

# All covers of our healthcare insurance policies at a glance

## Reimbursement Table 2020

### Basic Insurance

Univé Zorg Geregeld polis  
Univé Zorg Vrij polis

### Modular packages

Aanvullend Goed  
Aanvullend Beter  
Aanvullend Best

### Dental packages

Tand Ongevallen  
Tand Goed  
Tand Beter  
Tand Best

# Reference guide

Univé offers three basic insurance policies, each with their own supplementary insurance policies. This is the reimbursement table of the Univé Zorg Geregeld polis, the Univé Zorg Vrij polis and the associated supplementary insurance policies. Please find more information on our healthcare insurance policies on [unive.nl/zorgverzekering](https://unive.nl/zorgverzekering).

## Univé Zorg Geregeld polis

With the Univé Zorg Geregeld polis, your healthcare is all set. We have made agreements with many healthcare providers in your area. This includes hospitals, specialists and obstetricians, for example. And all at a very affordable premium. General practitioner care, such as a visit to your family doctor, is always covered.



### Univé Zorg Geregeld polis In-kind policy

100%

Contracted healthcare provider:  
maximum reimbursement 100%

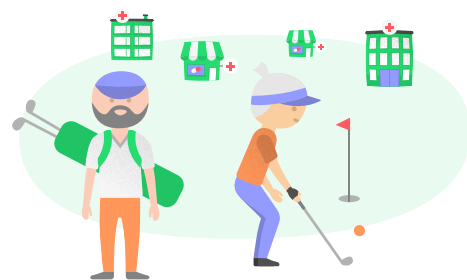
80%

Non-contracted healthcare provider:  
maximum reimbursement 80% of the  
average contracted rate

We have made agreements with  
many healthcare providers in your area

## Univé Zorg Vrij polis

The Univé Zorg Vrij polis offers you optimal freedom of choice. It does not matter whether or not the healthcare provider has a contract with us. As long as the healthcare provider complies with the requirements set out in our policy conditions. You pay a slightly higher premium for this. In most cases, the invoice will be fully reimbursed. Only if the invoiced amount is unreasonably high will we not reimburse.



### Univé Zorg Vrij polis Reimbursement policy

100%

All healthcare providers:  
maximum 100% reimbursed  
of the market-level rate

You have a free choice of the healthcare  
providers

## Policy Conditions

This table is a summary of the reimbursements. Supplementary conditions are set out in the 2020 policy conditions. These state details about, for example, the conditions your healthcare provider must comply with, for which items you need to request our permission, and how and for which healthcare you need a referral. If you need healthcare, we recommend first consulting these policy conditions.

Please find all conditions on [unive.nl/zorgverzekering/documenten](https://unive.nl/zorgverzekering/documenten). Or you can contact us. Our contact details are stated on the back of this reimbursement table.

## Reimbursement basic cover

The items in the reimbursement table are marked with ● to indicate which care is covered. The exact reimbursement you receive depends on the basic cover and healthcare provider you selected. Some care is subject to an excess and/or a personal contribution.

## Excess

For some healthcare types in the basic cover, the first € 385 spent are charged to you. This is referred to as the statutory excess. Additionally, you may have selected a voluntary excess amount. The excess does not apply for general practitioner care, obstetric care and maternity care, nursing and care (district nurses) and medications on our preferred list.

## Personal contribution or maximum reimbursement

Sometimes healthcare is subject to a personal contribution or maximum reimbursement. This means having to pay some of the cost yourself. Does a personal contribution or maximum reimbursement apply? Then this is listed in the reimbursement table.

## Cover supplementary insurance policies

We will reimburse the costs up to a maximum of the statutory rates applicable in the Netherlands. If no statutory rates are available, we will reimburse up to the market-level rates.

For some healthcare items, we concluded contracts with certain healthcare providers. In that case, you will be reimbursed at the rate we have agreed with the healthcare provider. This may also concern preferred or accredited healthcare. This is indicated in this reimbursement table. If you are making use of non-contracted, non-accredited or non-preferred healthcare providers for treatment, please take into consideration that you will likely have to pay all or part of the bill yourself

### Easily find a healthcare provider

1. Please refer to [unive.nl/zorgzoeker](https://unive.nl/zorgzoeker)
2. Search by healthcare type or name of your healthcare provider
3. Check if the healthcare provider has a contract with us for the required healthcare.
4. Select your healthcare provider

Visit [unive.nl/zorgverzekering/marktconforme-tarieven](https://unive.nl/zorgverzekering/marktconforme-tarieven) for an explanation of the average contracted rate and the market-level rate.

### Per year = per calendar year

Does the reimbursement table state 'per year'? Then this means 'per calendar year'. A calendar year starts on 1 January and ends on 31 December.

# Select your insurance policy

## Step 1: select your basic cover

### Univé Zorg Geregeld polis

In-kind policy

100%

Contracted healthcare provider:  
maximum reimbursement 100%

80%

Non-contracted healthcare provider:  
maximum reimbursement 80% of the  
average contracted rate

We have made agreements with many  
healthcare providers in your area

### Univé Zorg Vrij polis

Reimbursement policy

100%

All healthcare providers:  
maximum 100% reimbursed  
of the market-level rate

You have a free choice of the healthcare  
providers

## Step 2: select your supplementary insurance policy/policies

### Modular packages (excluding dental care)

#### Aanvullend Goed

Insured for the most necessary care,  
including emergency care abroad,  
convalescence home and  
9 physiotherapy sessions.

#### Aanvullend Beter

Higher reimbursements, such as  
16 physiotherapy sessions,  
and reimbursement for childbirth and  
maternity care and free spectacles.

#### Aanvullend Best

Highest reimbursements, such as  
20 physiotherapy sessions  
plus cover for eye laser surgery and  
medical plastic surgery such as eyelid and  
abdominal wall correction.

### Dental packages (can be taken out separately or in combination with a modular package)

#### Tand Ongevallen

- ✓ Dental costs resulting from an accident: € 10,000 per accident

#### Tand Goed

- ✓ Dental costs resulting from an accident: € 10,000 per accident
- ✓ Oral care: € 250 per year
  - 100% periodical check-up (C11) and problem-specific visit (C13)
  - 80% other dental care

#### Tand Beter

- ✓ Dental costs resulting from an accident: € 10,000 per accident
- ✓ Oral care: € 500 per year
  - 100% periodical check-up (C11) and problem-specific visit (C13)
  - 80% other dental care
- ✓ Orthodontic care
  - up to age 18: € 1,500
  - from age 18: € 500

#### Tand Best

- ✓ Dental costs after accident: € 10,000 per accident
- ✓ Oral care: € 1,000 per year
  - 100% periodical check-up (C11) and problem-specific visit (C13)
  - 80% other dental care
- ✓ Orthodontic care
  - up to age 18: € 2,500
  - from age 18: € 1,500

# Modular packages

Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Alternative care</b>				
A <b>budget</b> to be spent on the healthcare types listed below: - treatments and visits (by preferred healthcare provider). This also includes alternative exercise therapy, such as osteopathy or chiropractic. - homeopathic and/or antroposophic drugs		€ 200 per year; treatments and visits are subject to a maximum reimbursement of € 40 per day	€ 300 per year; treatments and visits are subject to a maximum reimbursement of € 40 per day	€ 500 per year; treatments and visits are subject to a maximum reimbursement of € 40 per day
<b>Contraceptives</b>				
Including contraceptive pills, contraceptive rods, diaphragms, rings and cervical caps. <b>Up to age 21:</b> (from age 21: only if these items are used to treat endometriosis or menorrhagia (if suffering from anaemia))	● some items are subject to a personal contribution			
<b>From age 21:</b> for contracted healthcare providers only		up to the amount as set out in GVS (Medication Reimbursement System).	up to the amount as set out in GVS (Medication Reimbursement System).	up to the amount as set out in GVS (Medication Reimbursement System).
<b>Audiological care</b>				
Hearing tests, advice on hearing aids. The audiologist informs you if you need a referral from an ENT specialist or audiology centre.	●			
<b>Circumcision</b>				
Medically necessary circumcision	●			
<b>Delivery and maternity care</b>				
<b>Delivery</b>				
Pregnancy courses: - the Slimmer Zwanger (Smarter Pregnant) self-help programme. - courses preparing you for childbirth - courses enhancing your physical post-delivery recovery (max 6 months after childbirth)			€ 100 per year	€ 100 per year
Delivery at home	●			
Delivery without medical necessity in: - a birth clinic - a hospital	● maximum € 219 per day for mother and child combined (€ 255 minus € 36 for the personal contribution for maternity care)		full reimbursement personal payment	full reimbursement personal payment
- in a hospital or birth clinic as part of integral maternity care	● a personal contribution applies, amounting to € 376.17 for mother and child combined			
Childbirth in a birth clinic or hospital with medical necessity	●			
<b>Maternity care</b>				
Maternity care at home or in a birth clinic	● maximum 10 days (a personal contribution applies, amounting to € 4.50 per hour)		€ 125 reimbursement of the personal contribution	full reimbursement of the personal contribution
Maternity care in hospital for delivery with medical necessity	●			
Post-partum care mother and newborn, or adoption support if child is younger than 3 months			6 hours	12 hours
Univé birth package			full	full
<b>Lactation</b>				
Lactation advice (lactation consultant)			€ 200 per childbirth	€ 200 per childbirth
Renting or buying electrical breast pump			maximum € 80, one-off	maximum € 80, one-off

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Exercise therapy (including physiotherapy)</b>				
<b>The number of sessions applies to:</b>				
<p>physiotherapy, Cesar/Mensendieck remedial therapy and oedema therapy</p> <p>Manual therapy sessions are also covered under exercise therapy. This covers a maximum of 9 sessions per medical indication.</p>		9 sessions <sup>2</sup> per year.	16 sessions <sup>2</sup> per year.	20 sessions <sup>2</sup> per year.
<p><b>Up to age 18</b></p> <ul style="list-style-type: none"> <li>- chronic conditions, subject to approval<sup>1</sup></li> <li>- non-chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>● 18 sessions per year</li> </ul>			
<p><b>From age 18:</b></p> <ul style="list-style-type: none"> <li>- chronic conditions, subject to approval<sup>1</sup></li> <li>- pelvic physiotherapy for urine incontinence</li> </ul>	<ul style="list-style-type: none"> <li>● from the 21st treatment onwards</li> <li>● the first 9 treatments</li> </ul>			
<ul style="list-style-type: none"> <li>- remedial therapy (walking training) for hardening of the arteries in the leg, stage 2 Fontaine</li> </ul>	<ul style="list-style-type: none"> <li>● 37 treatments during a 12-month period</li> </ul>			
<ul style="list-style-type: none"> <li>- remedial therapy for arthrosis of hip or knee joint</li> </ul>	<ul style="list-style-type: none"> <li>● 12 treatments during a maximum period of 12 months</li> </ul>			
<ul style="list-style-type: none"> <li>- remedial therapy for COPD from Gold class II and up</li> </ul> <p>The number of sessions depends on classification in GOLD groups A, B, C or D.</p> <ul style="list-style-type: none"> <li>- the first 12 months</li> </ul>	<ul style="list-style-type: none"> <li>● sessions: <ul style="list-style-type: none"> <li>group A 5</li> <li>group B 27</li> <li>groups C and D70</li> </ul> </li> <li>● sessions: <ul style="list-style-type: none"> <li>group A 0</li> <li>group B 3</li> <li>groups C and D52</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>- after 12 months (per 12-month period)</li> </ul>				
<b>Spectacles, contact lenses, eye lasering or lens implants</b>				
You may choose one of the following reimbursements:				
<ul style="list-style-type: none"> <li>- spectacles from Hans Anders, Pearle, Specsavers, Eyewish or eyes + more (in accordance with Visual Aids Regulations)</li> </ul>			1 pair of singular or multi-focal spectacles from the basic range per 3 years	1 pair of singular or multi-focal spectacles from the comprehensive range per 3 years
<ul style="list-style-type: none"> <li>- the purchase of spectacles or contact lenses from an optician other than stated above</li> </ul>			a maximum of € 50 per 3 years	a maximum of € 100 per 3 years
<ul style="list-style-type: none"> <li>- eye laser treatment/lens implants</li> </ul>				€ 500, one-off
<b>Abroad</b>				
<ul style="list-style-type: none"> <li>- Urgent medical care during holiday and temporary stay abroad</li> </ul>	<ul style="list-style-type: none"> <li>● up to the rate deemed reasonable in the Netherlands (market-level rate). This also applies to the reimbursement for a non-contracted healthcare provider</li> </ul>	full	full	full
<ul style="list-style-type: none"> <li>- Non-urgent healthcare abroad, subject to approval<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>● up to the rate we would reimburse in the Netherlands</li> </ul>			
<ul style="list-style-type: none"> <li>- Repatriation by the Univé Alarmcentrale in the event of unforeseen care</li> </ul>		full	full	full
<ul style="list-style-type: none"> <li>- Preventive vaccinations and medication when travelling abroad, only with contracted healthcare providers.</li> </ul>		full	full	full
<b>Genetic testing</b>				
<ul style="list-style-type: none"> <li>- Testing of and for hereditary conditions</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>			
<b>Occupational therapy</b>				
<ul style="list-style-type: none"> <li>- Occupational therapy</li> </ul>	<ul style="list-style-type: none"> <li>● 10 hours of sessions per year</li> </ul>	5 hours of sessions per year	5 hours of sessions per year	5 hours of sessions per year

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

1) This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.

2) Please note: you are entitled to a maximum of 100% reimbursement if you select a contracted healthcare provider. If you go to a non-contracted physiotherapist, remedial therapist or oedema therapist, the reimbursement is lower. Please find the maximum reimbursement in the 'List of maximum reimbursements non-contracted healthcare providers supplementary insurance' on our website.

Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Pharmaceutical care (including medications)</b>				
Medications listed in Appendix 1 of the Healthcare Insurance Regulations and the Pharmaceutical Care Regulations, in some cases subject to approval <sup>1</sup>	● some medications are subject to a personal contribution			
Diet preparations (medical food with a different form and formula than standard food), subject to approval <sup>1</sup> . There are various types, including liquid nutrition and catheter-administered nutrition. Partial reimbursement applies to tube feeding provided by non-contracted healthcare provider. The Pharmaceutical Care Regulations apply to liquid nutrition.	●			
<b>Combined lifestyle intervention (GLI)</b>				
From age 18 An accredited programme focusing on behavioural change in respect of overweight in combination with (a risk of) certain conditions or obesity.	●			
<b>Medical care for specific patient groups</b>				
Healthcare specifically for vulnerable patients such as older people and people with mental impairments. Such care is provided by a specialist in geriatric medicine or in mental disabilities.	●			
<b>Skin treatments</b>				
A <b>budget</b> to be spent on the healthcare types listed below (by preferred healthcare provider): - acne treatment - camouflage therapy - depilation		€ 300 per year	€ 500 per year	€ 700 per year
<b>General practitioner care</b>				
This also includes counselling for quitting smoking and foot care for diabetes mellitus.	●			
<b>Household assistance</b>				
Household assistance from age 18 immediately following discharge from a hospital provided by an accredited home care association or a preferred healthcare provider.			9 hours per year; maximum € 16 per day	12 hours per year; maximum € 16 per day
<b>Medical aids</b>				
Medical aids and bandaging listed in the Healthcare Insurance Regulations and the Medical Aids Regulations, in some cases subject to approval <sup>1</sup>	● some medical aids are subject to a personal contribution and/or a maximum reimbursement			
A <b>budget</b> to be spent on statutory contributions/personal contributions or the following aids or extras related to these aids: - audiological aids: - statutory personal contribution from age 18 for a hearing aid or tinnitus masker - batteries, single rechargeable batteries and the relevant chargers for the hearing aids - items used after a breast amputation, mammary prosthesis - wigs or chemo beanies - prolapse pessary - hand or finger splints for temporary use (by contracted healthcare provider) - purchase or lease cost of a urination alarm for insured between age 6 and age 18 - ADL medical aids ADL aids are tools for general daily life acts, such as small tools to wash, dry and dress yourself, going to the toilet independently or for cooking and eating. - the statutory personal contribution for insured under age 18 for spectacle glasses or filter glasses			€ 250 per year	€ 500 per year
<b>In-vitro fertilisation (IVF) and other fertility treatments</b>				
In-vitro fertilisation (IVF) for women up to age 43. Further conditions apply	● 1st, 2nd and 3rd attempts			
Other fertility treatments (women up to age 43)	●			

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

1) This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.

Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Speech therapy</b>				
Recovering or enhancing speech or ability to speak	●			
<b>Family care</b>				
Family care courses: learning to deal with a disease or condition, including asthma, COPD, diabetes, cancer or dementia		see Prevention budget	see Prevention budget	see Prevention budget
Family care mediator after referral by Univé Zorgadvies en Bemiddeling		€ 250 per year	€ 500 per year	€ 750 per year
Replacement family care, applications via Univé Zorgadvies en Bemiddeling.		5 days per year	10 days per year	15 days per year
<b>Specialist medical care</b>				
This care is subject to prior approval <sup>1</sup> relating to certain treatments	●			
<b>Multidisciplinary care (chain healthcare)</b>				
Chain healthcare for insured with diabetes mellitus type 2 (DM type 2), chronic obstructive pulmonary disease (COPD), cardiovascular conditions, increased vascular risk management, asthma from age 16 and target group vulnerable seniors	●			
<b>Plastic and/or reconstructive surgery</b>				
For specific medical referrals, subject to approval <sup>1</sup>	●			
- abdominal wall correction for specific referrals, subject to approval, only with contracted healthcare providers <sup>1</sup>	●			full
- upper eyelid correction for specific referrals, subject to approval, only with contracted healthcare providers <sup>1</sup>	●			full
- protruding ears correction for insured up to age 18, only with contracted healthcare providers				full
<b>Prevention</b>				
A budget to be spent on the healthcare types listed below: - courses (including managing a disease or condition) - First-Aid course - reanimation course - fall prevention - health test - medical sports advice - Consults and advice for women		€ 200 per year	€ 400 per year	€ 500 per year
<b>Mental healthcare</b>				
Mental healthcare (GGZ) from age 18: - generalist basic GGZ - specialist GGZ (upon intake subject to approval <sup>1</sup> )	●			
Sex therapy				€ 60 per session, maximum 4 sessions per year
Mindfulness for burn-out complaints		€ 350 per year	€ 350 per year	€ 350 per year
<b>Rehabilitation</b>				
Examination, advice and treatment relating to specific referrals, subject to approval <sup>1</sup> . This also includes quick scan and cancer rehabilitation	●			
Geriatric rehabilitation	● (max 6 months)			
<b>Sterilisation</b>				
Male sterilisation (vasectomy), with contracted healthcare providers only. Alternatively, you can have it done by a general practitioner. The GP does not need to be contracted by us.			full	full
Female sterilisation, with contracted healthcare providers only			full	full
<b>Quitting smoking</b>				
Quit Smoking Programme. The programme is not subject to excess. Under the Univé Zorg Geregeld polis, the medications may only be delivered by one of our contracted online pharmacies. Under the Univé Zorg Vrij polis, any pharmacy or dispensing general practitioner may deliver the medications.	● once per year			

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

1) This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.



Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Dental care/Oral care</b>				
<b>Dental and orthodontic care in special cases</b>				
- dental care (including any implants and technology expenses) and orthodontic care in special cases, subject to approval <sup>1</sup>	● this may be subject to a personal contribution			
<b>Dental care up to age 18</b>				
- dental care, with the exception of orthodontic care - crowns, bridges and implants for specific medical referrals and maxillary overview images, subject to approval <sup>1</sup>	●			
<b>Maxillary surgery from age 18</b>				
Maxillary surgery, subject to approval <sup>1</sup> , with the exception of applying implants, treatment of gum and non-complex extractions.	●			
<b>Dentures (dental prosthesis) from age 18</b>				
- removable full dentures, including technology expenses, subject to approval <sup>1</sup>	● subject to a 25% personal contribution		full reimbursement of the personal contribution	full reimbursement of the personal contribution
- removable full dentures on implants, including technology expenses, subject to approval <sup>1</sup>	● subject to a personal contribution of 8% (upper jaw) and 10% (lower jaw)		full reimbursement of the personal contribution	full reimbursement of the personal contribution
- removable full dentures, including technology costs: standard dental prosthesis on one jaw and an implant-supported prosthesis on the other jaw	● subject to a 17% personal contribution		full reimbursement of the personal contribution	full reimbursement of the personal contribution
- rebasing and repairing your full dentures	● subject to a 10% personal contribution of the costs		full reimbursement of the personal contribution	full reimbursement of the personal contribution
<b>Tissue and organ transplants</b>				
If the transplant was performed in an EU or EEA member state	●			
<b>Stay</b>				
Stay in a convalescence home/assisted accommodation (with contracted healthcare provider) possible: 1 immediately following discharge from a hospital or treatment in an independent treatment centre after full completion of your treatments 2 if your family care provider is unable to perform the work, permanently or temporarily, and there is no other option for care at home 3 if you want to recover from mental or physical overburden or burn-out.		€ 100 per day, capped at € 1,000 per year	€ 100 per day, capped at € 1,500 per year	€ 100 per day, capped at € 2,000 per year
Stay in hospice (by accredited healthcare provider)		€ 40 per day	€ 40 per day	€ 40 per day
Stay in: - psychiatric or other hospital - GGZ institution, subject to approval <sup>1</sup> - institution for first-line hospitalisation - rehabilitation institution (subject to approval <sup>1</sup> ) - medical childcare centre relating to intensive childcare	●			
Stay in a short-stay or family guest house: - when your child or partner is hospitalised - when you are required to complete two day sessions on consecutive days in a hospital located more than 40 kilometres from your home address.		€ 45 per day	€ 45 per day	€ 45 per day
Stay in accommodation in Gasthuis Antoni van Leeuwenhoek Hospital or the Daniël den Hoed Family Residence if you have treatments as an outpatient here.		full	full	full
<b>Nursing and care (district nurses)</b>				
Nursing and care without stay and nursing day care intensive childcare (possibly in the form of a personal budget (pgb)), subject to approval <sup>1</sup>	●			

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

<sup>1</sup> This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.

Reimbursement Table	Basic Insurance	Supplementary insurance		
		Goed	Beter	Best
<b>Transport</b>				
Ambulance transport	●			
Seated transport of the patient for specific medical referrals, subject to approval <sup>1</sup> , for visits, check-ups, testing and treatments based on:				
- personal vehicle	● € 0.32 per km, subject to an annual € 105 personal contribution			
- public transport or taxi	● subject to a personal contribution of € 105 per year			
- taxi transportation (by contracted transport firm) or personal transport in the context of organ transplant		taxi: full personal vehicle: € 0.32 per km	taxi: full personal vehicle: € 0.32 per km	taxi: full personal vehicle: € 0.32 per km
- Cost of stay: do you need to travel a long distance for treatment over an extended period of time? And are you eligible for reimbursement of the cost of transportation (seated transport)? Then alternatively, you may choose a reimbursement of accommodation rather than reimbursement of transport. This is possible if you are having treatments for at least 3 consecutive days. If you choose this reimbursement, we will not reimburse seated patient transport.	● maximum € 75 per night			
<b>Nutrition advice</b>				
Dietetic care: information with a medical purpose about food and eating habits	● 3 hours of sessions per year			4 hours of sessions per year
Weight consultant		€ 50 per year	€ 100 per year	€ 150 per year
<b>Foot treatments</b>				
A <b>budget</b> to be spent on the healthcare types listed below: - foot treatments if you have rheumatism (rheumatoid arthritis) - foot treatments if you have diabetes with care profile <sup>1</sup> . In certain cases, foot care is covered under diabetes mellitus of the basic healthcare policy as part of general practitioner care. - podiatry	●	€ 100 per year	€ 300 per year	€ 500 per year
Arch supports and therapy soles		€ 70 per year	€ 125 per year	€ 125 per year
<b>Sensory disability care</b>				
Multidisciplinary healthcare in the context of a visual, auditive or communicative disability	●			

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

1) This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.

# Dental packages

Reimbursement Table	Dental packages			
	Ongevallen	Goed	Beter	Best
<b>Dental care from age 18</b>				
Dental care. Not covered is the cost of orthodontic care, full narcosis or sedation and whitening teeth (including technology and supplies)		€ 250 per year: 100% periodical check-up (C11) and problem-specific visit (C13), and 80% for other dental care.	€ 500 per year: 100% periodical check-up (C11) and problem-specific visit (C13), and 80% for other dental care.	€ 1,000 per year: 100% periodical check-up (C11) and problem-specific visit (C13), and 80% for other dental care.  The plan is subject to a qualification period of 12 months for partial dental prostheses and implants, crowns and bridges.
Personal contribution for dental prostheses (dentures)		full reimbursement of the personal contribution	full reimbursement of the personal contribution	full reimbursement of the personal contribution
<b>Orthodontic care</b>				
Up to age 18			€ 1,500 for the entire term of the insurance policy	€ 2,500 for the entire term of the insurance policy  The plan is subject to a 12-month qualification period.
From age 18			€ 500 for the entire term of the insurance policy	€ 1,500 for the entire term of the insurance policy  The plan is subject to a 12-month qualification period.
<b>Tand Ongevallen</b>				
Dental costs resulting from an accident (subject to approval <sup>1</sup> )	€ 10,000 per accident	€ 10,000 per accident	€ 10,000 per accident	€ 10,000 per accident

If an item is marked with ● in the reimbursement table, this item is covered. The amount of the reimbursement depends on the insurance policy you selected in combination with the healthcare provider you selected. Please refer to page 2 for more information on this subject.

1) This type of care is subject to prior approval from Univé (in some cases). Please consult the policy conditions for more details.

## Practical for everyone

### The extra benefits of Univé

**Univé allows you to benefit from the advantages of a high-quality healthcare insurance. And we offer many practical extra benefits.**

#### Healthcare assistance

With Univé's Healthcare assistance desk, you never walk alone. In case of doubt about a doctor visit, or to find the right type of healthcare, certainly if you are confronted with a waiting list. Alternatively, you can call Dokter bij de Hand (Doctor at Hand) to ask all your medical questions. For more information, please check out [www.unive.nl/zorghulp](http://www.unive.nl/zorghulp).

#### On holiday

You can make use of our Vakantiehulp (Holiday Help) at [unive.nl/onbezorgdopvakantie](http://unive.nl/onbezorgdopvakantie). If you have any doubt about visiting a doctor, or if you need an interpreter for a medical visit.

#### Univé Alarmcentrale

If you fall ill abroad and you are hospitalised for at least one night, you must contact the Univé Alarmcentrale on a mandatory basis. They will tell you what needs to be arranged. They will also assess which costs are covered and which are not. You can reach the Univé Alarmcentrale day and night on +31 (0)40 297 5750. The telephone number of the Univé Alarmcentrale is also printed on your healthcare card.

#### Univé Kraamzorg

To request maternity care and/or a maternity care package, please call Univé Kraamzorg's central number: 0800 899 80 99 (toll-free).

#### Univé App

With the Univé App, you always have your online healthcare card at hand, and you can see what's left in your healthcare budgets. It is also very easy to submit claim forms online and find a healthcare provider. In addition to your healthcare insurance policy, the Univé App also shows all your other Univé policies at a glance.

#### Mijn Univé Zorg

In Mijn Univé Zorg, you can see your policy conditions, submit online claim forms, see your policy excess and receive your post in digital form. Log in at [mijnunivezorg.nl](http://mijnunivezorg.nl)

# Relying on helping each other



In these times of turbulent change, Coöperatie Univé offers the assurance of helping each other. We are close to you thanks to over 110 Univé outlets and we are available online, for example through the Univé App. Since 1794 we have helped prevent risks, limit consequences and insure only what is necessary. We help people stay healthy, among others by encouraging sports and movement. We support people who want to help each other. For example, we make it a little bit easier for our family care providers based on replacement family care. We have a cover for first-aid training and reanimation courses in our supplementary insurance policy/policies. We are Univé. We are our members, and we make sure we help each other. You benefit from that now. Read more about it on [unive.nl](https://www.unive.nl).

## Want to know more?

**Website**  
[unive.nl](https://www.unive.nl)

**Telephone number**  
+31 (0)72 527 75 95  
[unive.nl/klantenservice](https://www.unive.nl/klantenservice)

**Correspondence address**  
Univé  
PO Box 445  
5600 AK Eindhoven, the Netherlands

### Drop by in our shop

You are more than welcome at the Univé office near you. For a list of our offices, please refer to [unive.nl/contact](https://www.unive.nl/contact)

### Complaints procedure

If you have any complaints about your healthcare insurance, Please find the details of our complaints procedure on [unive.nl](https://www.unive.nl).

This reimbursement table contains a summary of the policy conditions. Please find a full overview of the policy conditions at [unive.nl](https://www.unive.nl). This table is subject to typing and printing errors.

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