

## REIMBURSEMENTS OVERVIEW AS OF 01/01/2023

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### **‘OHRA Zorgverzekering Combinatie’ (‘Combinatie’ health insurance policy) (model number: 7200102) version 1**

Your health insurance policy is a ‘Combinatie’ policy. This means that your policy is a combination of:  
- refund-based healthcare (we reimburse the costs of your healthcare) and  
- in-kind healthcare (we arrange the healthcare you need).

In-kind healthcare is subject to different reimbursement percentages (%) for healthcare provided by a healthcare provider who has a contract with us and for healthcare provided by a non-contracted healthcare provider. This overview lists the reimbursement percentages for the healthcare in question. All other healthcare is provided on a refund basis.

The ‘Amount reimbursed’ column contains amounts, quantities, hours and/or reimbursement periods. These are always the maximum amounts, quantities, hours and/or reimbursement periods.

We calculate the reimbursement percentages (%) in accordance with:

- the fixed (set-point) rate set by law, or
- the (average) agreed rate, or
- the claimed rate up to the statutory maximum rate in the Netherlands, or
- the claimed rate up to a maximum of the market rates applicable in the Netherlands.

For an explanation of the various situations and rates, please refer to clause A.20. of the Terms and Conditions of Health Insurance and Additional Insurance Packages.

This column also contains references to lists (e.g. the list of preferred medicines, ‘Lijst voorkeursmedicijnen’) and regulations (e.g. regulations on medical aids, ‘Reglement Hulpmiddelen’). These appendices to your health insurance policy are available on our website.

The ‘Terms and conditions’ column lists numbers that refer to a clause in the Terms and Conditions of Health Insurance and Additional Insurance Packages. This clause specifies the terms and conditions which you need to meet in order to receive the reimbursement in question.

<b>What is reimbursed</b>	<b>Amount reimbursed</b>	<b>Terms and conditions</b>
<b>Foreign healthcare</b> Healthcare abroad	you are entitled to receive the same healthcare, and to the same extent, as that to which you are entitled in the Netherlands or in your country of residence	<b>B.2.</b> B.2.
<b>Dietetics</b> Dietetics	100% for type 2 diabetes, VRM to manage cardiovascular diseases, COPD or asthma through multidisciplinary care; 3 hours per year in other cases	<b>B.11.</b> B.11. B.11.
<b>Dietary preparations</b> Dietary preparations	100%	<b>B.16.</b> B.16.
<b>Occupational therapy</b> Occupational therapy	10 hours per year	<b>B.9.</b> B.9.
<b>Physiotherapy and/or Cesar/Mensendieck exercise therapy</b>		<b>B.8.</b>

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Physiotherapy and/or exercise therapy up to the age of 18	100% for conditions specified on the list of conditions for physiotherapy and exercise therapy ('Lijst met aandoeningen fysiotherapie en oefentherapie');	B.8.3.
	9 sessions per indication for other conditions. 9 additional sessions if necessary.	B.8.3.
Physiotherapy and/or exercise therapy from the age of 18	100% from the 21st session for conditions specified on the list of conditions for physiotherapy and exercise therapy ('Lijst met aandoeningen fysiotherapie en oefentherapie');	B.8.1.
	9 sessions once per insured person for pelvic physiotherapy;	B.8.2.
	37 sessions per 12 months for walking therapy for intermittent claudication	B.8.4.
	12 sessions per 12 months for osteoarthritis in the knee or hip joints	B.8.5.
	In cases of COPD from stage II:	B.8.6.
	- GOLD classification class A: 5 sessions per 12 months	
	- GOLD classification class B1: 27 sessions in the 12 months after commencement of the treatment (after that, 3 sessions every 12 months in subsequent years)	
	- GOLD classification class B2, C or D: 70 sessions in the 12 months after commencement of the treatment (after that, 52 sessions every 12 months in subsequent years)	
<b>Medical mental healthcare</b>		<b>B.19.</b>
Outpatient mental healthcare	100% from the age of 18 (100% when you go to a contracted healthcare provider, 75% when you go to a non-contracted healthcare provider, see clause A.20.).	B.19.1.
Inpatient mental healthcare	max. 3 years from the age of 18 (100% when you go to a contracted healthcare provider, 75% when you go to a non-contracted healthcare provider, see clause A.20.).	B.19.3.
<b>Medical care for specific patient groups</b>		<b>B.28.</b>
Medical care for specific patient groups	100%	B.28.
<b>General practitioner</b>		<b>B.3.</b>

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General practitioner	100% for advice, examinations and supervision; 100% for mental healthcare; 100% for combined lifestyle intervention healthcare programme from the age of 18; 100% for other general practitioner care	B.3.1.  B.3.3. B.3.4.  B.3.2.
<b>Medical aids</b>		<b>B.17.</b>
Medical aids	100%, a statutory personal contribution sometimes applies, see the regulations on medical aids ('Reglement Hulpmiddelen')	B.17.
<b>Short-term stays in a facility</b>		<b>B.27.</b>
Short-term stays in a facility	100%	B.27.
<b>Speech and language therapy</b>		<b>B.10.</b>
Speech and language therapy	100%	B.10.
<b>Medicines</b>		<b>B.15.</b>
Medicines	100% for medicines from the Medicines Reimbursement System (GVS); sometimes subject to a statutory personal contribution (max. €250 per year), see the pharmacy regulations ('Reglement Farmacie') and the list of preferred medicines ('Lijst voorkeursmedicijnen'). You do not pay a deductible for a preferred medicine.	B.15.1. to B.15.4.
<b>Specialist medical healthcare</b>		<b>B.4.</b>
Audiology care	100%	B.4.13.
Dialysis	100%	B.4.8.
Genetic testing	100%	B.4.12.
Mechanical ventilation	100%	B.4.9.
Specialist medical healthcare	100% without admission; max. 3 years with admission	B.4.2. and B.4.3.
Tests for cancer in children	100%	B.4.10.
Organ transplants	100% for you as the recipient; 100% (max. 13 weeks after admission) for you as the donor	B.4.7.1. B.4.7.2.
Plastic surgery	100%	B.4.5.
Rehabilitation	100%	B.4.6.1.
Geriatric rehabilitation	6 months	B.4.6.2.
Second opinion	100%	B.4.15.
Thrombosis service	100%	B.4.11.
Fertility treatment	3 attempts at IVF or ICSI treatment up to the age of 43 (restrictions apply up to the age of 38)	B.4.14.
<b>Oral care</b>		<b>B.12. to B.14.</b>
Oral care for all age groups		B.12.

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- Oral care in exceptional circumstances	100%	B.12.1.
- Implant	100% in a toothless jaw	B.12.2.
- Orthodontic care in exceptional circumstances	100% for severe growth or developmental disorders	B.12.3.
Oral care up to the age of 18	100% for regular oral care such as check-ups, X-rays and fillings	B.13.
Oral care from the age of 18		B.14.
- Dental surgeon	100%	B.14.a.
- Dentures	75% for full upper and/or lower dentures without implants;	B.14.b.
	90% for implant-retained lower denture (incl. snap-on system);	B.14.c.
	92% for implant-retained upper denture (incl. snap-on system);	B.14.c.
	90% for repair and rebasing of full upper and/or lower dentures	B.14.b.
	83% for code J080 for a combination of an implant-retained denture (incl. snap-on system) for one jaw and a denture without an implant for the other jaw	B.14.d.
- Implant with crown	100% for replacement of incisor or canine with an implant with a crown (up to the age of 22 inclusive). The tooth is missing because it has not developed or as the result of an accident that occurred before the insured person reached the age of 18	B.14.e.
<b>Prevention</b>		<b>B.21.</b>
	100% for quit smoking courses	B.21.2.
<b>Transport</b>		<b>B.18.</b>
Ambulance	100%	B.18.1.
Transport	100% for transport by taxi and public transport (2nd class); €0.37 per km for transport by car. You pay a statutory personal contribution of €113 per calendar year for all transport combined. If you choose to stay the night, we will reimburse a maximum of €82 per night. No statutory personal contribution applies.	B.18.2.a. to g.
<b>Foot care</b>		<b>B.23.</b>
Foot care	100% in the case of an increased risk of foot ulcers. Foot care for type 2 diabetes mellitus can also be provided as part of multidisciplinary care.	B.23.
<b>Conditional healthcare</b>		<b>B.22.</b>

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What is reimbursed	Amount reimbursed	Terms and conditions
Conditional healthcare	100% for healthcare that has not yet been definitively included in the general insurance policy, but which may be reimbursed for a certain period	B.22.
<b>District nursing</b>		<b>B.26.</b>
District nursing	100% (100% when you go to a contracted healthcare provider, 75% when you go to a non-contracted healthcare provider, see clause A.20.).	B.26.
<b>Healthcare before childbirth</b>		<b>B.5.</b>
Midwifery care	100%	B.5.1.
Ultrasound scans	100%	B.5.2.
Antenatal screening	100%	B.5.3.
Obstetric care	100% for registration and initial interview	B.5.4.
<b>Healthcare during childbirth</b>		<b>B.6.</b>
Childbirth	100% for a home birth; 100% for a hospital birth that is medically necessary; max. €236 per day for a birth at a birth centre or a hospital birth that is not medically necessary	B.6.
<b>Healthcare after childbirth</b>		<b>B.7.</b>
Obstetric care	8 days and 2 extra days if necessary for obstetric care at home or at a birth clinic (statutory personal contribution of €4.80 per hour); 100% for obstetric care in hospital where medically necessary	B.7.
<b>Sensory impairment care</b>		<b>B.25.</b>
Sensory impairment care	100%; 1 year for a stay in a facility	B.25.