

These conditions apply from 1 January 2019 and replace all previous versions.
They only apply if the health insurance in question is stated on your policy certificate.

OZF.
Your health insurer.



List of Reimbursements 2019

Basic insurance, Supplementary insurance policies &
Dental insurance policies



List of Reimbursements 2019

OZF Zorgpolis

AV Compact and AV Royaal supplementary insurance

Tand Compact and Tand Royaal dental insurance

What medical expenses are covered by the basic health insurance? And what expenses are reimbursed by our supplementary (dental) insurance (policies)? Do different reimbursements apply, depending on whether treatment is provided by contracted or non-contracted care providers? How are mandatory and/or voluntarily chosen excess and personal contributions deducted? We are happy to explain.

Our health insurance policies

We call our basic insurance OZF Zorgpolis. This is an arranged care policy. This means that you are entitled to care arranged by us. But you are also entitled to reimbursement of health-care costs. You can supplement the cover provided by the OZF Zorgpolis with 1 or more supplementary (dental) insurance policies:

- AV Compact or AV Royaal.
- Tand Compact or Tand Royaal.

For Tand Royaal you have to undergo a medical assessment. You can find the documents on your health insurance via ozf.nl/informatiedocument.

The government determines the contents of the basic insurance

The government stipulates the conditions of the basic insurance. These are laid down in the Dutch Health Insurance Act (Zorgverzekeringswet (Zvw)) and the corresponding legislation. Every health insurer must comply with these conditions.

What expenses are covered by the basic insurance?

The following is a brief summary of what is covered by the basic health insurance package:

- General practitioner care.
- Specialist medical care, and stay.
- Mental health care (18 or older).
- Medical devices.
- Medication (medicines) and dietary preparations.
- Maternity care and obstetric or midwifery care.
- Transport by ambulance and seated patient transport.
- Paramedical care (occupational therapy, speech therapy and a certain amount of physiotherapy and/or remedial therapy).
- Dental care (up to 18).
- Dental care in exceptional cases (18 or older).

What expenses are reimbursed by our supplementary (dental) insurance policies?

Our supplementary (dental) insurance policy covers medical care that is not, or only partially, reimbursed by the basic health insurance package. For example physiotherapy, alternative

forms of treatment and spectacles and/or contact lenses.

If you are 18 or older it also covers regular dental care, which is not included in the basic health insurance package.

Please note! We reimburse some medical care under basic and supplementary (dental) insurance.

The reimbursement of medical expenses is subject to conditions and exclusions

These conditions and exclusions are not always reproduced in full in this List of Reimbursements, which is a brief summary of our policy conditions. So no rights can be derived from this document. Our conditions and exclusions are listed in full in the policy conditions. Our policy conditions always take precedence. For instance, they tell you if you need a referral, which medical indication(s) are reimbursed, and if you need to request our permission in advance. Our policy conditions can be found at ozf.nl/vergoedingen or obtained from us.

Contracted and non-contracted care

We have entered into contracts with a large number of care providers and healthcare institutions. Contracted care providers invoice us directly. If you are entitled to full reimbursement under the policy conditions, the bill is (usually) paid in full. However, this does not apply to the (mandatory and/or voluntarily chosen) excess or any (statutory) personal contribution. We will bill you for this.

Are you going to a non-contracted care provider or healthcare institution? In that case you are generally entitled to reimbursement of up to 75% of the average tariff we pay for this care (provided by contracted care providers).

Do you want to know with which care providers and healthcare institutions we have a contract? In that case, use the Medical Provider Search Tool on ozf.nl/zorgzoeker or contact us.

A list of the reimbursement tariffs that apply to care provided by non-contracted care providers can be found at ozf.nl/vergoedingen or obtained from us.

Please note! Sometimes we only reimburse contracted care. If this is the case, it will say so next to the reimbursement.

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List of Reimbursements 2019 (cont'd)

OZF Zorgpolis

AV Compact and AV Royaal supplementary insurance

Tand Compact and Tand Royaal dental insurance

The mandatory excess

For everyone aged 18 or older, basic insurance involves a mandatory excess. Each year the government determines the amount of the mandatory excess. In 2019 this is €385. This means that you yourself have to pay the first €385 towards medical expenses covered by the basic health insurance.

However, you are not required to pay an excess for:

- The costs of care or other services incurred in 2019 but for which the invoices are not received until after 31 December 2020.
- General practitioner care. The costs of tests or examinations performed as part of this care, which are performed elsewhere and charged for separately, are an exception in this respect.
- The costs of registering with a general practitioner or with an institution that provides general practitioner care.
- The direct costs of obstetric and/or midwifery care and maternity care.
- The costs of follow-up examinations of a donor after the period of caring for that donor has expired. This period of care lasts, at the most, 13 weeks, or in the event of a liver transplant, 6 months.
- The donor's transport costs if these costs are reimbursed by the donor's own basic insurance.
- The costs of integrated care claimed in accordance with the policy rule on performance-related funding of the provision of multidisciplinary care for chronic disorders. This policy rule was established on the basis of the Dutch Healthcare Market Regulation Act (Wmg).
- The costs of nursing and care provided by nurses (in accordance with article 32 of 'OZF Zorgpolis Entitlements and Reimbursements').

Voluntarily chosen excess

In addition to the mandatory excess you can opt for a voluntarily chosen excess. You can increase your mandatory excess by €100, €200, €300, €400 or €500. The premium for your basic insurance will then be lower. Do you want to know how much you can save on your premium by opting for a voluntarily chosen excess? You can find this information at ozf.nl/premieoverzicht. Or go to ozf.nl/mijnnoz. After logging in with your DigiD, first click on 'Wijzig mijn verzekering' (Change my insurance), then click on 'Eigen risico' (Excess). If you wish to change your voluntarily chosen excess, you must do it on or before 31 December 2018.

An example of how the excess is calculated and deducted

In 2019 Henk, who is 45 years old, has an excess of €885. The mandatory excess is €385. and he has opted for a voluntarily chosen excess of €500 because his healthcare expenses have been low for years. However, on 1 May 2019 something goes wrong with Henk's knee and he needs surgery on his meniscus. The hospital bill is €2,000. The same month his pharmacist supplies him with several medicines that cost a total of €100. So in 2019, Henk's healthcare expenses amount to a total of €2,100. He pays the first €885 (his mandatory and voluntarily chosen excess).

When are you required to pay a (statutory) personal contribution?

In addition to your excess, sometime you also have to pay a statutory personal contribution. The amount of the statutory personal contribution is determined by the government. You are required to pay a personal contribution towards the cost of, among other things:

- Seated patient transport.
- Maternity care.
- Certain medical devices, such as a hearing aid.
- Certain medicines, such as some ADHD medicines.

Your mandatory and/or voluntarily chosen excess may also be deducted.

Please note! We sometimes reimburse the (statutory) personal contribution under your supplementary (dental) insurance.

What should you do if a care provider or healthcare institution sends you an invoice?

There are two ways in which you can send the invoice to us:

- Online: ozf.nl/declareren
- By post: Zorgverzekeraar OZF, Claims Service Department, Postbus 94, 7550 AB Hengelo - NL.

You will find full details at ozf.nl

On our website, you will find details of our contracted care providers, our reimbursement tariffs for non-contracted care providers, policy conditions and brochures. You will also find claim forms, Medical Devices Regulations (Reglement Hulpmiddelen), Pharmaceutical Care Regulations (Reglement Farmaceutische Zorg), Personal Care Allowance Regulations - Nursing and Care (Reglement PGB verpleging en verzorging), our privacy statement and other information about our health insurance policies. You can find the documents on your health insurance via ozf.nl/informatiedocument.

A number of abbreviations and phrases are used in the List of Reimbursements

These abbreviations and phrases are explained below.

- art: article.
- tr: treatment(s).
- p: page.
- GVS: Medicinal Products Reimbursement System (Geneesmiddelenvergoedingssysteem).
- GVS limit: a medicine is reimbursed up to a limit specified by the GVS.
- cy: calendar year (from 1 January to 31 December incl.).
- km: kilometre(s).
- max: maximum.
- After receiving our permission in advance: for this care to be reimbursed, we must give you permission in advance.
- For the duration of the insurance: a reimbursement that applies for as long as the insurance policy in question is still valid.
- Wlz: Dutch Long-term Care Act (Wlz).
- Wmg: Dutch Healthcare Market Regulation Act (Wet marktordening gezondheidszorg).
- ZBC: Independent Treatment Centre (Zelfstandig Behandelcentrum).

Please note! The reimbursements specified in this List of Reimbursements apply per person, unless otherwise indicated.

Emergency response centre Eurocross Assistance

Do you need urgent medical care while you are abroad? In that case, please call our emergency response centre Eurocross Assistance on +31 71 364 1 282. This telephone number is also on the back of your healthcare card. You can reach Eurocross Assistance 24 hours a day.

Holiday Doctor

Free advice on non-urgent medical issues before and/or during holidays. Call the Holiday Doctor on +31 71 364 1 802.

Care Mediation

We gladly provide you with the best care advice to ensure that you receive prompt high-quality care. We will also help you find a general practitioner, dentist or physiotherapist if you move home. You can call our Care Coach for this. He or she is available on (071) 364 0 280 on working days from 8.00 to 18.00.

We offer attractive discounts

This applies to cosmetic surgery, a number of medical devices, spectacles and contact lenses or refractive eye surgery/lens implantation. For a complete and up-to-date overview of customer benefits in 2019 go to ozf.nl/klantvoordelen.



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Where can you find what you are looking for in this List of Reimbursements?

How do you find a reimbursement in this List of Reimbursements? First look for the general heading in this table of contents. Next to the general heading you will see the page number where you can find details of the reimbursement we provide for the care in question. Under the general heading you will see the types of medical care that come under that heading. The columns in the List of Reimbursements tell you if we reimburse the care under OZF Zorgpolis and/or our supplementary (dental) insurance policies, AV Compact, AV Royaal, Tand Compact and Tand Royaal. Are you unable to find the medical care you are looking for? Then please see www.ozf.nl/vergoedingen. Or call Customer Service on (074) 789 0 789. Lines are open from 08:00 to 17:00 on working days.

Alternative therapies	9	Physiotherapy and Cesar or Mensendieck remedial therapy to treat a non-chronic disorder for an insured person of 18 or older
Alternative forms of treatment, therapies and medicines		Physiotherapy and Cesar or Mensendieck remedial therapy to treat a chronic disorder up to the age of 18
Bones, muscles and joints	9	Physiotherapy and Cesar or Mensendieck remedial therapy to treat a non-chronic disorder up to the age of 18
Remedial therapy in a hot water pool for rheumatoid arthritis		Post-care physiotherapy
Occupational therapy		Physiotherapy to treat leg pain caused by intermittent claudication (restricted blood supply to the legs) for insured persons aged 18 or older
Pedicure care for rheumatoid foot conditions		Physiotherapy to treat osteoarthritis of the hip or knee joint for insured persons aged 18 or older
Pedicure care for diabetic foot conditions		Fysiotherapie bij chronic obstructive pulmonary disease (COPD) 18 or older
Pedicure care for medical foot conditions		
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Sports medical examination by a sports doctor		12
Sports medical advice and guidance by a sports doctor		Acne treatment
(Sport) arch supports and/or orthoses (or their repair)		Camouflage therapy
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Overnight stay and/or transport costs for family members following healthcare mediation, if care is provided in Belgium or Germany		Hand splint
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Medical treatment abroad, non-urgent		Medical devices
Medical treatment abroad, urgent		Personal alert system required for medical reasons
Physiotherapy and Cesar or Mensendieck remedial therapy	10	Adhesive strips for breast prosthesis
Pelvic physiotherapy 18 or older		Bedwetting alarm
Exercise programmes (for certain indications)		Wig - personal contribution
Physiotherapy and Cesar or Mensendieck remedial therapy to treat a chronic disorder 18 or older		Sports or ice pack brace
		Support pessary
		Incontinence therapy
		Self-help programme IncoCure

Contents (cont'd)

Medicines and dietary preparations	13	Consultations, vaccinations and medicines if you travel abroad
Contraceptives		Course designed to reduce alcohol consumption
Medicines and dietary preparations		Type 2 diabetic patients course
Melatonin		Baby and child first aid course
Oral health care and dentistry	14	First aid course
Front tooth replacement up to 23		Flu vaccinations
Implants		Health Check
Orthodontics (braces) in exceptional cases		A course on self-respect for kids
Regular dental care and oral hygiene 18 or older		'Lekker in je vel' (a course on feeling good about your body)
Regular dental care up to 18		Lymphoedema, awareness and/or self-management course
Dental care 18 or older - Dental surgery		Coping with heart problems
Dental care in exceptional cases		Coping with rheumatoid arthritis, osteoarthritis or ankylosing spondylitis (Bechterew's disease)
Dental care - Crowns, bridges, inlays and implants		'Slaapcoach' online sleep improvement course or a 'You can learn to sleep' course.
Dental care 18 or older - Full set of removable (implant-retained) dentures (false teeth) - Personal contribution		'Meer Bewegen voor Ouderen' (a programme on more exercise for the elderly)
Dental care - Orthodontics (braces) up to the age of 18		Stop smoking programme
Dental care for insured persons with a handicap		Fall prevention programmes
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Spectacles and/or contact lenses		Psychological care
Hearing aid - Personal contribution		18
Refractive eye surgery or lens implantation		Counselling
Sensory impairment care		General Basic GGZ 18 or older
Preventive healthcare	16	Mindfulness training
Weight loss course		Non-clinical specialist GGZ 18 or older
Basic resuscitation/AED course		Psychiatric hospital stay 18 or older
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		Speech therapy
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Accommodation and/or transport costs for family members staying in a hospital or GGZ institution	
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Plastic surgery	
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Maternity package	
Maternity care at a hospital with a medical indication	
Maternity care at a hospital without a medical indication - Personal contribution	
Maternity care at home or in a birth or maternity centre - Personal contribution	
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Assistance during childbirth	
Prenatal screening: combined test, counselling, Structural Echoscopic Examination (SEO), Non-Invasive Prenatal Testing (NIPT), invasive diagnostics	
Sperm cryopreservation	
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Maternity care postponed due to medical necessity	
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Patient association membership	
Therapeutic holiday camp for handicapped persons	
Therapeutic holiday camp for children	
Thrombosis service	
Nutrition education by a weight management consultant or (sports) nutritionist	

List of Reimbursements 2019

Alternative therapies	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Alternative forms of treatment, therapies and medicines (for which alternative forms of treatment/ therapy and medicines, the conditions and what we do not reimburse: see art. 1 on p. 53 of the policy conditions)	-	Max €40 per day for consultations/ treatments Medicines via a contracted pharmacy: 100% Medicines via a non-contracted pharmacy: - Max €350 per calendar year for consultations/treatments and medicines combined (care provider is affiliated to a professional association recognised by us: see ozf.nl/alternatief)	Max €40 per day for consultations/ treatments Medicines via a contracted pharmacy: 100% Medicines via a non-contracted pharmacy: - Max €550 per calendar year for consultations/treatments and medicines combined (care provider is affiliated to a professional association recognised by us: see ozf.nl/alternatief)

Bones, muscles and joints	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Remedial therapy in a hot water pool for rheumatoid arthritis (for conditions: see art. 2 on p. 54 of the policy conditions)	-	-	Max €200 per cy
Occupational therapy (for conditions and what we do not reimburse: see art. 1 on p. 23 of the policy conditions)	Max 10 hours per cy Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Pedicure care for rheumatoid foot conditions (for conditions and what we do not reimburse: see art. 3.1 on p. 54 of the policy conditions)	-	-	Max €25 per tr., max €150 per cy (for pedicure care for rheumatoid and/or diabetic and/or medical foot conditions)
Pedicure care for diabetic foot conditions (for conditions and what we do not reimburse: see art. 3.2 on p. 54 of the policy conditions)	-	-	Max €25 per tr., max €150 per cy (for pedicure care for rheumatoid and/or diabetic and/or medical foot conditions)
Pedicure care for medical foot conditions (for conditions and what we do not reimburse: see art. 3.3 on pp. 54 and 55 of the policy conditions)	-	-	Max €25 per tr., max €150 per cy (for pedicure care for rheumatoid and/or diabetic and/or medical foot conditions)
Podiatry/podology/podopostural therapy (for conditions and what we do not reimburse: see art. 4 on p. 55 of the policy conditions)	-	-	Max €100 per cy
Sports medical examination by a sports doctor (at an SCAS-accredited sports medical institution: www.sportzorg.nl/zoek-een-sportzorgprofessional)	-	Max €200 per cy for a sports medical examination and/or a sports check-up and/or an exertion test performed by a sports doctor	Max €200 per cy for a sports medical examination and/or a sports check-up and/or an exertion test performed by a sports doctor
Sports medical advice and guidance by a sports doctor (at an SCAS-accredited sports medical institution: www.sportzorg.nl/zoek-een-sportzorgprofessional)	-	Max €150 per cy for training advice and a personal training programme based on the results of a sports medical examination by a sports doctor	Max €150 per cy for training advice and a personal training programme based on the results of a sports medical examination by a sports doctor

Bones, muscles and joints (cont'd)

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
(Sport) arch supports and/or orthoses, (or their repair) (for conditions: see art. 7 on p. 56 of the policy conditions)	-	-	Max €125 per cy
Foot care in the case of diabetes mellitus (for conditions and what we do not reimburse: see art. 2 on pp. 23 and 24 of the policy conditions)	Foot examination (Care Profile 1 (Zorgprofiel 1) and higher) and treatment by a podiatrist (Care Profile 2 (Zorgprofiel 2) and higher) Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Abroad

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Transport costs following care mediation if care is provided in Belgium or Germany Call our Transport Telephone Line (Vervoerslijn) on (071) 365 4 154 for permission in advance: Lines are open from 08:00 to 18:00 on working days.	-	Contracted taxi service: 100% Non-contracted taxi service: - (Lowest class of) public transport 100%, own transport (€0.30 per km) Max €1,000 per cy	Contracted taxi service: 100% Non-contracted taxi service: - (Lowest class of) public transport 100%, own transport (€0.30 per km) Max €1,000 per cy
Overnight stay and transport costs of family members following healthcare mediation if care is provided in Belgium or Germany	-	Accommodation expenses: a maximum of €35 per night. A maximum of €0.30 per km, irrespective of the method of transport Transport and/or accommodation expenses: a maximum of €500 per calendar year for all family members combined	Accommodation expenses: a maximum of €35 per night A maximum of €0.30 per km, irrespective of the method of transport Transport and/or accommodation expenses: a maximum of €500 per calendar year for all family members combined
Transport of the insured person and mortal remains to your country of residence (repatriation)	-	100%, Eurocross Assistance must give you permission in advance and must arrange the transport that is required as part of urgent medical care	100%, Eurocross Assistance must give you permission in advance and must arrange the transport that is required as part of urgent medical care
Medical treatment abroad, non-urgent (for conditions: see art. 3 on p. 24 of the policy conditions)	Contracted: 100% Non-contracted: reimbursement as in the Netherlands with due observance of conditions and exclusions, up to max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Medical treatment abroad, urgent (for conditions: see art. 3 on p. 24 of the policy conditions and art. 9.1 on pp. 56 and 57 of the policy conditions)	100% up to max Dutch tariffs	Supplementary cover in addition to OZF Zorgpolis reimbursement up to a maximum of the cost price (in the case of a stay of up to 365 days required for urgent medical care that cannot be postponed until you return to your country of residence)	Supplementary cover in addition to OZF Zorgpolis reimbursement up to a maximum of the cost price (in the case of a stay of up to 365 days required for urgent medical care that cannot be postponed until you return to your country of residence)

Physiotherapy and Cesar or Mensendieck remedial therapy

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Pelvic physiotherapy to treat urinary incontinence for insured persons aged 18 or older (for conditions and what we do not reimburse: see art. 4.3 on p. 26 of the policy conditions)	Max. 9 treatments, 1 x only Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 12 treatments per cy Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 treatments per cy Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)

Physiotherapy and Cesar or Mensendieck remedial therapy cont'd

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Exercise programmes for: <ul style="list-style-type: none"> • Obesity (BMI > 30) • Earlier heart failure • Rheumatoid arthritis (as defined by the Dutch Reumafonds (Arthritis Foundation)) • Type 2 diabetes • COPD with a lung function of FEV1/VC < 0.7, a breathlessness score of >2 on the MRC scale and a health score of >1 to 1.7 on the CCQ scale • (Recovery from) an oncological condition (for conditions and what we do not reimburse: see art. 10 on pp. 57 and 58 of the policy conditions)	-	Contracted: max €175 per disorder for the duration of the supplementary insurance Non-contracted: -	Contracted: max €350 per disorder for the duration of the supplementary insurance Non-contracted: -
Physiotherapy and Cesar or Mensendieck remedial therapy to treat a chronic disorder 18 or older Manual lymphatic drainage to treat severe lymphoedema may also be performed by a skin therapist (for conditions and what we do not reimburse: see art. 4.1 on pp. 24 and 25 of the policy conditions and art. 11.1 on p. 58 of the policy conditions)	Treatments 21 and next Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 12 treatments per cy (you pay for tr. 13 to 20) with max 9 manual therapy treatments Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 treatments per cy, with max 9 manual therapy treatments Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Physiotherapy and Cesar or Mensendieck remedial therapy to treat a non-chronic disorder 18 or older (for conditions and what we do not reimburse: see art. 11.1 on p. 58 of the policy conditions)	-	Max 12 treatments per cy, with max 9 manual therapy treatments Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 treatments per cy, with max 9 manual therapy treatments Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Please note! Is a maximum number of physiotherapy and Cesar or Mensendieck remedial therapy treatments specified under AV Compact and/or AV Royaal? Then the specified maximum number of treatments applies per calendar year, even if the insured person suffers from several disorders. The maximum number of treatments also applies regardless of whether the disorder(s) is/are on the list of chronic disorders approved by the Dutch Minister of Health, Welfare and Sport (VWS). You can find more information about physiotherapy and Cesar or Mensendieck remedial therapy at ozf.nl .			
Physiotherapy and Cesar or Mensendieck remedial therapy to treat a chronic disorder up to the age of 18 Manual lymphatic drainage to treat severe lymphoedema may also be performed by a skin therapist (for conditions and what we do not reimburse: see art. 4.2 on pp. 25 and 26 of the policy conditions).	Unlimited number of treatments Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Physiotherapy and Cesar or Mensendieck remedial therapy to treat a non-chronic disorder up to 18 (for conditions and what we do not reimburse: see art. 4.2 on pp. 25 and 26 of the policy conditions and art. 11.2 on pp. 58 and 59 of the policy conditions)	Max 9 tr. per cy per disorder, with the possible addition of 9 further tr. (with medical necessity) Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Unlimited number of tr. per cy, with max 9 manual therapy tr. Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Unlimited number of tr. per cy, with max 9 manual therapy tr. Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Post-care physiotherapy after oncology or a CVA or for cardiovascular disease (for conditions: see art. 12 on p. 59 of the policy conditions)	-	Contracted: 100% Non-contracted: -	Contracted: 100% Non-contracted: -

Physiotherapy and Cesar or Mensendieck remedial therapy (cont'd)

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Physiotherapy to treat leg pain caused by intermittent claudication (restricted blood supply to the legs) 18 or older (for conditions and what we do not reimburse: see art. 4.4 on pp. 26 and 27 of the policy conditions)	Max 37 supervised remedial therapy tr. for max 12 months Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 12 tr. per cy, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 tr. per cy, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Physiotherapy to treat osteoarthritis of the hip or knee joint for insured persons aged 18 or older (for conditions and what we do not reimburse: see art. 4.5 on p. 27 of the policy conditions)	Max 12 supervised remedial therapy tr. for max 12 months Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 12 tr. per cy, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 tr. per cy, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Physiotherapy for people suffering from chronic obstructive pulmonary disease (COPD) aged 18 or older (for conditions and what we do not reimburse: see art. 4.6 on p. 27 of the policy conditions)	The first 12 months: <ul style="list-style-type: none"> • A maximum of 5 supervised remedial therapy treatments for class A • A maximum of 27 supervised remedial therapy treatments for class B • A maximum of 70 supervised remedial therapy treatments for classes C and D <p>After the first 12 months:</p> <ul style="list-style-type: none"> • A maximum of 3 supervised remedial therapy treatments per 12 months for class B • A maximum of 52 supervised remedial therapy treatments per 12 months for classes C and D <p>Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)</p>	Max 12 treatments per calendar year, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Max 27 treatments per calendar year, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)

Skin

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Acne treatment (for conditions and what we do not reimburse: see art. 13 on pp. 59 and 60 of the policy conditions)	-	-	Max €350 per cy (we reimburse either camouflage therapy or acne treatment for the same indication)
Camouflage therapy (for conditions and what we do not reimburse: see art. 14 on p. 60 of the policy conditions)	-	-	Max €350 per cy (we reimburse either camouflage therapy or acne treatment for the same indication)
Hair removal treatment (for conditions and what we do not reimburse: see art. 15 on p. 60 of the policy conditions)	-	-	Max €545 for the duration of the supplementary insurance (for female insured persons if there is unsightly facial hair)

Medical devices

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Hand splint (for post-care physiotherapy in the case of hand problems that require specialist treatment - for conditions: see art. 16.2, on p. 60 of the policy conditions)	-	Maximum of €40 per cy for 1 finger or small thumb splint Maximum of €60 per cy for 1 wrist, hand or large thumb splint Maximum of €90 per cy for 1 dynamic or static splint	Maximum of €40 per cy for 1 finger or small thumb splint Maximum of €60 per cy for 1 wrist, hand or large thumb splint Maximum of €90 per cy for a dynamic or static splint

Medical devices (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Headwear for oncology (scarf, hat, peaked cap, bandana or Toupim (headband wig))	-	-	Max €150 per cy (purchased from a specialist supplier recognised by us)
Medical devices (certain medical devices must be approved by us in advance, and are subject to a max reimbursement or statutory personal contribution)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Personal alert system required for medical reasons (for conditions: see art. 16.4 on p. 61 of the policy conditions)	In accordance with the Medical Devices Regulations (Reglement Hulpmiddelen) (see ozf.nl)	Personal alarm system (subscription fees) Contracted: 100% Non-contracted: max €60 per cy, if approved by us in advance	Personal alarm system (subscription fees) Contracted: 100% Non-contracted: max €60 per cy, if approved by us in advance
Adhesive strips for breast prosthesis (after mastectomy)	-	100%	100%
Bedwetting alarm, purchase or rental costs (for bedwetting problems)	-	Max €100 for the duration of the supplementary insurance	Max €100 for the duration of the supplementary insurance
Wig - personal contribution	In accordance with the Medical Devices Regulations (Reglement Hulpmiddelen) (see ozf.nl): max €436 per wig	-	Wig - personal contribution Max €200 per cy (in addition to OZF Zorgpolis reimbursement)
Sports or ice pack brace	-	Max €50 for max 1 sports or ice pack brace per cy	Max €50 for max 1 sports or ice pack brace per cy
Support pessary (to prevent/relieve bladder or uterine prolapse)	-	-	100% (supplied by (a pharmacy to which you are referred by) your general practitioner)
Incontinence therapy, equipment hire (referral required)	-	Contracted: 100% Non-contracted: -	Contracted: 100% Non-contracted: -
Self-help programme IncoCure (for female insured persons who suffer from incontinence)	-	Max €15 per cy for the IncoCure online self-help programme, see: incocure.com	Max €15 per cy for the IncoCure online self-help programme, see: incocure.com

Medicines and dietary preparations	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Contraceptives • Up to 21 years	Contracted: 100% up to the GVS limit Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
• 21 or older (for conditions and what we do not reimburse under AV Compact and AV Royaal: see art. 17.2 on p. 62 of the policy conditions)	Only in the case of medically diagnosed endometriosis or menorrhagia (abnormally heavy menstrual periods) Contracted: 100% up to GVS limit Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	Contracted: 100% up to the GVS limit Non-contracted: -	Contracted: 100% up to the GVS limit Non-contracted: -

Please note!

If a medicine is more expensive than the reimbursement limit included in the GVS, you are responsible for the additional costs. The statutory personal contribution for medicines has a limit of €250 per person per calendar year.

Medicines and dietary preparations continued

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Medicines and dietary preparations (for conditions and what we do not reimburse: see art. 6 on pp. 28 and 29 of the policy conditions)	In accordance with the Pharmaceutical Care Regulations (Reglement Farmaceutische Zorg) (see ozf.nl) Contracted: 100% up to GVS limit Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Melatonin (for conditions: see art. 17.1 on p. 62 of the policy conditions)	-	-	If supplied by the eFarma online pharmacy: 100% If supplied by another contracted pharmacy: max €100 per cy Non-contracted: -

Oral health care and dentistry (dental care)

	OZF Zorgpolis Basic insurance	Tand Compact Supplementary insurance	Tand Royaal Supplementary insurance
Front tooth replacement up to the age of 23 (for conditions: see art. 8 on p. 30 of the policy conditions)	100% In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Implants (for conditions: see art. 12 on pp. 31 and 32 of the policy conditions)	100% In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Orthodontics (brace) in exceptional cases (for conditions and what we do not reimburse: see art. 7 on p. 29 of the policy conditions)	100%	-	-
Regular dental care and oral hygiene 18 or older (for conditions and what we do not reimburse: see art. 50 on p. 71 of the policy conditions)	-	Anaesthesia (A-codes), consultations (C codes), fillings (V codes), extractions (H codes), X-rays (X codes) and a second opinion: 100% Other dental treatments: 75% These include, among others, oral hygiene (M-codes) and periodontology (T-codes) Max reimbursement: €250 per calendar year	Anaesthesia (A-codes), consultations (C codes), fillings (V codes), extractions (H codes), X-rays (X codes) and a second opinion: 100% Other dental treatments: 75% These include oral hygiene (M-codes), periodontology (T-codes) and the statutory personal contributions on removable complete prostheses (dentures), whether or not on implants Max reimbursement: €1,000 per calendar year
Regular dental care up to 18 (for which treatments we reimburse, conditions and what we do not reimburse: see art. 9 on p. 30 of the policy conditions)	100% In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Dental care - crowns, bridges, inlays and implants (for conditions and what we do not reimburse: see art. 51 on p. 71 of the policy conditions)	-	-	75% up to max €750 per calendar year

Oral health care and dentistry (dental care) (cont'd)	OZF Zorgpolis Basic insurance	Tand Compact Supplementary insurance	Tand Royaal Supplementary insurance
Dental care in exceptional cases (for conditions: see art. 14 on p. 32 of the policy conditions)	100% In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers) (in some cases a statutory personal contribution applies to insured persons aged 18 or older)	-	-
Dental care 18 or older - dental surgery (for conditions and what we do not reimburse: see art. 10 on pp. 30 and 31 of the policy conditions)	100% In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Dental care for an insured person aged 18 or older - full set of removable (implant-retained) dentures (false teeth) (for conditions and what we do not reimburse: see art. 11 on p. 31 of the policy conditions)	75% for (replacement of) a full set of removable dentures for the upper and/or lower jaw, a full set of removable initial dentures or a full set of removable overdentures (a statutory personal contribution of 25% applies) 92% for an implant-retained denture for the upper jaw (a statutory personal contribution of 8% applies) 90% for an implant-retained denture for the lower jaw (a statutory personal contribution of 10% applies) 83% for a combination of an implant-retained denture on one jaw and a non-implant-retained denture on the other jaw (code J50) (a statutory personal contribution of 17% applies) 90% for the repair or rebasing of dentures (a statutory personal contribution of 10% applies)	-	75% of the statutory personal contribution payable under OZF Zorgpolis (up until max reimbursement: €1,000 per calendar year under Tand Royaal)
Dental care - orthodontics (braces) up to 18 (for conditions and what we do not reimburse: see art. 52 on p. 72 of the policy conditions) Please note! Newly insured persons have a 12-month waiting period.	-	-	75% up to max €2,000 for the duration of the supplementary insurance up to 18
Dental care for insured persons with a handicap (for reimbursement conditions: see art. 13, on p. 32 of the policy conditions)	100% unless there is entitlement to reimbursement under the Dutch Long-term Care Act (Wlz) In the case of a non-contracted dental surgeon: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Eyes and ears

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Audiology centre	Hearing problems Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) Speech and language disorders in children Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Spectacles and/or contact lenses (for conditions and what we do not reimburse: see art. 18 on p. 62 of the policy conditions)	Only for specific medical eye conditions in accordance with the Medical Devices Regulations (Reglement Hulpmiddelen) (see ozf.nl)	Max €100 per 2 cy	Max €200 per 2 cy
Hearing aid - Personal contribution	Up to the age of 18: Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted suppliers). 18 years or older a statutory personal contribution of 25% applies Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted suppliers)	-	- 18 years or older: Contracted: 100% of the statutory personal contribution payable under OZF Zorgpolis Non-contracted: per hearing aid max €100 of the statutory personal contribution payable under OZF Zorgpolis

Tip! Want to get a hearing aid faster and pay less for it? Here's how.

Are you using one of our contracted hearing aid specialists? Then you do not need to first see a general practitioner and an ear, nose and throat specialist. Our contracted hearing aid specialists are qualified to assess your hearing. If necessary, the hearing aid specialist will refer you to an ENT doctor or an Audiology Centre. Our contracted hearing aid specialists always supply quality hearing aids. In 2019, our contracted hearing aid specialists are Beter Horen and Hans Anders. You can find a lot of information at ozf.nl/hoortoestel.

Use our Medical Provider Search Tool (ozf.nl/zorgzoeker) to find your nearest contracted hearing aid specialist.

Refractive eye surgery or lens implantation (for conditions: see art. 19 on pp. 62 and 63 of the policy conditions) Please note! Newly insured persons have a 12-month waiting period.	Refractive surgery: no reimbursement Lens implantation: for monofocal lens, after receiving our permission in advance Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	Refractive eye surgery or lens implantation: max € 500 per eye for the duration of the supplementary insurance (in the case of lens implantation we reimburse the additional costs of a lens other than a monofocal (standard) intraocular lens, following reimbursement of cataract surgery under OZF Zorgpolis)
Sensory impairment care (for which impairments and conditions: see art. 16 on p. 33 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Preventive healthcare

	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Weight loss course	-	Max €100 per course per calendar year (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Basic resuscitation/AED course	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)

Preventive (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Ryaal Supplementary insurance
FysioRunning coaching programme (to register and complete the screening questionnaire, go to fysiorunning.nl)	-	1 FysioRunning online coaching programme per cy	1 FysioRunning online coaching programme per cy
Consultations, vaccinations and medicines if you travel abroad (if necessary in accordance with the advice of the National Coordination Centre for Travellers' Advice (LCR): see lcr.nl/landen)	-	Contracted: 100% for consultations and vaccinations and/or preventive medicines Non-contracted: Consultations and vaccinations: Max €75 per calendar year Medicines: -	Contracted: 100% for consultations and vaccinations and/or preventive medicines Non-contracted: Consultations and vaccinations: Max €75 per calendar year Medicines: -
Course designed to reduce alcohol consumption	-	Max €300 per cy	Max €300 per cy
Type 2 diabetics, basic or follow-up educational course	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Baby and child first aid course	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
First aid course	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Flu vaccinations	-	-	100% (not provided by the national vaccination programme)
Health Check (a preventive health examination)	-	1 Health Check per cy, performed by a Care for Human nurse (to make an appointment go to careforhuman.nl)	1 Health Check per cy, performed by a Care for Human nurse (to make an appointment go to careforhuman.nl)
A course on self-respect for kids.	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
'Lekker in je vel' (a course on feeling good about your body)	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Lymphoedema, awareness and/or self-management course	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Coping with heart problems	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
Coping with rheumatoid arthritis, osteoarthritis or ankylosing spondylitis (Bechterew's disease)	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
'Slaapcoach' online sleep improvement course or a 'You can learn to sleep' course.	-	Max €150 per cy (for where the course must take place: see art. 27 on p. 64 of the policy conditions)	Max €150 per cy (for where the course must take place: see art. 27 on p. 64 of the policy conditions)
'Meer Bewegen voor Ouderen' (a programme on more exercise for the elderly)	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)

Preventive (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Stop smoking programme (max 1x per calendar year - for conditions: see art. 41 on pp. 45 and 46 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Fall prevention course ('In Balans' or 'Vallen Verleden Tijd')	-	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)	Max €100 per course per cy (for where the course must take place: see art. 26 on p. 64 of the policy conditions)
'Afvalen en Afblijven' diet and exercise programme (for conditions: see art. 28 on p. 65 of the policy conditions)	-	Max €250 per cy	Max €250 per cy
Intestinal cancer screening self-test (50 or older)	-	-	Max €25 per cy for the iFOBT test

Psychological care	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Counselling (a short-term form of individual psychosocial support)	-	Max €300 per cy (counsellor must be affiliated with the General Professional Association for Counselling (Algemene Beroepsvereniging voor Counselling (ABvC))	Max €300 per cy (counsellor must be affiliated with the General Professional Association for Counselling (Algemene Beroepsvereniging voor Counselling (ABvC))
General Basic GGZ 18 or older (for conditions and what we do not reimburse: see art. 17 on pp. 33 and 34 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Mindfulness training	-	Max €250 per cy (trainer must be affiliated with the Community of Mindfulness-Based Trainers in the Netherlands and Flanders (Vereniging Mindfulness Based trainers in Nederland en Vlaanderen (VMBN), see vmbn.nl)	Max €250 per cy (trainer must be affiliated with the Community of Mindfulness-Based Trainers in the Netherlands and Flanders (Vereniging Mindfulness Based trainers in Nederland en Vlaanderen (VMBN), see vmbn.nl)
Non-clinical specialist GGZ (secondary mental health care) for insured persons of 18 or older (for conditions and what we do not reimburse: see art 18 on p. 34 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Psychiatric hospital stay 18 or older (for conditions and what we do not reimburse: see art. 19 on pp. 34 and 35 of the policy conditions)	Max 1,095 days Contracted: 100% Non-contracted, if approved in advance by us: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Speech and reading	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Speech therapy (for conditions and what we do not reimburse: see art. 20 on p. 35 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Stutter therapy by a speech therapist	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Transport	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Ambulance transport (for entitlements and conditions: see art. 21.1, on pp. 35 and 36 of the policy conditions)	100%	-	-
Overnight guest house accommodation during an outpatient treatment cycle	-	Max €35 per night (overnight stay prior to the first tr. day is not included)	Max €35 per night (overnight stay prior to the first tr. day is not included)
Accommodation and/or transport costs for family members staying in a hospital or GGZ institution in The Netherlands, Belgium or Germany (for conditions: see art. 32.2 on pp. 65 and 66 of the policy conditions)	-	Accommodation expenses: a maximum of €35 per night A maximum of €0.30 per kilometre, irrespective of the method of transport Transport and/or accommodation expenses: a maximum of €500 per calendar year for all family members combined A personal contribution of €100 per calendar year applies to transport	Accommodation expenses: a maximum of €35 per night A maximum of €0.30 per kilometre, irrespective of the method of transport Transport and/or accommodation expenses: a maximum of €500 per calendar year for all family members combined A personal contribution of €100 per calendar year applies to transport
Seated patient transport by public transport, own transport or (multi-person) taxi (for conditions: see art. 21.2 on pp. 36 and 37 of the policy conditions) Call our Transport Telephone Line (Vervoerslijn) on (071) 365 4 154 for permission in advance: Lines are open from 08:00 to 18:00 on working days.	For one or more of these criteria: <ul style="list-style-type: none"> • Kidney dialysis of consulten, onderzoeken of controles die bij deze beh noodzakelijk zijn • Oncology treatment for radio-, chemo- or immunotherapy or consultations, research or check-ups required for the treatment • Visual handicap (and inability to travel unescorted) • Wheelchair dependence • Intensive childcare up to 18 Own transport: €0.30 per km Public transport: 100% (lowest class) Contracted taxi service: 100% Non-contracted taxi service: max 75% of the average tariff we pay for this service (provided by contracted taxi services). Statutory personal contributions; €103 per calendar year	-	-

Hospital, treatment and stay	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Asthma Centre in Davos (Switzerland) (for conditions: see art. 22 on p. 37 of the policy conditions)	100%, after receiving our written permission in advance	-	-
Cosmetic surgery	-	-	Ear repositioning (up to 18) Contracted: 100% Non-contracted: -
Primary care stay (for conditions, number of days of stay, and what we do not reimburse: see art. 23 on p. 37 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Genetic research and advice (referral from your doctor, obstetrician or midwife required)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Mammaprint diagnostic breast cancer test	-	100% if the test is performed by the Agendia laboratory	100% if the test is performed by the Agendia laboratory
Mechanical respiration (referral from a lung specialist required)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Specialist medical care and stay, max 1,095 days (for conditions and what we do not reimburse: see art. 26 on pp. 38 and 39 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Plastic surgery (for which treatments we reimburse, conditions and what we do not reimburse: see art. 27 on p. 39 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Rehabilitation (for conditions: see art. 28.1 for specialist medical rehabilitation and art. 28.2 for geriatric rehabilitation on pp. 39 and 40 of the policy conditions)	Specialist medical rehabilitation (max 1,095 days) Contracted: 100% Non-contracted: if approved in advance by us: max 75% of the average tariff we pay for this care (provided by contracted care providers) Geriatric rehabilitation (max 6 months) Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Second opinion (for conditions and what we do not reimburse: see art. 29 on p. 40 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Sterilisation (reversal surgery is not reimbursed)	-	-	100% for male circumcision performed by a suitably qualified general practitioner 100% at a contracted hospital or ZBC Non-contracted: -

Hospital, treatment and stay (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Home dialysis	100% if approved in advance by us	-	-
Transplantation of organs and tissues (for conditions: see art. 31 on pp. 40 and 41 of the policy conditions)	At a hospital or ZBC Contracted: 100% Non-contracted: if approved in advance by us: max 75% of the average tariff we pay for this care (provided by contracted care providers) Donor care: max 13 weeks Liver transplant: max 6 months	-	-
2nd Doctor Online: online advice on your diagnosis and/or treatment (for conditions: see art. 36 on p. 66 of the policy conditions)	-	100%	100%
Nursing and care in your own surroundings (extramural) (for conditions (also for a Personal Care Allowance) and what we do not reimburse: see art. 32 on pp. 41 and 42 of the policy conditions)	Contracted: 100% Non-contracted: if approved in advance by us: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Pregnancy/baby/child	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Maternity care related to adoption (for children under 12 months) <i>or</i>	-	Contracted: max 10 hours Non-contracted: - <i>or</i>	Contracted: max 10 hours Non-contracted: - <i>or</i>
Medical screening related to adoption (for conditions and what we do not reimburse: see art. 37 on p. 67 of the policy conditions)	-	Max €300 per adopted child	Max €300 per adopted child
Delivery and obstetric or midwifery care with a medical indication	Clinical and outpatient Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Delivery and obstetric or midwifery care without a medical indication - Personal contribution	At home Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) At a hospital, maternity or birth centre Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) Statutory personal contribution of €17.50 per day of stay plus anything over €125 charged by the hospital	-	-
Oocyte vitrification (for conditions and what we do not reimburse: see art. 34.4 on pp. 43 and 44 of the policy conditions)	At an authorised hospital Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Pregnancy/baby/child (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
IVF up to 43 (for conditions, reimbursement of medicines and what we do not reimburse: see art. 34.1 on pp. 42 and 43 of the policy conditions)	First 3 attempts per potential pregnancy Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Maternity package (for female insured persons)	-	100% (must be requested through ozf.nl/zwanger no later than 2 months prior to the delivery date)	100% (must be requested through ozf.nl/zwanger no later than 2 months prior to the delivery date)
Maternity care at a hospital with a medical indication	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Maternity care at a hospital without a medical indication	Max 10 days Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) Statutory personal contribution of €17.50 per day of stay plus anything over €125 charged by the hospital	-	-
Maternity care at home or at a birth or maternity centre - Personal contribution (number of hours of maternity care stipulated by the National Maternity Care Protocol Guidelines (Landelijk Indicatieprotocol Kraamzorg), to be found at ozf.nl)	Max 10 days Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) Statutory personal contribution of €4.40 per hour	100% of the statutory personal contribution payable under OZF Zorgpolis, max 24 hours per pregnancy	100% of the statutory personal contributions payable under OZF Zorgpolis
Lactation care (breastfeeding advice and assistance - for conditions: see art. 40 on p. 68 of the policy conditions)	-	-	Max €115 per cy (consultant must be affiliated with the Dutch Association of Lactation Experts (Nederlandse Vereniging van Lactatiekundigen (NVL)) or employed by a contracted maternity centre)
Oncological examination of children (by SKION)	100%	-	-
Assistance during childbirth	Contracted maternity centre: 100% Non-contracted maternity centre: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-

Pregnancy/baby/child (cont'd)	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Prenatal screening <ul style="list-style-type: none"> • Combined test: (referral required) • Counselling • Structural Echoscopic Examination (SEO) • Non-Invasive Prenatal Testing (NIPT) (with a medical indication or positive combined test) • Invasive diagnostics (with a medical indication, positive combined test or positive non-invasive prenatal test) 	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Sperm cryopreservation (for conditions: see art. 34.3 on p. 43 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
TENS during delivery (for female insured persons, referral required)	-	Contracted: 1x for the duration of the supplementary insurance Non-contracted: -	Contracted: 1x for the duration of the supplementary insurance Non-contracted: -
Maternity care postponed due to medical necessity (maternity care provided from the 11 th day after the birth onwards)	-	-	Contracted: max €300 Non-contracted: -
Maternity care extended due to medical necessity (10 th day onwards)	-	-	Contracted: max €200 per day, max 5 days Non-contracted: -
Fertility-enhancing treatments, other than IVF, up to 43 (for conditions for reimbursement of medicines: see art. 34.2 on p. 43 of the policy conditions)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers) Reimbursement of medicines according to GVS	-	-
Self-help programme 'Slimmer Zwanger' pregnancy self-help programme	-	1 subscription lasting 26 weeks for the duration of the supplementary insurance	1 subscription lasting 26 weeks for the duration of the supplementary insurance
Antenatal classes, yoga or gymnastics (for conditions: see art. 44 on p. 68 of the policy conditions)	-	Max €50 per pregnancy (for female insured persons)	Max €75 per pregnancy (for female insured persons)

Other questions	OZF Zorgpolis Basic insurance	AV Compact Supplementary insurance	AV Royaal Supplementary insurance
Dietetic therapy (for conditions and what we do not reimburse: see art. 38 on p. 45 and art 45.1 on p. 69 of the policy conditions)	Dietetic therapy by a dietitian: max 3 hours per cy Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	Dietetic therapy by a dietitian: max 2 hours, in addition to OZF Zorgpolis reimbursement Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)
Combined Lifestyle Intervention insured person aged 18 or older (for conditions and what we do not reimburse: see art. 43 on p. 46 of the policy conditions)	Contracted: 100% Non-contracted: if approved in advance by us: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Hospice in the Netherlands (for conditions and what we do not reimburse: see art. 46 on p. 69 of the policy conditions)	-	-	Maximum of €40 per night
General practitioner care	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Support for informal caregivers and recipients (for conditions and what we do not reimburse: see art. 48 on pp. 69 and 70 of the policy conditions)	-	A maximum of €750 per person per calendar year for all care provided by your Personal Care Coach combined	A maximum of €1,000 per person per calendar year for all care provided by your Personal Care Coach combined
Integrated care (for diabetes mellitus type 2 (18 or older), COPD, asthma and/ or VRM)	100%, if we have entered into agreements with a care group: see ozf.nl	-	-
Membership of a patient association (for which patient associations we reimburse: see art. 47 on p. 69 of the policy conditions)	-	-	Max €25 per cy
Therapeutic holiday camp for handicapped persons	-	-	Max €150 per cy
Therapeutic holiday camp for children (for the holiday camps for which we provide reimbursement: see art. 49.1, on p. 70 of the policy conditions)	-	-	Max €150 per cy (up to 18)
Thrombosis service (with a referral from a general practitioner, an obstetrician or midwife (in case of pregnancy or childbirth), a geriatric specialist, a doctor specialised in mentally handicapped persons or a medical specialist)	Contracted: 100% Non-contracted: max 75% of the average tariff we pay for this care (provided by contracted care providers)	-	-
Nutrition education by a weight management consultant or (sports) nutritionist (for conditions and what we do not reimburse: see art. 45.2 on p. 69 of the policy conditions)	-	Max €120 per cy	Max €120 per cy



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