

The main changes in the 2019 policy conditions



This document lists the main changes in the policy conditions in 2019. These are the changes in our basic, supplementary and dental insurance policies in relation to 2018.

The main changes in your policy conditions from 1 January 2019

Changes in your basic insurance

Basic insurance reimburses insured healthcare services provided by general practitioners, hospitals and pharmacists among other care providers. The government decides what care is covered by the basic insurance. The basic insurance is being expanded in 2019 to include new treatments and a higher compensation for a number of existing treatments. Some reimbursements are also disappearing. The main changes are listed below.

General changes	
Payment term discount	Change: do you pay the premium annually or biannually? You will receive a 2% discount if you pay your premium annually (this was 3% in 2018). You will receive a 0.75% discount if you pay your premium biannually (this was 1.25 in 2018).
Age categories	Change: the premium for the Basis Plus Module and Aanvullend 1, 2, 3 and 4-star supplementary insurances varies by age. There are 2 age categories in 2019: 18 to 29 and 30 years or older. There were 3 age categories in 2018: 18 to 29, 30 to 44 and 45 years or older.
Basic insurance	
Prostate cancer surgery	Change: do you have a Basis Budget policy? In that case, you can use all hospitals contracted by us for a prostate cancer operation without surcharges in 2019.
Fertility enhancing treatments (including IVF)	Change: do you have a Basis Budget policy? In that case, you can use all hospitals contracted and selected specially for Basis Budget without surcharges in 2019. You could use all hospitals in 2018.
e-Court	Discontinued: in 2019, if you have unpaid premium or other costs you cannot start a procedure with the Stichting e-Court arbitration board.
Combined Lifestyle Intervention (GLI)	New: your general practitioner can refer you to a specialised care provider for guidance if your health is at risk due to your weight. Combined Lifestyle Intervention is a programme aimed at reducing the health risks brought on by your weight. You will receive guidance in improving your eating habits, increasing your exercise activity and maintaining these habits as a sustainable behavioural change. The programme lasts for 2 years. If you use a non-contracted care provider, you need prior approval from us.
Seated patient transport	Change: are you undergoing oncological treatment (radio-, chemo- or immunotherapy); are you undergoing kidney dialysis; or are you reliant on transportation for an extended period due to a long-term illness or disorder (hardship clause)? As of 2019, the costs of transport to and from consultations, examinations and checkups will also be reimbursed. The reimbursement only applies if the consultations, examinations and checkups are related to the treatment. You need to acquire prior approval for this transportation. In 2018, the reimbursement only applied for transportation to such treatments.
Physiotherapy to treat COPD for insured persons aged 18 or older	Change: in 2019, remedial therapy treatments for COPD will be covered by your basic insurance from the first treatment. Depending on the GOLD classification, you are then entitled to a maximum of the following in the first twelve months: <ul style="list-style-type: none"> 5 supervised remedial therapy treatments for class A 27 supervised remedial therapy treatments for class B 70 supervised remedial therapy treatments for classes C and D <p>If treatment is still required after the first 12 months, you are entitled to the following (depending on the GOLD classification):</p> <ul style="list-style-type: none"> 3 supervised remedial therapy treatments per 12 months for class B 52 supervised remedial therapy treatments per 12 months for classes C and D <p>In 2018, the first 20 treatments were not covered.</p>
Medicines (statutory personal contribution)	Change: reimbursement limits have been established for groups of medicines with the same effect. If a medicine is more expensive than the reimbursement limit, you pay the costs above the reimbursement limit in the form of a statutory personal contribution (upper-limit price). This was the same in 2018 and preceding years. As of 2019, you will never pay more than €250 in statutory personal contribution, per person per calendar year, for these medicines in total. This statutory personal contribution is separate from your mandatory excess.
Paracetamol, vitamins and mineral supplements	Discontinued: in 2019, non-prescription paracetamol, vitamins and mineral supplements will no longer be covered by basic insurance. You must pay these costs yourself from now on.
Stop smoking programme	Change: to be eligible for reimbursement, the stop smoking programme must meet the requirements in the "Stoppen met Roken" (stop smoking) care module and the 'Tabaksverslaving' (Tobacco addiction) CBO guideline. Care providers we have contracted always meet these requirements. You do not pay an excess for programmes offered by contracted care providers.
Specialist medical rehabilitation	Change: if you use a non-contracted care provider, you need prior approval from us to be eligible for reimbursement.

Basic insurance	
Stay in a psychiatric hospital for insured persons aged 18 or older	Change: if you use a non-contracted care provider, you need prior approval from us to be eligible for reimbursement.
Orthodontics (braces) in exceptional cases	Discontinued: in 2019, we will no longer reimburse the costs of Myobrace trainers (category 0 orthodontics) and vacuum-formed orthodontics and aligners (category 7 orthodontics).
Hearing aids	Change: do you have a Basis Exclusief policy? In 2019, you will not receive reimbursement if you purchase a hearing aid different from the one you are entitled to. This was partially covered in 2018.
District nursing	Change: in 2019, a professionally (HBO) qualified specialist with paediatric nursing training may also establish a medical indication in intensive childcare (IKZ). The paediatrician or medical specialist remains ultimately responsible for the treatment. In 2018, only a professionally (HBO) qualified paediatric nurse was allowed to establish a medical indication.
Personal Care Allowance Regulations (Reglement Zvw-pgb)	Insured persons with a personal care allowance (PGB) will be informed separately regarding the changes in the Personal Care Allowance Regulations (Reglement Zvw-pgb). The changes will also be published on zk.nl by 12 November 2018 at the latest.

The mandatory excess is still €385.

Everyone who is 18 or older has to pay a mandatory excess for care covered by basic insurance. The government determines the amount of the mandatory excess annually. In 2019, the mandatory excess will still be €385. This means that in 2019, you are responsible for the first €385 of the healthcare costs covered by your basic insurance. Among other things, you do not pay an excess for care provided by your GP (not including the costs of any related testing, such as laboratory tests or x-ray examination), obstetric care, maternity care, dental and medical care for children up to 18 years old and care covered by supplementary insurance. You can find more information about the mandatory excess and the possibility of paying it in instalments at zk.nl/eigenrisico.


Changes in statutory personal contributions and statutory maximum reimbursements


























You are required to pay a personal contribution towards the cost of certain medical devices, treatments and other care covered by your basic insurance. Or a maximum reimbursement may apply. The government determines these statutory personal contributions and statutory maximum reimbursements annually. In 2019, there is a change in the personal contribution or maximum reimbursement for the below care.

Statutory personal contributions and statutory maximum reimbursements	
Spectacle and contact lenses	Change: is the lifespan of a spectacle or contact lens longer than 1 year? In that case the personal contribution has increased from €57.50 to €58.50 per lens. Is the lifespan of a spectacle or contact lens shorter than 1 year? And is it only needed for 1 eye? In that case, the personal contribution has increased from €57.50 to €58.50 for 1 lens. If lenses are needed for both eyes, the personal contribution has increased from €115 to €117. The cost of medical spectacle or contact lenses is only reimbursed in the case of serious need.
Wigs	Change: the maximum reimbursement for wigs has increased from €431 to €436.
Allergen-free or orthopaedic footwear	Change: the personal contribution for a pair of shoes for insured persons under 16 has decreased from €69 to €65.50. The personal contribution for a pair of shoes for insured persons aged 16 or older has decreased from €138 to €131.
Childbirth	Change: for childbirth without medical necessity in a hospital, birth or maternity centre, the personal contribution has increased from €34 to €35 and the maximum reimbursement has increased from €245 to €250. Half of these amounts is for the mother and half is for the child. The maximum reimbursement for the use of a delivery room during an outpatient childbirth without medical indication has increased from €211 to €215. This could be in a hospital or birthing centre, for instance.
Maternity care	Change: the personal contribution for assistance during childbirth and maternity care at home or in a birth or a maternity centre has increased from €4.30 to €4.40 per hour.
Seated patient transport	Change: the personal contribution towards the cost of seated patient transport has increased from €101 to €103.

Changes in our supplementary insurance policies

There are also changes in our supplementary insurance policies in 2019. Some reimbursements have been discontinued while others cover more of your expenses. The main changes in relation to 2018 are listed below.


It is easy to see if a change applies to your supplementary insurance. Does the change have a  behind it? Then you can see from the top of the column which policy or policies the change applies to.

Supplementary insurance policies		Basis Plus Module	Supplementary cover 1 star	Supplementary cover 2 stars	Supplementary cover 3 stars	Supplementary cover 4 stars
Alternative forms of treatment, therapies and (anthroposophic and homeopathic) medicines	<p>Change: in 2019, 2 stars Supplementary Insurance covers the costs for consultations or treatments up to €40 per day to a maximum of €350 (€450 in 2018); 3 stars Supplementary Insurance covers €40 per day to a maximum of €550 (€650 in 2018); and 4 stars Supplementary Insurance covers €40 per day to a maximum of €750 (€850 in 2018). The reimbursements include medicines and are per person per calendar year.</p> <p>Discontinued: in 2019, the reimbursement for neuromuscular therapy has been discontinued.</p> <p>Change: in 2019, certain professional associations are no longer covered. For an overview of the professional associations, visit zk.nl/zorgzoeker.</p>					
Physiotherapy and/or Cesar or Mensendieck remedial therapy for insured persons aged 18 or older	<p>Change: in 2019, we will reimburse a maximum of 36 treatments per person per calendar year (with a maximum of 9 manual therapy treatments). In 2018, 40 treatments were covered.</p>					
Orthodontic care (braces) incl. a second opinion for insured persons up to 18	<p>Change: in 2019, there is a waiting period of 1 year for reimbursements for orthodontics. This means that you pay the premium for the duration of the waiting period but you do not yet receive reimbursement. The waiting period begins on 1 January 2019. The waiting period is applicable if you take out a 3 stars Supplementary Insurance or 4 stars Supplementary Insurance per 1 January 2019 (and did not have it in 2018). The waiting period also applies if you switch from one of the below Achmea health insurers*. The waiting period does not apply if you already had 3 star Supplementary Insurance or 4 star Supplementary Insurance in 2018.</p> <p><i>* Interpolis, Avéro Achmea, Pro Life Zorgverzekerings and OZF Zorgverzekeraar.</i></p>					
Exercise programmes (for obesity, earlier heart failure, diabetes type 2, COPD, rheumatoid arthritis or any other rheumatic disease, or cancer)	<p>Change: in 2019 the reimbursement only applies if the programme is given by a physiotherapist or a Cesar/Mensendieck remedial therapist contracted by us. This was a contracted PlusPraktijk in 2018.</p>					
Ear position correction (without medical necessity) for insured persons up to the age of 18	<p>Discontinued: in 2019, reimbursement of this treatment under 2 star Supplementary Insurance has been discontinued. In 2018, this treatment was covered by 2 star Supplementary Insurance if it was provided by contracted care providers.</p>					
Stutter therapy (method taught at the Del Ferro or Hausdörfer Institute, the BOMA method or the McGuire programme)	<p>Discontinued: in 2019, this reimbursement has been discontinued. In 2018, reimbursement was €225 under 2 star Supplementary Insurance, €450 under 3 star Supplementary Insurance and €900 under 4 star Supplementary Insurance. The reimbursement applied per person for the entire duration of the insurance.</p>					
Guest house accommodation for your visitors (overnight accommodation and transport for visitors in the case of a hospital stay or admittance to a GGZ institution)	<p>Change: in 2019, a personal contribution of €100 per calendar year applies for transport costs for visitors (public transport, taxi or private car). In 2018, the condition for reimbursement of transport costs was a minimum travel distance of 50 km and there was no personal contribution.</p>					
Statutory personal contribution towards the costs of Methylphenidate Retard, atomoxetine, dexamfetamine and guanfacine (for indications such as ADHD)	<p>Discontinued: in 2019, the reimbursement for the statutory personal contribution (upper-limit price) has been discontinued. In 2018, the maximum reimbursement was €200 per person per calendar year.</p>					
Statutory personal contribution for contraceptives	<p>Discontinued: in 2019, the reimbursement for the statutory personal contribution (upper-limit price) has been discontinued. In 2018, the reimbursement was 100%.</p>					
Statutory personal contribution towards the costs of other medicines	<p>Discontinued: in 2019, the reimbursement for the statutory personal contribution (upper-limit price) has been discontinued. In 2018, the maximum reimbursement was €750 (not including the statutory personal contribution for Methylphenidate Retard, atomoxetine, dexamfetamine and guanfacine).</p>					

Supplementary insurance policies		Basis Plus Module	Supplementary cover 1 star	Supplementary cover 2 stars	Supplementary cover 3 stars	Supplementary cover 4 stars
TENS during delivery (pain relief)	Change: in 2019, we only reimburse your costs if you have a referral from a general practitioner, obstetrician or midwife or gynaecologist. In 2018, you did not need a referral.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition education by a weight management consultant or (sports) nutritionist	Change: in 2019, we also reimburse group nutrition education by a weight management consultant. In 2018, we did not reimburse group treatments.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Dental insurance		Basis Plus Module	Supplementary cover 1 star	Supplementary cover 2 stars	Supplementary cover 3 stars	Supplementary cover 4 stars
Dental care for insured persons aged 18 or older	<p>Changes: we will reimburse up to 75% of the costs for oral hygiene (M codes and/or T codes, except for codes T21 and T22) in 2019. This was 100% in 2018, up to the maximum amount covered by your dental insurance.</p> <p>Discontinued: in 2019, reimbursement for non-restorative caries (cavity) treatment in baby teeth (M05), fluoride treatment (M40) and nitrous oxide has been discontinued. This was 100% in 2018, up to the maximum amount covered by your dental insurance.</p>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Extra Vitaal	
Fall prevention course ('In Balans' or 'Vallen Verleden Tijd')	Change: in 2019 the reimbursement only applies if the programme is given by a physiotherapist or a Cesar/Mensendieck remedial therapist contracted by us. This was a contracted PlusPraktijk in 2018.



Do you want to know if we have a contract with your hospital or care provider?

All of our contracted hospitals and care providers are listed at [zk.nl/zorgzoeker](https://www.zk.nl/zorgzoeker).

No rights can be derived from this document.

Only the main changes are summarised in this document. All changes apply from 1 January 2019. Always refer to your policy conditions and the relevant regulations to find the reimbursement to which you are entitled. These can be downloaded at [zk.nl/voorwaarden](https://www.zk.nl/voorwaarden) or obtained from us by calling 071 751 00 51.

Do you have any questions?

We are happy to advise and assist you



Visit our website zk.nl/contact

Ask questions through our chat service, by email or WhatsApp. And join the discussion in our community.



Would you prefer to speak to someone in person?

Call us at 071 751 00 51

- From 08:00 to 21:00 on working days (Monday 24 and 31 December from 08:00 to 17:00).
- From 10.00 to 14.00 on Saturdays.
- Special opening hours: on Saturday 22 and 29 December and Sunday 30 December our lines are open from 09:00 to 17:00.



You can also write to us at

Zilveren Kruis, Postbus 444, 2300 AK Leiden

You can also find us on social media



YouTube

Documents regarding your health insurance are available. You can view and download these documents at zk.nl/informatiedocument. If you have any questions, please call (071) 751 00 51.

See our website, zk.nl, for a list of contracted care providers, reimbursement tariffs for non-contracted care providers, Medical Devices Regulations (Reglement Hulpmiddelen), Pharmaceutical Care Regulations (Reglement Farmaceutische Zorg), Personal Care Allowance Regulations (Reglement Zvw-pgb), professional associations of alternative healthcare professionals that meet our criteria, policy conditions, brochures, forms and other information about our insurance policies. You can also obtain this information from us.

Health insurance policies offered by Zilveren Kruis are insured by Zilveren Kruis Zorgverzekeringen N.V., whose registered office is in Utrecht (Chamber of Commerce no. 06088185, AFM no. 12000646). Supplementary health insurance policies offered by Zilveren Kruis are insured by Achmea Zorgverzekeringen N.V., which has its registered office in Zeist (Chamber of Commerce 28080300, AFM 12000647).

We do our best to provide you with clear and accurate information. Is there an error in our communication? Then please let us know and we will rectify it. However, Zilveren Kruis cannot be held liable for any inaccuracies. No rights can be derived from the content of this document.



Keurmerk Klantgericht Verzekeren

Zilveren Kruis is part of **achmea**