External whitening of teeth and/or molars (E97 + E98) if there is no medical indication
- Myofunctional equipment and associated consultations (G74 + G76)
- Inspections reports
- Cosmetic oral care (K001, K002, K003, K004)
- Dental statement
- Help with snoring
- Help with sleeping problems
- Therapeutic injection with botox

Preventive, diagnostic or simple treatments

Terms and Conditions:
- Reimbursement of the performance codes for Oral Care of the Dutch Healthcare Authority (Nza), reference date 1 January 2025, for :
  - consultations and diagnosis: C codes (except for C014 Pocket Registration and C015 Periodontium Registration);
  - preventive oral care: M codes;
  - anaesthetic: A codes (except for A20 general anaesthesia and C84 preparation for treatment while completely anaesthetised. Subject to conditions and after authorisation, these codes can be reimbursed under the basic insurance.);
  - fillings: V codes.
- You are receiving treatment from a dentist, prosthodontist or (registered) oral hygienist.
- We do not reimburse:
  - mouth guard M61;
  - orthodontics, nor the corresponding costs and treatments.
    For more information on the reimbursement for orthodontics, please see Article 3.28;
  - treatment for children up to the age of 18;
  - personal contributions.

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

Extensive treatments

Terms and Conditions:
- Reimbursement of the performance codes for Oral Care of the Dutch healthcare Authority (Nza), reference date 1 January 2025, for:
  - consultation and diagnostics: C014 Pocket Registration and C014 Periodontium Regisatration
  - surgical procedures: H codes;
  - taking and assessing X-rays: X codes;
  - a light anaesthetic: B codes;
  - root canal treatment: E codes;
  - crowns and bridges: R codes;
  - temporomandibular treatment: G codes;
  - dentures (partial prosthetics): P codes;
  - gum treatments (periodontology): T codes;
  - implants (partial prosthetics): J codes.
- You are receiving treatment from a dentist, prosthodontist or (registered) oral hygienist.
- If you are being treatment by a dental surgeon for care not covered by the basic insurance, you can claim reimbursement of that treatment under this supplementary insurance.
- If you consult a dental surgeon for treatment that is covered by the basic insurance, the excess will apply.

- We do not reimburse:
  - orthodontics, nor the corresponding costs and treatments.
    For more information on the reimbursement for orthodontics, please see Article 3.28;
  - bleaching (codes E97 and E98) in the absence of medical grounds;
  - facings (codes R72, R78, and R79) in the absence of medical dental grounds;
  - treatment for children up to the age of 18;
  - dental implants if this involves placement in a severely receded toothless jaw. These costs are covered by the basic insurance policy, to which excess may apply;
  - personal contributions.

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

Emergency dental care abroad

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

6. Exclusions

We do not reimburse:
- non-contribution clause: the costs covered under another special or standard insurance policy, whether it pre-dates the present insurance policy or otherwise, or which would have been covered under another insurance policy had the present insurance policy not been taken out;
- concurrence: insofar as the policyholder or the insured party is entitled to reimbursement of the insured costs or the provision of nursing or treatment pursuant to:
  - an insurance policy regulated by law;
  - government regulations;
  - any subsidy scheme;
  - or another agreement.
    In such cases, a claim will only be made on this insurance as a last resort and only the costs that exceed the amount that the policyholder or the insured party could claim elsewhere will be eligible for reimbursement;
- Wlz: provisions pursuant to the Long-Term Care Act (Wlz) to which insured parties have no entitlement under the Act. Unless expressly agreed otherwise, non-residents are not entitled to reimbursement of costs that, for Dutch residents, would be payable by the government under the Long-Term Care Act national insurance scheme;
- personal contribution under the Wlz: the personal contributions pursuant to the Long-Term Care Act and the personal contributions towards national screening programmes;
- missed appointments: charges incurred as a result of missed appointments;
- treatments within one family: the costs of consultations, treatments, medicines or medical aids that are granted, prescribed or provided by an insured party for him or herself or within a family by a family member for an insured party, unless we have given consent for this;
- preventive medicine: the costs of medical examinations and the issue of certificates, with the exception of the provisions of Articles 4.4 and 4.5;
- preventive examinations: for treatment and examinations contrary to the Population Screening Act (Wet op het Bevolkingsonderzoek);
- cell therapy: the costs of cell therapy;
- fitness: the costs of physio fitness and medical fitness training, under the supervision of a physiotherapist or otherwise;
- cover: the costs incurred in the period during which this insurance was not in force, where the date of treatment or provision is the determining factor;

- acts of war: damage or loss caused by or originating from armed conflict, civil war, rebellion, domestic unrest, rioting or mutiny as defined in Section 3:38 of the Financial Supervision Act (Wet op het financieel toezicht); in the event that the damage is caused by terrorism, the cover will be limited to the amount of the reimbursement that the health insurance provider receives as a result of its entitlement to claim compensation from the Dutch Terrorism Risk Reinsurance Company (Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade, NHT). Please see the terrorism cover clause;
- nuclear reactions: damage or loss caused by or relating to nuclear reactions, irrespective of how they originated.

7. Doorgaan expert

The Doorgaan expert is your first point of contact for questions and advice. You can reach the Doorgaan expert by calling +31 (0)30 278 37 00.

8. General

Time to reflect
The policyholder is entitled to dissolve the contract, without the need to state reasons, in the following two cases:
- within 14 days of the contract taking effect;
- if the contract takes effect at a later date, within 14 days of receipt of the first policy.

Consequently, the contract will be deemed not to have been concluded.

Basis of the insurance
This agreement is based on the digital application form and, if applicable, the completed health certificate provided by the policy holder or his representative to the health insurance provider. If a medical test was performed, the details provided by the policy holder and/or the insured party within the context of that test will also be taken into account.

The policyholder and/or the insured party are obliged to answer the questions asked in the above statements and declarations as fully as possible. This also applies to the facts and circumstances in relation to a known third party to be included under this insurance policy and who has reached the age of 16.

Facts and circumstances of which the policyholder and/or the insured party becomes aware or should be aware after the policyholder has submitted this application, but before the health insurance provider has disclosed its definitive decision as to whether or not to provide cover for the risk requested, must be reported to the health insurance provider by the policyholder and/or the insured party in the event that they fall within the scope of the questions asked in the statements and declarations mentioned above.

Failure on the part of the policyholder and/or the insured party to satisfy this duty of disclosure, in part or in full, may result in a limitation or even cancellation of the entitlement to reimbursement. In the event that the policyholder and/or the insured party have acted in order to intentionally mislead the health insurance provider, or if the insurance provider would not have entered into the insurance contract had it been in full possession of the true facts, the health insurance company is entitled to terminate the insurance.

Sanctions Act
We may refuse an application for supplementary insurance or terminate a current supplementary insurance policy with immediate effect under the Sanctions Act 1977 (Sanctiewet 1977), the statutory requirements in which require (financial) institutions to safeguard their integrity and, by doing this, combat unwanted trade, money laundering and terrorism.

The text of the Sanctions Act 1977 is available on https://wetten.overheid.nl.

Commencement and termination of the reimbursement

In the event that the insured party is entitled to the reimbursement of costs incurred based upon the preceding provisions of these policy conditions, the entitlement will only apply insofar as the care was received during the period in which this insurance is in force.

Privacy regulations

When applying for an insurance or a financial service, the health insurance provider will ask the applicant for personal details and other information. The health insurance provider will use the information to enter into and perform the insurance contract or financial service, to manage the relationships arising as a result, for activities aimed at enlarging its customer database, for statistical analyses, to comply with statutory obligations and in connection with the security and integrity of the financial sector. For further information, see our privacy statement at www.asr nederland.nl/privacyverklaring.

The Code of Conduct governing the Processing of Personal Details by the Insurance Industry (Gedragscode Verwerking Persoonsgegevens Zorgverzekeraars) will apply to the processing of personal details. In connection with maintaining a responsible acceptance, risk and fraud policy, we may consult these details at Stichting CIS (Central Information System Foundation), Bordewijklaan 2, 2591 XR The Hague, c/o PO Box 91627, 2509 EE The Hague.

If the health insurance provider has noted reprehensible or unlawful behaviour, it is entitled to record personal data in the External Reference Register in accordance with the regulations of the Incidents Warning System for Financial Institutions Protocol (Protocol Incidentenwaarschuwingssysteem Financiële Instellingen). This register is used by financial institutions to assess the integrity of customers and business relations and can be accessed by the health insurance company via the central data bank of Stichting CIS.

The goal behind processing personal data at Stichting CIS is to enable insurance providers to manage risks and combat fraud. For more information, please visit www.stichtingcis.nl. The applicable privacy regulations are also available on this website.

Authorisation

An authorisation issued by the health insurance provider only applies for the term of the insurance and is issued subject to changes in legislation and regulations.

Notification

Notices for the attention of the policyholder sent to his or her last known address, or to the address of the person through whose mediation the insurance has been taken out, are deemed to have reached the policyholder.

Supplementary insurance for children

Co-insured children up to the age of 18 have the same supplementary insurance coverage as the policyholder. Does the policyholder have a Doorgaanverzekering? Then co-insured children up to the age of 18 will receive comparable coverage as the policyholder, with the exception of the coverage that only applies to the policyholder under the Doorgaanverzekering. If the policyholder's supplementary insurance changes, the supplementary insurance of the co-insured children up to the age of 18 will automatically change along with it.

Tandarts Optimaal (Optimal dental care) supplementary insurance

With effect from 1 January 2020, you can no longer take out new Tandarts Optimaal (Optimal dental care) supplementary insurance. If you have an existing Tandarts Optimaal supplementary insurance on 1 January 2020, you can retain this. If you cancel the Tandarts Optimaal supplementary insurance or switch to another supplementary health insurance at some point, you cannot thereafter be insured again using the Tandarts Optimaal supplementary insurance.

Material checks and appropriate use

Material checks will be carried out in accordance with the relevant provisions laid down for the health insurance under or pursuant to the Healthcare Insurance Act. A material check consists of a regularity audit (whether the treatment invoiced was actually performed) and an efficiency audit (given the insured party's state of health, was the treatment provided the most obvious treatment?).

From a health insurance perspective, appropriate use consists of three elements:
- Does the care claimed satisfy the state of the art in science and practice?
- Does the care claimed satisfy the conditions of the medical basis?
- Does the insured party reasonably require the relevant care (suitability and quality of care)?

DTC Care Product
In order to determine the amount to be reimbursed, the DTC Care Product will be apportioned to the year in which the DTC was commenced.

9. Premium

Premium payable
Under the terms of this health insurance, a premium is payable by the policyholder.

Age-related premium
The amount of premium you pay is based on your age. If you have you exceeded the age limit, this means that the premium will change with effect from 1 January of the next calendar year.

Determination of age
No premium is payable by the insured party until the first day of the calendar month following the calendar month in which he or she reached the age of 18.

Refund of premium
In the event of premature termination of the insurance, the outstanding premium will be reduced by a reasonable amount, except in the event of termination by the health insurance provider on account of the deliberate misleading of the health insurance provider.

10. Payment of premium and payment arrears

Payment of premium
The policyholder is obliged to pay the premium as well as the contributions arising from foreign or domestic statutory regulations or provisions in the agreed manner, i.e. monthly, quarterly, half-yearly or annually, in advance. In the event the insurance policy is changed during the course of a month, the health insurance provider is entitled to recalculate or refund the premium. The insured party is not permitted to offset the premium due against a payment to be claimed from the health insurance provider. Have you authorised us to automatically debit your insurance premium from the account number you provided us? If so, we will debit the amount payable from your account every month around the same date. If the policy is backdated when drawn up, the outstanding premium will be collected as a lump sum within 30 days. The amount of the premium is shown on the policy schedule issued to you.

If the insured party has chosen to pay the premium once a year, once every six months or once a quarter and payment was not received within 30 days, the insurance provider retains the right to convert the payment term of the premium into a monthly payment term. Any right to a discount based on payment frequency will then lapse. If the policyholder or insured party makes a payment without stating the a.s.r. payment reference, a.s.r. will decide to which outstanding amount the payment will be credited.

Payment arrears
If the policyholder fails to meet the o bligation to ensure timely payment of the premium, the insurance provider will issue the policyholder a written warning after the premium due date, urging them to effect payment within 14 days, counting from the day of the warning. If no payment is forthcoming within this period, the health insurance provider will issue a second reminder stating that, if payment is not made in time, the supplementary insurance will be terminated. In that case, only the basic insurance policy will remain effective.

The insurance company will be authorised to set off the outstanding amount against any reimbursements due to be paid to the insured party.

It will be possible to apply for a new supplementary insurance policy once the arrears in payment of the premium have been paid to the bailiff. The new policy will come into effect from 1 January of the subsequent year.

Suspension of cover during detention

The insurance will be suspended for any period during which the insured party is detained. The rights and obligations of the insured party will be reinstated as soon as the period of detention ends.

11. Obligations of the policyholder/insured party

Duty to report a claim

As soon as the policyholder or the person entitled to payment becomes aware of or should become aware of an incident that could result in a duty of payment on the part of the health insurance provider, he or she is obliged to report this incident to the insurance provider as soon as is reasonably possible.

Duty to report damage

The policyholder and the person entitled to payment are obliged to provide the health insurance provider with all the information and documents that may be of importance to the insurance provider in the assessment of its duty of payment.

Duty of cooperation

The policyholder and the person entitled to payment are obliged to lend their full cooperation and to refrain from any action that may prejudice the interests of the health insurance provider.

Original invoices

The policyholder/insured party must submit the original invoices to the insurance provider within three years of the date of treatment. These invoices must be itemised in such a way that, without further inquiry, the amount payable by the health insurance provider can be clearly identified. Computer-generated invoices must be authenticated by the healthcare provider. Neither a payment overview, nor a quote, order confirmation, proof of advance payment or advance invoice is considered an invoice. Invoices submitted digitally via our app or the my-environment qualify for fast-track payment. Invoices submitted separately (digitally) are processed faster than when multiple invoices are bundled together.

Insured parties who do not have the Mijn Zorg app yet can download it here for Android or here for Apple. In the app, go to 'Submit invoice' and make a scan of the invoice.
Policyholders/insured parties should submit invoices online as follows:

- Go to www.asr.nl/verzekeringen/zorgverzekering.
- Login using the Mijn Zorg details.
- Upload a scan of the invoice.
- Submit the invoice.
- Or:
- Print out and complete the 'Medical Expenses Claim Form'.
- Send the claim to:
  a.s.r.
  Attn. Claims Handling Department
  PO Box 2072
  3500 HB Utrecht

Interests of the health insurance provider

No rights may be derived from this insurance in the event that the policyholder or the person entitled to payment has failed to meet one or more of the above policy obligations and, as a consequence, has prejudiced the interests of the health insurance provider. All rights to payment expire in the event that the policyholder or the person entitled to payment has failed to meet the above obligations with the intention of misleading the health insurance provider.

12. Claims and suspension of cover

Claims paid directly
The health insurance provider has the right to pay the claims of healthcare providers, which have been submitted by the healthcare provider to the health insurance provider, directly to the healthcare provider. The policyholder is entitled to an itemised statement of the amounts paid. The health insurance provider will not pay the healthcare provider directly if the latter is subject to a statutory sanctions regime.

Amounts owed
The claim referred to in this article under 'Claims paid directly' will be paid in full by the health insurance provider to the healthcare provider, even if the claim is not eligible for full reimbursement, for example due to an outstanding excess or a limited payment scheme. The policyholder must pay the health insurance provider the excess or payment(s), insofar as these amounts exceed the limited payment scheme.

General claim
The amounts referred to in this article under 'Amounts owed' are payable as soon as the policyholder receives notice thereof.

The policyholder must pay the health insurance provider the amounts owed within the term specified. The policyholder is not permitted to offset the amounts due against a payment to be claimed from the health insurance provider.

Suspension of cover
In the event that the policyholder fails to pay the amount due within the term specified, a written notice to pay will be issued. In the event that the policyholder fails or refuses to pay the amount due within the term stipulated in the written notice, the medical treatment and/or provisions that have taken place after the term stipulated in the written notice will not be covered by the insurance. The health insurance provider is not required to give notice of default. Cover will be reinstated with effect from the day following the date upon which the amount due is received and accepted by the health insurance provider. During suspension of cover, the health insurance provider is authorised to terminate the insurance at a time to be specified by it without being required to observe a notice period.

In the event of an arrears of payment as referred to in Article 10 (Payment arrears), the matters related to termination of the supplementary insurance policy mentioned in that article will be given priority over the suspension as described above. The policyholder must then still pay the amount due.

13. Recourse

The policyholder and/or the insured party are obliged to:
- provide the health insurance provider with information and lend their cooperation with regard to seeking recourse against a liable third party;
- contact the healthcare provider before reaching a settlement with a third party, or a party acting for or on behalf of the third party – including the health insurance provider of the third party – in relation to the damage suffered by them.

Under no circumstances may the insured party reach any settlement with this third party or the party acting for or on behalf of this third party, including the granting of discharge, if this would prejudice the rights of the health insurance provider, without the written consent of the health insurance provider.

In the event that the policyholder and/or the insured party fail to comply with these provisions in full or in part, they are obliged to compensate the health insurance provider for the damage suffered by the insurance provider as a result thereof.

If the insurance provider is able to recover the costs, any maximum reimbursements in this supplementary insurance policy will not be adjusted in favour of the insured party.

14. Fraud

Duty of cooperation

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

Personal data

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

Health insurers actively collaborate on fraud management

The Healthcare Insurance Act, the Long-Term Care Act and the Health Care (Market Regulation) Act authorise health insurance providers to exchange information among themselves for monitoring and fraud management purposes. We also share certain indications with sector partners to combat fraud, such as the Dutch Healthcare Authority (NZa), NLA and the Fiscal Intelligence and Investigation Service (FIOD), with due observance of Article 06.01 of the General Data Protection Regulation (GDPR). This information exchange may take place directly, or via the Association of Dutch Health Insurers. The GDPR sets out the way in which personal data may be processed.

Lapsed right to claims

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

Sanctions

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

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

15. Notification of relevant events

Notification
As a policy holder or insured person, you are obliged to provide us with information that may be significant for the correct implementation of the insurance within 30 days. By this we mean anyway:
- if your obligation to take out insurance ends;
- if your accountnumber/IBAN changes;
- if you are going to stay abroad for a long period of time
- if you move;
- if you are detained on the basis of a court decision;
- when your detention ends.

Birth
It is important to also report the birth of a child to us quickly. If the birth is reported to us within 4 months, we can insure your child retroactively to the day of birth. All healthcare costs incurred in the meantime will then be covered by the insurance. If the birth of a child is not reported to us until after 4 months, the insurance will commence on the day on which we receive the notification. If the child has already incurred healthcare costs, these will remain borne by the parents.

When an insured party reaches the age of 18
The health insurance provider will approach the insured party or his or her policyholder at least six weeks before the first day of the month following the calendar month in which the insured party reaches the age of 18, with the request to indicate his or her choice of supplementary insurance in relation to the premium that will be due as from that moment. In the event that the policyholder or the insured party fails to inform the health insurance provider of this choice in writing within the term stated in the request, a premium will be charged that is equivalent to the existing supplementary insurance.

16. Revision of premium or conditions

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

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

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

17. Term of the insurance policy

Commencement of the insurance policy
The insurance policy will take effect on the date that the health insurance provider receives and accepts the relevant application stating the type of policy selected. The date of commencement is indicated on the policy schedule.

Term
From 1 January, for an indefinite period. The insured party is entitled to terminate the insurance policy on a yearly basis.

Termination of the insurance policy
It is expressly determined that the health insurance provider does not have the right to terminate the insurance, except in the event of a written notice of termination by the health insurance provider in the following cases:
- In the event that the policyholder and/or the insured party fail to pay on time or refuse to pay the premium due or the amounts owed as referred to in Article 10 (Payment of premium), the health insurance provider is entitled to terminate the insurance with due observance of the procedure referred to in Article 10 (Payment arrears).
- In the event that, within two months after discovering that the policyholder has committed fraud, as referred to in Article 14, or if the duty of disclosure upon entering into the insurance contract has not been fulfilled and the policyholder and/or the insured party have acted with the intention of misleading the health insurance provider, or if the health insurance provider would not have entered into the insurance contract had it been in full possession of the facts, the insurance will end on the date stated in the notice of termination.
- In the event that the health insurance provider announces its intention to withdraw the insurance policy concerned from the market or to no longer offer it at least one month after the date of that announcement.
- In the event that, upon and/or after acceptance of the insurance application, it appears that the policyholder/insured party is listed in the External Referral Register maintained by the Central Information system Foundation (Stichting CIS), we may decide to terminate this supplementary insurance retroactively from the commencement date.

The insurance policy may be terminated in the following ways:
- The policyholder terminates the policy in writing no later than 31 December, where we must have received the notice of termination no later than 31 December.
- The policyholder makes use of the transfer system.
- The Dutch Healthcare Authority has informed you that we have failed to meet the provisions of Section 15f of the Processing of Personal Data in Healthcare (Additional Provisions) Act (Wet aanvullende bepalingen verwerking persoonsgegevens in de zorg). In that case, we need to have received your notice of termination within six weeks of the Dutch Healthcare Authority's notification.

If the policyholder takes out a supplementary insurance policy for the following year no later than 31 December, the new health insurance provider will cancel the old policy automatically. If the policyholder does not wish the new insurance provider to terminate the old insurance policy on his or her behalf, the policyholder is required to indicate this on the application form for the new insurance policy.

If the policyholder fails to cancel the supplementary insurance, the insurance will be extended automatically for a term of one calendar year.

If the policyholder does not agree with the revisions to the policy as referred to in Article 15 (Revision of premium or conditions), the policyholder must terminate the insurance within one month of receipt of the written notice from the health insurance provider as referred to in Article 16 (Revision of premium or conditions). The insurance policy will end on the date upon which the changes stated in the written notice from the health insurance provider enter into force. The premium paid for that part of the insurance period that has not yet lapsed will in this case be refunded. The policyholder will not have the option to terminate the insurance policy in the event that:
- the change in the premium and/or terms and conditions is the result of statutory regulations and provisions;
- the change in the premium is the result of the insured party whose age is a determining factor for the level of the premium having reached the age limit;

- the change entails a reduction in the premium and the cover remains the same;
- the change entails an extension of the cover and the premium remains the same.

In the event that the health insurance provider has lodged a claim against the policyholder in respect of non-fulfilment of the duty of disclosure upon entering into the insurance within two months, the insurance policy will end on the date stated in the notice of termination or, in the absence thereof, upon the date of signature of the notice of termination.

In the event that the basic insurance policy taken out with the health insurance provider ends, the policyholder may also terminate the supplementary insurance policy. In this case, the supplementary insurance policy ends at the same time as the basic insurance policy. The supplementary insurance policy must be terminated in writing and may be terminated up to the date on which the basic insurance ends.

The insurance policy will be terminated in the following cases:
- In the event of the death of the insured party, the insurance policy will end on the day following the date of death. The health insurance provider must be notified of this death within two months of the date of death.
- The insurance policy will be terminated (unless otherwise agreed in writing with the health insurance provider) for each insured party as soon as he or she is no longer insured under the Long-Term Care Act (Wlz) or commences active service as a member of the armed forces.

18. Reconsideration and complaints

This agreement is governed by Dutch law.

Request for reconsideration

If you do not agree with a decision made by a.s.r., you may request that we reconsider it. You will then have to resubmit your authorisation and add new medical information. You can submit the request for reconsideration by email to www.asr.nl/service/zorgverzekering-upload or by post to a.s.r., attn. Medical Care Department, PO Box 2072, 3500 HB Utrecht (The Netherlands). In all cases, please clearly state that your correspondence concerns a request for reconsideration.

SKGZ

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

Complaints

If you have a complaint, please contact your insurance adviser first. They will try to find an appropriate solution, if necessary in consultation with a.s.r.

If you are unable to find a solution in consultation with your insurance adviser, you may submit a complaint using the complaints form that can be filled in on www.asr.nl/over-asr/klachtenformulier, or by sending a letter to a.s.r. Klachtenservice, PO Box 2072, 3500 HB Utrecht. Alternatively, you may call us on +31 (0)30 278 36 30.

If you are dissatisfied with the way your complaint was handled, please submit it to the SKGZ.

You may also bring your complaint before the competent court.

19. Provisions for employer, employee and self-employed

General

Termination of employment
In the event that an insured party accepts a job with another company, the insurance will be continued without option under an equivalent individual supplementary insurance policy. The termination of employment must be reported to the health insurance provider prior to the date of termination of the old contract of employment. Special agreements that apply exclusively to the group insurance will not be continued under the individual supplementary insurance policy. All rights to discounts and other entitlements under the group policy will cease to apply upon termination of participation in the group insurance.

New group insurance policy
The policyholder is entitled to cancel the insurance before the end of the term, with effect from the first day of the month following the date of termination of their previous employment in connection with entering into a new contract of employment, in the event that the reason for cancellation concerns a changeover from one employment-related group insurance policy to another employment-related group insurance policy. The policyholder may cancel the old insurance up to 30 days after entering into the new contract of employment. Neither the cancellation nor the registration apply retroactively, and both will take effect on the first day of the same calendar month.

Deviation from the group nature of the contract
The health insurance provider reserves the right to terminate the contract prematurely in the event of a significant deviation from the group nature of the contract, with due observance of a notice period of one month.

Employer:

Termination of Doorgaan insurance policy
If the employer decides to longer offer the Doorgaan insurance policy to its employees, this supplementary insurance will cease to apply. Upon termination of the insurance policy, all rights to discounts and other entitlements will also cease to apply.

Self-employed:

Termination of disability insurance policy
If the disability insurance policy that is based upon this Doorgaan insurance policy is terminated, this insurance policy will terminate on the same date as the disability insurance policy. Upon termination of the insurance policy, all rights to discounts and other entitlements will also cease to apply.

Termination of disability insurance policy
You are only entitled to a group discount if you have current basic and disability insurance policies with a.s.r. and are insured under a group disability insurance scheme for entrepreneurs (i.e. group health insurance for self-employed persons who have taken out individual disability insurance and health insurance with a.s.r.). Entitlement to this group discount will immediately end upon termination of the individual disability insurance with a.s.r., or once you are no longer insured under a group disability insurance scheme for entrepreneurs.

New group insurance following termination of disability insurance
As a self-employed entrepreneur, you are entitled to terminate the insurance prematurely if you are insured under a group disability insurance scheme for entrepreneurs (i.e. group health insurance for self-employed persons who have taken out individual disability insurance and health insurance with a.s.r.) and take up employment with an employer. You may then transfer to your employer's group basic health insurance on the date on which your group disability insurance for entrepreneurs terminates, provided that the start date of your employer's group basic insurance is the same as the termination date of your insurance with us. If these two dates differ, the insurance will continue on an individual basis.

Employee:

Termination of sick leave insurance
If the employer terminates the sick leave insurance policy and/or other group income protection insurance policy that is based upon this Doorgaan insurance policy, this insurance policy will terminate on the same data as the sick leave insurance policy. Upon termination of the insurance policy, all rights to discounts and other entitlements will also cease to apply.

20. Terrorism cover clause

Under this insurance, any damage or loss due to terrorist acts is covered by the Dutch Terrorism Risk Reinsurance Company (Nederlandse Herverzekeringsmaatschappij voor Terrorismeschade N.V., NHT).
The text of the terrorism cover clause is available from the health insurance provider upon request.

21. Contact details

De Doorgaanexpert
www.asr.nl/zakelijk/verzekeringen/doorgaanverzekering-voor-ondernemers/doorgaanexpert
Telefoon: (030) 278 37 00

SOS International
BV Nederlandse Hulpverleningsorganisatie SOS International
Telephone: +31 (0)30 257 35 75
Email: info@sosinternational.nl

Meditel B.V.
PO Box 454
2800 AL Gouda
Telephone +31 (0900)202 10 40

These terms and conditions are a translation of the Dutch terms and conditions and are subject to possible translation errors. No rights may be derived from this translation. The conditions in Dutch are leading in the operation of this insurance.

a.s.r.
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3584 BA Utrecht
www.asr.nl

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