

The healthcare insurance of University Medical Centres

UMC Healthcare Insurance 2026

UMC Extra Zorg
UMC Extra Tand

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Welcome to Healthcare Insurer UMC

These are the insurance terms and conditions for your supplementary healthcare insurance policy/policies at Zorgverzekeraar UMC. Here you can find important information about your supplementary health insurance.

Our website

You want to find out more about this health insurance? You can find much information on our website umczorgverzekering.nl. For example, how to submit claim forms (receive reimbursements).

Find healthcare providers

You can find our contracted, preferred and accredited healthcare providers at umczorgverzekering.nl/zorgzoeker.

Requesting approval

Would you like to know which healthcare services and treatments are subject to our prior approval (authorisation)? Then please check these policy conditions. Go to umczorgverzekering.nl/machtiging for full information.

Help with payments

Need help with payments? Or would you like to know more about paying your premium and medical expenses? Then visit [Need help with payments? We're happy to help!](#)

Contact

Do you want to contact us? Go to umczorgverzekering.nl/service-en-contact to see our contact details. We'll be pleased to help you.

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I. General

Article 1. Healthcare insured

1.1. Contents and scope of the covered healthcare

Your supplementary insurance entitles you to (reimbursement of the costs of) care as described in these policy conditions subject to medical necessity. Medical necessity is the case if it is fair and reasonable to state that you are dependent on the type of care in terms of content and scope, and if the type of care is efficient and effective. A key factor in the content and scope of the type of healthcare is 'what the relevant healthcare providers generally offer'.

1.2. Authorised healthcare providers

Your healthcare provider must comply with certain conditions. The relevant healthcare article sets out which healthcare providers may provide the healthcare services and the supplementary conditions the healthcare provider must fulfil. For some types of healthcare, we offer contracted, preferred or accredited healthcare providers. A list of our contracted, preferred and accredited healthcare providers is available from our website.

1.3. Reimbursement of healthcare costs

You are entitled to reimbursement of healthcare costs (covered), up to the maximum of the Wmg (Healthcare Market Organisation Act) rates applicable in the Netherlands. If no Wmg rates apply, we will reimburse the costs up to the market price perceived as reasonable in the Netherlands.

1.3.1. Healthcare provided by a contracted healthcare provider

If you make use of a healthcare provider we contracted, then we reimburse the cost of healthcare based on the rates agreed.

1.3.2. Healthcare provided by a non-contracted healthcare provider

If you selected a healthcare provider that we have not contracted for the care (relevant for you), then you may be required to personally pay all or some of the invoice. Non-contracted care providers also include preferred care providers. Please find more information in these policy conditions per type of care. If applicable, your claim on us for skin treatments, mindfulness for burn-out complaints or sex therapy cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Article 3:83 paragraph 2 of the Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder's account number.

1.3.3. Healthcare provided by a non-preferred or non-accredited healthcare provider

Did you select a non-preferred or non-accredited healthcare provider? Then we do not reimburse the cost. Please find more information in this reference guide per type of care.

1.3.4. Budget

Do you have a budget for the relevant healthcare? In that case, the total reimbursement will never exceed the maximum budget stated in the relevant care provision.

1.3.5. We also reimburse some healthcare types if the care is provided by a care provider established abroad, provided that this care provider offers comparable care. This is set out in the relevant care provisions. If these insurance terms and conditions entitle you to reimbursement of a statutory personal contribution on the grounds of the healthcare insurance, we will also reimburse you if this care has been provided abroad and is covered for reimbursement under the healthcare insurance policy.

1.4. Sending invoices

Most healthcare providers send us the invoices directly. If you have received an invoice yourself, you can submit your claims online via the [Mijn UMC Zorgverzekering](#) or via the [UMC Zorg app](#). You must retain the original invoice for at least one year after submitting the relevant claim form. We may request the invoices for inspection. If you are unable to submit the invoices, we may recover the amounts paid out to you, or settle the relevant amounts with amounts due to you. Submitting claim forms by post is also possible. Send the original invoice to Postbus 25030, 5600 RS Eindhoven. In some cases, we may also ask you to complete a claim form and send it to us. Visit our website for more information.

Please do not send us a copy or reminder. We can only process original invoices. We can only reimburse invoices that we have received within 3 years. This period of 3 years starts on the first day after the day that you become aware the claim is due.

Please check that at least the following details are listed in the invoice:

- the date on which the invoice was made by the care provider and the invoice number (in the right order, and each invoice number may only occur once);
- your name, address and date of birth;
- type of treatment, amount per treatment and date of treatment;
- the name and address of the healthcare provider.

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

1.5. Direct payment

We may pay the healthcare costs directly to the healthcare provider. This means you are not entitled to reimbursement.

1.6. Settlement of costs

If we pay directly to the healthcare provider, sometimes a small contribution is required from you. Sometimes we have reimbursed more than you are formally entitled to pursuant to your supplementary insurance policies. Or the cost of care will be charged to you for some other reason. In that case, as the policyholder, such costs are payable to us. We will charge these amounts to you later. You have a legal obligation to pay such amounts. We reserve the right to settle such amounts with amounts due to you.

1.7. Referral, prescription or approval

For some forms of healthcare, you require a referral, prescription and/or prior approval in writing demonstrating that you are dependent on this healthcare. The healthcare article provides more details.

Referral or prescription

Does the healthcare article set out that you require a referral or a prescription? Then you can request one from the healthcare provider mentioned in the article. This is generally the general practitioner.

Permission (authorisation)

Sometimes you need our permission before you are granted reimbursement for certain care. Such approval is also called an authorisation. If you have not received such an authorisation beforehand, you are not entitled to (reimbursement of the costs of) care.

If you use a care provider with whom we have not concluded a contract for the care in question, you must request permission from us personally. For certain care, the care provider may request permission on your behalf. Visit our website for more information. In order to grant permission, we check whether your care provider is of irreproachable behaviour. If your care provider is not of irreproachable behaviour, this may affect the response to your request for permission.

1.8. When are you entitled to (reimbursement of costs of) insured care?

You are entitled to healthcare or reimbursement of such healthcare if the healthcare was delivered during the term of your supplementary insurance policy. In these Policy Terms and Conditions, this is based on years or calendar years. To determine the year or calendar year associated with the submitted expenses, we check the date the healthcare service was delivered by the healthcare provider. This is the reference date for this purpose. Suppose that your treatment falls in two calendar years and the healthcare provider may charge the cost as a single amount (for example a Diagnosis Treatment Combination), Then we will reimburse these costs if the treatment started within the term of the supplementary insurance and the costs were incurred in the calendar year in which your treatment started.

1.9. Exclusions

You are not entitled to:

- forms of healthcare or healthcare services that are funded pursuant to legal regulations, including the Wlz (Long-Term Healthcare Act), the Youth Act or the 2015 Wmo (Social Support Act);
- reimbursement of costs incurred for not being on time for your appointment with a healthcare provider (the 'no-show fee');
- reimbursement of costs for statements in writing, mediation costs charged by third parties without having been issued our prior approval statement in writing, administrative fees or charges due to overdue payment of invoices of healthcare providers;
- reimbursement of personal contributions or excess payable under the terms of any other insurance, except if and where clauses in these policy conditions determine otherwise;
- healthcare and reimbursement of healthcare costs that could be claimed pursuant to the Zorgverzekeringswet (Healthcare Insurance Act) if you are subject to mandatory insurance pursuant to this Act;
- healthcare and reimbursement of healthcare costs that can or could be claimed pursuant to the Wlz (Long-Term Healthcare Act), Healthcare Insurance Act or any other Act, provision or insurance, of an older date or not, if the supplementary insurance had not been covered with us. In that case this supplementary insurance policy will only be valid in the last resort. In that case, under these policy conditions, only claims would become eligible for reimbursement that exceed the amount that may be claimed from other parties. We adhere to the covenant on overlap of travel insurance policies and supplementary health insurance. Please find the text of the covenant on our website;
- reimbursement of losses that are an indirect result of our actions or omissions;
- healthcare and reimbursement of healthcare costs caused by or resulting from armed conflict, civil war, uprising, civil disorder, riots or mutiny occurring in the Netherlands, as defined in Section 3.38 of the Wet op het financieel toezicht (Financial Supervision Act);
- healthcare and reimbursement of healthcare costs due to negligence or malintent;
- reimbursement if the costs are charged by and/or the treatment is carried out by you, your partner, your child, your parent or (other) relative in your household.

1.10. Right to care and other services as a result of terrorist acts

If you need healthcare as a result of one or more terrorist events, then the following rule applies. If the total amount of claims submitted within a year or calendar year for non-life, life or in-kind funeral insurers (including healthcare insurers) according to the Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V. (NHT or Dutch Reinsurance Company for Terrorism-Related Claims) exceeds the maximum amount that this company reinsures annually, you are entitled to only a certain percentage of the cost or value of the healthcare. The NHT determines the exact percentage. This applies for non-life, life and funeral insurers (including healthcare insurers) that are subject to the Financial Supervision Act. The exact definitions and provisions of this claim have been set out in the NHT's Terrorism Cover Clauses Sheet.

Guarantee pay-out on terrorism-related claims

In order to be able to guarantee that you will receive payment on terrorism-related claims, (almost all) insurers in the Netherlands are party to NHT (the Dutch Reinsurance Company for Terrorism-Related Claims). We are also a member. The NHT issued regulations that ensure pay-out of at least part of any terrorism-related claim. The NHT has set a cap on the total amount to be paid out in the event of a terrorist act. The maximum amounts to 1 billion euros per year for all insured combined. If the sum of losses exceeds this cap, then each insured that incurred losses will be paid an equal percentage of the maximum amount. In reality, this implies that you may be paid out less than the actual value of the loss amount. But it also means that you are assured that you will at least be compensated (part of the loss/cost).

Article 2. General provisions

2.1. Basis of supplementary insurance

The insurance contract has been concluded on the basis of the information that you have entered online, by telephone, in writing or on the application form.

After taking out the healthcare insurance policy, you will receive a policy from us as soon as possible. Furthermore, you will receive a new policy prior to each new calendar year. These policy conditions form an integral part of the policy. The policy schedule will state the persons insured and the supplementary healthcare insurance taken out for them.

2.2. Supplementary cover

The insurance contract applies to the supplementary insurance policy/policies shown on the policy schedule or otherwise confirmed to you in writing. These policy conditions are part of the insurance agreement and apply to UMC Extra Zorg and UMC Extra Tand. These packages are referred to in these policy conditions as: supplementary insurance.

2.3. Related documents

In these insurance conditions, we refer to documents. These form an integral part of the policy conditions insofar as applicable. It concerns the following documents:

- Appendix 1 to the Healthcare Insurance Decree
- Healthcare Insurance Scheme
- Clauses Sheet Terrorism Cover
- List maximum reimbursements non-contracted healthcare providers supplementary insurance policies
- List of maximum reimbursements abroad
- Overview contracted and preferred healthcare providers
- Reference protocol to the lactational NVL en VSBB
- Healthcare Module Prevention Diabetic Foot Ulcers
- We adhere to the covenant on overlap of travel insurance policies and supplementary health insurance.

You can find these documents on our website.

2.4. Fraud

If we suspect fraud, we will conduct an investigation (or have one conducted). You are required to cooperate with this investigation and provide us with relevant and accurate information. During this investigation, we will not pay out any of your claims. Does the investigation reveal that you have, or someone else on your behalf has, committed fraud (for some or all of the relevant claims)? Then your right to (reimbursement of the cost of) care will lapse. In addition, we will recover from you any amounts paid out on the relevant claims. You are also required to pay the costs resulting from the fraud investigation.

Reporting and registration

In the event of fraud, we reserve the right to report the event to the police. We may also record, or have another party record, your information and that of co-perpetrators and accomplices:

- in our Incident Register;
- in the External Referral Register (EVR) of the CIS Foundation.

Termination of insurance policy/policies

If you commit fraud, we will terminate your healthcare insurance policy. In that event, you will not be accepted for a new healthcare insurance policy for 5 years. We will also terminate your supplementary insurance. In that case, you cannot take out supplementary insurance cover with the insurers of Coöperatie VGZ for 8 years.

Fraud committed by healthcare providers

We list any healthcare providers who commit fraud on the External Referral Registry (EVR). We do not reimburse care from health care providers who are on this registry and will inform these providers accordingly. Prior to providing care, the health care provider is required to inform you that we will not reimburse their care.

2.5. Private data protection

We process your private data when we carry out your insurance policies. This is completed in compliance with legislation and regulations, including the General Data Protection Regulation (GDPR). Please find more details about this in the privacy statement on our website. The privacy statement also states your rights.

If you have any questions regarding processing private data, please contact our Data Protection Officer. For more information about privacy, please check the Privacy page on our website.

2.6. Notifications

Communications sent to the last address known to us will be deemed to have reached you. If you want to receive all our messages in electronic format, please indicate your choice in [Mijn UMC Zorgverzekering](#) or in the [UMC Zorg app](#).

2.7. Membership in the Cooperative

Upon acceptance for this healthcare insurance policy, you, as the policyholder, also become a member of the cooperative society Coöperatie VGZ U.A., unless you notify us in writing that you prefer not to do so. The Cooperative looks after the interests of its members in the field of health and other insurance policies. You may terminate your membership at any time, subject to a one-month notice period. The membership will in any case be terminated on the termination date of the insurance contract.

2.8. Cooling-off period

Upon taking out supplementary insurance, you have a 14-day cooling-off period as the policyholder. You are entitled to cancel the supplementary insurance policy in writing within 14 days of signing the contract. In that event the insurance contract is deemed to have never been concluded.

2.9. Dutch law

The supplementary insurance is governed by Dutch law.

The insurance terms and conditions were prepared in Dutch. In the event of a discrepancy between the content and interpretation of the Dutch insurance terms and conditions and a translation, the Dutch insurance terms and conditions will be leading.

Article 3. Premium**3.1. Who pays the premium?**

The policyholder is required to pay premium. For an insured person younger than 18 years of age, no premium needs to be paid until the first day of the calendar month following the 18th birthday. Example: someone who turns 18 on 1 July will pay premiums starting 1 August.

Upon death of an insured, premium is due up to the date of death. After a change of the supplementary insurance policy, we will recalculate the premium as per the effective date of the change.

What requirements does the account number have to meet?

The name that goes with the account number must correspond to the name of the policyholder. In addition, the account number must be registered in a country that participates in the Single Euro Payments Area (SEPA).

3.2. Premium discount for group contract

- 3.2.1. The premiums and conditions as set out in the group contract apply from the first day of your participation in the group contract.
- 3.2.2. From the day you can no longer participate in the group contract, the premium discount and conditions of the group contract will expire. From this day onwards, the supplementary insurance will be converted into supplementary insurance on an individual basis if you belonged to the target group as described in Article [6.2.1.](#).
- 3.2.3. You can only participate in 1 group contract at a time.

3.3. Payment of premium, statutory contributions, excess and fees

- 3.3.1. You are required to pay the premium and (foreign) statutory contribution monthly in advance for all insured, unless otherwise agreed.
- 3.3.2. If you do not use digital correspondence, you will be charged a fee for paper post. The cost amounts to €1.40 per month. You do not pay any fees for the policy and the European Health Insurance Card (EHIC). More information on paper post costs is available from our website.
- 3.3.3. You will pay the premium, excess, personal contributions, fees for paper invoices and benefits paid to you in error using the payment method agreed with us.

Payment options

- a. You authorise us for automatic direct debit of the amounts due (see also Article [3.3.4.](#)).
 - b. You make use of the option of receiving a digital invoice free of charge via [Mijn UMC Zorgverzekering](#). In that case you are expected to personally ensure on-time payment. Direct online payment via iDeal is an option.
 - c. Your employer deducts the premium and any charges for paper post from your salary and remits these amounts to us.
 - d. You make use of the option of receiving a paper invoice. In that case you are expected to personally ensure on-time payment.
- 3.3.4. Your authorisation for direct debit applies to the payment of premiums, excess, personal contributions, charges for paper post and any amounts paid to you in error. Such an authorisation applies during and if necessary also after expiration of the insurance contract. Please refer to your policy schedule to check the date of direct debit collection of the premium for the entire calendar year. For the other costs, we will notify you at least 3 days before the date on which the amount is collected, stating the amount to be taken out of your account and the direct debit transaction date. If you disagree with a processed payment, you can have the payment reversed later. Please contact your bank within 8 weeks of processing the payment.

3.4. Settlement

You may not settle any amounts due with any amounts payable to you.

3.5. Failure to pay by due date

- 3.5.1. If you do not pay the premium, statutory contributions, personal contributions, excess, paper post charges and any amounts paid out to you in error before the due date, we will send you a reminder. If you do not pay within the term of at least 14 days as stated in the reminder letter, we may suspend cover of the supplementary insurance policy/policies. In that case you are not entitled to healthcare and reimbursement of healthcare costs from the last premium due date before the reminder. Your obligation to pay the premium will continue during any period of suspension. Entitlement to (reimbursement of costs of) healthcare is restored on the date following the date on which the amount due plus any fees were received. We reserve the right to terminate the supplementary insurance policy/policies if payments are in arrears. In the event of termination of the insurance contract, you may submit an application for supplementary insurance after payment of the amount and any fees due. Do you have an active debt repayment/restructuring arrangement and are all the creditors in agreement (MSNP/ WSNP)? Then you can apply for supplementary insurance. If we accept the application, the supplementary insurance cover will take effect on 1 January of the next calendar year.
- 3.5.2. If you have already been reminded for failure to pay premiums, statutory contributions, excess, personal contributions, paper post charges or any amounts paid out to you in error, we are not required to give you separate written notice if you fail to pay a subsequent charge on time.

- 3.5.3. We reserve the right to directly settle the premium due, fees and statutory interest with any amounts of claimed healthcare costs or other amounts payable to you.
- 3.5.4. If we terminate the supplementary insurance policy/policies because of overdue payment of the premiums, we reserve the right to not accept you for any new insurance contracts for a period of 5 years.

Article 4. Other obligations

You have the following obligations:

- to inform us regarding facts that (may) facilitate recovery of costs from potentially or actually liable third parties, and to provide us with full information in that context. This would include charges that we could recover from the liability insurance policy of the party causing the accident. You may not make any arrangements with a third party without our prior approval in writing. You must refrain from any actions that may harm our interests;
- to cooperate with our medical advisor or employees in obtaining all information they require for ensuring the implementation of the supplementary insurance policy/policies;
- to ask the healthcare provider to disclose the reason for hospitalisation to our medical advisor;
- to inform us as quickly as possible relating to any facts and circumstances that may be relevant for correct implementation of the supplementary insurance policy/policies. This includes start and end of detention, marriage, separation or divorce, birth, adoption, or a change in bank or giro account number. We are not liable for any risks in the event of non-compliance with the above provisions.

If you do not fulfil your obligations and this affects our interests, we reserve the right to suspend your right of cover and reimbursement of healthcare costs.

Article 5. Changes in the premium and conditions

5.1. Changes in the premium and conditions

We reserve the right to change the conditions and the premium of the supplementary insurance policy/policies at any time. We will inform you, the policyholder, accordingly in writing. Such changes shall become effective on a date at our discretion.

5.2. Cancellation right

If we amend the conditions and/or the premium of the supplementary insurance policy/policies to your disadvantage, you, as the policyholder, have the right to cancel the insurance contract as per the effective date of the change. You may cancel the contract in any case during one month after being notified of the amendment. You do not have the right to cancellation if amendment of the policy conditions directly ensues from statutory measures, arrangements or provisions.

Article 6. Start, term and cancellation of supplementary insurance policy/policies

6.1. Start date and term

The insurance contract becomes effective on the date that we have designated as the start date of the healthcare cover, on the date on which you participate in the group contract, or on 1 January of a calendar year. The supplementary insurance policy is taken out for the calendar year in which the supplementary insurance became effective. Upon expiration of this term, the supplementary insurance policy is subject to automatic renewal for a period of one calendar year.

6.2. Acceptance for supplementary insurance

6.2.1. Acceptance for supplementary insurance

The supplementary insurances of Zorgverzekeraar UMC insurance can only be taken out as a supplement to the healthcare insurance policies of Zorgverzekeraar UMC insurance if healthcare insurance is mandatory for you within the meaning of the Healthcare Insurance Act (Zorgverzekeringswet). You can take out the UMC Extra Zorg and UMC Extra Tand supplementary insurance policies (see chapters II and III) only if you are part of the target group for which group contracts have been made and you are actually insured with us through a Zorgverzekeraar UMC contract. UMC Extra Tand 3 is subject to a 12-month qualification period for crowns and bridges (R codes), partial dental prostheses (P codes), implants (J codes and the fees invoiced by the oral surgeon) and orthodontic care (F codes). Insured up to age 18 in UMC Extra Zorg 2 en UMC Extra Zorg 3 are subject to a qualification period for orthodontic care (F codes). This means that during the qualification period, you are charged a premium, but you do not receive any reimbursement for crowns, bridges, partial dental prostheses, implants and orthodontic care.

You have no waiting period if you had an equivalent or better supplementary insurance for at least 12 months following the start date of the supplementary insurance.

There are special situations:

- You had an equivalent (or better) insurance following the start date of the supplementary insurance. You had this insurance for less than 12 months. In this case, the waiting period only consists of the remaining months.
- You are already insured with us for a reimbursement for which a waiting period applies and you change your supplementary insurance. In this case, the waiting period only consists of the period during which you were not insured for an equivalent or better reimbursement.
- You are already insured with us for a reimbursement for which a waiting period applies, but for less than 12 months, and you change your supplementary insurance. In this case, the waiting period only consists of the remaining months. NB: This situation may coincide with the situation described above.

The table below shows you in which cases we consider your current reimbursement to be equivalent. Visit our website for more information.

Supplementary insurance	Reimbursement with waiting period	Equivalent insurance
UMC Extra Zorg 2	Orthodontics up to the age of 18	Insurance policies with a reimbursement of €1,250 and above
UMC Extra Zorg 3	Orthodontics up to the age of 18	Insurance policies with a reimbursement of €2,000 and above
UMC Extra Tand 3	Crowns, bridges, partial dental prostheses and implants	Insurance policies with a reimbursement of €750 and above

6.2.2. Family cover

Children under age 18 will have the same supplementary insurance policy/policies as the highest level insured for a parent/foster parent on the policy.

6.2.3. Change to supplementary insurance

You may decide to change your supplementary insurance policy/policies. This is subject to the provisions of [6.2.1.](#) and [6.2.2.](#). As the policyholder, you are required to forward us such changes latest by 31 January 2026. The change will then become effective as per 1 January 2026 (with retroactive effect). A change is defined as switching to another supplementary insurance we offer.

If you want to switch to a supplementary insurance policy provided by a different insurer, you need to cancel your current supplementary insurance policy. You must notify us of your cancellation by 31 December (see Article [6.4. When can you cancel your insurance policy/policies?](#)).

In the cases of care for which reimbursement waiting periods of more than one calendar year apply, these periods will continue if any Zorgverzekeraar UMC supplementary insurance is changed. This means that reimbursements previously paid by us on the basis of a previous supplementary insurance will be included in the new supplementary insurance. This is subject to the condition that your new supplementary insurance includes reimbursements for this

care.

6.3. Termination by operation of law

Regulatory termination of the supplementary insurance cover is effective on the day following the day on which:

- the healthcare insurer is no longer permitted to offer or administer insurance policies due to change or suspension of its licence for general insurance activities. We will disclose any such changes at least 2 months in advance;
- the insured person dies;
- the insured is no longer subject to mandatory insurance under the Healthcare Insurance Act;
- the healthcare insurer suspends its activities in offering and executing the supplementary insurance policy/policies as set out in these policy conditions. We will disclose any such changes at least 3 months in advance.

As the policyholder, you are required to inform us as soon as possible of the death of an insured or other facts and circumstances relating to the insured that result in termination of the supplementary insurance cover. If we determine that the supplementary insurance policy is terminated or will be terminated, we will send you a termination certificate as soon as possible.

6.4. When can you cancel your insurance policy/policies?

6.4.1. Annually

As the policyholder, you may cancel the supplementary insurance policy/policies in writing as per 1 January of any year, subject to our receipt of your notice of termination by 31 December of the previous year at the latest.

Please note

You may cancel the supplementary insurance policy/policies in writing annually as per 1 January. This is subject to the condition that we have received your cancellation no later than 31 December.

6.4.2. Intermediate

As the policyholder, you may cancel the supplementary insurance policy/policies in writing intermediately in the following cases:

- in the event of changes to the premium and/or policy conditions as set out in Article [5.2. Cancellation right](#);
- at the same date as termination of our healthcare insurance;
- for a co-insured child, upon the child's 18th birthday. The cancellation becomes effective on the first day of the month following the month in which your child reaches age 18. This is subject to the condition of having received your notice of termination by the end of the month of your child's 18th birthday.

Cancellation service

Alternatively, you may make use of the cancellation service provided by the Dutch healthcare insurers to cancel your supplementary insurance policy/policies. Details are set out in Articles [6.4.1.](#) and [6.4.2.](#). This means you authorise the insurer of your new supplementary healthcare policy/policies to cancel the healthcare policy/policies with the previous insurer.

6.5. When are we entitled to cancel, dissolve or suspend the supplementary insurance policy/policies?

We may cancel, rescind or suspend the supplementary insurance policy or policies in writing:

- if you do not pay amounts charged by their due date, as stated in Article [3.5. Failure to pay by due date](#);
- in the event of fraud (see Article [2.4. Fraud](#));
- if you have intentionally omitted to provide us with information or documents, or have intentionally provided us with any information or documents that are incomplete or inaccurate or that may lead to a disadvantage for us;
- if you have acted with intent to deceive us, or if we would not have granted supplementary insurance had we known the true state of affairs.

In such cases, we reserve the right to cancel the supplementary insurance policy/policies within 2 months of detection and with immediate effect. In such cases, we are not liable for paying out any amounts, or we may reduce the amount to be paid out. We may offset the resulting claims with other amounts payable to you;

- if you exhibit unwelcome behaviour toward us, our staff or caregivers, or cause damage to our property.

Inappropriate behaviour includes aggression, making threats, using force or intimidation, or other undesirable behaviour. Undesirable behaviour is defined at our discretion. We may report this to the police and register you (or have you registered) in our Incidents Register and the External Referral Register (EVR). We observe a notice period of 2 months when terminating. If we have terminated your supplementary insurance in such circumstances, you cannot take out supplementary insurance with the insurers of Coöperatie VGZ for 8 years.

Article 7. Complaints and disputes

7.1. Submitting a complaint

You may rest assured that we organise everything carefully relating to your supplementary insurance policy.

However, one hundred percent satisfaction is not always achievable. We are open to hearing your complaints and suggestions. For more information regarding filing a complaint, please visit our website.

Please indicate in as much detail as possible what happened, what you are dissatisfied with, what you think is the best solution and when you can best be reached. Please attach all relevant documents. Please do not send any originals with your complaint.

After all, you may still need the originals yourself.

If you are unable or unwilling to submit your complaint, you can have someone else do this on your behalf. However, for privacy reasons, we will require your permission in writing to deal with such a proxy. We cannot process the complaint until we receive your permission.

You will receive a response to your complaint from us within 30 days. The Complaints Management Department acts on behalf of the Executive Board. If you are not satisfied with the decision or if you have not received any response within 30 days, please feel free to submit your complaint or dispute to SKGZ (Foundation Complaints and Disputes Healthcare Insurance), PO Box 291, 3700 AG Zeist, the Netherlands, www.skgz.nl. Alternatively, you may submit the dispute to the competent court of law.

7.2. Complaints about our forms

Do you find a form redundant or complicated? Then you may submit a complaint. More information is available on our website. Alternatively, you can submit your complaint to the Dutch Healthcare Authority for the attention of the Information Line/the Notification Centre, PO Box 3017, 3502 GA Utrecht, the Netherlands, email: info@nza.nl. The website of the Dutch Healthcare Authority (NZa - Nederlandse Zorgautoriteit), www.nza.nl, sets out how to submit a complaint about forms.

Article 8. Healthcare advice and mediation

You are entitled to mediation for healthcare if you are confronted with a non-acceptable long waiting time for treatment by a healthcare provider authorised to provide the relevant healthcare according to this supplementary insurance cover. For such waiting periods, you may request assistance from our Healthcare Advice and Mediation department.

You may also approach this department for general questions on care, such as relating to looking for a healthcare provider with a certain area of expertise or help in navigating through the care sector. Together with you, our healthcare advisors will look into the possibilities.

II. Extra Zorg Basis, Extra Zorg Instap, Extra Zorg 1, Extra Zorg 2, Extra Zorg 3

ALTERNATIVE CARE

Article 9. Alternative care

This is your cover

The cost of:

1. treatments and visits that fall in the scope of acupuncture and other oriental medicine, antroposophic alternative medicine, chiropractice, craniosacral therapy, haptotherapy (age 18 and older), Van Dixhoorn breathing and relaxation therapy, homeopathy, E.S. manual therapy, musculoskeletal medicine, natural medicine, osteopathy and psychosocial care (age 18 and older);
2. homeopathic or anthroposophic drugs and medication
 - registered in accordance with the Medicines Act (Geneesmiddelenwet)
 - with an HA or HM registration in the Homoeopathy Taxe of the Z index.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 300 per calendar year Treatments and visits are subject to a maximum fee of € 40 per day.	a maximum of € 500 per calendar year Treatments and visits are subject to a maximum fee of € 40 per day.

This is not covered

Alternative care does not include visits and group or individual treatments for:

- prevention, well-being and/or self-development;
- social services, coaching and counselling;
- work-related or school-related problems and/or problems relating to raising children;
- relationship therapy;
- beautifying treatment;
- nutritional advice and exercise information in the context of weight problems;
- cell therapy and chelation therapy;
- all psychosocial therapy, including haptotherapy for insured persons younger than 18.

You are not entitled to reimbursement of the cost of:

- diagnostic tests such as laboratory tests, scans, psychological school examinations, intelligence tests;
- tests for applications for a personal budget, for example.

This is where to go

Treatments and visits are only available from one of our preferred healthcare providers. A list is also available from our website. Please go to a pharmacist for drugs and medications. A doctor with a BIG registration, general practitioner, medical specialist, oral surgeon or obstetrician prescribes the medicines.

Which medication is reimbursed?

If you want to know if a certain drug is covered, You can obtain the Z-index item number from your healthcare provider and contact us. Please find our contact details on our website. With this number, we can check for reimbursement of the relevant drug for you. Your pharmacy or dispensing general practitioner can also check whether the remedy has an HA or HM registration in the Taxe Homeopathy.

PHYSIOTHERAPY

Article 10. Physiotherapy, Cesar/Mensendieck remedial therapy and oedema therapy

This is covered

The cost of:

1. Physiotherapy
2. Cesar/Mensendieck remedial therapy
3. Oedema therapy
4. Scar therapy
5. Hand or finger splints for temporary use

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of 6 treatments per calendar year	a maximum of 9 treatments per calendar year For manual physiotherapy a maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.	a maximum of 18 treatments per calendar year For manual physiotherapy a maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.	a maximum of 32 treatments per calendar year For manual physiotherapy a maximum of 9 sessions per medical indication per calendar year. Such treatments are part of the listed calendar year maximum.

Carrying unused treatments forward

In addition to the reimbursement mentioned above, you can carry forward unused treatments from the preceding calendar year to this calendar year. Your supplementary insurance in this calendar year determines the maximum number of treatments that you can carry forward.

We determine the number of unused treatments based on the number of treatments that were reimbursed from your budget in the previous calendar year. This also applies if these treatments were submitted and reimbursed after 1 January of this year.

Example: if you are currently insured based on the UMC Extra Zorg 1, then your unused treatments from the previous calendar year are capped at 3. However, the condition is that you are still entitled to 3 treatments from the previous calendar year and that these treatments have not been used.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of 2 treatments per calendar year	a maximum of 3 treatments per calendar year	a maximum of 4 treatments per calendar year	a maximum of 6 treatments per calendar year

Please note

The physiotherapy and Cesar/Mensendieck remedial therapy treatments covered by the healthcare policy are not covered by the supplementary insurance policy.

This is not covered

- Occupational curative care and reintegration programmes;
- Treatments and treatment programmes to improve fitness, such as medical exercise therapy, physical fitness, exercise for the elderly, exercise for overweight and cardio training;
- A hand or finger splint for preventive use, such as for playing sports.

This is who to see

1. Physiotherapy: from a physiotherapist. For specialised physiotherapy, you can seek treatment from a pelvic physiotherapist, psychosomatic physiotherapist, geriatric physiotherapist, paediatric physiotherapist or manual therapist.
2. Cesar/Mensendieck remedial therapy: from a Cesar/Mensendieck remedial therapist. For specialised remedial therapy, you can seek treatment from a pelvic remedial therapist, geriatric remedial therapist, paediatric remedial therapist or psychosomatic remedial therapist.
3. Oedema therapy: from an oedema therapist or oedema physiotherapist, or skin therapist.
4. Scar therapy: from a skin therapist.
5. Hand or finger splint: from a physiotherapist with a Certificaat Handtherapeut (CHT-NL - Hand Therapist Certificate).

You will only be reimbursed for costs incurred for specialised therapy if the treatment is provided by a therapist who is registered in the designated register or sub-register of the:

- Individual Register of Physical Therapy of the Royal Dutch Association for Physical Therapy (KNGF - Koninklijk Nederlands Genootschap voor Fysiotherapie);
- Individual Register of Physical Therapy Accreditation of the Dutch Physiotherapy Accreditation Foundation (SKF - Stichting Keurmerk Fysiotherapie);
- Sub-specialism register of the Quality Register of Paramedics (KP - Kwaliteitsregister Paramedici).

For physiotherapy, Cesar/Mensendieck remedial therapy and oedema therapy, we only have contracts with healthcare providers that fulfil the quality requirements of the professional group.

Please note

For physiotherapy in the context of Parkinson syndrome, we exclusively work with contracted specialist healthcare providers that are a member of ParkinsonNet. If you go to a healthcare provider that is not on the ParkinsonNet list, you will receive a lower reimbursement. For more information on ParkinsonNet, please visit our website.

Please note

For physiotherapy in the context of Parkinson syndrome, we exclusively work with contracted specialist healthcare providers that are a member of ParkinsonNet. For more information on ParkinsonNet, please visit our website. We also reimburse this care if you go to a healthcare provider abroad who provides similar care. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'. An overview of contracted healthcare providers is available from our website.

OCCUPATIONAL THERAPY

Article 11. Occupational therapy

This is covered

The cost of occupational therapy, with the goal of more or improved self-reliance. The healthcare policy covers 10 hours of occupational therapy per calendar year. Reimbursement from the supplementary insurance is additional to this cover.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of 5 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.	a maximum of 5 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.	a maximum of 5 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.

This is not covered

A hand or finger splint for preventive use, such as for playing sports.

This is who to see

An occupational therapist.

A hand occupational therapist with a Hand Therapist Certificate (CHT-NL - Certificaat Handtherapeut) for a hand or finger splint for temporary use.

Please note

An overview of contracted healthcare providers is available from our website. For occupational therapy in the context of Parkinson's disease, we work with contracted specialist healthcare providers that are members of ParkinsonNet.

CONTRACEPTIVES

Article 12. Contraceptives from age 21

This is covered

Contraceptives for insured from age 21 that may be provided in accordance with the Healthcare Insurance Regulations. This includes: contraceptive pill, contraceptive rod, coil, ring or diaphragm.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	maximaal het bedrag zoals vastgelegd in het Geneesmiddelen-vergoedingssysteem (GVS)	maximaal het bedrag zoals vastgelegd in het Geneesmiddelen-vergoedingssysteem (GVS)	maximaal het bedrag zoals vastgelegd in het Geneesmiddelen-vergoedingssysteem (GVS)

This is where to go

To one of our contracted pharmacists or dispensing practitioners. If you have selected a non-contracted pharmacist or dispensing practitioner, Then we do not reimburse the cost. A list of contracted pharmacists and dispensing practitioners is available from our website. We also reimburse this care if you go to a pharmacy abroad. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'.

This is what you have to arrange yourself

The first prescription of a new or existing contraceptives. The relevant general practitioner, obstetrician or medical specialist issues the first prescription.

Your healthcare insurance policy has a budget for placing and removing a contraceptive, irrespective of your age.

Article 13. Sterilisation

This is covered

Sterilisation.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost. In the case of a vasectomy (sterilisation of the male), a general practitioner.

An overview of contracted healthcare providers is available from our website.

PRESCRIPTION SPECTACLES AND CONTACT LENSES

Article 14. Budget for prescription spectacles and contact lenses

This is covered

The cost of purchasing prescription glasses or prescription contact lenses from an optician. We also reimburse this care if you buy spectacles or lenses from an optician abroad.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 100 per 3 calendar years for prescription spectacles and contact lenses combined	a maximum of € 200 per 3 calendar years for prescription spectacles and contact lenses combined

The period of 3 calendar years includes the calendar year during which you purchased prescription glasses or contact lenses and the previous two calendar years. The costs for preparing the spectacles are covered only if these are part of the purchase price.

ABROAD

Article 15. Preventive vaccinations and medication when travelling abroad

This is covered

Visits, necessary vaccinations (jabs) and/or prevention medication if you travel abroad.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

To one of our contracted care providers. Did you select a healthcare provider that does not have a contract with us? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website. We also reimburse this care if you go to a care provider abroad who provides similar care. In that case, we will reimburse a maximum of the rate stated in the 'List of maximum reimbursements abroad'.

Article 16. Urgent medical care during holiday or temporary stay abroad

This is covered

A supplement to the reimbursement of the cost of emergency care you receive pursuant to the healthcare policy. This is care that you need unexpectedly and that cannot be postponed until you are back in the Netherlands. Transport cost is only reimbursed if medically required in order to receive treatment as close as possible to the place where the insured person is staying or to the site of the accident.

You will receive the reimbursement if:

- it concerns emergency medical care, at the discretion of our Emergency Response;
- you stayed abroad no longer than 365 days;
- the cost of healthcare and transport in the Netherlands is covered.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
full	full	full	full	full

This is not covered

1. Costs for non-urgent care or care that can be postponed until you return to the Netherlands
2. Costs of hospitalisation and/or costs of long-term medical treatment if you did not contact or arrange for prior contact with our Emergency Centre
3. Expenses that you would not be required to pay under the law or expenses that would not have been charged if there were no reimbursement under this policy
4. Costs of care that are not reasonable and necessary.

This is what you have to arrange independently

If you are hospitalised and/or you need long-term medical care, you need to involve Emergency Response. Please find the telephone number in the [UMC Zorg app](#), on your healthcare card or on our website. Our Emergency Response Unit is operated by ANWB.

We pay the fee in euros into a Dutch account number. This is based on the price on the day you were treated. We make use of the historical rates listed on www.XE.com to convert foreign currencies to euros.

Article 17. Repatriation

This is covered

Your transport if medically required or, in the event of your death, carrying your remains to the Netherlands.

This includes the cost of:

- transport by ambulance and/or airplane or transport by an undertaker
- (medically) necessary assistance
- the necessary communication costs
- the costs of taking and/or sending necessary medicines not available abroad

The Emergency Response doctor assesses whether or not repatriation is medically necessary if:

- the right medical treatment is not available or not reasonably feasible abroad, and it is available and feasible in the country of residence/the Netherlands;
- if local treatment abroad is medically unsafe.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
full	full	full	full	full

This is not covered

Was the repatriation reason foreseeable based on a pre-existing medical condition? Then we do not reimburse the cost.

This is where to go

Our Emergency Response Unit. Our Emergency Response Unit is operated by ANWB. If repatriation is not arranged by our Emergency Response Unit, Then we do not reimburse the cost. Please find the telephone number in the [UMC Zorg app](#), on your healthcare card or on our website.

PREVENTION

Article 18. Personal health budget

You will receive a personal health budget that you can use for courses, healthcare and advice as set out below in Articles [18.1. Courses](#) through [18.5. Consults and advice for women](#).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of € 75 per calendar year	a maximum of € 200 per calendar year	a maximum of € 300 per calendar year	a maximum of € 400 per calendar year

18.1. Courses

This is covered

The cost of:

- courses aimed at learning to deal with a disease or condition, such as asthma, COPD, diabetes, rheumatism, joint disorders, cancer or cardiovascular diseases, organised by a patients association that is a member of or participates in the Dutch Patients Federation (PN - Patiënten Federatie Nederland) or a family care organisation.
- courses on how to deal with dementia, organised by a home care organisation, the GGD or a GGZ institution.
- First-Aid course by an organisation working in accordance with the Dutch first-aid guidelines.
- CPR course by an instructor or institution accredited by the Dutch Resuscitation Council (NRR - Nederlandse Reanimatieraad).

For the patient associations, please refer to www.patientenfederatie.nl

This is what you have to arrange independently

Please attach proof of attending the course to the invoice.

18.2. Preventive courses, care and advice focused on your physical and mental health

This is covered

The cost of online or live courses, care and advice aimed at maintaining or improving your physical and mental health. Please find an overview of this extra range and the preferred healthcare providers on our website.

18.3. Lifestyle check

This is covered

The cost of an (online) lifestyle check with the aim of gaining insight into your lifestyle. This gives you the option of a cholesterol and glucose test and an abdominal measurement (home test). The check is followed by a personal lifestyle interview with an online lifestyle coach.

This is where to go

One of our contracted healthcare providers. Are you going to another healthcare provider? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

18.4. Medical sports advice

This is covered

The cost of medical sports testing and medical sports assistance/coaching, and sports examinations.

This is where to go

A sports doctor (medical specialist).

18.5. Consults and advice for women

This is covered

The cost of providing information, advice and assistance to women with health issues caused by the hormonal system, such as menopausal or menstrual issues.

This is where to go

A nurse specialised in advice relating to women and hormones. Or from a midwife who is registered as a menopause specialist with the Association of Menopause Nursing Consultants (VVOC - Vereniging Verpleegkundig Overgangsconsulenten).

PREGNANCY AND BIRTH

Article 19. Pregnancy courses

This is covered

If you are pregnant or trying to get pregnant, we will reimburse the cost of:

1. the self-help programme Smarter Pregnant;
2. online or on-site courses:
 - preparing you for childbirth;
 - helping you optimise your health and fitness during your pregnancy;
 - accelerating your physical post-partum recovery (maximum 6 months after childbirth);
 - focusing on bonding with your baby (maximum 6 months after childbirth).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 100 per calendar year	a maximum of € 100 per calendar year	a maximum of € 100 per calendar year

This is where to go

The healthcare provider must be registered with the Chamber of Commerce and have a website listing the course. You can seek advice from your obstetrician when choosing a course.

The name of the course, the provider's website and the Chamber of Commerce number must be listed on the invoice.

Article 20. Maternity package

This is covered

A maternity package we compile in consultation with the obstetricians. If you are pregnant, you can apply for this package through our website.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	maternity package in kind	maternity package in kind	maternity package in kind

Article 21. Lactation consultant

This is covered

The cost of a visit with a lactation consultant if you have nursing issues.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 200 per childbirth	a maximum of € 200 per childbirth

This is where to go

With a lactation expert who is a member of the Dutch Association of Lactation Experts (NVL - Nederlandse Vereniging van Lactatiekundigen) or the Association of Breastfeeding and Baby Guidance Specialists (VSBB - Vereniging Specialisten Borstvoeding en Babybegeleiding).

Article 22. Post-partum care mother and newborn, or adoption support

This is covered

The cost of:

- additional aftercare when you could not or not sufficiently use your indicated hours of maternity care from healthcare insurance due to hospitalisation of yourself or your baby.
- necessary support and advice regarding the care of your adopted baby if younger than 3 months.

In both cases, the maternity organisation determines the number of necessary care hours.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of 12 hours per childbirth or adoption	a maximum of 12 hours per childbirth or adoption	a maximum of 12 hours per childbirth or adoption

This is where to go

A qualified maternity assistant or a nurse.

Article 23. Breast pump

This is covered

The cost of renting or buying an electrical or mechanical breast pump.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	no reimbursement	a maximum of € 80 one-off for the entire term of the supplementary insurance policy

Article 24. Personal contribution maternity care

This is covered

The statutory personal contribution for maternity care. This personal contribution applies pursuant to the healthcare insurance policy.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 125 per childbirth	full

Article 25. Reversal operation sterilisation male / female

This is covered

Reversal operation sterilisation.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

Article 26. In-vitro fertilisation (IVF)

This is covered

Reimbursement of the cost of a fourth IVF (In-Vitro Fertilisation) attempt for each pregnancy to be realised in addition to the reimbursement of the first, second and third attempts that were reimbursed, provided that the insured woman is age 42 or younger. We will only reimburse the costs of the actual 4th attempt, i.e. the attempt that directly follows on from the 1st, 2nd and 3rd attempts made under the health insurance policy.

The medication required for treatment will be reimbursed as part of specialist medical care in connection with IVF treatment.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	no reimbursement	full

This is not covered

The costs of the 5th and subsequent in vitro fertilisation (IVF) attempts per pregnancy to be achieved. This also applies if you have already completed the 4th attempt, but have not claimed reimbursement from us because, for example, you were not insured with us at the time of the 4th attempt.

This is where to go

Gynaecologist in an institution licensed for this specialist field. An overview of contracted healthcare providers is available from our website.

This is what you have to arrange yourself

A referral letter from a gynaecologist or urologist.

IVF treatment abroad

Your eligibility for IVF treatment depends on your personal situation, for example your age and how long you have attempted to become pregnant. You are entitled to reimbursement of the cost of this care up to the maximum of the reasonable market rates applicable in the Netherlands. If you want to have IVF treatment abroad, Please contact us in advance. For more information, see our website.

SKIN THERAPY

Article 27. Budget skin treatments

You will receive a budget that you can use for acne treatment, camouflage therapy and depilation as set out below in Articles [27.1. Acne treatment](#), [27.2. Camouflage therapy](#) and [27.3. Hair removal for insured age 16 and older](#).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 250 per calendar year Subject to a maximum reimbursement of € 85 per day. For camouflage therapy, we reimburse a maximum of one treatment per calendar year.	a maximum of € 350 per calendar year Subject to a maximum reimbursement of € 85 per day. For camouflage therapy, we reimburse a maximum of one treatment per calendar year.

27.1. Acne treatment

This is covered

The cost of treatment of severe facial acne in accordance with the flow chart of the Dutch Society of Skin Therapists (NVH - Nederlandse Vereniging van Huidtherapeuten) at care profile 2 or higher.

This is not covered

Acne personal care products for use at home.

This is who to see

One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

Both the personal AGB code and the name of the health care provider who treated you must appear on the invoice.

Please note

If your treatments are performed at a clinic where multiple health care providers work, the invoice may be issued on the clinic's AGB code. This is not sufficient. The invoice must show which healthcare provider treated you. This means both the personal AGB code and the name of this healthcare provider must appear on the invoice.

Your claim on us for acne treatment cannot be transferred to preferred healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that does not have a contract with us will be remitted to the policy holder's account number.

27.2. Camouflage therapy

This is covered

The cost of up to one treatment per calendar year to make facial scars and skin conditions with discoloured blemishes classed as permanent disfigurement less noticeable. You will also be reimbursed for any necessary drugs used during treatment.

This is not covered

Camouflage products for home use.

This is who to see

One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

Both the personal AGB code and the name of the health care provider who treated you must appear on the invoice.

Please note

If your treatments are performed at a clinic where multiple health care providers work, the invoice may be issued on the clinic's AGB code. This is not sufficient. The invoice must show which healthcare provider treated you. This means both the personal AGB code and the name of this healthcare provider must appear on the invoice.

Your claim on us for camouflage therapy cannot be transferred to preferred healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that does not have a contract with us will be remitted to the policy holder's account number.

27.3. Hair removal for insured age 16 and older

This is covered

The cost of treatment to permanently remove extreme hair growth in unusual areas of the face.

This is not covered

Home care products.

This is who to see

One of our preferred healthcare providers. Did you select a non-preferred healthcare provider? Then we do not reimburse the cost. An overview of preferred healthcare providers is also available from our website.

Both the personal AGB code and the name of the health care provider who treated you must appear on the invoice.

Please note

If your treatments are performed at a clinic where multiple health care providers work, the invoice may be issued on the clinic's AGB code. This is not sufficient. The invoice must show which healthcare provider treated you. This means both the personal AGB code and the name of this healthcare provider must appear on the invoice.

Your claim on us for hair removal cannot be transferred to preferred healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder's account number.

MEDICAL AIDS

Article 28. Budget for medical aids

You will receive a budget that you can use for medical aids as set out below in Articles [28.1. Batteries hearing aids](#) through [28.8. Personal contribution visual aids](#).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 250 per calendar year	a maximum of € 500 per calendar year

28.1. Batteries hearing aids

This is covered

The cost of batteries, loose rechargeable batteries and associated chargers for hearing aids that are reimbursed under your healthcare insurance.

28.2. Mammaprosthesis

This is covered

The cost of purchasing adhesive tape for a mammary prosthesis, a breast prosthetic bra and a prosthetic bathing suit used after a breast amputation. You will also be reimbursed for any cleaning products used to remove the remains of the adhesive strips. We also reimburse this care if you go to a care provider abroad who provides similar care.

28.3. Wigs or chemo beanies

This is covered

the difference between the amount the supplier charges you for a wig and the reimbursement you receive for it from healthcare insurance. If you have an indication for a wig, you will receive an allowance for the cost of a wig and the cost of a beanie. We also reimburse these costs if your wig and/or beanie are provided by a healthcare provider abroad.

28.4. Prolapse pessary

This is covered

The cost of the pessary. The pessary is designed to hold the bladder and/or uterus in the right place in patients with prolapse. The costs of placing the pessary by the general practitioner will be reimbursed from the basic insurance.

This is where to go

General Practitioner

28.5. Urination alarm between ages 6 and 18

This is covered

Reimbursement of the purchase or lease cost of a urination alarm in the context of nightly bed-wetting for insured between age 6 and age 18, including any special underwear and padding required. The reimbursement is a one-off amount for the entire term of the supplementary insurance policy.

This is where to go

Any supplier of urination alarms.

28.6. ADL medical aids

This is covered

The cost of ADL medical aids if you have a severe joint condition or long-term neurological disorder. ADL aids are tools for general daily life acts, such as small tools that you require to wash, dry and dress yourself, going to the toilet independently and small tools you need for cooking and eating. A full list of such aids that can be reimbursed is available from our website.

This is where to go

Any supplier of these aids.

This is what you have to arrange yourself

A referral letter from an occupational therapist, a (paediatric) nurse at level 5, or specialist nurse. This care provider assesses which ADL medical aids are most useful for you.

28.7. Personal contribution hearing aids

This is covered

The statutory personal contribution for a hearing aid and a tinnitus masker covered by the healthcare insurance policy.

28.8. Personal contribution visual aids

This is covered

The statutory personal contribution for prescription glasses, filter glasses or contact lenses covered by the healthcare insurance policy.

Article 29. Simple walking aids

This is covered

The cost of renting or buying crutches, walker or three- or four-pronged walking stick for personal use.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 35 per calendar year	a maximum of € 35 per calendar year

This is where to go

Any supplier of these aids.

Article 30. Support and compression stockings

This is covered

The cost of support or compression stockings pressure class 1.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of 4 pairs per calendar year	a maximum of 4 pairs per calendar year

This is what you have to arrange yourself

A recent referral letter from a general practitioner or medical specialist. This should be attached when sending us the bill.

PLASTIC SURGERY

Article 31. Correction protruding ears up to age 18

This is covered

Correction protruding ears for insured up to age 18.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost.

An overview of contracted healthcare providers is available from our website.

The actions you need to take

A referral letter from a general practitioner or medical specialist.

Article 32. Eyelid correction

This is covered

Upper eyelid correction or levator plastic surgery:

- if you look straight ahead and your pupil is covered one-third by the lower edge of your upper eyelid or the overhanging skin fold;
- if your visual field is clearly limited on the side. This is apparent from explicit drooping of the upper eyelid or overhanging skin fold on the side of the eye; or
- if untreatable blemishes are demonstrated in the upper eyelid skin fold.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

The actions you need to take

1. A referral letter from a general practitioner or medical specialist.
2. You require our prior approval. We need the request to be accompanied by a substantiation from your medical specialist about the nature and extent of the defect.

Article 33. Abdominal wall correction

This is covered

Correction of the abdominal wall if you have an overhanging abdominal skin fold that is likely to cause blemishes. To be eligible, the overhanging abdominal skin fold should have an inner side depth measurement of 6 cm or more. Additionally, it is important to have a reasonable weight/height ratio. Your BMI is no more than 30. For abdominal wall correction after bariatric surgery, your BMI may not exceed 35 (≤ 35).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

How to calculate your BMI

You can calculate your BMI (Body Mass Index) by dividing your body weight by your length squared (length x length).

Example: your weight is 85 kg and your height is 1.75 m. Your BMI is 85 divided by $(1.75 \times 1.75) = 85$ divided by 3.0625 = 27.76. Rounded off, this is 28.

This is where to go

One of our contracted healthcare providers. Did you select a non-contracted healthcare provider? Then we do not reimburse the cost. An overview of contracted healthcare providers is available from our website.

The actions you need to take

1. A referral letter from a general practitioner or medical specialist.
2. You require our prior approval. The application must be accompanied by an explanation from your specialist, setting out the nature and extent of the anomaly.

Article 34. Mammary prosthesis

This is covered

1. Surgical insertion and replacement of a breast prosthesis other than after a full or partial breast amputation, if you are not entitled to reimbursement from your healthcare insurance policy.
2. Surgical removal of a breast prosthesis without medical necessity. Reimbursement
 - of the costs: of reshaping intervention after mutilation due to injury or disease;
 - of reshaping intervention to correct a severe anomaly present and detected at birth; or
 - of resolving objectively impaired functionality.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	full	full

This is where to go

One of our contracted healthcare providers. An overview of contracted healthcare providers is available from our website. Did you select a non-contracted healthcare provider? then we do not reimburse the cost.

This is what you have to arrange yourself

You require our prior approval. The application must be accompanied by a medical statement and an explanation from your medical specialist, setting out the nature and size of the anomaly and the treatment to be applied.

MENTAL HEALTHCARE

Article 35. Mindfulness for burn-out complaints from age 18

This is covered

A contribution towards the cost of an 8-week training Mindfulness Based Cognitive Therapy (MBCT) or Mindfulness Based Stress Reduction (MBSR). You are entitled to this training if you are age 18 or older and have burnout symptoms.

MBCT and MBSR

These therapies combine the scientific knowledge from medical biology and psychology with meditation and yoga.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 350 per calendar year	a maximum of € 350 per calendar year	a maximum of € 350 per calendar year

This is where to go

A mindfulness trainer who is a member of the Association Mindfulness-Based Trainers Netherlands (VMBN - Vereniging Mindfulness Based Trainers Nederland) with category 1 membership. A mindfulness trainer certified by MBCT/MBSR who is a member of the Association for Mindfulness (VVM - Vereniging Voor Mindfulness).

You can find the trainers on the website of these associations www.vmbn.nl and www.verenigingvoormindfulness.nl.

Your claim on us for mindfulness for burn-out complaints cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder's account number.

The actions you need to take

A referral letter from a general practitioner or company doctor.

Article 36. Sex therapy

This is covered

The cost of sex therapy. This care includes help with problems with intimacy, eroticism, sexual functions and relationship and partner therapy.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of 4 sessions per calendar year, up to a maximum of € 60 per session A session takes at least 60 minutes.	a maximum of 4 sessions per calendar year, up to a maximum of € 60 per session A session takes at least 60 minutes.

This is where to go

A sexologist registered with the Dutch Scientific Association of Sexology (NVVS - Nederlandse Wetenschappelijke Vereniging voor Seksuologie).

Your claim on us for sex therapy cannot be transferred to healthcare providers or other parties without a contract for this type of healthcare. This is a clause as referred to in Section 3:83 paragraph 2 of the Dutch Civil Code. Any reimbursement for expenses relating to healthcare provided by a healthcare provider that we have not concluded a contract with will be remitted to the policy holder's account number.

The actions you need to take

A referral letter from a general practitioner or company doctor.

FOOT CARE

Article 37. Budget foot treatments

You will receive a budget for foot treatments and podiatry as set out below in Articles [37.1. Foot treatments for rheumatic and diabetic foot](#) and [37.2. Podiatry](#).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 100 per calendar year	a maximum of € 100 per calendar year

37.1. Foot treatments for rheumatic and diabetic foot

This is covered

The cost of:

1. foot treatments for insured with rheumatism (rheumatoid arthritis);
2. foot treatments for diabetics with care profile 1. This concerns treatments with the purpose of reducing or preventing complaints or pain and wounds due to skin and nail conditions and/or excessive pressure on foot or nails. Your podiatrist or pedicurist must state your care profile on the invoice.

Care profiles

Please find an explanation of care profiles on our website in the Healthcare Module Prevention Diabetic Foot Ulcers (Zorgmodule Preventie Diabetische Voetulcera). Your GP can tell you which care profile you have.

This is not covered

The cost of foot treatments for diabetics with care profile 1 that is not listed in the treatment plan. This would include cutting nails and removing hard skin that does not contribute to risk of wounds, massaging feet and other foot care services.

Please note

You are entitled to certain foot care if you have diabetes mellitus based on your healthcare insurance policy. This concerns the annual foot examination, foot care advice, more frequent specific foot examinations and diabetic foot treatments for care profiles 2 and up. You can find this foot care in the terms and conditions of your healthcare insurance policy.

This is where to go

To a:

1. podiatrist who is registered with the Quality Register Paramedics (Kwaliteitsregister Paramedici);
2. medical pedicurist registered in ProCert's Quality Register for Pedicures (KRP - Kwaliteitsregister Paramedici);
3. pedicurist with the certification 'Rheumatic foot' or 'Diabetic foot';
4. pedicurist registered in the Stipezo Register Paramedische Voetzorg (RPV - Register Paramedische Voetzorg);
5. pedicure registered in the Quality Register Medical Footcare Providers (KMV - Kwaliteitsregister Medisch Voetzorgverleners) of the Dutch Association of Medical Footcare Providers (NMMV - Nederlandse Maatschappij Medisch Voetzorgverleners).

We also reimburse this care if you go to a care provider abroad who provides similar care.

37.2. Podiatry

This is covered

The cost of treatment of foot anomalies. This includes: skin and nail conditions, foot complaints or complaints of the posture and locomotor system due to deviating functionality and/or deviating position of the feet.

This is where to go

A podiatrist who is registered with the Quality Register Paramedics (Kwaliteitsregister Paramedici).

We also reimburse this care if you go to a care provider abroad who provides similar care.

Article 38. Arch supports and therapy soles

This is covered

Taking the measurements and the cost of arch supports and therapy soles supporting the joints, ligaments and capsules of the feet. You are also entitled to a contribution towards the costs of repair and adjustment of the soles.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	a maximum of € 125 per calendar year	a maximum of € 125 per calendar year

This is where to go

Podotherapist, orthopaedic shoe manufacturer (SEMH-OSB) or shoe shop (SEMH-OIM). SEMH stands for Stichting Erkenningregeling Medische Hulpmiddelen (Foundation Accreditation Scheme Medical Aids), OSB stands for Orthopedisch Schoentechnische Bedrijven (Orthopaedic Technical Shoe Companies) and OIM stands for Orthopedische Instrument Makerijen (Orthopaedic Instrument Manufacturers). We also reimburse this care if you go to a care provider abroad who provides similar care.

NUTRITION ADVICE

Article 39. Dietetics

This is covered

The cost of education with a medical purpose about food and eating habits The healthcare policy covers 3 hours of dietetics treatment hours per calendar year. Reimbursement from the supplementary insurance is additional to this cover.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of 4 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.	a maximum of 4 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.	a maximum of 4 treatment hours per calendar year Your healthcare provider invoices the treatment time in 15-minute units.

This is where to go

A dietician.

Please note

An overview of contracted dieticians is available from our website.

Article 40. Weight consultant

This is covered

The cost of nutrition advice and exercise information for healthy people with weight issues.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 50 per calendar year	a maximum of € 100 per calendar year	a maximum of € 150 per calendar year

This is where to go

To a weight consultant who is a member of the Professional Association Weight Consultants Netherlands (BGN - Beroepsvereniging Gewichtsconsulenten Nederland).

Please visit www.gewichtsconsulenten.nl to find a weight consultant near you.

ACCOMMODATION AWAY FROM HOME

Article 41. Stay in a hospital residence or family guest house

This is covered

The cost of:

1. staying in a hospital residence or family guest house associated with a hospital in the Netherlands if your under-age child or your partner is hospitalised. Examples of family houses especially for children are the Ronald McDonald houses and the Kiwanis houses. If your under-age child or your partner is hospitalised in the Antwerp University Hospital, you may choose to stay in the hospital residence or family guest house affiliated with the hospital;
2. staying in a hospital residence if you are required to complete two day sessions in a hospital located more than 40 kilometres from your home address. The day treatment must take place on consecutive days.

The hospital usually determines whether you are eligible to stay in a family residence or guest house.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of € 45 per night	a maximum of € 45 per night	a maximum of € 45 per night	a maximum of € 45 per night

Article 42. Accommodation in Gasthuis Antoni van Leeuwenhoek Hospital or the Daniël den Hoed Family Residence

This is covered

The cost of staying in the guest house of the Antoni van Leeuwenhoek Hospital or the Daniël den Hoed Family Residence if you are under outpatient treatment at Antoni van Leeuwenhoek Hospital or Erasmus MC Cancer Institute.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	full	full	full

In certain situations, the healthcare insurance policy covers patient transport. If you are required to make use of this type of transport for at least 3 consecutive days, you may choose a reimbursement of accommodation rather than reimbursement of transport.

PALLIATIVE CARE

Article 43. Hospice

This is covered

The cost of a stay in a hospice/Almost Home accommodation is reimbursed if you are terminally ill and can no longer be adequately taken care of at home. The hospice cares for you until your death.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 40 per day	a maximum of € 40 per day	a maximum of € 40 per day

This is not covered

You will not receive reimbursement for accommodation expenses pursuant to the supplementary insurance if you are receiving Primary Care Home (ELV - Eerstelijnsverblijf). Accommodation costs for ELV are reimbursed pursuant to basic insurance.

This is where to go:

A hospice/Bijna-Thuis-Huis (Almost Home) accommodation we accredited. If you selected a non-accredited hospice/Almost Home accommodation, Then we do not reimburse the cost. Find an affiliated hospice or Almost Home on the Palliative Care Network website.

CARE AND ACCOMMODATION AWAY FROM HOME

Article 44. Convalescence homes and assisted accommodation

This is covered

Stay in a convalescence home or assisted accommodation if:

1. immediately following discharge from a hospital or treatment in an independent treatment centre after completion of the treatments;
2. your family care provider is overburdened or temporarily not available and no other care is possible at home;
3. you want to recover from (mental) overload or burn-out.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 100 per day up to a maximum of € 1,000,- per calendar year	a maximum of € 100 per day up to a maximum of € 1,000,- per calendar year	a maximum of € 100 per day up to a maximum of € 1,000,- per calendar year

This is where to go

Please submit the application for such a stay to our Healthcare Advice and Mediation department. The telephone number is available from our website. Our healthcare advisor discusses with you to determine if you are eligible for first-line stay based on the Healthcare Insurance Act (Zvw - Zorgverzekeringswet), the Social Support Act (Wmo - Wet maatschappelijke ondersteuning) or Long-Term Healthcare Act (Wlz - Wet langdurige zorg) and may refer you to a contracted convalescence home or assisted accommodation. If you have selected a non-contracted convalescence home or assisted accommodation, then we do not reimburse the cost. An overview of contracted convalescence homes and assisted accommodation is available from our website.

The actions you need to take

A referral from a general practitioner or medical specialist in the event of recovery from mental or physical overextension or burn-out (as set out under This is your cover, item 3).

Article 45. Treatment in a health spa resort

This is covered

The cost of treatment in a health spa resort for the following referrals: Bechterew's disease (Ankylosing spondylitis), rheumatoid arthritis, arthritis psoriatica or morbus Forestier. If treated in a health spa resort in the Netherlands, the minimum stay in the health spa resort is 2 weeks. We do not reimburse the cost of your stay in the health spa resort.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 900 per calendar year	a maximum of € 900 per calendar year	a maximum of € 900 per calendar year

This is where to go

One of our preferred health spa resorts. An overview of our preferred health spa resorts is available from our website.

This is what you have to arrange yourself

1. A referral letter from a rheumatologist.
2. You need our approval prior to treatment.

CARE AT HOME

Family Care

Family care consists of the family care broker and replacement family care. The conditions for reimbursement for replacement family care or the use of a family care broker are set out here, and apply to Articles [46. Family care broker](#) and [47. Replacement family care](#).

Family care provider

Are you a family care provider? Then we provide a temporary reimbursement of necessary support to prevent you from becoming overburdened and being unable to continue providing family care, and to ensure that you are in a position to ask for help, for example through the Wmo department of your municipal authorities or at the CIZ for a Wlz application.

Reimbursement is possible if you are a family care provider and meet the following criteria:

- You provide unpaid care for a loved one (e.g. family member, friend, neighbour or acquaintance)
- You care for your loved one for 8 hours or more per week
- Your loved one will need intensive or long-term care for more than 3 months
- The person to whom you provide family care has a health impairment (physical and/or psychological problems) that makes family care necessary, or is infirm and requires care that goes beyond the usual care, as a result of which family care is necessary.
- Care consists of grooming or assistance with daily activities.

Reimbursement is not possible if:

- The recipient of family care has a Wlz indication, or
- The recipient of family care receives respite care under the Wmo.

Is there any need for broadening care in these cases? Then please inform the organisation that made the indication accordingly.

Ask us your family care questions

People who are receiving or providing family care can contact our Healthcare Advice and Mediation department for any questions. Our healthcare advisors inform and advise you on family care. They are aware of the regulations and know where you can ask for help.

Article 46. Family care broker

This is covered

A family care broker temporarily provides professional support to the family care provider. A family care broker supports and guides the family care provider in organisation tasks related to care, welfare or finances to prevent the family care provider from becoming overburdened. You can use the family care broker if you are a family care provider. The family care broker determines the number of hours needed for family care support.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	a maximum of € 500 for the entire term of the supplementary insurance policy	a maximum of € 500 for the entire term of the supplementary insurance policy	a maximum of € 500 for the entire term of the supplementary insurance policy

The reimbursement is issued to you as the family care provider. Only one family care provider per care recipient (care situation) can claim the allowance.

This is who to see

An independently employed family care broker who is registered in the Central Quality Register of Family Care Brokers of the Professional Association for Family Care Brokers (BMZM - Beroepsvereniging mantelzorgmakelaars). You can request a family care broker from our Healthcare Advice and Mediation department through our website. Our healthcare advisors will assess your eligibility.

Article 47. Replacement family care

This is covered

Temporary transfer of a family care provider's care so that you, the family caregiver, can have some time off. You can use replacement family care if you are a family care provider. Only one family care provider per care recipient (care situation) can claim the allowance. You can apply for replacement family care for a minimum of one day. Even if you purchase less than 24 hours in 1 day, we will charge for a full day, regardless of the number of hours you receive.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	up to 15 days per calendar year	up to 15 days per calendar year	up to 15 days per calendar year

This is who to see

A contracted organisation. Replacement family care can be requested from our Healthcare Advice and Mediation department through our website. Our healthcare advisors will assess your eligibility before you purchase care and refer you to a contracted organisation. Do you not have a referral from our healthcare advisors to an organisation that provides replacement family care? Then we do not reimburse the cost. A list of our contracted care providers and the number of hours of replacement family care that is reimbursed per day is available from our website.

Please note

First application?

Are you applying for replacement family care for the first time? Then submit it 6-8 weeks before you need replacement family care as a family care provider. This time is necessary to ensure everything can be organised adequately.

TRANSPORT

Article 48. Transport for organ transplants

This is covered

The cost of transport by taxi or by private car, between your place of permanent or temporary residence and the institution where you are receiving care relating to an organ transplant. You get this reimbursement only if the cost of this transportation is not covered by healthcare insurance. This concerns the following care: pre-transplantation examination, admissions and follow-up checks. The distance is calculated based on the quickest route as provided by the ANWB route planner. The journey there and the journey back are calculated separately.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	taxi transport: full; transport with personal vehicle: € 0.40 per kilometre.	taxi transport: full; transport with personal vehicle: € 0.40 per kilometre.	taxi transport: full; transport with personal vehicle: € 0.40 per kilometre.

This is who to see

One of our contracted transportation firms. If you have selected a non-contracted transport provider, you are not entitled to reimbursement. An overview of our contracted transportation firms is available from our website.

The actions you need to take

1. You require a prescription from a general practitioner or medical specialist and
2. You require our prior approval. Visit our website for more information.

Please note

We do not reimburse the transportation of the donor.

MEDICATIONS

Article 49. Personal contribution medication

This is covered

The statutory personal contributions due for medications covered by the healthcare insurance policy in accordance with GVS (Medication Reimbursement System)

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	no reimbursement	full

EYE LASERING AND LENS IMPLANTS

Article 50. Eye lasering and lens implants

This is covered

The cost of laser eye surgery or lens implantation. The reimbursement also applies for the supplementary cost of a multi-focal or toric lens for cataract operations (glaucoma surgery).

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	no reimbursement	a maximum of € 500 one-off for the entire term of the supplementary insurance policy

This is where to go

To an ophthalmologist. We also reimburse this care if you go to an ophthalmologist abroad.

ORAL CARE

Article 51. Orthodontic care (braces) for insured under age 18

This is covered

The cost of orthodontic care.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	no reimbursement	no reimbursement	80% up to € 1,500,- for the entire term of the supplementary insurance policy	80% up to € 2,500,- for the entire term of the supplementary insurance policy

This is where to go

A dentist or orthodontist.

Your dentist or orthodontist specifies the treatments performed on the invoice in accordance with the description and code in the list of rates for orthodontic care of the Dutch Healthcare Authority (NZa - Nederlandse Zorgautoriteit). We reimburse only the A codes in the supplementary insurance policy. We also reimburse this care if you go to a dentist or orthodontist abroad.

Please note

Qualification period for orthodontic care

A qualification period applies. Please see Article [6.2.1.](#) Admission to supplementary insurance for more information about this qualification period.

Article 52. Dental costs due to accident

This is covered

The cost for unforeseen dental care in order to repair damage to your dentures due to an accident. The cost of technology and materials is also covered. We only reimburse care necessary to restore your dental condition in the status immediately preceding the accident.

If you wore braces during the accident, they became damaged or unusable as a result of the accident and you still need them after the accident, the costs of removing and repairing these braces or, if this is not possible, the purchase of new equivalent braces will be reimbursed. These costs will only be reimbursed if this is necessary to continue the ongoing treatment.

An accident is a sudden, unexpected external force on your body, directly causing physical injury that can be established by a medical professional. The reimbursement only applies if the accident and treatment take place during the term of the supplementary insurance policy UMC Extra Zorg Instap, UMC Extra Zorg 1, UMC Extra Zorg 2 or UMC Extra Zorg 3. And if the treatment takes place within 1 year of the accident, unless it is necessary to delay (definitive) treatment. Our consulting dentist will assess whether or not your situation constitutes a necessary delay.

UMC Extra Zorg Basis	UMC Extra Zorg Instap	UMC Extra Zorg 1	UMC Extra Zorg 2	UMC Extra Zorg 3
no reimbursement	a maximum of € 10,000,- per accident	a maximum of € 10,000,- per accident	a maximum of € 10,000,- per accident	a maximum of € 10,000,- per accident

This is not covered

The costs:

- due to a disease or a pathological conditions;
- due to gross negligence or recklessness/intent;
- after (or when) using alcohol and/or narcotics;
- due to participating in fights other than due to self-defence;
- that are not foreseen and are not a consequence of an accident;
- of treatment abroad;
- of damage to your teeth caused by consuming food;
- due to an indication that was present before the accident;
- of orthodontic care not made for removal, repair or replacement of braces, as described above;
- of braces that would not be reimbursed under our supplementary insurance.

This is where to go

A dentist, dental surgeon or orthodontist in the Netherlands.

This is what you have to arrange yourself

You need our prior approval. We must receive the first request before the repair treatment and within 3 months after the accident.

Our consulting dentist will assess whether you are dependent on the care and whether the care is not unnecessarily expensive. This request must include at least the following information: a report from the emergency room or (dental) doctor where you have been for emergency care, X-rays of the damage to your teeth, colour photographs of the dental situation just after the accident and a treatment plan with a cost estimate. If the consulting dentist deems it necessary, he/she can request additional information from your care provider. More information about applying for permission can be found in article [1.7. Referral, prescription or approval](#) of these terms and conditions.

III.Extra Tand

Article 53. Dental care

Do you have a UMC Extra Tand 1, UMC Extra Tand 2 or UMC Extra Tand 3 package? Then you will receive a budget that you can use for dental care as set out below:

- Article [53.1. Periodical check-up and incidental visit](#)
- Article [53.2. General dental care](#)
- Article [53.3. Crowns, bridges, implants, partial prostheses and gum treatments](#)

Do you have a UMC Extra Tand Instap package? Then you are entitled to reimbursement for specific dental care listed in Sections [53.1. Periodical check-up and incidental visit](#) and [53.2. General dental care](#).

The fee includes technology and supplies.

You will receive a maximum reimbursement as listed in the fee schedule of the Dutch Healthcare Authority (NZa - Nederlandse Zorgautoriteit) for the relevant treatment.

The healthcare insurance covers most dental care for insured under the age of 18. Would you like to know exactly which care is covered? Then check the conditions of your healthcare insurance. This type of care is not covered by the supplementary insurance policy. Not even if a healthcare insurance authorisation application is denied.

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
Not applicable. Reimbursement only applies for specific dental care	a maximum of € 250 per calendar year	a maximum of € 650 per calendar year	a maximum of € 1,150,- per calendar year

53.1. Periodical check-up and incidental visit

This is covered

- Periodical check-up visit (C002)
- Incidental visit (C003).

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
Periodic check-up (C002) or an incidental consultation (C003) once per calendar year, 100% reimbursed	100% covered until your budget for dental care has been used up.	100% covered until your budget for dental care has been used up.	100% covered until your budget for dental care has been used up.

This is who to see

At a dentist, oral hygienist, orthodontist or dental prosthetician. The dental hygienist and the prosthetician may provide the care if this is within their area of expertise. We also reimburse this care if you go to a dentist abroad.

53.2. General dental care

This is covered

The cost of dental care. This includes the cost of the following treatments:

- visit for an intake and diagnostics (C codes);
- preventive oral care (M codes);
- anaesthetic (A and B codes);
- taking and assessing images (X codes);
- fillings (V codes);
- root canal treatments (E codes);
- treatment after maxillary joints (G codes);
- surgical interventions (H codes).

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
80% reimbursed for dental cleaning (M03) subject to a maximum of 25 minutes per calendar year; 80% reimbursed subject to a maximum of € 100 per calendar year for fillings (some V-codes*), anesthesia (A- and B-codes), photographs (X-codes).	100% covered until your budget for dental care has been used up.	100% covered until your budget for dental care has been used up.	100% covered until your budget for dental care has been used up.

* V71, V72, V73, V74, V81, V82, V83, V84, V91, V92, V93, V94

This is not covered

- A30 (preparation general anaesthesia)
- A20 (general anaesthesia or full sedation)
- E97 (external whitening)
- V15 (facings and shields) if this concerns cosmetic dental care without medical necessity.

This is where to go

At a dentist, oral hygienist, orthodontist or dental prosthetician. The dental hygienist and the prosthetician may provide the care if this is within their area of expertise.

For non-complex extractions (pulling teeth) and implants in a non-toothless jaw, you can also go to the oral surgeon. We also reimburse this care if you visit a dentist abroad.

53.3. Crowns, bridges, implants, partial prostheses and gum treatments

This is covered

- Gum treatments (T codes)
- Crowns and bridges (R codes)
- Implants in a non-toothless jaw (J codes)
- Partial prostheses (P codes).

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
no reimbursement	80% covered until your budget for dental care has been used up.	80% covered until your budget for dental care has been used up.	80% covered until your budget for dental care has been used up.

This is not covered

R79 (facings and shields) if this concerns cosmetic dental care without medical necessity.

This is where to go

At a dentist, oral hygienist, orthodontist or dental prosthetician. The dental hygienist and the prosthodontist may provide the care if this is within their area of expertise. For non-complex extractions (pulling teeth) and implants in a non-toothless jaw, you can also go to the oral surgeon. We also reimburse this care if you go to a dentist abroad.

Please note**Qualification period for crowns, bridges, implants and partial prostheses**

A qualification period applies. Please see Article [6.2.1.](#). Admission to supplementary insurance for more information about this qualification period.

Article 54. Personal contribution dentures

This is covered

The statutory personal contribution relating to the full removable dental prosthesis and/or the full removable dental prosthesis on implants. The budget includes the statutory personal contribution for:

- your full dentures;
- the treatments your dentist may charge you in combination with placing full dentures;
- the mesostructure (buttons, bars), which applies for full dentures on implants;
- rebasing and repairing your full dentures.

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
no reimbursement	full	full	full

Article 55. Dental costs due to accident

This is covered

The cost for unforeseen dental care in order to repair damage to your dentures due to an accident. The cost of technology and materials is also covered. We only reimburse care necessary to restore your dental condition in the status immediately preceding the accident.

If you wore braces during the accident, they became damaged or unusable as a result of the accident and you still need them after the accident, the costs of removing and repairing these braces or, if this is not possible, the purchase of new equivalent braces will be reimbursed. These costs will only be reimbursed if this is necessary to continue the ongoing treatment.

An accident is a sudden, unexpected external force on your body, directly causing physical injury that can be established by a medical professional. The reimbursement only applies if the accident and treatment take place during the term of the supplementary insurance policy UMC Extra Tand Instap. And if the treatment takes place within 1 year of the accident, unless it is necessary to delay (definitive) treatment. Our consulting dentist will assess whether or not your situation constitutes a necessary delay.

UMC Extra Tand Instap	UMC Extra Tand 1	UMC Extra Tand 2	UMC Extra Tand 3
a maximum of € 10,000,- per accident	no reimbursement	no reimbursement	no reimbursement

This is not covered

The costs:

- due to a disease or a pathological conditions;
- due to gross negligence or recklessness/intent;
- after (or when) using alcohol and/or narcotics;
- due to participating in fights other than due to self-defence;
- that are not foreseen and are not a consequence of an accident;
- of treatment abroad;
- of damage to your teeth caused by consuming food;
- due to an indication that was present before the accident;
- of orthodontic care not made for removal, repair or replacement of braces, as described above;
- of braces that would not be reimbursed under our supplementary insurance.

This is where to go

A dentist, dental surgeon or orthodontist in the Netherlands.

This is what you have to arrange yourself

You need our prior approval. We must receive the first request before the repair treatment and within 3 months after the accident.

Our consulting dentist will assess whether you are dependent on the care and whether the care is not unnecessarily expensive. This request must include at least the following information: a report from the emergency room or (dental) doctor where you have been for emergency care, X-rays of the damage to your teeth, colour photographs of the dental situation just after the accident and a treatment plan with a cost estimate. If the consulting dentist deems it necessary, he/she can request additional information from your care provider. More information about applying for permission can be found in article [1.7. Referral, prescription or approval](#) of these terms and conditions.

IV. Definitions

Supplementary Insurance: the supplementary insurance policies UMC Extra Zorg and UMC Extra Tand as described in these insurance terms and conditions. Within UMC Extra Zorg, you can choose from 5 packages: UMC Extra Zorg Basis, UMC Extra Zorg Instap, UMC Extra Zorg 1, UMC Extra Zorg 2 and UMC Extra Zorg 3. Within UMC Extra Tand, you can choose from 4 packages: UMC Extra Tand Instap, UMC Extra Tand 1, UMC Extra Tand 2 and UMC Extra Tand 3. You can purchase the supplementary insurance as extended cover to a healthcare insurance policy from UMC healthcare insurance.

Occupational curative care: care focusing on healing and treating physical conditions relating to work.

Bariatric surgery: an operation to help you lose weight, for example staples to make your stomach smaller.

Certified translator: this is a translator authorised to provide certified translations. This is necessary when translating official documents such as medical certificates and civil status documents. Certified translators are listed in the Register of Certified Translators and Interpreters (Rbtv), www.bureauwbvtv.nl

BMI (Body Mass Index): your BMI shows you the ratio of your weight and height to indicate your health.

Chiropractice: focuses on the interaction between the nervous system (brain, spinal cord and nerves) and the locomotor system and associated complaints. In the Netherlands, chiropractice is not regulated.

Group health insurance contract: a group health insurance contract (group contract) concluded between the healthcare insurer and an employer or legal entity with the object of offering associated participants the option of obtaining a healthcare insurance policy and any supplementary covers under the conditions as set out in this contract.

Craniosacral therapy: American doctor John E. Upledger invented this therapy in the 1970s. He assumed that many health conditions arise due to variance in the connective tissue and varying pressure in the cerebrospinal fluid that can arise due to blocking. The exact cause is often unclear. The therapist often massages the neck and spine during treatment. Cranion means skull, sacrum is a triangular bone in the lower back.

Diagnosis-treatment combination (dbc): based on a dbc code established by the Dutch Healthcare Authority (NZa - Nederlandse Zorgautoriteit), a dbc describes the completed and validated process of medical specialist care. This includes part of the care process or the full care process of the diagnosis as made by the healthcare provider up to the ensuing treatment (if any). The dbc regimen begins the moment that you register with a care need, and ends at the end of the treatment or after 120 days.

Dixhoorn, relaxation and breathing therapy: the Dixhoorn method is based on treating stress complaints. Breathing is the core element.

Group health insurance contract: a group health insurance contract (group contract) concluded between the healthcare insurer and an employer or legal entity with the object of offering associated participants the option of obtaining a healthcare insurance policy and any supplementary covers under the conditions as set out in this contract.

Occupational therapist: an occupational therapist gives advice and training to people who have difficulty carrying out daily activities. For example due to dementia or cerebral palsy.

Extractions: having teeth or molars pulled or extracted.

Filter glasses: this concerns special glasses with a filter. Sunglasses, for example, have a UV filter. There are specific filter glasses for medical purposes.

Fraud: intentionally committing or attempting to commit forgery, deception, injuring the rights of debt collectors or beneficiaries and/or misappropriation or embezzlement in the process of entering into and/or performing an insurance contract or healthcare insurance contract, with the objective of obtaining a benefit, reimbursement or performance to which the party is not entitled, or obtaining insurance cover under false pretences.

Birth clinic: institution where you can give birth under the responsibility of a midwife. You can often also receive maternity care in a birth clinic. A birth clinic is located in a hospital or close to a hospital. The hospital will be accessible via a covered walkway (a 'dry' corridor).

Medication reimbursement system: this lists all registered medication reimbursed by the healthcare insurers based on the healthcare insurance policy.

Haptotherapy: teaches you to discover what you feel. The haptotherapist must have completed higher professional education. This is an official healthcare provider with a membership of the VVH professional association.

Fee: salary.

Hearing aids: this concerns medical aids to help you when you cannot hear very well anymore. This may include a hearing device or a device to reduce ringing in your ears.

Implantology: dental care with the purpose of replacing one or more teeth with tooth implants. Implants are artificial teeth with roots placed into the bone, capped with a crown after placement.

Institution:

1. An institution in the sense of the Wet toetreding zorginstellingen (WTZi - Care Institutions Accreditation Act);
2. A legal entity established abroad providing healthcare in the relevant country in the legal framework of the social security system applicable in that country, or focusing on providing care to specific groups of public officers.

Lactation consultant: a lactation consultant is a specialist breast feeding professional, giving mothers expert advice concerning breast feeding. The professional association is NVL, the Dutch Association of lactation consultants, or the VSBB (Association of Breastfeeding and Baby Counselling Specialists), which monitors the quality of the professionals.

Levator plastic surgery: upper eyelid correction tightening up the lifting muscle of the upper eyelid. This improves its functionality and opens the eye wider.

Membership category 1: qualified mindfulness trainers with a VMBN membership are allocated based on their specific training and experience. Category 1 is not an indicator of the duration and quality of the training course.

Mammary prosthesis: an external aid that replaces all or some of the breast.

Mesostructure: a construction located between implants or natural teeth and molars and the dentures. This structure may consist of magnets or push buttons on implants, or of a bar construction interconnecting the implants.

Mijn UMC Zorgverzekering: personal online environment to view and update insurance policy details.

Mindfulness Based Cognitive Therapy (MBCT): therapy specifically focusing on developing a different attitude toward problems. This attitude is based on accurate observation, tolerating, non-response and non-judgement, creating room for acceptance.

Mindfulness Bases Stress Reduction (MBSR): training focusing on attention designed to reduce stress complaints.

Musculoskeletal therapy: therapy mainly focused on complaints relating to posture and movement. The therapist manipulates the position of, for example, the pelvis or the vertebrae. This adjusts the position of the relevant bones and helps resolve complaints.

Cesar/Mensendieck remedial therapist: the remedial therapist is a specialist in training healthy exercise behaviour. Focusing on treatment and prevention of complaints that may arise due to inappropriate posture and movement during daily activities.

Accident: a sudden, unexpected external force on your body, directly causing physical injury that can be established by a medical professional.

Osteopathy: an alternative healing method based on the negative impact on health of reduced flexibility of tissues and structures in the body. The root cause of the complaints is addressed with corrective manoeuvres.

Podiatrist: treats people with foot, back or knee complaints.

Policy schedule: document stating how and for what you are insured.

Pre-transplant test: test to assess if your condition is good enough to successfully complete an incisive operation such as a transplant.

Reintegration: the system of measures designed to ensure the occupationally disabled employee's return to the labour process.

In writing: in these policy conditions, this means either on paper or by email.

Sedation: anaesthesia.

Consent (approval, authorisation): a written permission to purchase certain care. This approval is issued by us or on our behalf. You must request the authorisation before purchasing that particular care.

Toric lens: a lens with various planes and strengths. When the cornea is not perfectly round, it can cause eye problems. Sight can become fuzzy, it can be difficult to discern details and vertical lines seem to tilt. Toric lenses correct such issues.

You: policyholder and/or insured party.

Stay: a stay of 24 hours or longer.

Insured: the person for whom this insurance contract was concluded and who is stated accordingly on the policy schedule or other insurance certificate issued by the healthcare insurer.

Policyholder: the person that closed the insurance policy contract with the healthcare insurer. These policy conditions refer to the policyholder and the insured as 'you'. Provisions referring only to the policy holder specifically state this in the relevant article.

Statutory personal contribution: in some cases you pay some of the healthcare yourself, such as for dentures or a hearing aid. The government determines the amount of the personal contribution and the items for which such a contribution is paid.

Wmg rates: Rates as determined pursuant to the Market Regulation Healthcare Act (Wmg Act).

Hospital: Institution for specialist medical care where stays of 24 hours or longer are offered.

Assisted accommodation: an institution contracted by the healthcare insurer, guaranteeing a hotel-like setting with 24-hour care and services, in any case providing nursing and care.

Healthcare insurer/Zorgverzekeraar UMC: NV Zorgverzekeraar UMC, with its registered office in Nijmegen, Chamber of Commerce registration number: 09154428. The healthcare insurer is registered in the Insurers Register of the Financial Markets Authorities Netherlands (AFM - Autoriteit Financiële Markten) and the Dutch Central Bank (DNB - De Nederlandsche Bank), licence number: 12001037. The healthcare insurer is part of Coöperatie VGZ U.A. The healthcare insurer is referred to as 'we' and 'our' in these policy conditions.

Healthcare insurance: a non-life insurance agreement relating to healthcare entered into between a healthcare insurer and a policyholder for a person with an obligation to take out insurance as referred to in Article 1 under d of the Healthcare Insurance Act (Zvw).

UMC Healthcare Insurance

The healthcare insurance of University Medical Centres

More information

Do you have any questions after reading these terms and conditions? Or would you like more information? Then visit umczorgverzekering.nl