

The main changes in the policy conditions in 2020



This document lists the main changes in the policy conditions in 2020. These are the changes in our basic, supplementary and dental insurance policies in relation to 2019.

The main changes in your policy conditions from 1 January 2020

Basic insurance

Basic insurance reimburses insured healthcare services provided by care providers such as general practitioners, hospitals and pharmacists. The government decides what care is covered by the basic insurance. This can change from one year to the next. We have made an overview of the most important changes in relation to 2019.

General	
Collectivity discount	Change: in 2020, the discount on the premium for a group basic insurance policy will be maximised at 5% for all health insurers. This was maximised at 10% in 2019.
Basic insurance	
Overnight stay instead of seated patient transport	New: in 2020, there will be a maximum accommodation allowance of €75 per night. You are eligible for this if you have to be in the hospital for 3 consecutive days or longer. This only applies if you are visiting the hospital for outpatient treatment. In 2019, only the transport costs were reimbursed. As of 2020, you can choose between the accommodation allowance and reimbursement of transport costs.
Doctor specialised in treating people with an intellectual disability	New: care by a doctor specialised in treating people with an intellectual disability will be added to the basic insurance in 2020. You need a referral from your general practitioner. You also pay mandatory excess for this care.
Geriatric specialist	New: care by a geriatric specialist will be added to the basic insurance in 2020. You need a referral from your general practitioner. You also pay mandatory excess for this care.
Medicines	New: some medicines may not yet be registered in the medicine reimbursement system (GVS). Until it can be reimbursed in accordance with the GVS, you may receive reimbursement for the preparation by the pharmacy. If the registered drug is too expensive, which means we are not allowed to reimburse it, you may also receive reimbursement for the preparation by the pharmacy. Unfortunately, we do not yet know the conditions for reimbursement. We will keep you updated at zk.nl .
Stop smoking programme	Change: in 2020, you will no longer pay mandatory excess for pharmacotherapeutic interventions (medicines) that are part of the stop smoking programme. This only applies if the medicine is supplied by a contracted pharmacy. In 2019, these costs were already reimbursed under the basic insurance, but still came out of your deductible.
Primary care stay	New: in 2020, you will no longer pay mandatory excess for costs associated with establishing and running the national coordination points for primary care stay, if these are charged to you.
Occupational therapy	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.
Seated patient transport	New: in 2020, you are also entitled to seated patient transport if you require geriatric rehabilitation. Change: in 2020, we will use a routeplanner to determine the distance to be reimbursed. For more information, visit zk.nl/vervoer .
Seated patient transport (in the case of wheelchair dependency)	Change: in 2020, you will only receive reimbursement for seated patient transport if you can only travel by wheelchair. In 2019, the reimbursement was granted more generously.
Physiotherapy and Cesar or Mensendieck remedial therapy	Change (since June 2019): in 2020, you will only need proof of diagnosis from a general practitioner, company doctor, dentist, geriatric specialist, doctor specialised in treating people with an intellectual disability, doctor specialised in juvenile healthcare, physician assistant, nursing specialist or medical specialist. This applies if you are receiving treatment for a disorder included in the list drawn up by the Minister of Health, Welfare and Sport (VWS), 'Annex 1 relating to article 2.6 of the Health Insurance Decree'. In 2019, you needed a statement from a general practitioner, company doctor or medical specialist.
Pelvic physiotherapy for urinary incontinence (18 years and older)	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.
Physiotherapy to treat leg pain caused by intermittent claudication (18 years and older)	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019. Change: in 2020, you will need approval for extra supervised remedial therapy treatments. This concerns extra treatments after completion of a programme of up to 37 treatments during a period of up to 12 months.
Physiotherapy to treat osteoarthritis of the hip or knee joint (18 years or older)	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.
Physiotherapy to treat COPD (18 years and older)	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.

Basic insurance	
Dental care up to 18 years old	<p>Change: in 2020, there will be new tariff codes for autotransplantation (J39), therapeutic botox injection (G44) and the treatment of white spots (M80 and M81). These treatments are not reimbursed under the supplementary dental insurance.</p> <p>Change: If you will be undergoing treatment by a dental surgeon in 2020, you will need a referral from your dentist, orthodontist, general practitioner, doctor specialised in treating people with an intellectual disability, doctor specialised in juvenile health care, or another medical specialist. You must obtain pre-approval for the following treatments: extraction (pulling teeth or molars) under general anaesthesia, correction of the jaw in combination with extraction, osteotomy (jaw surgery), chin plastic surgery as an independent operation, preimplantological and perimplantological surgery (bone remodelling) and the placement of bone anchors for orthodontic treatment.</p>
Dental care 18 or older – dental surgery	Change: in 2020, there will be new tariff codes for autotransplantation (J39) and therapeutic botox injection (G44). These treatments are not reimbursed under the supplementary dental insurance.
Front tooth replacement up to 23 years old	Change: in 2020, there will be new tariff codes for autotransplantation (J39) and therapeutic botox injection (G44). These treatments are not reimbursed under the supplementary dental insurance.
Dental care in exceptional cases	Change: in 2020, there will be new tariff codes for autotransplantation (J39) and therapeutic botox injection (G44). These treatments are not reimbursed under the supplementary dental insurance. Treatments for jaw complaints (e.g. pain in jaw joints and masseter muscles) will only be reimbursed if they are performed by an NVGPT approved dentist, gnatologist or Centre for Exceptional Dentistry.
Speech therapy	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.
Nursing and care	<p>New: in 2020, for specialised nursing in the case of a restricted procedure, the treating physician must draw up a request for performance. High-risk actions must be demonstrably carried out on behalf of a physician.</p> <p>Change: in 2020, if a nurse establishes an indication, the insured person for whom the indication is made must be present at the time of the indication. In the case of an indication for a child, the child and the parent(s) or legal guardian must be present. The indication must be established at home.</p>
Dietetic therapy	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.
Maternity care at home	New: in 2020, we reimburse the costs of maternity care at home, even if the mother has died during or shortly after delivery. We also reimburse the newborn's guardian after adoption.

Mandatory excess


Everyone who is 18 or older has to pay a mandatory excess for care covered by basic insurance. The amount is set by the government. In 2020 the mandatory excess will remain €385. This means that, in 2020, you have to pay the first €385 of the healthcare costs covered by your basic insurance. You do not pay any excess for the costs of care provided by a general practitioner (with the exception of examinations such as laboratory or X-ray examinations related to this care), obstetric or midwifery care, healthcare and dental care for children up to 18 years old and care under the supplementary insurance policies. For more information about the mandatory excess and the possibility of paying it in instalments, visit [zk.nl/eigenrisico](https://www.zk.nl/eigenrisico).

Statutory personal contribution 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. Alternatively, a maximum reimbursement may apply. The government sets the statutory personal contribution and maximum reimbursement annually. In 2020, the personal contribution or maximum reimbursement is changing for the following care.












































Statutory personal contribution and statutory maximum reimbursements	
Spectacle and contact lenses	<p>Change: is the lifespan of the spectacle or contact lenses longer than 1 year? In that case, the personal contribution is increasing from €58.50 to €59 per lens. Is the lifespan of the spectacle or contact lenses less than 1 year? And is it only needed for 1 eye? In that case the personal contribution is increasing from €58.50 to €59 for 1 lens. If lenses are needed for both eyes, the personal contribution is increasing from €117 to €118. The cost of medical spectacle or contact lenses is only reimbursed in the case of serious need.</p>
Wigs	Change: the statutory maximum reimbursement for wigs is increasing from €436 to €443.
Allergen-free or orthopaedic footwear	Change: the personal contribution for a pair of shoes for insured persons under 16 is decreasing from €65.50 to €63.50. The personal contribution for a pair of shoes for insured persons aged 16 or older is decreasing from €131 to €127.
Childbirth	Change: for a non-medically necessary birth in a hospital, birth centre or maternity centre, the personal contribution is increasing from €35 to €36 and the maximum reimbursement is increasing from €250 to €255. Half of this amount is for the mother and half is for the child. The maximum reimbursement for the use of a delivery room for an outpatient delivery without medical indication is increasing from €215 to €219. This could be in a hospital or birth centre.
Maternity care	Change: the personal contribution for childbirth assistance and maternity care at home or in a birth or maternity centre is increasing from €4.40 to €4.50 per hour.
Seated patient transport	<p>Change: the personal contribution towards the cost of seated patient transport is increasing from €103 to €105.</p> <p>Change: the maximum reimbursement for own transport is increasing from €0.30 to €0.32 per kilometre.</p> <p>New: the maximum reimbursement for an overnight stay instead of seated patient transport is €75 per night.</p>

Supplementary and dental insurance

There are also changes in our supplementary insurance policies and dental plans in 2020. The main changes in comparison to 2019 are listed below. Is there a  after the change? Then you can see from the top of the column which policy or policies the change applies to.

Tip: take out orthodontic coverage on time!

Since 2019, there is a waiting period of 1 year for reimbursement. During the waiting period, you pay the premium but do not yet receive reimbursement. If you take out Aanvullend 3 stars or Aanvullend 4 stars per 1 January 2020, you can receive reimbursement for orthodontics as of 1 January 2021.

Supplementary insurance policies		Basis Plus Module	Aanvullend 1 star	Aanvullend 2 stars	Aanvullend 3 stars	Aanvullend 4 stars
Mammaprint diagnostic breast cancer test	Discontinued: this reimbursement has been discontinued in 2020. In 2019, you were eligible for 100% reimbursement for a Mammaprint, if provided by Agendia laboratory.					
Maternity care related to adoption (child under 12 months old) or medical screening related to adoption	Change: this reimbursement has been removed from the supplementary insurance for 2020. In 2019, the supplementary insurance entitled you to up to 10 hours of maternity care related to adoption, or €300 for a medical screening per adopted child.					
Assistance at home in the event of inability to perform daily living activities (ADL loss)(18 or older).	Change: in 2020, you will receive a maximum reimbursement of €1,000 per person per calendar year after a medically necessary procedure. In 2019, the reimbursement was €1,000 per person per hospital admission.					
Therapeutic holiday camp for people with a disability	Discontinued: this reimbursement has been discontinued in 2020. In 2019, the maximum reimbursement was €150 per person per calendar year.					
'Afvalen & Afblijven' diet and exercise programme	Discontinued: this reimbursement has been discontinued in 2020. In 2019, the reimbursement was €250 per person per calendar year.					
Course designed to reduce alcohol consumption	Discontinued: this reimbursement has been discontinued in 2020. In 2019, the reimbursement was €300 per person per calendar year.					
Transport costs following healthcare mediation if care is provided in Belgium or Germany	Discontinued: this reimbursement has been discontinued in 2020. In 2019, the reimbursement for contracted (multi-person) taxi transport was 100%, public transport (lowest class) 100%, own transport €0.30 per kilometre.					
Overnight stay and transport costs of family members following healthcare mediation if care is provided in Belgium or Germany	Discontinued: this reimbursement has been discontinued in 2020. In 2019, the reimbursement for accommodation costs was €35 per night for the family combined. For own transport, public transport and taxi transport: €0.30 per kilometre. The total reimbursement for accommodation and/or transport costs was €500 for all family members combined.					
Overnight stay and transport costs in the case of treatments requiring particular expertise provided abroad	Change: in 2020, the reimbursement of €0.32 per kilometre also applies to taxi costs. You were not eligible for reimbursement of taxi costs in 2019.					
Physiotherapy and Cesar or Mensendieck remedial therapy, 18 years or older	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral from a general practitioner, company doctor or medical specialist. A referral was required in 2019. If you need multiple treatments or practitioners on the same day in 2020, a dentist, geriatric specialist, doctor specialised in treating people with an intellectual disability, doctor specialised in juvenile healthcare, physician assistant or nursing specialist can also request permission for this through a specific referral. In 2019, this could only be done by a general practitioner, company doctor or medical specialist.					
Physiotherapy and Cesar or Mensendieck remedial therapy up to the age of 18	<p>Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral from a general practitioner, company doctor or medical specialist. A referral was required in 2019. If you need multiple treatments or practitioners on the same day in 2020, a dentist, geriatric specialist, doctor specialised in treating people with an intellectual disability, doctor specialised in juvenile healthcare, physician assistant or nursing specialist can also request permission for this through a specific referral. In 2019, this could only be done by a general practitioner, company doctor or medical specialist.</p> <p>Change: you will no longer be reimbursed for all treatments in 2020. In addition to the maximum reimbursements under the basic insurance, you are eligible to the following maximum reimbursements under the supplementary policies:</p> <ul style="list-style-type: none"> • Basis Plus Module: no reimbursement • Aanvullend 1 star: 9 treatments per person per calendar year • Aanvullend 2 stars: 12 treatments per person per calendar year • Aanvullend 3 stars: 27 treatments per person per calendar year • Aanvullend 4 stars: 36 treatments per person per calendar year <p>All treatments were reimbursed in 2019.</p>					

Supplementary insurance policies		Basis Plus Module	Aanvullend 1 star	Aanvullend 2 stars	Aanvullend 3 stars	Aanvullend 4 stars
Post-care physiotherapy (after oncology, for cardiovascular disease, or following a stroke)	Change: in 2020, you can receive the full reimbursement for the costs of any contracted physiotherapist or Cesar/Mensendieck remedial therapist. In 2019, you were only eligible for reimbursement if you went to a contracted Pluspraktijk physiotherapist.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Crowns, bridges, inlays, implants and autotransplants up to 18	Change: in 2020, the reimbursement also applies to autotransplants (J39). Autotransplantation is the transplantation of a tooth or molar to the place of a missing tooth or molar in the same person. The only condition is that the treatment is carried out by a multidisciplinary autotransplant team that meets our quality requirements. The reimbursement did not apply to autotransplants in 2019.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dental care required as a result of an accident	Change: the age limit of 18 years or older no longer applies in 2020. In the event of an accident, you will also be eligible for reimbursement for autotransplants (J39). Autotransplantation is the transplantation of a tooth or molar to the place of a missing tooth or molar in the same person. The only condition is that the treatment is carried out by a multidisciplinary autotransplant team that meets our quality requirements. In 2019, the age limit for this reimbursement was 18 years or older and did not apply to autotransplants.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Guest house accommodation for your visitors (overnight accommodation and transport for visitors in the case of a stay at a hospital or GGZ institution)	Change: in 2020, you will also receive a reimbursement for accommodation costs if the hospital or GGZ institution is within 50 kilometres of your home. Change: in 2020, we will use a routeplanner to determine the distance to be reimbursed. For more information, visit zk.nl/vervoer .			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breast pump device	Change: in 2020, the reimbursement only applies for the purchase of a breast pump device. Rental fees for a breast pump device are no longer eligible for reimbursement. In 2019, you were eligible for reimbursement of rent or purchase costs.			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENS during delivery	Change: in 2020, you no longer require a referral from a general practitioner, midwife or gynaecologist. This was still required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational therapy	Change (since June 2019): in 2020, you can go directly to the care provider. You no longer need a referral issued by a general practitioner, company doctor or medical specialist. This was still required up to June 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Podiatry/podology/podopostural therapy and/or (sport) arch supports	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pedicure care (for diabetic, medical or rheumatoid foot conditions)	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Acne treatment	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Camouflage therapy	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical epilation, IPL or laser epilation	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019. Change: in 2020, we also reimburse epilation for men in the case of extremely unsightly facial and/or neck hair. In 2019, only women were eligible for reimbursement.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counselling	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Care for women	Change: in 2020, the invoice must include the care provider's valid personal AGB code. This was not required in 2019.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exercise programmes	Discontinued: the exercise programme compensation for obese policyholders has been discontinued in 2020. In 2019, the reimbursement was €350 per person throughout the duration of the supplementary insurance.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Dental insurance		Aanvullend Tand Basis	Aanvullend Tand 1 star	Aanvullend Tand 2 stars	Aanvullend Tand 3 stars	Aanvullend Tand 4 stars
Dental care	<p>Change: in 2020, the combined maximum reimbursement for fillings (V-codes), tooth extraction (H-codes) and anaesthetics (A10 and A15) will be €75 per person per calendar year. In 2019, the combined maximum reimbursement was €60 per person per calendar year.</p> <p>New: in 2020, the implantology aftercare consultation (I60), extensive implantology aftercare consultation (I61) and X-rays (X10 and X22) will also be included in the combined maximum reimbursement of €75 per person per calendar year.</p>	■				
Dental care	<p>Change: in 2020, there will be new tariff codes for autotransplantation (I39) and therapeutic botox injection (G44). These treatments are not reimbursed under the supplementary dental insurance.</p>		■	■	■	■



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

All of our contracted hospitals and care providers are listed at zk.nl/zorgzoeker.

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Only the main changes are summarised in this document. All changes will take effect on 1 January 2020.

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 or obtained from us by calling +31 71 751 00 51.



Do you have questions?

We are happy to help



Visit zk.nl/contact

for an overview of all contact options.



If you would prefer to speak to someone in person, call us on +31 71 751 00 51

- Our lines are open from 8am to 8pm on working days
(Tuesday 24 and 31 December 8am to 5pm)
- On Saturday from 9am to 1pm
- **Extra:** Saturday 21 and 28 December and Sunday 29 December from 9am to 5.30pm



You can also write to us at

Zilveren Kruis Achmea, PO box 444, 2300 AK Leiden

You can also find us on social media



Documents regarding your health insurance are available online.
You can view and download these documents at zk.nl/informatiedocument.
If you have any questions, please call +31 71 751 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.

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