



**Your collective
health insurance with
Dow in 2023**

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Your collective health insurance with Dow

The collective healthcare contract with Dow Benelux BV and Dow Europe Holding BV is composed as follows.

For retired employees and their family

Basic health insurance and reimbursement insurance (Basis Exclusief) with optional supplemental package: Dow Start, Extra and Excellent. You can also choose from a variety of supplemental policies: Dow Ziekenhuis Extra and supplementary dental insurance (Dow Tand Basis, 250, 500, 1000 or 1250).

This reimbursement guide provides a comparison of the various packages. If you have any questions about the packages or the information in this guide, please contact Witte-Boussen.

Conditions for participation in the collective contract with Zilveren Kruis after termination of employment

Retirees who enter retirement at the end of their employment with Dow and are required to have health insurance in the Netherlands under the Health Care Insurance Act can participate in this collective contract.

Dow's collective contract can also be used by:

1. the spouse or partner with whom the employee lives permanently in a family relationship (marriage, cohabitation agreement, registered partnership);
2. the employee's children (up to the age of 18 or 27 if the child is studying or has a disability);
3. the employee or retiree's orphaned children and surviving partner;
4. the person receiving an invalidity pension and any family members, if the invalidity arose during employment with Dow.

Participation in the collective contract is only possible immediately prior to retirement and for existing family members only if they were already included in the collective plan during employment.

In the case of a new spouse or partner (as defined under 1)

after retirement, or if the spouse or partner stops working for another employer and can, therefore, no longer remain insured through another collective insurance plan, they can join the Dow collective plan from the first possible date on which the existing contract can be terminated.

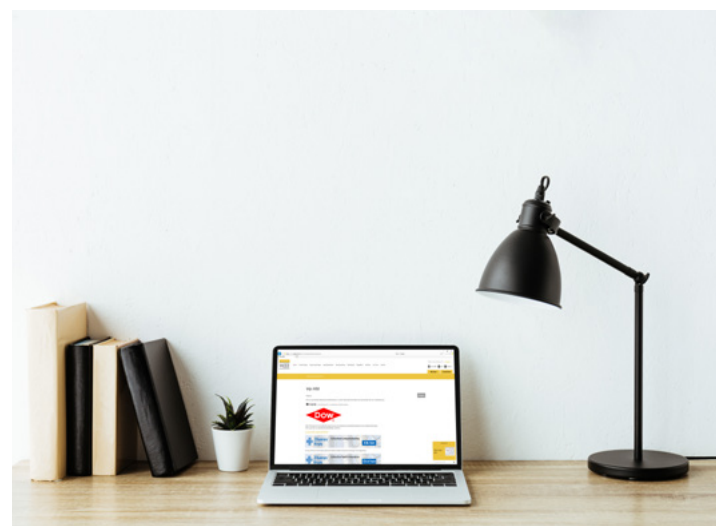
All co-insured children 18 years and older will be required to provide proof of studies. This proof determines whether they can remain insured under the collective plan after 1 January 2022.

Your pensioner's portal at Witte-Boussen

Witte-Boussen has created a pensioner's portal for people insured through Dow. The portal provides information on policy conditions, application forms, the premium table and useful links related to health insurance.

Visit www.witteboussen.nl/inloggen.

Username: **dowp** Password: **2056077**



Your basic insurance

You have a reimbursement policy. This means you are free to choose which doctor, therapist or hospital you visit. Treatment is fully reimbursed up to the legal maximum. As many employees use healthcare across the border in Belgium and, to a lesser extent, Germany, Dow strongly values this freedom of choice. Zilveren Kruis offers reimbursement insurance exclusively on behalf of Dow.

Unlike a contracted care policy, obtaining full reimbursement does not require the care to be provided by a contracted care provider.

What we reimburse

This reimbursement guide lists the reimbursements provided under our basic, supplemental and dental insurance policies.

	Basis Exclusief Reimbursement policy
Hospitals contracted	100% reimbursement
Hospitals non-contracted	100% reimbursement up to the legally established or prevailing market rate ¹⁾
Care providers contracted	100% reimbursement
Care providers non-contracted	100% reimbursement up to the legally established or prevailing market rate ¹⁾

1) We reimburse the costs of insured care by a non-contracted care provider up to the legally established rate. If there is no legally established rate, we will reimburse up to the prevailing market rate in the Netherlands.

Dow Start, Extra or Excellent supplemental insurance policies

You can take out supplemental insurance for care not covered by your basic insurance. We offer the collective Dow Start, Extra or Excellent supplemental policies through Dow. This Reimbursement Guide lists the supplemental and dental insurance policies.



Find out if we have a contract with your hospital or care provider

Visit zk.nl/zorgzoeker for an overview of all contracted hospitals and care providers.

Waiting list mediation by the Zilveren Kruis Care Coach

If you are on a long waiting list for your first appointment with a specialist, the Zilveren Kruis Care Coach is happy to help get you an appointment sooner.

What the Care Coach can do for you:

- The Care Coach will try to move up your appointment at your hospital.
- If that fails, they will contact you to discuss other options. For example, you can specify whether you are willing to travel and how far.
- Sometimes, you may be able to be seen sooner at another hospital.

- The Care Coach will contact several hospitals to get you an appointment as soon as possible.
- Moving up a surgical procedure is more difficult because the specialist determines when it is performed.

Waiting list mediation is always fully reimbursed by Zilveren Kruis. For more information, visit www.zilverenkruis.nl.

The added value of supplemental insurance

Basic insurance does not cover all care. You can take out supplemental insurance for care not covered by basic insurance, such as treatment by a dentist, physiotherapist or alternative healer, or more extensive coverage for a temporary stay abroad. You are not required to take out supplemental insurance. The supplemental dental insurance policies

(Dow Tand 1000 and 1250) and Dow Hospital Extra are subject to a medical assessment. This means that Zilveren Kruis will ask some medical questions and assess your eligibility for the supplemental policies based on your answers. The excess does not apply to supplemental insurance.



Hearing aid

Zilveren Kruis has made agreements with most hearing aid dispensers regarding quality and price. For a list of contracted hearing aid dispensers, visit [zk.nl/ Medical Provider Search Tool](https://zk.nl/Medical-Provider-Search-Tool).

When can I receive reimbursement for a hearing aid?

You are eligible for reimbursement of a hearing aid if you have a hearing loss of at least 35 dB.

What is the best hearing solution for me?

Once your hearing loss has been determined, your hearing aid dispenser will work with you to determine the best hearing solution for you.

You will receive a hearing aid that fits the category you are assigned to (categories 1 through 5). Most people need hearing aids for both ears, though a single hearing aid is sometimes sufficient.

Can I try the hearing aid first?

Once you have selected your hearing aids, you can try them out without obligation. If you are satisfied with the hearing aid, you sign a declaration of satisfaction. If you are unsatisfied with the hearing aid, you will work with your hearing aid dispenser to select a different one for a new trial period. If you are still not satisfied, you have two options:

- consult with your hearing aid dispenser to determine whether additional aids can provide a solution;
- consult with your hearing aid dispenser to determine whether an extraordinary situation applies. In that case, you should obtain a referral to an audiology centre.

Which hearing aids are reimbursed?

You will only be reimbursed for a hearing aid from the indicated category (1–5).

What is the benefit of choosing a hearing aid from a contracted hearing aid dispenser?

- If you are under the age of 18, we will pay for the hearing aid in full, as you do not yet pay a statutory personal contribution.
- If you are aged 18 or older, we will reimburse 75% of your hearing aid. You must pay the statutory personal contribution of 25%.
- The mandatory excess and voluntary excess do not apply.





- You will receive the hearing aid on loan. You will always receive a new device.
- We have made arrangements to recycle your hearing aid when it needs to be replaced.
- Reimbursement includes the replacement of earpieces and repairs to your hearing aid for a minimum of 5 years.

What should I consider when choosing a non-contracted hearing aid dispenser?

- If a non-contracted supplier supplies your hearing aid, we will reimburse the costs up to a maximum of the prevailing market rate. You can find an indication of the rate on our website.
- The reimbursed amount depends on your policy. Reimbursement for non-contracted suppliers is lower than for contracted suppliers.
- You pay a statutory personal contribution of 25% of the average contracted rate.
- The statutory personal contribution applies from the age of 18. Are you under the age of 18? the personal contribution does not apply.
- If the hearing aid dispenser charges a higher amount than Zilveren Kruis's contracted rates for hearing aids, you will also have to pay the difference between the two amounts.
- We have not made any arrangements to replace and repair your hearing aid. This is not reimbursed.

Please note! If you choose a different category than indicated by the hearing aid dispenser, nothing will be reimbursed!

If you have Dow Excellent, you are entitled to reimbursement of the statutory personal contribution per hearing aid up to €500 per person, on the condition that you are reimbursed under basic insurance.

What costs do I have to pay?

You pay the cost of a dry box, batteries, insurance, maintenance, cleaning and the cost of a remote control yourself.

When can I receive reimbursement for an out-of-category device (a device that is not in categories 1 through 5)?

If your hearing problem cannot be solved with a category 1 to 5 hearing aid, your hearing aid dispenser will refer you to the audiological centre. The audiologist will test hearing aids from categories 1–5 with you. If these tests show that your hearing problem cannot be resolved with hearing aids in categories 1 through 5, your audiologist will submit a request to us for reimbursement of an out-of-category device.

Excess for the basic insurance

Mandatory excess of €385

There is a statutory mandatory excess for healthcare costs covered by basic health insurance. The mandatory excess will remain €385 in 2023. This means that in 2023, you will have to pay the first €385 of any healthcare costs covered by your basic insurance. For more information about the excess, visit zk.nl/eigenrisico.

Paying the mandatory excess in instalments

If your healthcare expenses are likely to exceed the mandatory excess in 2023, you might be interested to know that you can pay the mandatory excess in instalments. This makes it easier to keep track of your costs, and you avoid having to pay the full amount of the excess at once. You must apply for payment in instalments by 31 January 2023 at the latest. The mandatory excess will be debited from your account in 10 equal instalments. For more information, visit zk.nl/eigenrisico.

When does the mandatory excess not apply?

You do not have to pay an excess for children up to 18. There is no excess for visits to a general practitioner, obstetric care, maternity care, district nursing, various stop-smoking programmes, combined lifestyle interventions and reimbursements under the supplemental and dental insurance policies. For a complete overview, visit www.zilverenkruis.nl.

Opt for a higher excess and pay a lower premium

You can increase your excess. The amount above €385 is called the voluntary excess. You can choose to increase your excess by €100, €200, €300, €400, or €500. If you choose this option, you pay a lower premium. The higher the voluntary excess, the lower your premium. However, you will also have to pay more of your healthcare costs. You can adjust the voluntary excess until 31 December 2021 at the latest.

Settlement against mandatory excess

Zilveren Kruis will always set off your claims against the mandatory excess first, followed by any voluntary excess. If your care provider sends the invoice directly to Zilveren Kruis, Zilveren Kruis will pay the care provider directly, including the excess. Because you must pay the excess yourself, Zilveren Kruis will bill you for it after paying the care provider. If you submit a claim to Zilveren Kruis, Zilveren Kruis will deduct the excess and reimburse the remaining amount.

Good to know

If when you owe Zilveren Kruis an amount, Zilveren Kruis owes you an amount, Zilveren Kruis will offset the amounts, even between different people on the same policy.





Insight into your healthcare costs

Mijn Zilveren Kruis offers a clear overview of all the healthcare costs for which you have received reimbursement.

You have insight into:

- costs claimed by you and your care providers;
- your total reimbursements and what you have had to pay yourself;
- all invoices sorted by type of care, status of receipt and settlement;
- current status of your excess.

Sign in to your personal page securely at

www.mijnzilverenkruis.nl. You sign in with your DigiD and SMS verification. Children aged 12 and older and partners must use their own DigiD. You can also use the Zilveren Kruis App to access all information about your health insurance.

Easy claims submissions

Most people rarely see a bill from their care provider, because care providers usually submit invoices directly to the insurer.

This is preferable, as it means less hassle for you. In some cases, the invoice will be sent to you instead, such as when you use a care provider that does not have agreements with Zilveren Kruis. You will have to pay the invoice and submit a claim to Zilveren Kruis. There are multiple ways to submit a claim: online through Mijn Zilveren Kruis, the Zilveren Kruis app and by post.

Online through Mijn Zilveren Kruis: sign in securely at www.mijnzilverenkruis.nl

By post: If you do not have DigiD, you can submit your invoice by post. Send the original invoice with your customer ID on it, without a letter or claim form, in a stamped envelope to:

Zilveren Kruis
Claims Service Department
PO Box 70001
3000 KB Rotterdam

Through the Zilveren Kruis App

Download the app on your smartphone. For more information about the app, visit www.zilverenkruis.nl.

Changing your insurance

A lot can change in your life in a short time. Sometimes, these changes also require an adjustment to your health insurance. You may want to change your level of coverage or adjust your voluntary excess. If you need advice, Witte-Boussen is happy to help.

Submit any changes on time

- You have until 31 December 2022 to submit changes to your basic insurance and voluntary excess or to cancel your basic, supplemental and dental insurance.
- You have until 31 January 2023 to submit changes to your supplemental and dental insurance. Certain supplemental insurance policies are subject to a medical assessment. We will notify you if that is the case.

Arrange all your health insurance matters in Mijn Zilveren Kruis

In Mijn Zilveren Kruis, you can view your healthcare costs, submit claims, change details such as your address, bank account numbers or family composition, or cancel your health insurance.

You can also report changes to Witte-Boussen

Email your changes to zorg@witteboussen.nl or send them post, addressed to the Healthcare Department. Remember to include your Zilveren Kruis customer ID. You can report the birth of a child, a change of address or a death to Witte-Boussen by phone.

Your email address

If you choose to receive information from Witte-Boussen and/or Zilveren Kruis by email, please use a personal email address, if possible.



Claiming foreign healthcare costs

Belgian and German healthcare invoices

You can claim Belgian and German healthcare invoices digitally or by post. The invoice must include the following information: name, address and date of birth of the insured person who received treatment.

Belgian and German pharmacy invoices

Belgian and German pharmacy invoices must include the same information. Be sure to check that your pharmacy has added the necessary information. The invoice must also include the prescribing physician's name and NIHDI number. If this information is missing, please include a copy of the prescription. Belgian and German medication is only

reimbursed if there are medicines registered in the Dutch medicine reimbursement system with the same or similar active ingredients. If you are prescribed medicine in Belgium or Germany in a different form or dose than is usual in the Netherlands, you may not be entitled to reimbursement for that medicine.

Other foreign healthcare costs

If you have incurred healthcare costs abroad and paid them yourself, you can claim them from Zilveren Kruis by sending a claim form and the original invoices to Zilveren Kruis. You can download the form at www.zilverenkruis.nl. If you do not have Internet access, you can contact us for the form.

Claiming transportation costs

For a transportation authorisation or other information, call the Transport Telephone Line: +31 71 365 4154. You can also call this number for cross-border transportation. Please let us know that you are insured through Dow when you call.

When claiming transportation costs, always include the:

- date;
- name of the insured person who received treatment;
- departure point;
- destination point;
- distance in km.

Please include the taxi invoice or other bills if applicable.

Reimbursement for care in Belgium and Germany

Just for Dow-insured persons

The Dow Excellent package includes a so-called “foreign residence scheme”. This means, among other things, that you can visit all Belgian general, academic and university hospitals and German Kreiskrankenhäuser and Universitätskliniken (no private clinics) within 55 kilometres from the Dutch border. In Belgium, this applies to hospitals in Knokke, Bruges, Ghent and Antwerp, and University Hospital Leuven, for example. In Germany, this applies to hospitals in Münster, Duisburg, Mönchengladbach and Aachen, for example. If you have supplemental insurance, your medical expenses will be fully reimbursed at all these hospitals if they are also covered in the Netherlands. You will need to show your health insurance card and ID. Always get a referral from the family doctor, company doctor or specialist in advance.

Care in the rest of Belgium and Germany

Care in the rest of Belgium and Germany is reimbursed up to 200% of the Dutch rates if the treatments are also covered in the Netherlands. This only applies if you have supplemental insurance.

Care at contracted hospitals in Belgium and Germany

If you use a contracted hospital, please bring your referral from your primary care physician, company doctor or specialist to that hospital at your first appointment. In most cases, the hospital will communicate directly with Zilveren Kruis regarding subsequent treatment and/or admission. The hospital will send the invoice directly to Zilveren Kruis.

For an up-to-date list of contracted hospitals, visit www.zk.nl/zorgzoeker. Enter ‘ziekenhuis in het buitenland’ as a search query.

Please bear in mind that not all care at a contracted hospital is necessarily contracted care

Exceptions include mental health care and often also include plastic surgery, bariatric procedures and IVF treatments. In addition, treatments and/or operations are sometimes performed in neighbouring countries that are not currently covered by basic insurance in the Netherlands. If that is the case, the hospital should inform you in advance. The hospital

must also request permission from Zilveren Kruis prior to treatment and/or surgery through a referral or treatment plan and cost specification. It will be denied if the Dutch Health Insurance Act does not cover the requested treatment. Make sure to check this with the hospital in question in advance.

Care at non-contracted hospitals in Belgium and Germany

Care received from a non-contracted hospital in Belgium or Germany is subject to a separate procedure. You will receive an invoice from the hospital or pay the costs immediately at the consultation. When claiming these costs, remember to include a referral letter. If the consultation reveals that treatment, admission or surgery is required, please contact us before proceeding. We will send you the information you need to arrange a payment guarantee.

You always need a referral letter before receiving care

For emphasis, a referral letter is always required for both contracted and non-contracted specialist care.

Other care in Belgium and Germany

Other care in Belgium or Germany will often also be reimbursed. Please contact Witte-Boussen to verify this in advance.

Admission to a single room

When you are admitted to a Belgian hospital, you will sometimes be asked to sign a statement to be admitted to a single room. Please note that you are not insured for the additional costs of a single room. Because the costs of a single room and specialist's fees can be high, we recommend against signing such a statement without further thought. If you have Dow Ziekenhuis Extra, some or all costs are covered. The costs will be reimbursed if admission to a single room is necessary for medical reasons.

Specific aspects regarding care in Belgium

Supplemental fees for non-contracted or partially-contracted physicians in Belgium

Zilveren Kruis has contracts with several Belgian hospitals for various treatments, so neither you nor the hospital needs to apply for the relevant care in advance. The care provider will send the invoices directly to Zilveren Kruis in such cases. However, a contracted hospital may employ a doctor whose rates deviate from the regular NIHDI rates. In that case, the non-contracted or partially-contracted physician may charge supplemental fees. These additional fees will be billed to you. The physician in question must inform you of this in advance or put up a poster in a public place, such as a waiting room, to ensure that you are informed. Zilveren Kruis reimburses these costs under the Dow Excellent policy. If you do not have Dow Excellent, the basic reimbursement policy will reimburse the costs up to the prevailing market rate in the Netherlands. Remember to send a copy of the previously issued referral along with the supplemental invoice.

Check-up or consultation at the treating physician's private clinic in Belgium

In some cases, you may receive an invitation to a follow-up checkup, among other things, at the treating physician's private clinic. The physician will charge you for this. Zilveren Kruis reimburses these costs under the Dow Excellent policy. If you do not have Dow Excellent, the basic reimbursement policy will reimburse the costs up to the prevailing market rate in the Netherlands. It is important that the invoice (often a receipt) also includes the diagnosis, treatment date and type of treatment so that Zilveren Kruis can link the invoice to any existing treatment. Remember to send a copy of the previously issued referral along with the invoice.

Privatised care from a physician in Belgium

Belgian care providers may charge supplemental fees if you opt for a privatised consultation or treatment. For example, you may opt for a privatised appointment to skip the regular waiting period or if you only want to be treated by a professor and not by a house officer. Zilveren Kruis does not reimburse these costs. If you do not wish to incur these costs, you can ask for a non-privatised appointment when making an appointment. In that case, no supplemental fees will be charged.

Other non-insured supplemental costs in Belgium

Supplemental costs resulting from your choice to use a single room are not eligible for reimbursement without a medical indication. The hospital will ask you to sign an admission statement in that case. The often-significant additional costs of a single room and fees of attending physicians are not insured. Other forms of luxury (such as additional costs for a TV, food or drinks) are not insured. With Dow Ziekenhuis Extra supplemental insurance, the additional costs of a single room without medical indication are fully or partially covered.

Hospital admission in the Netherlands

You do not need to notify us if you are admitted to a hospital in the Netherlands. You must show ID when you consult a specialist or are admitted to a hospital in the Netherlands.

European Health Insurance Card (EHIC)

The EHIC is proof of health insurance

Zilveren Kruis will issue all newly insured persons a European Health Insurance Card (EHIC). The EHIC proves that you are insured for medical care during a temporary stay abroad and entitles you to medically necessary (not pre-planned) care in countries within the EU and EEA. The EHIC entitles you to care in that country's statutory insurance package. Some hospitals in these countries will only accept the EHIC as proof of insurance. Zilveren Kruis has combined the health insurance card and EHIC into a single card, so you only need to carry one health insurance card while abroad.

If you do not yet have an EHIC (identified by the blue and white back), you can apply for one at www.zilverenkruis.nl.

Non-reimbursed care

Care provided in private clinics is not always reimbursed, for example, if it is not included in the country's statutory insurance package. Always contact Eurocross beforehand to verify that your care is insured. Planned medical treatment is also not covered. Not all countries fully reimburse the costs, as insurance packages and coverages differ per country. Therefore, taking out Dow Excellent or travel insurance is advisable.

Questions and complaints

Zilveren Kruis strives to prevent problems. Nevertheless, if you are dissatisfied with something or have a complaint or questions about matters such as claims, policy conditions, coverage and hospital admission in Belgium or Germany, please contact Witte-Boussen. They will ensure that complaints are resolved promptly. All reports are registered to further improve Zilveren Kruis's services.



Information for frontier workers

Income from the Netherlands

People who live in Belgium or Germany but work in the Netherlands and are subject to taxation in the Netherlands are called frontier workers. Frontier workers are required to take out Dutch health insurance. They can use care in both the Netherlands and their country of residence. The Dutch health insurer will provide a so-called S1(E106) treaty form to allow the frontier worker to register for care in their country of residence. Frontier workers must register with a health insurance fund in Belgium or a Krankenkasse in Germany.

Family members

Family members of the frontier worker who do not have a Dutch income are not required to have health insurance in the Netherlands. The frontier worker must use the S1(E106) treaty form to register with a health insurance company in their country of residence. That insurer will assess which family members are co-insured. This will often be family members without income in their country of residence. Co-insured family members are entitled to medical care in their country of residence. In contrast to the frontier worker themselves, co-insured family members will be registered with the CAK.

Co-insured family members aged 18 and older must pay an administrative premium. The CAK collects these premiums. For more information, visit www.hetcak.nl.

Benefit or pension from the Netherlands

If you live in Belgium or Germany and receive a benefit or pension from the Netherlands and have no other income in Belgium or Germany from active employment, you do not need to take out health insurance in the Netherlands. You must insure yourself in Belgium or Germany "at the expense of the Netherlands", as it is called. To do this, register with a Belgian health insurance fund or German Krankenkasse of your choice with an S1 form (formerly E-121). You can request the S1 form from the CAK. For more information, visit www.hetcak.nl.

For a more comprehensive information brochure for frontier workers and migrant workers, please visit the Witte-Boussen employee portal.



Reimbursement guide for contracted care 2023

This Reimbursement Guide summarises what we reimburse. If you have Dow Excellent and receive care from a non-contracted care provider or healthcare institution, we will reimburse 100% of the costs up to the maximum rate under the Dutch Healthcare Market Regulation Act at the time of treatment. If no maximum tariff has been established following the Healthcare Market Regulation Act, we will reimburse 100% of the costs up to the prevailing market rate in the Netherlands.

Please note! Certain reimbursements covered by supplemental insurance policies are only reimbursed if you are treated by a contracted care provider. You can read about this in the respective article.

Alternative	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Alternative treatment, therapies and anthroposophic and homeopathic medication		€40 per day, up to €250, incl. medication	€40 per day, up to €450, incl. medication	€40 per day up to €1,200 per person per calendar year, incl. medicines
Abroad	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Non-urgent medical treatment abroad	Yes, up to the rate charged in the Netherlands	care according to the reimbursement that applies in the Netherlands, subject to conditions and exclusions	care according to the reimbursement that applies in the Netherlands, subject to conditions and exclusions	care according to the reimbursement that applies in the Netherlands, subject to conditions and exclusions
Non-emergency medical treatment in Belgium and Germany		A. 100%, within 55 km of the Dutch border in Belgium or Germany B. 200% of the rates charged in the Netherlands for treatment in the rest of Belgium or Germany	A. 100%, within 55 km of the Dutch border in Belgium or Germany B. 200% of the rates charged in the Netherlands for treatment in the rest of Belgium or Germany	A. 100%, within 55 km of the Dutch border in Belgium or Germany B. 200% of the rates charged in the Netherlands for treatment in the rest of Belgium or Germany
Overnight stay and transport costs in the case of specialist treatments provided abroad		Accommodation expenses: €75 per night air travel (Economy Class) 100%, public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Maximum total reimbursement of €5,000 for overnight accommodation and transport costs for you, your travel companion and your family members combined.	Accommodation expenses: €75 per night air travel (Economy Class) 100%, public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Maximum total reimbursement of €5,000 for overnight accommodation and transport costs for you, your travel companion and your family members combined.	Accommodation expenses: €75 per night air travel (Economy Class) 100%, public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Maximum total reimbursement of €5,000 for overnight accommodation and transport costs for you, your travel companion and your family members combined.
Emergency pharmaceutical care abroad (not reimbursed under your basic insurance)		€50	€50	€50
Emergency medical treatment abroad	Yes, up to the rate charged in the Netherlands	supplemental coverage up to 100% of the costs	supplemental coverage up to 100% of the costs	supplemental coverage up to 100% of the costs
Vaccinations, consultations and preventive medication required for foreign travel		Yes	Yes	Consultations and vaccinations: 100% Preventive medication (such as malaria tablets): 100%
Transport of the insured person or mortal remains to the Netherlands (repatriation)		Yes	Yes	Yes

Physical therapy and Cesar or Mensendieck remedial therapy	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Pelvic physical therapy to treat urinary incontinence for insured persons aged 18 or older*	Yes, treatments 1 to 9	12 treatments	27 treatments	50 treatments
Exercise programmes (for former heart failure, diabetes type 2, COPD, rheumatoid arthritis or cancer)			€350 throughout the insurance period, if provided by a physiotherapist or Cesar or Mensendieck remedial therapist	€350 throughout the insurance period, if provided by a physiotherapist or Cesar or Mensendieck remedial therapist
Remedial therapy in a hot water pool to treat rheumatoid arthritis			€150	100%
Occupational therapy	Yes, 10 hours		3 hours	4 hours
Fitness training (medical)				100%
Physical therapy to treat osteoarthritis of the hip or knee joint for insured persons aged 18 or older*	12 treatments per 12 months	12 treatments	27 treatments	50 treatments
Physical therapy to treat chronic obstructive pulmonary disease (COPD) for insured persons aged 18 years or older*	In the first 12 months, depending on the GOLD Classification, up to: <ul style="list-style-type: none"> • Class A: 5 treatments • Class B1: 27 treatments • Class B2, C and D: 70 treatments If treatment is still required after the first 12 months, you are entitled to the following (depending on the GOLD classification): <ul style="list-style-type: none"> • Class B1: 3 treatments per 12 months • Class B2, C and D: 52 treatments per 12 months 	12 treatments	27 treatments	50 treatments
Physical therapy to treat leg pain caused by stage II intermittent claudication (restricted blood supply to the legs) for insured persons aged 18 or older*	37 treatments per 12 months	12 treatments	27 treatments	50 treatments
Physical therapy and Cesar or Mensendieck remedial therapy up to the age of 18: disorder on the list approved by the Minister of Health, Welfare and Sport (Annexe 1 to Article 2.6 of the Health Insurance Decree)	all treatments			
Physical therapy and Cesar or Mensendieck remedial therapy up to the age of 18: disorder not on the list approved by the Minister of Health, Welfare and Sport (Annexe 1 to Article 2.6 of the Health Insurance Decree)	treatments 1 to 9 per diagnosis (if medically necessary, 9 additional treatments)	12 treatments (with a maximum of 9 manual therapy treatments per indication)	27 treatments (with a maximum of 9 manual therapy treatments per indication)	50 treatments (with a maximum of 9 manual therapy treatments per indication)
Physical therapy and Cesar or Mensendieck remedial therapy for 18 years or older: 1 disorder* on the list approved by the Minister of Health, Welfare and Sport (Annexe 1 to article 2.6 of the Health Insurance Decree)	21st treatment onwards (you pay for treatments 1 to 20)	12 treatments, with a maximum of 9 manual therapy treatments per indication (you pay for treatments 13 to 20)	20 treatments (with a maximum of 9 manual therapy treatments per indication)	20 treatments (with a maximum of 9 manual therapy treatments per indication)
Physical therapy and Cesar or Mensendieck remedial therapy 18 years or older: 1 disorder* not on the list approved by the Minister of Health, Welfare and Sport (VWS) 'Annex 1 relating to article 2.6 of the Health Insurance Decree'		12 treatments (with a maximum of 9 manual therapy treatments per indication)	27 treatments (with a maximum of 9 manual therapy treatments per indication)	50 treatments (with a maximum of 9 manual therapy treatments per indication)
Physical therapy aftercare (after oncology, for cardiovascular disease, or following a stroke)		Yes, if provided by a contracted physiotherapist and with a maximum duration of 2 years	Yes, if provided by a contracted physiotherapist and with a maximum duration of 2 years	Yes, if provided by a contracted physiotherapist and with a maximum duration of 2 years

Physical therapy and Cesar or Mensendieck remedial therapy	Basic insurance	Dow Start	Dow Extra	Dow Excellent
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* This reimbursement only applies for 1 disorder. If you require physical therapy or Cesar or Mensendieck remedial therapy for multiple disorders, please contact us for an explanation.

Skin	Basic insurance	Dow Start	Dow Extra	Dow Excellent
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Acne treatment			€250	€500
Camouflage lessons			€200 throughout the insurance period	€500 throughout the insurance period
Electrical epilation, IPL or laser epilation			€300	€500

Medical devices	Basic insurance	Dow Start	Dow Extra	Dow Excellent
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Hand splint			<ul style="list-style-type: none"> Finger or small thumb splint: €40 Wrist, hand or large thumb splint: €60 Dynamic or static splint: €90 	<ul style="list-style-type: none"> Finger or small thumb splint: €40 Wrist, hand or large thumb splint: €60 Dynamic or static splint: €90
Head covering			€100	€100
Medical devices reimbursed by your basic insurance	Yes, see the Medical Devices Regulations on our website			
Artificial nipple or mamilla prosthesis (custom prosthesis)		Yes	Yes	Yes
Personal alert system with medical indication	yes, for a personal alert system (see the Medical Devices Regulations on our website)		100% if provided by contracted care provider €60 if provided by non-contracted care provider	100% if provided by contracted care provider €60 if provided by non-contracted care provider
A Personal alert system required for social reasons (supplied by a contracted service)				100%
Personal alert system required for social reasons (supplied by a non-contracted service)				Maximum of €60 per person per calendar year.
Personal alert system for temporary use				100% for a maximum of 4 weeks
Adhesive strips for breast prosthesis		Yes	Yes	Yes
Bedwetting alarm		€100 throughout the insurance period	€100 throughout the insurance period	€100 throughout the insurance period
Wig or toupim made out of your hair	€454 per wig or toupim (see the Medical Devices Regulations on our website)		€100	€200
PTNS incontinence therapy (rental costs)			Yes	Yes
Statutory personal contribution towards the costs of other medical devices				100%

Medicines and dietary preparations	Basic insurance	Dow Start	Dow Extra	Dow Excellent
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Contraceptives, up to the age of 21	Yes, with the exception of the statutory personal contribution of €250 (upper-limit price)			If you use a non-contracted pharmacy in the Netherlands, Belgium or Germany and you meet the conditions, we will reimburse the costs up to the average contracted rate.
Contraceptives, 21 or older	Yes, only in the case of endometriosis or menorrhagia, with the exception of the statutory personal contribution of €250 (upper-limit price)	Yes, with the exception of the statutory personal contribution	Yes, with the exception of the statutory personal contribution	Yes, with the exception of the statutory personal contribution If you use a non-contracted pharmacy in the Netherlands, Belgium or Germany and you meet the conditions, we will reimburse the costs up to the average contracted rate.

Medicines and dietary preparations	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Medicines reimbursed under basic insurance	Yes, with the exception of the statutory personal contribution of €250 (upper-limit price), see the Pharmaceutical Care Regulations on our website			100%
Registered medicines and pharmacy preparations not reimbursed under basic insurance (see our website for the list of medicines/disorders that we reimburse)		€750 per person per calendar year	€750 per person per calendar year	€750 per person per calendar year
Flu vaccination up to the age of 60				100%
Melatonin (for sleep problems)			100%, if provided by online pharmacy De Nationale Apotheek	100%, if provided by online pharmacy De Nationale Apotheek
Oral health care and dentistry	Basic insurance	Dow Start	Dow Extra	Dow Excellent
If you have taken out supplemental dental insurance, check further in this Reimbursement Guide to see what reimbursement is provided by your supplemental dental insurance.				
Front tooth replacement (deferred) from 18 to 23 years	Yes			
Implants in a severely shrunken, toothless jaw for a full set of removable dentures (false teeth)	Yes, in the case of a serious developmental or growth disorder or an acquired deformity of the teeth, jaw or mouth			
Dental surgery 18 or older	Yes			
Crowns, bridges, inlays and implants up to 18		Yes	Yes	Yes
Full set of removable dentures (false teeth)**	75% (the statutory personal contribution is 25%)			100% statutory personal contribution
Full set of removable implant-retained dentures (false teeth)**	92% for the upper jaw (the statutory personal contribution is 8%) 90% for the lower jaw (the statutory personal contribution is 10%)			100% statutory personal contribution
Reparation or refitting of a full set of removable dentures (false teeth)	90% (the statutory personal contribution is 10%)			100% statutory personal contribution
Orthodontic care (braces) incl. a second opinion up to the age of 18			€2,000 throughout the insurance period	€3,000 throughout the insurance period. The reimbursement applies up to the age of 22 instead of 18
Note: This reimbursement may be subject to a waiting period of 1 year. The waiting period does not apply to new employees joining Dow.				
Dental care required as a result of an accident		€10,000 per accident	€10,000 per accident	€10,000 per accident
Dental or orthodontic care in exceptional cases	Yes			
Dental care for people with a disability	Yes			
Dental care up to the age of 18	Yes			
**The reimbursement for a combination of an implant-retained denture for one jaw and a non-implant-retained denture for the other jaw (code J080) is 83% (the statutory personal contribution is 17%).				
Eyes and ears	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Audiology centre	Yes			
Spectacles and/or contact lenses		€100 per 3 calendar years	€150 per 3 calendar years	€300 per 3 calendar years
Upper eyelid correction (with medical indication)	Yes			

Eyes and ears	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Ear position correction (without medical indication) up to the age of 18			Yes	Yes
Hearing aid	Yes, with the exception of the statutory personal contribution of 25% (see the Medical Devices Regulations (Reglement Hulpmiddelen) on our website)			€500 of the statutory personal contribution per hearing aid
Refractive surgery/lens implantation (additional costs)			€500 throughout the insurance period	€750 throughout the insurance period
Refractive surgery (medical, from plus or minus 6 dioptres)				Up to €1,100 per person for the duration of the supplemental insurance
Sensory impairment care	Yes			
Mental healthcare	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Mental healthcare 18 and older	Yes			
Reading Remediation & Speech Therapy	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Speech therapy	Yes			
Stutter therapy provided by a speech therapist	Yes			
Transport	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Ambulance	Yes			
Transport (patient transport) and/or accommodation costs for certain target groups (see conditions)	accommodation expenses: €82 per night personal vehicle €0.37 per km, public transport (lowest class) 100% or taxi 100%, with the exception of a statutory personal contribution of €113 for transport costs incurred.			100% statutory personal contribution
Seated patient transport in the Netherlands, Belgium or Germany (if not reimbursed by your basic insurance)				Personal vehicle €0.37 contracted taxi service 100%
Foot care	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Chiropodiatric care (for diabetic, medical or rheumatoid foot conditions)	Yes, limited (see also "Preventive foot care for insured persons with an increased risk of foot ulcers")		€25 per treatment, up to €100	€25 per treatment up to 100%
Podiatry/podology/podopostural therapy and/or arch supports			€150 incl. 1 pair of arch supports	100% incl. 1 pair of arch supports
Preventive foot care for insured persons at increased risk of foot ulcers	Yes, limited			
Hospital and nursing	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Male circumcision (with medical indication)	Yes			
Primary care stay (with medical indication)	Yes			
Genetic research and advice	Yes			
Guest house (accommodation expenses) during outpatient treatment cycle		€35 per night	€35 per night	€35 per night

Hospital and nursing	Basic insurance	Dow Start	Dow Extra	Dow Excellent
A guest house for your visitors (overnight accommodation and transport for visitors during your stay in a hospital or GGZ institution)		€35 per night for all visitors combined public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Transport (by public transport, taxi or personal vehicle) is subject to a personal contribution of €100. Maximum total reimbursement of €500 for accommodation and/or transport costs for all visitors combined.	€35 per night for all visitors combined public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Transport (by public transport, taxi or personal vehicle) is subject to a personal contribution of €100. Maximum total reimbursement of €500 for accommodation and/or transport costs for all visitors combined.	€35 per night for all visitors combined public transport (lowest class) 100%, personal vehicle or taxi €0.37 per km Transport (by public transport, taxi or personal vehicle) is subject to a personal contribution of €100. Maximum total reimbursement of €750 for accommodation and/or transport costs for all visitors combined.
Hospice			€40 per day	€40 per day
Mechanical ventilation (including per diem for energy costs at home)	Yes			
Specialist medical care	Yes			
Accommodation costs after CAR T-cell therapy	€82 per night			
Plastic surgery (with medical indication)	Yes, limited			
Rehabilitation	Yes			
Second opinion (for care covered by your basic insurance)	Yes			
A second opinion arranged by Royal Doctors		Yes	Yes	Yes
Sterilisation			Yes	Yes
Home dialysis	Yes			
Transplantation of organs and tissues	Yes			
Nursing and care in your own surroundings (extramural)	Yes			
Independent treatment centre (lowest class)	Yes			
Hospital treatment, examinations, tests, surgery and stay (lowest class)	Yes			
Hospital care for the organ or tissue donor	3 months, or 6 months following a liver transplant			
Tweede Arts Online		Yes	Yes	Yes
Pregnancy/baby/child	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Delivery with medical indication	Yes, at a clinic or outpatient facility			
Outpatient delivery at a hospital or birth centre (use of a delivery room) without medical indication	Yes, a statutory personal contribution of €38 still applies. In addition to the statutory personal contribution, you also pay the amount the hospital charges in excess of €274.	statutory personal contribution	statutory personal contribution	statutory personal contribution
Home birth without medical indication	Yes			
Breast pump		€75 per pregnancy	€75 per pregnancy	€75 per pregnancy
In vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI) up to the age of 43	Yes, the first 3 attempts for IVF and ICSI treatments combined per potential pregnancy			
Maternity package		Yes	Yes	Yes
Maternity care in a birth or maternity centre	4 bed-days, with the exception of the statutory personal contribution of €4.80 per hour	€125 of the statutory personal contribution per pregnancy	statutory personal contribution	statutory personal contribution
Maternity care at home (incl. maternity care related to adoption)	yes, with the exception of the statutory personal contribution of €4.80 per hour	€125 of the statutory personal contribution per pregnancy	statutory personal contribution	statutory personal contribution

Pregnancy/baby/child	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Maternity care at a hospital with medical indication	Yes			
Maternity care at a hospital without medical indication	Yes, with the exception of the statutory personal contribution of €38 per day in hospital. In addition to the statutory personal contribution, you also pay the amount the hospital charges in excess of €274 a day.			statutory personal contribution
Maternity care (assistance during childbirth)	Yes			
Postponed maternity care (with medical indication)		15 hours per pregnancy with the exception of the personal contribution of €4.80 per hour	15 hours per pregnancy with the exception of the personal contribution of €4.80 per hour	15 hours per pregnancy
Lactation care		€80	€80	€115
Oncological examination of children	Yes, if provided by the Dutch Paediatric Oncology Group (SKION)			
Prenatal screening	Yes			
Sperm cryopreservation	Yes			
TENS during delivery (pain relief)		1 device throughout the insurance period	1 device throughout the insurance period	1 device throughout the insurance period
Obstetric or midwifery care	Yes			
Freezing of human oocytes and embryos (cryopreservation)	Yes			
Fertility-enhancing treatments	Yes			
Slimmer Zwanger pregnancy self-help programme		1 subscription throughout the insurance period	1 subscription throughout the insurance period	1 subscription throughout the insurance period
Antenatal classes		€50 per pregnancy	€50 per pregnancy	€75 per pregnancy
Prevention	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Counselling		€300 if the counsellor is a member of the Algemene Beroepsvereniging voor Counselling (ABvC)	€300 if the counsellor is a member of the Algemene Beroepsvereniging voor Counselling (ABvC)	€300 if the counsellor is a member of the Algemene Beroepsvereniging voor Counselling (ABvC)
Weight loss course		€115	€115	€115
Kanjertraining (self-respect training for children)		€115	€115	€115
Lekker in je Vel (body positivity training)		€115	€115	€115
Meer Bewegen voor Ouderen (an exercise programme for the elderly)		€115	€115	€115
Dietetic therapy by a dietitian (with medical indication)	Yes, 3 hours			Yes, 2 hours
First aid and resuscitation courses <ul style="list-style-type: none"> • First aid • Baby and Child First Aid course • Basic resuscitation course 		€115 per course	€115 per course	€115 per course
Combined lifestyle intervention (CLI)	Yes			
Running coaching to prevent or deal with injuries		1 FysioRunning online coaching programme	1 FysioRunning online coaching programme	1 FysioRunning online coaching programme
Health Check (preventive health examination)		1x per person per calendar year	1x per person per calendar year	1x per person per calendar year
Lifestyle training for people with tension-related complaints, including stress and burnout.			€1,000, if provided by LTC Training/NextSteps.nu	€1,250, if provided by LTC Training/NextSteps.nu
Mindfulness training		€250	€250	€250
Periodic general medical examination (check-up)				1 examination per 2 calendar years (up to the maximum fee for a comprehensive medical check-up by a general practitioner)

Prevention	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Sleep improvement course (organised by Somnio or a home care agency)		€150	€150	€150
Medical examination by a sports doctor: <ul style="list-style-type: none"> • Sport-related medical examination • Sport examination • Physical exertion testing 		€200 if conducted by an SCAS-accredited Sports Medicine Institution	€200 if conducted by an SCAS-accredited Sports Medicine Institution	€300 if conducted by an SCAS-accredited Sports Medicine Institution
Sport-related medical advice and guidance		€150	€150	€250
Sports or ice pack brace		€50 (1 brace)	€50 (1 brace)	€50 (1 brace)
Fall prevention training ('Otago', 'Zicht op Evenwicht', 'In Balans' or 'Vallen Verleden Tijd')		Yes, 1x for the duration of the insurance, if provided by a physiotherapist, Cesar or Mensendieck remedial therapist or home care agency	Yes, 1x for the duration of the insurance, if provided by a physiotherapist, Cesar or Mensendieck remedial therapist or home care agency	Yes, 1x for the duration of the insurance, if provided by a physiotherapist, Cesar or Mensendieck remedial therapist or home care agency
Nutrition education by a weight management consultant or dietitian (without medical indication)		€120	€120	€120
Care for women			€115	€115
Preventative courses (fall prevention course)				1 course per person per calendar year
Other	Basic insurance	Dow Start	Dow Extra	Dow Excellent
Course on dealing with a medical condition <ul style="list-style-type: none"> • heart problems • lymphoedema • rheumatoid arthritis, osteoarthritis or Bechterew's disease • type 2 diabetes • Courses organised by patient associations 		€115 per course	€115 per course	€115 per course
Medical care for specific patient groups	Yes			
General practitioner care	Yes			
Integrated care for diabetes mellitus type 2 (18 years or older), COPD, asthma and/or vascular risk management (VRM)	Yes			
Child care at home (for children up to the age of 12) during and after the hospitalisation of one or both parents		from the 3rd day in hospital to the 3rd day after discharge from hospital, up to 50 hours per week, including administration fees, if provided by a contracted institution.	from the 3rd day in hospital to the 3rd day after discharge from hospital, up to 50 hours per week, including administration fees, if provided by a contracted institution.	from the 3rd day in hospital to the 3rd day after discharge from hospital, up to 50 hours per week, including administration fees, if provided by a contracted institution.
Laboratory tests and X-rays	Yes			
Informal care instructions, coaching and/or courses		€150 if provided by selected organisations	€150 if provided by selected organisations	€150 if provided by selected organisations
Informal care agent		2 hours if it is a contracted informal care agent	3 hours if it is a contracted informal care agent	4 hours if it is a contracted informal care agent
Substitute informal care		1 x 96 hours for three consecutive months if provided by a contracted institution	1 x 120 hours for three consecutive months if provided by a contracted institution	1 x 144 hours for three consecutive months if provided by a contracted institution
Stop smoking programme	Yes, 1x			
Therapeutic holiday camp up to the age of 18			€150 if provided by organisations selected by us	€500 if provided by organisations selected by us
Temporary domestic help with informal care support		€300 for 3 consecutive months if provided by a contracted institution	€450 for 3 consecutive months if provided by a contracted institution	€600 for 3 consecutive months if provided by a contracted institution
Thrombosis Unit	Yes			



Dow Tand Basis reimbursements

Treatment description	Dow Tand Basis
<ul style="list-style-type: none"> • Check-ups (C002 or C003) • Oral hygiene (M03) 	<ul style="list-style-type: none"> • One check-up (C002 or C003) and up to 25 minutes of dental cleaning (M03), or • two check-ups (C002 and/or C003) and up to 15 minutes of dental cleaning (M03),
<ul style="list-style-type: none"> • anaesthesia (A10 and A15) • fillings (V codes) • extraction of teeth and molars (H codes) • X-rays (X10 and X22) • implantology aftercare check-up (J090) • comprehensive implantology aftercare check-up (J091) 	€75
Dental care required as a result of an accident	€2,000 per accident

Dow Tand 250, 500, 1000 and 1250 reimbursements

Treatment description	Dow Tand 250	Dow Tand 500	Dow Tand 1000	Dow Tand 1250
<ul style="list-style-type: none"> • consultations (C codes) • periodontal treatment (codes T021 and T022) • dental X-rays (X-codes) • anaesthesia (codes A10 and A15) • fillings (V codes) • extraction of teeth and molars (H codes) 	100%	100%	100%	100%
oral hygiene (M codes)	75%	75%	75%	75%
all other dental treatments	75%	75%	75%	100%
Reimbursement for all treatments combined	€250	€500	€1,000	€1,250
Dental care required as a result of an accident	€2,000 per accident	€2,000 per accident	€2,000 per accident	€2,000 per accident

Dow Ziekenhuis Extra

(for insured persons aged 18 or older)

Treatment description	Reimbursement
<p>Added-comfort facilities during a hospital stay in Belgium or Germany in a hospital that is:</p> <ul style="list-style-type: none"> • contracted for this purpose (in private or twin accommodation with reimbursement of any fee surcharge that may apply) • not contracted for this purpose (in private or twin accommodation with reimbursement of any fee surcharge that may apply) <p>You are not entitled to reimbursement of added-comfort facilities during a hospital stay in Belgium or Germany for contracted or non-contracted medical treatment.</p>	100%, €70 per day up to €4900 per person per year for the daily reimbursement and fee surcharge combined
Taxi transport between your home address and the hospital	4 taxi journeys per hospital stay



We are happy to help

Your first point of contact:



Witte-Boussen Assurantiën B.V.

Mr. F.J. Haarmanweg 16

PO Box 201

4530 AE Terneuzen

Tel. +31 115 61 83 44

We are available on working days from 08:30 to 17:00.

Email: zorg@witteboussen.nl

Web portal: www.witteboussen.nl/inloggen.

Username: **dowp** Password: **2056077**

Contact through Zilveren Kruis:

Visit zk.nl/contact for an overview of the contact options.

If you prefer to speak to someone in person,

- On working days between 08:00–20:00
 - On Saturdays between 09:00–13:00
- (Extra: Saturday 12 November between 09:00–17:30 and 31 December between 08:00–17:00)

You can also write to us at Zilveren Kruis, PO Box 444, 2300 AK Leiden

Our post address for claims Zilveren Kruis, Claims Department, PO Box 70001, 3000 KB Rotterdam

You can view and download documents regarding your health insurance at zk.nl/informatiedocument. If you have any questions, please call +31 71 751 00 51.

Visit zk.nl for a list of contracted care providers, reimbursement rates 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 the information from us.

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

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