

## Reimbursement Overview ZEM Polis 2022

Below is a list of reimbursements available under the ZEM Polis basic healthcare insurance. You can also consult the list to see whether your excess applies and whether you are required to pay a personal contribution.

## **Policy conditions**

This is a summary of reimbursements for the most important types of care. Please consult the policy conditions for a full overview of all reimbursements and conditions.

## Claims and reimbursements for non-contracted care

The ZEM Polis is a combined insurance policy. In most cases, the care provider will submit the invoice directly to ZEM. If you receive care from a non-contracted care provider, other reimbursements apply. For further details, see Article 1.5.2, 'Level of reimbursement', of the policy conditions. A list of our contracted care providers can be consulted at **zem.nl/gecontracteerd**.

Note: No rights may be derived from this reimbursement overview.

Type of care	Explanation	Excess	Statutory personal contribution
General practitioner	Consultations and treatments	No	No
Dentist	Up to and including age 18: check- up and treatment; plus fluoride treatment for children up to age 6 who are developing their permanent teeth	No	No
	From age 18: surgical dental treatment, X-ray examination and removable dentures. Periodic check-ups do not qualify for reimbursement.	Yes	Yes, for dentures • Full and removable dentures: 25% of the costs • Removable dentures and full set of implanted dentures: 10% of the costs for the lower jaw, 8% of the costs for the upper jaw • Repairs to or rebasement of full and removable dentures: 10% of the costs
Medical specialist	Consultation of medical specialist, such as a dental surgeon, internist or allergy specialist	Yes	No
Hospital	Hospitalisation, surgery and emergency care in hospital	Yes	No
Patient transport	Transport by ambulance if medically necessary	Yes	No
	Patient transport by car or public transport if the insured person depends on these options	Yes	Yes €111 per calendar year
	Patients who receive treatment over multiple days in a row can also opt for reimbursement of accommodation expenses instead of the reimbursement for patient transport.	Yes	No, unless you opt for accommodation and the accommodation costs are higher

Type of care	Explanation	Excess	Statutory personal contribution
Medicines	For some medicines, we only reimburse the variant with the lowest price. We call this our 'preference policy'. For details, see the Pharmaceutical Care Regulations.	Yes (unless your medicines come under the preference policy)	No, unless you opt for a more expensive medicine
Blood test	Having a blood sample taken by a GP or medical specialist	Yes	No
Mental healthcare	Care for people with a psychological disorder, provided by an independent therapist or at an institution	Yes	No
Physiotherapy	Up to age 18: a maximum of 18 (2x9) physiotherapy treatment sessions	No	No
	From age 18: (limited) physiotherapy and remedial therapy from the 21st treatment session in the case of disorders included in the List of Chronic Disorders. In most cases, the first 20 treatment sessions are for your own account.	Yes	No
	Pelvic physiotherapy to treat urine incontinence, up to and including the 9th treatment session	Yes	No
	Remedial therapy for osteoarthritis involving the hip and knee joints, up to and including the 12th treatment session	Yes	No
	Remedial therapy for intermittent claudication, up to and including the 37th treatment session	Yes	No
	Remedial therapy for COPD up to and including the 70th treatment session during the first year	Yes	No
Speech therapy	The treatment must serve a medical purpose	Yes	No
Occupational therapy	A maximum of 10 hours of treatment per calendar year	Yes	No
Dietary advice	A maximum of 3 hours of treatment per calendar year	Yes	No
Pregnancy and delivery-related care	Obstetric care	No	No
	Maternity care	No	Yes • Maternity care at home: €4.70 per hour • Maternity care at an institution (maternity hotel, birth centre etc.). If you wish to give birth at the institution even though there is no medical need for that, you will in any case be charged the following per day: €19 for the mother and €19 for each baby. Depending on the institution concerned, an additional amount may be charged on top. If the rate charged by the institution exceeds €134 per day, you will also have to pay the amount in excess of €134.

Type of care	Explanation	Excess	Statutory personal contribution
District nursing	District nursing including the personal care budget for district nursing	No	No
Care aids	Care aids for treatment, nursing, rehabilitation, care of a specific impairment. Examples: hearing aids, orthopaedic shoes. NB. this does not include rollators and other simple mobility aids. For details, see the Care Aids Regulations.	Yes	Additional charge, depending on the care aid in question.  • Hearing aids: from age 18, 25% of the costs • Shoes, orthopaedic or allergen-free: up to age 16, €62 per pair, from age 16, €124 per pair • Wigs: all costs in excess of €457.50 • Contact lenses: • €59.50 per lens for lenses with a life longer than 1 year. For lenses that last longer than 3 years, you will pay a single lump sum for those 3 years of €59.50 per lens; • for lenses that last less than 1 year, €59.50 per lens, up to a maximum of €119 per calendar year. If you need new lenses on 3 occasions within a single year, you will only pay €59.50 once, per lens, in that year. • Spectacle lenses: Up to age 18: €59.50 per spectacle lens, up to a maximum of €119 per calendar year
Disability-related care	Disability-related care for people with a visual or hearing impairment or a language development disorder	Yes	No
	Treatment by a doctor for the mentally disabled	Yes	No
Care for the elderly	Rehabilitation care for the elderly	Yes	No
	Treatment by a geriatric care specialist	Yes	No
Combined Lifestyle Intervention (CLI)	Care for overweight or obese individuals. A CLI aims to help the individual change their behaviour so as to achieve and maintain a healthy lifestyle.	No	No