



# Package Comparer Health Insurance 2021 of Nationale-Nederlanden Zorg

Valid from 1 January 2021



# Overview of the reimbursements in 2021

**This package comparer provides an overview of the reimbursements for basic insurance and supplementary insurance for 2021. It is an easy way to compare the different types of insurance. Only the insurance policies that can be taken out in 2021 are included.**

## **Basic insurance**

The government determines the reimbursements under the basic insurance plan. Nationale-Nederlanden has made agreements on rates with most healthcare providers. Nationale-Nederlanden reimburses in full the bill you receive from your healthcare provider. Very occasionally, however, we receive a bill from a healthcare provider that is unreasonably high. We are prohibited by law from reimbursing such a bill. Fortunately, this almost never happens. When you see '100%' in the package comparer, it means that this type of healthcare is insured. In the columns headed 'excess' and 'personal contribution' you will see whether the insured care will be set off against any amount outstanding on your excess or whether you have to pay a personal contribution on top of your excess. Your excess is € 385 in 2021. Only insured persons aged 18 and older pay the excess. The government fixes the amount of the compulsory excess and the personal contribution, which are independent of one another.

## **Supplementary and dental insurance policies**

If you would like more extensive coverage for certain elements of healthcare, you can opt for a supplementary insurance policy, with or without dental care. All amounts in the supplementary insurance policies are maximum amounts that apply per insured person per calendar year, unless otherwise stated. In every case, the healthcare provider/institution must be recognised by Nationale-Nederlanden.

## Package Comparer Health Insurance 2021 (for an explanation, please see page 3)

|  | Basic insurance              |                                 | Supplementary insurance, individual or group |                |                | Combi          |
|--|------------------------------|---------------------------------|--|----------------|----------------|----------------|
|  | Health insurance restitution | Excess or personal contribution | Start  | Extra          | Compleet       |                |
| <b>Alternative healing and remedies</b>  |                              |                                 |  |                |                |                |
| Total reimbursement alternative healing and remedies                                       |                              |                                 |  | € 250,-        | € 500,-        | € 250,-        |
| Alternative healing  |                              |                                 |  | € 50,- per day | € 50,- per day | € 25,- per day |
| Alternative remedies (registered as homeopathic or anthroposophic medication)              |                              |                                 |  | 100%           | 100%           | 100%           |
| <b>Delivery and maternity care</b>   |                              |                                 |  |                |                |                |
| <b>Delivery</b>  |                              |                                 |  |                |                |                |
| Hospital delivery on medical grounds   | 100%                         |                                 |  |                |                |                |
| Hospital or maternity centre delivery without medical grounds                              | 100%                         | Personal contribution           |  |                |                |                |
| Use of delivery room   | 100%                         |                                 |  |                |                |                |
| Obstetric care by a midwife, general practitioner or specialist                            | 100%                         |                                 |  |                |                |                |
| Statutory personal contribution for hospital delivery                                      |                              |                                 | € 100,-                                      | € 150,-        | € 175,-        |                |
| <b>Maternity care</b>  |                              |                                 |  |                |                |                |
| Maternity care in maternity centre or hospital without medical grounds                     | 100%                         | Personal contribution           |  |                |                |                |
| Maternity care at home. You must apply no later than the end of the 4th month of pregnancy | maximum of 10 days           | Personal contribution           |  |                |                |                |
| Maternity package  | service                      |                                 |  |                |                |                |
| Personal contribution maternity care   |                              |                                 | € 100,-                                      | € 150,-        | € 175,-        |                |
| Incubator after-care   |                              |                                 | 15 hours                                     | 15 hours       | 15 hours       |                |

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|  | Basic insurance              |                                 | Supplementary insurance, individual or group |                |                | Combi   |
|--|------------------------------|---------------------------------|--|----------------|----------------|---------|
|  | Health insurance restitution | Excess or personal contribution | Start  | Extra          | Compleet       |         |
| <b>Maternity care (continued)</b>  |                              |                                 |  |                |                |         |
| Breastfeeding advice   |                              |                                 | € 200,-                                      | € 200,-        | € 200,-        |         |
| Maternity care after hospitalisation   |                              |                                 | 15 hours                                     | 15 hours       | 15 hours       |         |
| Additional maternity care (only on medical grounds). Prior consent required  |                              |                                 | 5 x<br>3 hours                               | 5 x<br>3 hours | 5 x<br>3 hours |         |
| Maternity care for adopted child younger than 6 months. Prior consent required   |                              |                                 | 3 x<br>3 hours                               | 3 x<br>3 hours | 3 x<br>3 hours |         |
| <b>Fertility treatments</b>  |                              |                                 |  |                |                |         |
| IVF/ICSI and the associated hormonal preparations at a government-approved institution (for women up to the age of 43) | attempts 1, 2 and 3          | Excess                          |  |                |                |         |
| Other fertility treatments   | 100%                         | Excess                          |  |                |                |         |
| <b>Prenatal screening</b>  |                              |                                 |  |                |                |         |
| Prenatal screening on medical grounds  | 100%                         |                                 |  |                |                |         |
| Prenatal screening without medical grounds   |                              |                                 | 100%   | 100%           | 100%           |         |
| <b>Other</b>   |                              |                                 |  |                |                |         |
| Monitoring equipment to prevent cot death. Prior consent required  |                              |                                 | 100%   | 100%           | 100%           |         |
| Childbirth course (per pregnancy)  |                              |                                 | € 200,-                                      | € 200,-        | € 200,-        |         |
| BirthTENS (pain management). Prior consent required  |                              |                                 | 100%   | 100%           | 100%           |         |
| <b>Glasses/<br/>contact lenses/<br/>eye laser treatment</b>  |                              |                                 |  |                |                |         |
| Glasses/<br>contact lenses/<br>eye laser treatment,<br>per 2 calendar years  |                              |                                 |  |                | € 100,-        | € 100,- |

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|  | Basic insurance                              |   | Supplementary insurance, individual or group |                      |                      |   |
|--|--|---|--|----------------------|----------------------|---|
|  | Health insurance restitution                 | Excess or personal contribution   | Start  | Extra                | Compleet             | Combi   |
| <b>Abroad</b>                                      |  |   |  |                      |                      |   |
| Area of coverage                                   |  |   | world  | world                | world                | world   |
| Non-emergency assistance abroad                    | 100% in accordance with Dutch rate           | Excess  |  |                      |                      |   |
| Prior consent required for hospitalisation         |  |   |  |                      |                      |   |
| Emergency assistance abroad                        | 100% in accordance with Dutch rate           | Excess  | supplemented to 100%                         | supplemented to 100% | supplemented to 100% | supplemented to 100%  |
| <b>Helpline</b>                                    |  |   |  |                      |                      |   |
| • Travel by physician                              |  |   | service                                      | service              | service              |   |
| • Repatriation of patients/injured persons         |  |   | service                                      | service              | service              | service   |
| • Repatriation of deceased                         |  |   | € 6.000,-                                    | € 6.000,-            | € 6.000,-            |   |
| • Sending medicines                                |  |   | 100%   | 100%                 | 100%                 |   |
| • Telecommunication costs                          |  |   | € 350,-                                      | € 350,-              | € 350,-              |   |
| Emergency dental treatment from the age of 18      |  |   | € 250,-                                      | € 250,-              | € 250,-              | € 275,-   |
| Vaccinations for travel abroad                     |  |   | € 250,-                                      | € 250,-              | € 250,-              | 100% for malaria and typhoid tablets and inoculation (see conditions) |
| <b>Pharmaceutical care</b>                         |  |   |  |                      |                      |   |
| Diet preparations (for certain medical conditions) | 100%   | Excess  |  |                      |                      |   |
| Drugs such as antibiotics                          | in accordance with drug reimbursement system | Excess. Personal contribution possible (you will find the maximum reimbursement and exceptional personal contribution in the drug reimbursement system) |  |                      |                      |   |

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|  | Basic insurance                              |   | Supplementary insurance, individual or group |                           |                           |                           |
|--|--|---|--|---------------------------|---------------------------|---------------------------|
|  | Health insurance restitution                 | Excess or personal contribution   | Start  | Extra                     | Compleet                  | Combi                     |
| <b>Pharmaceutical care (continued)</b>   |  |   |  |                           |                           |                           |
| Contraceptives (pill, coil, diaphragm) up to the age of 21                                   | in accordance with drug reimbursement system | Excess. Personal contribution possible (you will find the maximum reimbursement and exceptional personal contribution in the drug reimbursement system) |  |                           |                           |                           |
| Contraceptives (pill, coil, diaphragm) from the age of 21                                    |  |   | € 200,-                                      | € 200,-                   | € 200,-                   | € 200,-                   |
| Compensation for statutory personal contribution under drug reimbursement system             |  |   |  |                           | € 150,-                   |                           |
| Compensation for statutory personal contribution for contraception up to the age of 21       |  |   | 100%   | 100%                      | 100%                      |                           |
| Other medications  |  |   |  |                           | € 150,-                   |                           |
| <b>Informal care</b>   |  |   |  |                           |                           |                           |
| Replacement informal care (recipient of informal care is insured with Nationale-Nederlanden) |  |   | 14 days per year                             | 14 days per year          | 14 days per year          | 14 days per year          |
| Course in informal care (recipient of informal care is insured with Nationale-Nederlanden)   |  |   | single payment of € 150,-                    | single payment of € 150,- | single payment of € 150,- | single payment of € 150,- |
| <b>Recovery, accommodation and after-care</b>  |  |   |  |                           |                           |                           |
| Convalescent homes. Prior consent required   |  |   | € 250,-                                      | € 500,-                   | € 1.000,-                 |                           |
| Childcare during hospitalisation. Prior consent required                                     |  |   | € 200,-                                      | € 200,-                   | € 200,-                   |                           |
| Therapeutic (holiday) camp for children (for certain indications)                            |  |   | € 200,-                                      | € 200,-                   | € 200,-                   |                           |

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|--|------------------------------|----------------------------------|--|-------------------------------|---------------------------------|---------|
|  | Health insurance restitution | Excess or personal contribution  | Start  | Extra                         | Compleet                        | Combi   |
| <b>Recovery, accommodation and after-care (continued)</b>  |                              |                                  |  |                               |                                 |         |
| Accommodation allowance (€ 75 per night) for continuous treatment without admission (instead of reimbursement patient transport)   | 100%                         | Excess and Personal contribution |  |                               |                                 |         |
| Short-term stay in healthcare institution (for example, a health clinic or nursing home)   | 100%                         | Excess                           |  |                               |                                 |         |
| Accommodation costs at the guest house rate (for example, Ronald McDonaldhuis)   |                              |                                  | € 200,-                                      | € 200,-                       | € 200,-                         |         |
| Trauma processing (work-related)   |                              |                                  | 100%   | 100%                          | 100%                            |         |
| Assistance with recovery   | service                      |                                  |  |                               |                                 |         |
| Nursing and personal care (community nursing). Prior consent required if you are seeing a healthcare provider with whom Nationale-Nederlanden has not made an agreement. | 100%                         |                                  |  |                               |                                 |         |
| Nursing and care as a result of medical care for children up to 18 years   | 100%                         |                                  |  |                               |                                 |         |
| <b>Hospice</b>   |                              |                                  |  |                               |                                 |         |
| Personal contribution hospice  |                              |                                  |  | € 500,-/<br>€ 30,-<br>per day | € 1.000,-/<br>€ 30,-<br>per day |         |
| <b>Skin therapy (prescribed by a physician)</b>  |                              |                                  |  |                               |                                 |         |
| Acne treatment   |                              |                                  | € 200,-                                      | € 200,-                       | € 200,-                         | € 230,- |
| Camouflage therapy (once during the term of the policy)  |                              |                                  |  | € 100,-                       | € 150,                          |         |
| Depilation or laser treatment (facial/neck hair removal)   |                              |                                  |  | € 500,-                       | € 750,-                         |         |
| UVB light therapy equipment (purchase or rental costs). Prior consent required   | 100%                         | Excess                           |  |                               |                                 |         |

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|---|------------------------------|---|--|---------|----------|--------|
|   | Health insurance restitution | Excess or personal contribution   | Start  | Extra   | Compleet | Combi  |
| <b>General practitioner</b>   |                              |   |  |         |          |        |
| Care provided by general practitioner                                     | 100%                         |   |  |         |          |        |
| Preventive foot care for diabetic patients                                | 100%                         |   |  |         |          |        |
| Combined lifestyle intervention (upward of 18 years)                      | 100%                         |   |  |         |          |        |
| <b>Medical care aids</b>  |                              |   |  |         |          |        |
| Aids (such as wigs, hearing aids)   | see Medical Aids Regulations | Excess, except when on loan. Personal contribution possible (you will find the maximum reimbursement and the exceptional personal contribution in the Medical Aids Regulations. |  |         |          |        |
| Personal contribution medical aids basic insurance                        |                              |   |  | € 250,- | € 500,-  |        |
| Head cover other than a wig   |                              |   |  | € 75,-  | € 75,-   |        |
| Personal alarms   |                              |   | € 100,-                                      | € 150,- | € 200,-  |        |
| Epilepsy alarm  |                              |   |  | 100%    | 100%     |        |
| Bed-wetting alarm (purchase or rental for up to 4 months)                 |                              |   | 100%   | 100%    | 100%     |        |
| Cranial helmets for certain indications                                   |                              |   | 100%   | 100%    | 100%     |        |
| Support soles   |                              |   |  | € 100,- | € 150,-  | € 60,- |
| Therapeutic sport braces  |                              |   | € 150,-                                      | € 150,- | € 150,-  |        |
| Modified lingerie after a mastectomy (once during the term of the policy) |                              |   | € 90,-                                       | € 90,-  | € 90,-   | € 90,- |



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|--|------------------------------|---------------------------------|--|-----------|-----------|-------|
|  | Health insurance restitution | Excess or personal contribution | Start  | Extra     | Compleet  | Combi |
| <b>Medical specialist care</b>                                     |                              |                                 |  |           |           |       |
| Thrombosis service   | 100%                         | Excess                          |  |           |           |       |
| Transplants (organs/ tissue)                                       | 100%                         | Excess                          |  |           |           |       |
| Audiological care (by an approved audiological centre)             | 100%                         | Excess                          |  |           |           |       |
| Genetic testing and advice   | 100%                         | Excess                          |  |           |           |       |
| Correction of the position of the ears. Prior consent required     |                              |                                 |  |           | 100%      |       |
| Sterilisation for men  |                              |                                 | € 400,-                                      | € 400,-   | € 400,-   |       |
| Sterilisation for women  |                              |                                 | € 1.250,-                                    | € 1.250,- | € 1.250,- |       |
| Second opinion from a doctor                                       | 100%                         | Excess                          |  |           |           |       |
| Rehabilitation   | 100%                         | Excess                          |  |           |           |       |
| Surgical treatment for snoring                                     |                              |                                 |  |           | 100%      |       |
| Machine-assisted breathing   | 100%                         | Excess                          |  |           |           |       |
| Cosmetic surgery once per insurance period. Prior consent required |                              |                                 |  |           |           |       |
| Help during the treatment of children with cancer (SKION)          | 100%                         | Excess                          |  |           |           |       |
| Specialist geriatric medicine                                      | 100%                         | Excess                          |  |           |           |       |
| Mentally disabled doctor   | 100%                         | Excess                          |  |           |           |       |

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|   | Basic insurance              |   | Supplementary insurance, individual or group |            |            |   |
|---|------------------------------|---|--|------------|------------|---|
|   | Health insurance restitution | Excess or personal contribution                     | Start  | Extra      | Compleet   | Combi   |
| <b>Dental care</b>  |                              |   |  |            |            |   |
| Accident coverage oral care   |                              |   | € 10.000,-                                   | € 10.000,- | € 10.000,- | € 10.000,-                                    |
| <b>Dental care up to the age of 18</b>  |                              |   |  |            |            |   |
| Check-up (possibly several times a year on an indication from the dentist)  | 1x per year                  |   |  |            |            |   |
| Fluoride treatment  | 2x per year                  |   |  |            |            |   |
| Other dental care. With the exception of crowns, bridges, implants, bleaching of teeth and orthodontics   | 100%                         |   |  |            |            |   |
| Crowns and bridges  |                              |   | € 500,-                                      | € 500,-    | € 500,-    |   |
| <b>Dental care from the age of 18</b>   |                              |   |  |            |            |   |
|   |                              |   |  |            |            | 75% up to € 250,- for following care together |
| Replacement of incisors or eyeteeth (up to the age of 22, if permanent incisors or eyeteeth have not appeared or if they are missing due to an accident before the age of 18) | 100%                         | Excess  |  |            |            |   |
| 1st and 2nd preventive check-ups  |                              |   |  |            |            | 75%   |
| Other dental care   |                              |   |  |            |            | 75%   |
| Partial prosthesis or frame prosthesis  |                              |   |  |            |            | 75%   |
| Crowns and bridges  |                              |   |  |            |            | 75%   |
| Complete dentures (upper and/or lower)  | 75%, 1x per 5 years          | Excess. Personal contribution 25%                   |  |            |            |   |
| Repairs and rebasing (filling) complete dentures (upper and/or lower)   | 100%                         | Excess Personal contribution 10% of the total costs |  |            |            |   |
| Compensation for personal contribution complete dentures (upper and/or lower)   |                              |   | € 200,                                       | € 200,     | € 200,     | 75%   |

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|---|------------------------------|---|--|-----------------|-----------------|--|
|   | Health insurance restitution | Excess or personal contribution                           | Start  | Extra           | Compleet        |  |
| <b>Dental care in exceptional cases</b>   |                              |   |  |                 |                 |  |
| For certain indications/disabilities. Prior consent required                        | 100%                         | Excess  |  |                 |                 |  |
| <b>Orthodontics</b>   |                              |   |  |                 |                 |  |
| Orthodontics up to the age of 18 (once during the term of the policy)               |                              |   |  | 80% / € 1.000,- | 80% / € 1.750,- |  |
| Orthodontics in exceptional cases (for certain indications). Prior consent required | 100%                         | Excess  |  |                 |                 |  |
| <b>Implants (for certain indications). Prior consent required</b>                   |                              |   |  |                 |                 |  |
| Reimbursement dentist and oral surgeon  | 100%                         | Excess  |  |                 |                 |  |
| Additional outpatient clinic and clinic costs (hospital)                            | 100%                         | Excess  |  |                 |                 |  |
| Lower denture on implant  | 100%                         | Excess. Personal contribution 10% of the complete implant |  |                 |                 | 75% of the personal contribution basic insurance |
| Upper denture on implant  | 100%                         | Excess. Personal contribution 8% of the complete implant  |  |                 |                 | 75% of the personal contribution basic insurance |

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|--|---|---------------------------------|--|-------|----------|-------|
|  | Health insurance restitution  | Excess or personal contribution | Start  | Extra | Compleet | Combi |
| <b>Therapies</b>   |   |                                 |  |       |          |       |
| <b>Physiotherapy up to the age of 18</b>   |   |                                 |  |       |          |       |
| Physiotherapy and Cesar/ Mensendieck exercise therapy, per indication. Prior consent required if you are seeing a healthcare provider with whom Nationale-Nederlanden has not made an agreement. | maximum of 9 (if result is inadequate, maximum of 9 extra) treatments |                                 |  |       |          |       |
| Physiotherapy for indications that appear on the government's list of medical disorders. See <a href="http://www.nn.nl/zorgverzekering">www.nn.nl/zorgverzekering</a> . Prior consent required   | 100%  |                                 |  |       |          |       |
| <b>Physiotherapy from the age of 18</b>  |   |                                 |  |       |          |       |
| From the 21st treatment for indications that appear on the list of medical disorders. See <a href="http://www.nn.nl/zorgverzekering">www.nn.nl/zorgverzekering</a> . Prior consent required      | 100%  | Excess                          |  |       |          |       |
| Physiotherapy for osteoarthritis in the hip and knee   | 12 treatments   | Excess                          |  |       |          |       |
| Physiotherapy for stage 2 intermittent claudication (Supervised Walking Therapy, SWT)  | 37 treatments   | Excess                          |  |       |          |       |
| Pelvic therapy for urinary incontinence)   | 9 treatments  | Excess                          |  |       |          |       |
| Exercise therapy for COPD stadium II or higher (numbers of treatments dependent of GOLD classification)  |   |                                 |  |       |          |       |
| • Class A - first year of treatment  | 5 treatments  | Excess                          |  |       |          |       |
| • Class B1 - first year of treatment   | 27 treatments   | Excess                          |  |       |          |       |
| • Class B1 - from second year of treatment   | 3 treatments  | Excess                          |  |       |          |       |
| • Class B2, C en D - first year of treatment   | 70 treatments   | Excess                          |  |       |          |       |
| • Class B2, C en D - from second year of treatment   | 52 treatments   | Excess                          |  |       |          |       |

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|--|------------------------------|---------------------------------|--|---------------|----------------|---------------|
|  | Health insurance restitution | Excess or personal contribution | Start  | Extra         | Compleet       |               |
| <b>Physiotherapy from the age of 18 (continued)</b>  |                              |                                 |  |               |                |               |
| Physiotherapy and Cesar/Mensendieck exercise therapy   |                              |                                 |  |               |                | 12 treatments |
| <b>Physiotherapy for all ages</b>  |                              |                                 |  |               |                |               |
| Physiotherapy and Cesar/Mensendieck exercise therapy   |                              |                                 | 6 treat-ments                                | 9 treat-ments | 24 treat-ments |               |
| Screening physiotherapy  |                              |                                 | 100%   | 100%          | 100%           |               |
| <b>Occupational therapy</b>  |                              |                                 |  |               |                |               |
| Occupational therapy   | 10 hours                     | Excess                          |  |               |                |               |
| Occupational therapy up to the age of 18, in addition to the basic insurance coverage  |                              |                                 | 2 hours                                      | 2 hours       | 2 hours        |               |
| Instruction and guidance for carers of the insured persons receiving occupational therapy  |                              |                                 | 2 hours                                      | 2 hours       | 2 hours        |               |
| <b>Other</b>   |                              |                                 |  |               |                |               |
| Speech and stutter therapy   | 100%                         | Excess                          |  |               |                |               |
| Sensory care for disabled persons  | 100%                         | Excess                          |  |               |                |               |
| Foot treatment and advice in the event of medical indication of rheumatoid arthritis or severe vascular problems in the legs. Prior consent required |                              |                                 |  | € 100,-       | € 150,-        |               |
| Foot treatment in other situations (by chiropodist or podiatrist, prescribed by a physician)   |                              |                                 |  | € 100,-       | € 150,-        | € 70,-        |
| Dietetics  | 3 hours                      | Excess                          |  | € 100,-       | € 150,-        |               |
| <b>Prevention</b>  |                              |                                 |  |               |                |               |
| Stop smoking programme   | 100%                         |                                 |  |               |                |               |
| Programmes dealing with symptoms of depression and alcohol abuse   | 100%                         | Excess                          |  |               |                |               |
| Flu shot, 1x per year  |                              |                                 | 100%   | 100%          | 100%           |               |
| Nutritional advice   |                              |                                 | € 200,-                                      | € 200,-       | € 200,-        |               |

\* Only applies when SMR providers selected by us are used.

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|--|------------------------------|---------------------------------|--|---------|----------|-------|
|  | Health insurance restitution | Excess or personal contribution | Start  | Extra   | Compleet |       |
| <b>Psychological care</b>  |                              |                                 |  |         |          |       |
| <b>Basic mental health care</b>  |                              |                                 |  |         |          |       |
| Basic mental health care (including internet-based treatment programme). (Prior permission required if you go to a healthcare provider which Nationale-Nederlanden has not made any agreements with) | 100%                         | Excess                          |  |         |          |       |
| <b>Specialised mental health care</b>  |                              |                                 |  |         |          |       |
| Psychiatric help with admission. (Prior permission required if you go to a healthcare provider which Nationale-Nederlanden has not made any agreements with)   | 3 years                      | Excess                          |  |         |          |       |
| Psychiatric help without admission. (Prior permission required if you go to a healthcare provider which Nationale-Nederlanden has not made any agreements with)                                      | 100%                         | Excess                          |  |         |          |       |
| <b>Other</b>   |                              |                                 |  |         |          |       |
| Consultation on menopause, pregnancy or cancer (e.g. breast cancer)  |                              |                                 | € 200,-                                      | € 200,- | € 200,-  |       |
| <b>Transport</b>   |                              |                                 |  |         |          |       |
| Transport for organ donor  | 100%                         |                                 |  |         |          |       |
| Ambulance transport service (one way)  | max. 200 kilometer           | Excess                          |  |         |          |       |
| Seated patient transport* (one way) in the following situations:   | max. 200 kilometer           | Personal contribution           |  |         |          |       |
| • Personal car. Prior consent required   | € 0,32 per kilometer         | Excess                          |  |         |          |       |
| • Public transport. Prior consent required   | 100%                         | Excess                          |  |         |          |       |
| • Taxi. Prior consent required   | 100%                         | Excess                          |  |         |          |       |

\* Seated patient transport, only in the case of kidney dialysis treatments, radiotherapy treatments, chemotherapy treatments or oncological treatments with immunotherapy or geriatric rehabilitation. If you are blind or visually impaired or wheelchair-bound. In the case of a long-term illness or disorder, if you have a statement from your physician that you depend on transport.

With intensive child care for children up to the age of 18, transport to and from a nursing day care center. If you, as an elderly person, cannot travel independently due to multiple problems. If you have a progressive degenerative neurological condition such as Parkinson's disease, Huntington's disease and MS. If you have a congenital brain injury. If you have an intellectual disability and are eighteen years of age or older.

## Package Comparer Health Insurance 2021 (for an explanation, please see page 3)

|   | Basic insurance              |                                 | Supplementary insurance, individual or group |  |  | Combi |
|---|------------------------------|---------------------------------|--|--|--|-------|
|   | Health insurance restitution | Excess or personal contribution | Start  | Extra  | Compleet                                     |       |
| <b>Transport (continued)</b>  |                              |                                 |  |  |  |       |
| Personal contribution for seated patient transport  |                              |                                 |  | full   | full   |       |
| Travel expenses of parents (personal car or public transport 2nd class). Prior consent required   |                              |                                 | € 200,-<br>€ 0,19<br>per km                  | € 200,-<br>€ 0,19<br>per km                  | € 200,-<br>€ 0,19<br>per km                  |       |
| Transport of patient by car on top of the reimbursement from your basic insurance   |                              |                                 |  | € 0,19<br>per km                             | € 0,19<br>per km                             |       |
| Patient transport by taxi. Prior consent required. 100% for contracted healthcare, maximum rate per kilometre for non-contracted healthcare.                                |                              |                                 |  | 100%   | 100%   |       |
| Transport of patient by car or public transport (2nd class) (in connection with medical specialist care) if you are not entitled to reimbursement under the basic insurance |                              |                                 |  | € 0,19<br>per km<br>public<br>transport full | € 0,19<br>per km<br>public<br>transport full |       |

## Luxe Verpleging

|   |   |
|---|---|
| Deluxe arrangement and/or rental of TV/telephone/internet/radio | maximum € 150 per day   |
| Compensation allowance if no deluxe arrangement is available    | € 70 per day up to a maximum of € 4.600,- per person per year   |
| Travel expenses of partner during hospitalisation               | a maximum of € 100,- per year for: <ul style="list-style-type: none"> <li>• Public transport: 2nd class</li> <li>• Personal transport: € 0,19 per km</li> </ul> |

## Dental insurance

### TandenGaaf, for insured persons from the age of 18

|   | TandenGaaf 250 | TandenGaaf 500 | TandenGaaf 1000 | TandenGaaf 1.500 |
|---|----------------|----------------|-----------------|------------------|
| All dental treatments by a dentist, prosthodontist or oral hygienist (with the exception of bleaching teeth and subscription costs dentist). If you have a dental care plan with Nationale-Nederlanden, it always includes accident coverage for up to € 10,000. The accident coverage also applies for insured persons below the age of 18. The Combi policy cannot be taken out in combination with a dental care policy. | up to € 250,-  | up to € 500,-  | up to € 1.000,- | up to € 1.500,-  |

These overviews show the key reimbursements and cover. For the full content and scope of the insurance packages, please consult your policy conditions.

No rights may be derived from this overview.

**More information?**

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**More information?**



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