

Regulations on Medical Aids

valid from 1 January 2021


**The previous version of the Regulations on Medical Aids ceases
to be effective**

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REGULATIONS ON MEDICAL AIDS

pertaining to the health insurance as of 1 January 2021

1. INTRODUCTION

1.1. The Regulations on Medical Aids

The terms and conditions of insurance for your health insurance policy include a description of entitlement to medical aids. These Regulations on Medical Aids are part of the terms and conditions of insurance, listing the medical aids to which you are entitled and specifying further conditions that have to be met for each medical aid. By 'entitlement to medical aids' we mean 'entitlement to provision of a medical aid on an ownership or loan basis' and/or 'entitlement to reimbursement of all or some of the costs of the medical aid'. The Regulations do not differentiate between these two options.

1.2. The basis of the Regulations

These Regulations are based on:

- the Dutch Health Insurance Act ('Zorgverzekeringswet');
- the Dutch Health Insurance Decree ('Besluit zorgverzekering');
- the Dutch Health Insurance Regulations ('Regeling zorgverzekering');
- the explanatory notes to the above Acts and Regulations;
- the interpretations of 'Zorginstituut Nederland' (known in Dutch as 'standpunten').

In the event of a discrepancy between these Regulations and one or multiple rules under the aforementioned legislation, explanatory notes or interpretations, the legislation, explanatory notes and interpretations take precedence.

In these Regulations, we also make reference to the Dutch Health Insurance Regulations ('Regeling zorgverzekering'), which are part of these Regulations on Medical Aids. The Dutch Health Insurance Regulations ('Regeling zorgverzekering') are available on the government website at www.overheid.nl (in Dutch).

1.3. Entitlement to medical aids

1.3.1. Function-based specification

Entitlement to medical aids under the Dutch Health Insurance Regulations ('Regeling zorgverzekering') is partly specified in concrete and restrictive terms and for a large part based on the functional purpose of the medical aid in question. In the latter case, you are entitled to a medical aid to compensate for the functional limitation specified, even though the medical aid is not specifically listed in the Dutch Health Insurance Regulations ('Regeling zorgverzekering'). This does not mean that any kind of medical aid that is believed to compensate for a functional limitation automatically qualifies for reimbursement. To qualify for reimbursement, the medical aid must meet the 'latest practical and theoretical standards' criterion. This means that the medical aid's effectiveness and appropriateness must have been proven through objective, scientific research. An exception applies to conditionally authorised healthcare. Please see clauses A.3.3. and B.22. of your terms and conditions of insurance for more information. In these Regulations, we provide a specific list of all medical aids in a certain category that we consider to qualify for reimbursement under the Dutch Health Insurance Regulations ('Regeling zorgverzekering') (see article 3. List of medical aids to which you may be entitled). If you think you are entitled to a medical aid that is not listed or a medical aid that *is* listed, but for which you do not meet the specific conditions, and you want us to reimburse the medical aid, please request approval from us. Based on your application, we will then assess whether the medical aid can be reimbursed after all in your case. We may need additional information in such cases. Please also request approval from us if you think you are entitled to a medical aid that has been conditionally authorised under clause B.22 of the policy terms and conditions.

1.3.2. Functioning medical aid

Under the Dutch Health Insurance Regulations ('Regeling zorgverzekering'), you are entitled to a functioning medical aid. A medical aid is considered to be a functioning medical aid if it is ready for use when delivered. The medical aid must therefore come with instructions for use, batteries or charging equipment, and the accessories needed to make the medical aid a functioning medical aid. For a medical aid to be considered (or continue to be considered) a functioning medical aid, repairs, replacement or adjustments may be needed. A spare medical aid may also be reimbursed or provided if having a spare can in all reasonableness be considered necessary. The idea is for you to always have a functioning, appropriate and/or suitable medical aid at your disposal. Replacement of batteries never qualifies for reimbursement.

2. GENERAL PROVISIONS

2.1. Healthcare providers with whom we have an agreement

We have entered into agreements with various providers of medical aids, covering quality, warranties, service and delivery. You are not under an obligation to purchase your medical aid from these healthcare providers. However, we do recommend that you do. When procuring a medical aid from these providers, you can be sure that you will have a high-quality medical aid with a warranty and good service from the healthcare provider. On top of that, these healthcare providers often take care of assessment of entitlement to a medical aid (on our behalf), as well as assessment of which medical aid is needed. This is convenient for you, as it means you will not have to request approval from us. If you do not want the healthcare provider to make this assessment (on our behalf), you can have us do it by submitting a written request to that effect to us. Aside from that, dealing with a healthcare provider with whom we have an agreement gives you the peace of mind that all invoices will be sent directly to us by the healthcare provider, so that you will not have to deal with bills unnecessarily. We pay the healthcare provider directly and if a (statutory) personal contribution is applicable, we will settle this with you. We have a list available of all healthcare providers with whom we have an agreement. You can check this list on our website or request a copy from us.

If you have a 'Just Basic' health insurance policy, and want full reimbursement for your medical aid, please note that to qualify for reimbursement, certain medical aids need to be supplied by a contracted healthcare provider that we have selected. The medical aids that are subject to this additional requirement are specified later in these Regulations. For a list of the healthcare providers that we have selected for this purpose, please refer to our website. If you have the medical aid supplied by a contracted healthcare provider that we have not selected for that specific medical aid, it will be subject to the terms and conditions and reimbursements we use for non-contracted healthcare providers, unless specified otherwise below. The healthcare provider can, however, still send the invoice to us directly.

2.2. Healthcare providers with whom we do not have an agreement

If you want a medical aid to be provided by a healthcare provider with whom we do not have an agreement, please always request approval from us first. This also applies if you have a 'Just Basic' health insurance policy and you need a medical aid for which we select healthcare providers and we have not selected your preferred healthcare provider for the medical aid in question.

This is because you may not be entitled to the medical aid in question or may only be entitled to partial reimbursement for the medical aid. Aside from that, we can help you with advice about the medical aid and/or the healthcare provider before you proceed to purchase the medical aid, so as to help you make sure you purchase a high-quality medical aid. If you are supplied a medical aid by a healthcare provider with whom we do not have an agreement (or whom we have not selected for the medical aid in question under the 'Just Basic' health insurance policy, although the medical aid does need to be supplied by a

selected healthcare provider), we will reimburse the healthcare up to a certain maximum amount. Please refer to clause A.20 of the terms and conditions of insurance for details. Healthcare providers with whom we do not have an agreement will send their invoice to you directly, which you can then submit to us.

2.3. Approval

Approval or no approval

To purchase a medical aid, get one on loan, or have one replaced, adjusted or repaired, you can go directly to a contracted (and selected) healthcare provider. A contracted healthcare provider will assess whether you meet the conditions for provision of a medical aid and which medical aid would be the most appropriate in your situation. If you meet the conditions for provision, the healthcare provider will claim the costs back from us directly. If you do not meet the conditions, you can either opt to pay for the medical aid yourself or request approval from us. In the latter case, please make sure you state that the healthcare provider has rejected your request for the medical aid in question.

In the summary below, we will specify for each medical aid whether you can go to the healthcare provider directly or need to request approval from us first. If you want to purchase the medical aid from a non-contracted healthcare provider (or, in the case of the 'Just Basic' health insurance policy, a healthcare provider we have not selected for the medical aid in question, although the medical aid does need to be supplied by a selected healthcare provider), you must always request our approval first (see also article 2.2 of these Regulations).

Requesting approval

If you are using a contracted healthcare provider, he or she will generally take care of requesting approval from us by submitting the healthcare request to us for you. If you choose a non-contracted healthcare provider (or, in the case of the 'Just Basic' health insurance policy, a healthcare provider we have not selected for the medical aid in question, although the medical aid does need to be supplied by a selected healthcare provider), you must submit the healthcare request to us yourself. For a number of medical aids, we have a standard application form available, which you can download from our website. You can also call our 'Medische Beoordelingen' (Medical Assessments) department to ask them to send you an application form.

Requests for approval must be submitted in writing to our 'Medische Beoordelingen' (Medical Assessments) department. To do so, please send us a healthcare request and enclose the following:

- a written, substantiated justification by the prescriber showing that there are medical grounds for the medical aid. We may sometimes also need a recommendation or report from an occupational therapist. The prescriber will generally be the attending doctor. In the summary in article 3, we specify for each medical aid which healthcare provider is authorised to prescribe it;
- the following details:
 - your customer number;
 - your name, address and place of residence;
 - your date of birth;
 - the name of the healthcare provider supplying the medical aid;
 - a description of the medical aid in question;
 - the item number from the 'Z-Index' (the Dutch national database of medicines) or the 'GPH-code' (Generic Product Code for Medical Aids). You can obtain these details from the healthcare provider;
 - an indication of how long you expect to need the medical aid;
 - and, if you are obtaining the medical aid from a non-contracted healthcare provider, a quote or cost estimate for the medical aid in question. This applies also if you have a 'Just Basic' health insurance policy and go to a healthcare provider we have not selected for this medical aid, although it does need to be supplied by a selected healthcare provider.

In some cases, we may need additional information to be able to assess the healthcare request. If we do, we will request this information from you.

2.4. Owned or on loan

On loan or owned

Certain medical aids will be yours to keep and you will acquire ownership of them when they are provided. Other medical aids are given to you on loan, i.e. you can use them for as long as you are insured with us and entitled to them. After that, these medical aids have to be returned. This means you will never be the owner of these medical aids. We will decide based on service life and price which medical aids will be yours to keep and which medical aids will be given on loan. The summary below of medical aids that qualify for reimbursement specifies for each one whether it is given on loan or will be yours to keep.

Reimbursement in the event of a loan

If you are given a medical aid on loan by a contracted healthcare provider, we will arrange reimbursement directly with the healthcare provider. If you obtain a medical aid from a non-contracted healthcare provider, you will not automatically be reimbursed for the full purchase value. We will reimburse the costs involved in using the medical aid for the period we have agreed on with you in the same way as we reimburse these costs with a contracted healthcare provider. If you have a 'Just Basic' health insurance policy and go to a healthcare provider whom we have not selected for the medical aid in question, although the medical aid does need to be supplied by a selected healthcare provider, the terms and conditions and reimbursements as applicable for a non-contracted healthcare provider will apply. The exact percentage of the amount that we will reimburse depends on the insurance you have selected. Please refer to clause A.20 of the terms and conditions of insurance for details. We will pay the reimbursement to you in instalments spread out over several months or per year, depending on how long you will be using the medical aid in question. After one year, you will have to reapply for reimbursement, following which we will assess whether you are still entitled to provision of the medical aid in question.

Rights and obligations in the event of medical aids on loan

If you are given a medical aid on loan, either we or the healthcare provider will draw up a loan agreement specifying the rights and obligations with respect to the medical aid you have on loan.

2.5. Appropriate healthcare

Appropriate healthcare means that the healthcare provided is the best suited healthcare option in your situation. The minimum requirements are that there must be medical grounds for the healthcare and that it must not be unnecessarily costly. In providing medical aids, healthcare providers look at the appropriateness of the medical aids that have been selected. They are required to draw up and update a healthcare plan that shows the appropriateness of all medical aids used. However, you personally also have responsibility. You are required to abide by the guidelines and advice of the healthcare provider with respect to things such as product selection, period of use, reassessment of the healthcare need and standard usage. If you want to purchase a medical aid from a healthcare provider with whom we do not have an agreement (or whom we have not selected for the medical aid in question under the 'Just Basic' health insurance policy, although the medical aid does need to be supplied by a selected healthcare provider), you will need our prior approval. In assessing your request, we will look at the appropriateness of the use of the medical aid in question. Please also note that it is generally not allowed to have the same medical aid provided by multiple healthcare providers at the same time. This is because you are only entitled to provision of the medical aid in question once. If you want to switch to a different healthcare provider, you must notify your former healthcare provider.

2.6. Replacement, repeat provision, adjustment or repair

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Period of use

When a medical aid is provided, we assume that you will be able to use it for a certain period of time. This is what we refer to as the period of use. In our procurement of healthcare, we ensure that medical aids have a level of quality that means that replacement will normally not be needed before the end of the period of use. Replacement may be needed if the medical aid is no longer entirely fit for purpose. Our contracted healthcare providers will be able to assess this. If you want to purchase the medical aid from a non-contracted healthcare provider (or, in the case of the 'Just Basic' health insurance policy, a healthcare provider we have not selected for the medical aid in question, although the medical aid does need to be supplied by a selected healthcare provider), you must always seek our approval first. If your medical aid needs to be replaced early due to improper use by you and/or carelessness (such as negligence) on your part, you will have to pay the costs of replacing the medical aid yourself.

Replacement or repeat provision

If you no longer have an adequately functioning medical aid and/or no longer have sufficient material, you can contact your healthcare provider to ask for a replacement or repeat provision, provided this is a healthcare provider with whom we have an agreement. The healthcare provider can tell you whether or not you are going to need approval from us, and can, if necessary, take care of the healthcare request on your behalf. If you want a non-contracted healthcare provider to provide the medical aid or materials, only you personally can submit a new healthcare request to us to gain approval.

Repair

We have agreed on warranty periods and repairs with all contracted healthcare providers. If your medical aid needs to be repaired, you can contact your healthcare provider directly, provided he or she has an agreement with us. The healthcare provider can tell you whether or not you are going to need approval from us and take care of the healthcare request on your behalf. If you want to have the medical aid repaired by a non-contracted healthcare provider, only you personally can submit a new healthcare request to us to gain approval. If your medical aid needs to be repaired due to improper use by you and/or carelessness on your part, you will have to pay the costs of replacing the medical aid yourself.

Spare

In a number of cases, it is wise and even necessary to have a spare medical aid. This is subject to medical grounds, which we or the contracted healthcare provider will assess based on the kind of medical aid. If you want to purchase a spare from a non-contracted healthcare provider, only you personally can submit a new healthcare request to us to gain approval.

2.7. Information, advice and counselling

For information, advice and/or counselling on medical aids, you can always contact our 'Medische Beoordelingen' (Medical Assessments) department.

2.8. Effective date and amendments to the Regulations

Effective date

These Regulations will take effect on 1 January 2021. As soon as these Regulations have taken effect, we will revoke all previous versions.

Amendments to these Regulations

We reserve the right to make amendments to these Regulations at any time. Whenever we decide to do so, we will always take account of the provisions of our terms and conditions of insurance. We may be prompted to make amendments to these Regulations if the Dutch government makes changes to the Dutch Health Insurance Regulations ('Regeling zorgverzekering') that affect these Regulations. You will be notified of any changes to these Regulations. We will in any case post a notice on our website advising of any changes.

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3. LIST OF MEDICAL AIDS TO WHICH YOU MAY BE ENTITLED

The numbering in this list is in line with clause B.17 (Medical Aids) in the terms and conditions of insurance for the health insurance policy.

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from us (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.6.: External medical aids to fully or partially replace anatomical functions of parts of the human body or to cover parts of the body (Article 2.8 of the Dutch Health Insurance Regulations)						
Arm prosthetics (shoulder, arm, hand)		Contracted healthcare provider if costs do not exceed €3,500 In other cases: health insurer	Repairs: only if costs exceed €450	Rehabilitation centre that adheres to the PPP-Arm protocol	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Instrumentmakerijen' (Accreditation scheme for orthopaedic device makers)
Leg prosthetics (leg or foot)		Contracted healthcare provider if costs do not exceed: Below-knee prosthesis €4,000 Above-knee prosthesis: €7,000 In other cases: health insurer	Repairs: only if costs exceed €450	Rehabilitation doctor or physician assistant	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Instrumentmakerijen' (Accreditation scheme for orthopaedic device makers) The healthcare does not include: medical aids used exclusively for work or training purposes
Auto-Adaptive Knee prosthesis (C-leg and Kenevo)		Health insurer	Repairs: only if costs exceed €450	Rehabilitation doctor or physician assistant	On loan	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Instrumentmakerijen' (Accreditation scheme for orthopaedic device makers)
Breast prostheses	Entitlement to a custom-made prosthesis: if a ready-for-use version is, in all reasonableness, not possible or not a responsible option	Contracted healthcare provider	N/A	Attending doctor	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Mammacare Zorgaanbieders' (Accreditation scheme for breast care providers)

¹ If you go to a non-contracted healthcare provider, you always need approval from us to qualify for reimbursement. For further information, please refer to Articles 2.2. and 2.6. of the Regulations.

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Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Voice prostheses and speech amplifiers		Contracted healthcare provider	N/A	Medical specialist or nursing specialist under the supervision of a medical specialist	Owned	<ul style="list-style-type: none"> - Initial insertion done in hospital - Only included in cover for medical aids if the voice prosthesis is replaced at home by the general practitioner or by the insured person personally - Maximum of 1 voice generator per insured person every 5 calendar years. If you need a new voice generator before that, you can request approval from us.
Hairpieces	In the event of complete or partial baldness due to a medical condition or medical treatment	Contracted healthcare provider	N/A	Attending doctor	Owned	<ul style="list-style-type: none"> - Statutory maximum reimbursement: €452 - Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Haarwerken' (Accreditation scheme for hairpieces) set up by 'Stichting Erkenningsregeling leveranciers Medische Hulpmiddelen' (Accreditation scheme foundation for suppliers of medical aids, SEMH) and/or the 'Algemene Nederlandse Kappers Organisatie' (General Dutch Hairdressers Organisation, ANKO) - The healthcare does not include: a hairpiece in the event of normal male hair loss (alopecia androgenetica) or a spare hairpiece to alternate with the other or for when the other one is being washed
Facial prosthetics		Contracted healthcare provider	N/A	Medical specialist	Owned	
Medical aids to fully or partially replace or cover an eyeball		Contracted healthcare provider for ocular prostheses Health insurer for scleral contact lenses	N/A	Medical specialist	Owned	Scleral contact lenses must be fitted by a qualified optician
B.17.7.: External respiratory aids (Article 2.9 of the Dutch Health Insurance Regulations)						
Mucus suction pump and accessories		Contracted healthcare provider	N/A	Attending doctor or nursing specialist under the supervision of a medical specialist	On loan	
Tracheal cannulae		Contracted healthcare provider	N/A	Medical specialist or nursing specialist under the supervision of a medical specialist	Owned	<ul style="list-style-type: none"> - Initial insertion done in hospital - Only included in cover for medical aids if the tracheal cannula is replaced at home by the general practitioner or by the insured person personally

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Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Tracheostoma medical aids		Contracted healthcare provider	N/A	Medical specialist or nursing specialist under the supervision of a medical specialist	Owned	We assume that the following maximum numbers per product will be sufficient: - 1 pair of (encrustation) tweezers per insured person every 5 calendar years - 1 stoma light per insured person every 5 calendar years - 300ml (sweet) oil per insured person per calendar year If you need more than the number of products specified above, you can request approval from us.
Stoma guards for people who have had their larynx removed		Contracted healthcare provider	N/A	Medical specialist or nursing specialist under the supervision of a medical specialist	Owned	We assume that a maximum of 2 shower covers per calendar year will be sufficient. Any further stoma guards such as scarves and covers will be reimbursed up to a maximum of €60 per insured person per calendar year. If you need more than the number of products specified above, you can request approval from us.
Positive expiratory pressure device		Contracted healthcare provider	N/A	Attending doctor or nursing specialist under the supervision of a medical specialist	Owned	The healthcare does not include a manometer
Respiratory device with oxygen, oxygen concentrators with accessories, and reimbursement for electricity costs		Contracted healthcare provider	N/A	General practitioner, lung specialist, cardiologist, neurologist, paediatrician or nursing specialist under the supervision of a medical specialist	On loan	You are entitled to a permanent facility at home and a back-up facility (cylinders, in case of outage of the basic facility). Aside from that, the supplier will also assess whether you are entitled to a mobile facility, which must be used for short stays away from home. A mobile facility can be used only for a specific period of time. The supplier will subsequently choose the mobile facility from the current range that best fits your personal situation and use. If the supplier concludes that you are entitled to a mobile facility, you will be supplied 1 mobile facility and 1 battery. In the event of use of a stationary concentrator: you will be entitled to an allowance for electricity costs based on average electricity costs charged by electricity suppliers and the average use of concentrators. It will then be up to you to submit the counter reading to your healthcare provider.

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Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
<p>CPAP device and accessories (except for MRD)</p>	<p>In the event of a diagnosis of OSA (Obstructive Sleep Apnea) as per current CBO guideline</p>	<p>Contracted healthcare provider in the event of entitlement to reimbursement as per the guidelines</p>	<p>- In the event of a modified repeat request - If you already have a medical aid for your OSA for combination therapy</p>	<p>Lung specialist, ENT specialist, neurologist or nursing specialist under the supervision of a medical specialist</p>	<p>On loan</p>	<p>The requesting doctor must sign a fully completed questionnaire that is available from your healthcare provider</p> <p>Your healthcare provider will assess whether you are using the device as per the applicable, current guideline and therefore continue to be entitled to reimbursement for the medical aid. If you give the healthcare provider prior permission, he or she will make this assessment based on data read remotely and periodically (using telemonitoring equipment). If you do not consent to that or do not have telemonitoring equipment yet, you will have to schedule at least 1 software-based read-out of your equipment by the healthcare provider to have your use assessed (as per the current CBO guideline on OSA)</p> <p>If a non-contracted healthcare provider does not have this assessment made by a nurse who is registered in accordance with the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', Wet BIG), you can opt to have one of our medical advisers assess your use of your CPAP device. For details of the procedure to follow, please check the reimbursements section on our website.</p>

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Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Sleep position trainer	In the event of a diagnosis of POSA (Positional Obstructive Sleep Apnea) as per the current CBO guideline in combination with the ruling by 'Zorginstituut Nederland'	Contracted healthcare provider in the event of entitlement to reimbursement as per the guidelines If your AHI is higher than 30: health insurer	If you already have a medical aid for your OSA for combination therapy	Lung specialist, ENT specialist, neurologist or nursing specialist under the supervision of a medical specialist	On loan	<p>The requesting doctor must sign a fully completed questionnaire that is available from your healthcare provider</p> <p>Your healthcare provider will assess whether you are using the device as per the applicable, current guideline and therefore continue to be entitled to reimbursement for the medical aid. If you give the healthcare provider prior permission, he or she will make this assessment based on data read remotely and periodically (using telemonitoring equipment). If you do not consent to that or do not have telemonitoring equipment yet, you will have to schedule at least 1 software-based read-out of your equipment by the healthcare provider to have your use assessed (as per the current CBO guideline on OSA)</p> <p>If a non-contracted healthcare provider does not have this assessment made by a nurse who is registered in accordance with the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', Wet BIG), you can opt to have one of our medical advisers assess your use of your sleep position trainer. For details of the procedure to follow, please check the reimbursements section on our website.</p>
Mandibular repositioning device (MRD) for permanent use	In the event of a diagnosis of OSA (Obstructive Sleep Apnea) as per current CBO guideline	Contracted healthcare provider in the event of entitlement to reimbursement as per the guidelines If AHI is higher than 30 and/or you already have an OSA device: health insurer	- In the event of replacement within 5 years - If you already have a medical aid for your OSA for combination therapy	Lung specialist, ENT specialist, neurologist or nursing specialist under the supervision of a medical specialist	Owned	<p>MRD can only be inserted by a dentist, dental surgeon or orthodontist. The dentists must be accredited by the 'Nederlandse Vereniging voor Tandheelkundige Slaapgeneeskunde' (Netherlands Association for Dental Sleep Medicine) or have a similar accreditation (such as EADSM Expert Level Accreditation). Insertion of an MRD at a centre for dental care does not qualify for reimbursement. The requesting doctor must sign a fully completed questionnaire that is available from your healthcare provider</p> <p>The healthcare does not include:</p> <ul style="list-style-type: none"> - Devices that only reduce or prevent snoring - Dental alterations for an MRD

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Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Nebulizer and accessories	Medicine must be registered in the Medicines Reimbursement System (GVS) and reimbursed by the health insurer	Contracted healthcare provider	N/A	Attending doctor or nursing specialist under the supervision of a medical specialist	On loan	Your healthcare provider will assess, in a personal meeting at least once every calendar year, whether you are using the device appropriately. If a non-contracted healthcare provider does not have this assessment made by a nurse who is registered in accordance with the Dutch Individual Healthcare Professions Act ('Wet op de beroepen in de individuele gezondheidszorg', Wet BIG), you can opt to have one of our medical advisers assess your use of your nebulizer. For details of the procedure to follow, please check the reimbursements section on our website.
Hypertonic saline solution (from 3% to 7% sodium chloride)	Only for cystic fibrosis (CF) patients aged 6 and over	Contracted healthcare provider	N/A	Attending doctor or nursing specialist under the supervision of a medical specialist	Owned	Applications from insured persons aged under 6 who have CF or insured persons who do not have CF can be submitted to the 'Medische Beoordelingen' (Medical Assessments) department. Such an application must, however, include a detailed justification from the healthcare provider and attending doctor or nursing specialist
Separate universal inhalation chambers	For use in combination with metered-dose inhalers	Contracted healthcare provider	N/A	Attending doctor	Owned	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.8.: External medical aids related to hearing disorders (Article 2.10 of the Dutch Health Insurance Regulations)						
Hearing aids, tinnitus maskers and ear pieces	An ear with rehabilitation potential and a degree of hearing loss of at least 35 decibels (based on averaging the hearing loss at frequencies of 1000, 2000 and 4000 Hz) or severe tinnitus	Contracted healthcare provider If you have a 'Just Basic' health insurance policy, be sure to also read the 'Please note!' column.	In the event of hearing aids that do not fall into any of the categories	For hearing aid wearers aged between 18 and 67: contracted triage hearing care professional For insured persons aged between 18 and 67 who do not wear a hearing aid: ENT specialist or audiology centre Up to age 18: Audiology centre From age 67: contracted triage hearing care professional	Owned	Statutory personal contribution from age 18: 25% of purchase costs and ear pieces The medical aid must be: - provided by a StAr-certified hearing care professional (StAr = Stichting Audicienregister: quality assurance organisation for hearing care professionals) or a quality-registered triage hearing care professional - fitted as per the most recent version of the Hearing Protocol - included in the national hearing aids database The healthcare does not include: Replacement of batteries and accessories Audiogram must not be over 9 months old You can normally keep using your hearing aid for at least 5 years. If your hearing aid needs any adjustments or repairs before the end of this 5-year period, please contact the contracted healthcare provider that provided the hearing aid. We have an agreement with the healthcare provider about the costs of repairs or adjustments that are needed during the first 5 years. If you want to go to a different (contracted) healthcare provider, please contact us first. If you want a hearing aid that is not included in the national hearing aids database: - you are required to have tried at least two different hearing aids from the database first and - you need to have an adequate justification by the hearing care professional or audiologist that shows that there are no hearing aids in the database that are appropriate in your case. If you have a 'Just Basic' health insurance policy, the contracted healthcare provider must be one we have selected specifically. Refer to article 2 of the Regulations for further details.

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Hearing loops, infrared device, FM device and streamers	In the event of an ear with rehabilitation potential and hearing loss of at least 35 decibels (based on averaging the hearing loss at frequencies of 1000, 2000 and 4000 Hz), or severe tinnitus	Contracted healthcare provider If you have a 'Just Basic' health insurance policy, be sure to also read the 'Please note!' column.	In the event of extra medical aids	For hearing aid wearers aged between 18 and 67: contracted triage hearing care professional For insured persons aged between 18 and 67 who do not wear a hearing aid: ENT specialist or audiology centre Up to age 18: Audiology centre From age 67: contracted triage hearing care professional	Owned	Medical aid must be provided by a StAr-certified hearing care professional (StAr = Stichting Audicienregister: quality assurance organisation for hearing care professionals) or quality-registered triage hearing care professional The medical aid must be fitted as per the most recent version of the Hearing Protocol Audiogram must not be over 9 months old If you have a 'Just Basic' health insurance policy, the contracted healthcare provider must be one we have selected specifically. Refer to article 2 of the Regulations for further details.
Calling apps for the deaf and hearing impaired	Special software for Total Conversation using regular telephone or smartphone for video and text telephony: in the event of an ear with rehabilitation potential and hearing loss of at least 35 decibels (based on averaging the hearing loss at frequencies of 1000, 2000 and 4000 Hz), or severe tinnitus;	Contracted healthcare provider	N/A	Attending doctor	On loan	The healthcare does not include: call charges and cost incurred for the use of the app
Bone-anchored hearing aid with softband		Health insurer	N/A	ENT specialist or audiology centre	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Alarm clock and alerting devices for hearing impaired people	In the event of an ear with rehabilitation potential and hearing loss of at least 35 decibels (based on averaging the hearing loss at frequencies of 1000, 2000 and 4000 Hz), or severe tinnitus	Contracted healthcare provider from 60 decibels Up to 60 decibels: health insurer	N/A	ENT specialist or audiology centre	Owned	Audiogram must not be over 9 months old The medical aid must be fitted as per the most recent version of the Hearing Protocol Up to 55 decibels of hearing loss: not only a written request with a prescription and justification by an ENT specialist or audiology centre is needed, but also a clear specification of why the medical aid is needed, why the usual medical aids are inadequate and which other medical aids have been tried first.
Solo device	In the event of an ear with rehabilitation potential and hearing loss of at least 35 decibels (based on averaging the hearing loss at frequencies of 1000, 2000 and 4000 Hz), or severe tinnitus	Contracted healthcare provider	N/A	ENT specialist or audiology centre	On loan	Audiogram must not be over 9 months old The medical aid must be fitted as per the most recent version of the Hearing Protocol
Hearing dog		Health insurer	N/A	ENT specialist and/or audiology centre with report from occupational therapist	On loan	Entitlement to a hearing dog is conditional on you being profoundly deaf and relying on help to perform general or household activities of daily living, and on a hearing dog increasing your independence and reducing your reliance on healthcare support. Allowance for the costs involved in feeding and veterinary and other care for the dog: €1,100 per year, spread over 4 quarters A non-contracted healthcare provider must be an accredited member of Assistance Dogs Europe (ADEU).

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.9.: External medical aids for urinary and faecal dysfunction (Article 2.11 of the Dutch Health Insurance Regulations)						
Incontinence products	<p>In the event of:</p> <ul style="list-style-type: none"> - urinary incontinence: over 2 months of urinary leakage - faecal incontinence: over 2 weeks of faecal leakage <p>Children aged 3 or 4: in the event of a non-physiological form of incontinence</p> <p>Children from age 5: except in cases of short-term incontinence or nocturnal enuresis</p>	<p>Contracted healthcare provider</p> <p>Children aged between 3 and 5: health insurer</p> <p>If you have a 'Just Basic' health insurance policy, be sure to also read the 'Please note!' column.</p>	N/A	<p>General practitioner, medical specialist, physician assistant, nursing specialist (Master's degree programme; level 6), UCS nurse (degree from higher professional education; level 5), or continence nurse (degree from intermediate professional education; level 4)</p> <p>Please note: the latter two are not authorised to decide on the nature of the treatment.</p>	Owned	<p>The healthcare does not include:</p> <ul style="list-style-type: none"> - cleaning and odour products - skin protection products - clothing (except for net pants) - bedwetting alarm for treatment of nocturnal enuresis - mattress protectors (except in the event of a special individual healthcare need) <p>If you have a 'Just Basic' health insurance policy, the contracted healthcare provider must be one we have selected specifically. Refer to article 2 of the Regulations for further details.</p>
Stoma products		<p>Contracted healthcare provider</p> <p>If you have a 'Just Basic' health insurance policy, be sure to also read the 'Please note!' column.</p>	N/A	Medical specialist or stoma nurse	Owned	<p>The healthcare does not include:</p> <ul style="list-style-type: none"> - cleaning and odour products - clothes - mattress protectors (except in the event of a special individual healthcare need) <p>Non-contracted healthcare provider must at least hold an SEMH certificate</p> <p>If you have a 'Just Basic' health insurance policy, the contracted healthcare provider must be one we have selected specifically. Refer to article 2 of the Regulations for further details.</p>
Anal douche with accessories		<p>Contracted healthcare provider</p> <p>For special versions: health insurer</p>	N/A	Attending doctor	Owned	Only on medical grounds

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.10.: External medical aids related to disorders of the motor system (Article 2.12 of the Dutch Health Insurance Regulations)						
B.17.10.1. Medical aids to correct disorders of the motor system, motor-related functions or anatomical functions of motor-related structures (Article 2.12.1.A of the Dutch Health Insurance Regulations)						
Orthoses	For permanent use in the event of a severe condition	Contracted healthcare provider Health insurer for: - Complex orthoses (please consult your contracted healthcare provider for details)	In the event of a second medical aid	Medical specialist	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Instrumentmakerijen' (Accreditation scheme for orthopaedic device makers) The healthcare does not include: medical aids used exclusively for sports
Orthopaedic shoes		Contracted healthcare provider	In the event of: - replacements within the period of use - other modifications to commercially available shoes (Orthopaedic modifications to commercially available shoes) above €400 - temporary orthopaedic shoes	General practitioner or podiatrist in the event of low-complexity care. Orthopaedic surgeon, rehabilitation doctor, rheumatologist or geriatric specialist in the event of high-complexity care.	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Schoentechnische Bedrijven' (Accreditation scheme for orthopaedic shoemakers) Statutory personal contribution for orthopaedic shoes per pair - under 16 years of age: €62.50 - 16 years of age and over: €125 The healthcare does not include: work footwear and medical aids used exclusively for sports

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.10.2. Medical aids to compensate for limitations in walking ability, hand and arm function, changing and maintaining posture, washing ability, the ability to go the toilet and the ability to use communications equipment (Article 2.12.1.B of the Dutch Health Insurance Regulations)						
Walking ability						
Walkers (and other available non-simple mobility aids)	Needed for the long term to be able to walk and in the event of: a. balance disorders; b. impaired function of lower limbs; or c. exercise intolerance or muscle weakness d. simple mobility aids not possible	Contracted healthcare provider For balance bikes costing over €617 and mobility aids for children costing over €500: Health insurer	N/A	Attending doctor with advisory report from occupational therapist In the event of a mobility aid for children: medical specialist with advisory report from occupational therapist	On loan	The non-contracted healthcare provider must be able to supply everything relating to this category of medical aids (total range) and <u>not</u> only one single medical aid or one single brand. The healthcare does not include: - Simple mobility aids - Non-simple mobility aids that are intended to increase the radius of action, because transport and participation in mobility comes under the Dutch Social Support Act (Wmo) (such as a balance bike and an e-bike)
Foot-propelled 'trippelstoel' chairs	Needed long term and: a. only mobile while seated; b. impaired hand or arm function that makes use of other mobility aids impossible; or c. inability to stay upright without using hands	Health insurer	N/A	Attending doctor with advisory report from occupational therapist, geriatric nursing specialist, physician assistant or occupational therapist	On loan	Foot-propelled 'trippelstoel' chairs only for use indoors The healthcare does not include: Use in the event of standing problems only
Foot-propelled 'trippelstoel' chairs	For healthcare for a short or uncertain period of time and a. only mobile while seated; b. impaired hand or arm function that makes use of other mobility aids impossible; or c. inability to stay upright without using hands	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	Foot-propelled 'trippelstoel' chairs only for use indoors The healthcare does not include: Use in the event of standing problems only
Wheelchairs	For healthcare for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan for the first 26 weeks	In the event of a longer period, a wheelchair will be provided as a benefit under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz) or the Dutch Social Support Act ('Wet maatschappelijke ondersteuning', WMO), or by the Dutch Employee Insurance Agency (UWV).

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Threshold ramps	For healthcare for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Hand and arm function						
Robotic arm, arm support and eating device	In the event of necessary assistance for mobility or activities of daily living on account of permanent, severe physical functional limitations in arm, hand and finger function causing you not to be able to eat, drink or move items independently. The medical aid: - increases independence and - reduces dependence on healthcare support or informal care	Health insurer	N/A	Rehabilitation doctor Eating device: medical specialist with advisory report from occupational therapist	On loan	
Service dog	In the event of necessary assistance for mobility or activities of daily living on account of permanent, severe physical functional limitations. The medical aid: - increases independence and - substantially reduces dependence on healthcare required for the condition in question	Health insurer	N/A	Attending doctor with advisory report from occupational therapist	On loan	Allowance for the costs involved in feeding and veterinary and other care for the dog: €1,100 per year, spread over 4 quarters A non-contracted healthcare provider must be an accredited member of Assistance Dogs Europe (ADEU). The dog that is trained to become a service dog must not already be owned or have been owned by the insured person/user prior to the health insurer's approval

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Recording device, reading machine and page-turning device	Daisy player/device that reads TV subtitles aloud and Daisy software: in the event of motor disabilities	Daisy players/ devices that read TV subtitles aloud and Daisy software for insured persons with motor disabilities: health insurer Voice recorder with a purchase price > €275: health insurer Other cases: contracted healthcare provider	N/A	Attending doctor	Reading machine and page-turning device: On loan Voice recorders, Daisy players/devices that read TV subtitles aloud and Daisy software: Owned	
Home automation in the event of physical disabilities	If you fully or almost fully rely on such systems to operate household appliances	Health insurer	N/A	Attending doctor	On loan	The person with such equipment on loan is under an obligation to install a virus scanner on the hardware used for this system. Any damage to the system due to viruses caused by downloading files from the internet is the sole responsibility of the person who has the system on loan, provided that he or she had failed to install appropriate antivirus software.
Changing and maintaining posture						
Transfer aids	For healthcare for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan for the first 26 weeks	
Adapted tables	Height-adjustable tables for wheelchair users	Health insurer	N/A	Attending doctor	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Lying, standing and sitting orthoses		Contracted healthcare provider	Repairs: if they cost over €250	Medical specialist. In the event of sitting/lying orthoses, also an advisory report from an occupational therapist	Depending on medical aid: on loan or owned	
Adapted chairs	In the event of sitting limitations and: a. a chair that meets normal ergonomic requirements does not suffice; and b. it is not purely a case of obesity, acromegaly or achondroplasia; and c. the chair has one or multiple of the following functions or adaptations: specific upholstery, abduction block, arthrodesis support seat or lateral trunk support. Also versions with: - swivel castors, brakes or height adjustability, if needed; - stand-up device, in the event of inability to get up from the chair independently	Contracted healthcare provider	N/A	Rehabilitation doctor with advisory report from occupational therapist In the event of a chair for a child: medical specialist Rheumatologist, orthopaedic surgeon or neurologist (for a chair adapted to the functional limitation, obvious medical grounds if insured person is undergoing treatment there)	On loan	The healthcare does not include: chairs for the elderly, chairs with only a stand-up device and other chairs for certain age groups Chairs intended solely for fixation purposes or to minimise agitation do not qualify for reimbursement
Anti-decubitus cushions	To treat and prevent bedsores	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist.	On loan	Pain alone does not constitute medical grounds for entitlement

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Ring cushion	For healthcare for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Washing and going to the toilet						
Individual toilet seat risers, shower and commode chairs	For healthcare for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan for the first 26 weeks	In the event of a longer period, these kinds of medical aids will be provided as a benefit under the Dutch Social Support Act ('Wet maatschappelijke ondersteuning', WMO).
Use of communications devices						
Input and output devices adapted to the disability		Health insurer	N/A	Attending doctor	On loan	The person with such equipment on loan is under an obligation to install a virus scanner on the hardware used for this system. Any damage to the system due to viruses caused by downloading files from the internet is the sole responsibility of the person who has the system on loan, provided that he or she had failed to install appropriate antivirus software.
Telephone aids	Telephone number dialling aids and telephone holders for people with motor disabilities Telephones that can be controlled using a home automation system	Health insurer	N/A	Attending doctor	On loan	The healthcare does not include: Call charges
B.17.11.: External medical aids related to visual function disorders (Article 2.13 of the Dutch Health Insurance Regulations)						

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Contact lenses, scleral contact lenses and bandage contact lenses, all with vision correction and colour and coloured contact lenses	A medical condition or trauma where lenses provide greater improvement of visual acuity or quality than glasses or: For insured persons aged under 18 in the event of pathological myopia with a refractive error of at least -6 dioptries.	Contracted healthcare provider Exception: 1 st provision of bandage contact lenses and for certain medical conditions or situations ('indications') for the 1 st provision of contact lenses: Health insurer (your healthcare provider will provide further details)	N/A	Ophthalmologist	Owned	Statutory personal contribution: €59 per calendar year, bilateral corrections are subject to a personal contribution of €118 per calendar year Non-contracted healthcare provider must be an optician who is an official contact lens specialist or optometrist
Glasses and filter lenses with vision correction for children aged under 18	In the event of medical grounds for contact lenses (for pathological myopia with a refractive error of at least -6 dioptries), but the insured person would rather not wear contact lenses or if the insured person has had surgery on one or both eyes for a refractive error or in the event of pure accommodative esotropia	Health insurer	N/A	Ophthalmologist	Owned	Statutory personal contribution: €59 per calendar year, bilateral corrections are subject to a personal contribution of €118 per calendar year The healthcare does not include: The frame Non-contracted healthcare provider must be an optician who is an official orthoptist or optometrist
Special optical aids including frame, stand or light, provided these are an inextricable part of the medical aid	Vision loss where glasses or contact lenses no longer reasonably suffice	Contracted healthcare provider for 1 st provision	In the event of a repeat prescription within 5 years and a 2 nd medical aid	Ophthalmologist	Owned	The healthcare does not include: simple hand-held or stand magnifiers and simple reading and writing materials Non-contracted healthcare provider must have a low-vision specialist on its staff who is a licensed optician and who has completed the low vision module as part of an optometry programme at higher professional education level, or an optometry diploma (this requirement does not apply when the healthcare only supplies an electronic magnifier).

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Ptosis crutches or moisture chamber glasses	Ptosis crutches: eyelid dysfunction Moisture chamber glasses: lacrimal gland dysfunction (dysfunction of eye-related structures)	Health insurer	N/A	Ophthalmologist	Owned	Artificial tears do not come under these regulations; they come under regulations for pharmaceutical healthcare. Non-contracted healthcare provider must be an optician who is an official contact lens specialist or optometrist
Patches for amblyopia ('lazy eye')		Contracted healthcare provider	N/A	Attending doctor	Owned	
Braille writers		Contracted healthcare provider	N/A	Attending doctor	On loan	
Input and output devices adapted to the disability		Health insurer	N/A	Attending doctor	On loan	The person with such equipment on loan is under an obligation to install a virus scanner on the hardware used for this system. Any damage to the system due to viruses caused by downloading files from the internet is the sole responsibility of the person who has the system on loan, provided that he or she had failed to install appropriate antivirus software.
Computer software and large print system for the visually impaired		Health insurer	N/A	Attending doctor	On loan	The person with such equipment on loan is under an obligation to install a virus scanner on the hardware used for this system. Any damage to the system due to viruses caused by downloading files from the internet is the sole responsibility of the person who has the system on loan, provided that he or she had failed to install appropriate antivirus software.
Screen magnifier	The extent of the vision loss must be such that reading is not possible with a simpler medical aid	Contracted healthcare provider for standard version Non-standard version (mobile screen magnifier): Health insurer	N/A	Ophthalmologist or visual advice centres run by Stichting Visio or Stichting Bartiméus	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Recording and reading device for the visually impaired (including device that reads TV subtitles aloud)		Contracted healthcare provider Reading machine with a purchase price > €2,150: Health insurer	N/A	Attending doctor	Reading device: On loan Voice recorders and Daisy device and software/ devices that read TV subtitles aloud: Owned	
Tactile reading device and associated screen reader	If other medical aids are inappropriate and you are able to operate the device	Contracted healthcare provider	N/A	Stichting Visio or Stichting Bartiméus	On loan	
White canes		Contracted healthcare provider for standard version Other versions: Health insurer	N/A		Owned	The non-contracted healthcare provider must be able to supply everything relating to this category of medical aids (total range) and <u>not</u> only one single medical aid or one single brand. The healthcare does not include: - support canes and walking sticks (identification cane); - white cane tips
Guide dogs	In the event of blindness or visual impairment and if a guide dog significantly improves your mobility or orientation in society	Health insurer	N/A	Stichting Visio or Stichting Bartiméus	On loan	Allowance for the costs involved in feeding and veterinary and other care for the dog: €1,100 per year, spread over 4 quarters Non-contracted healthcare provider must be a full member of the International Guide Dog Federation (IGDF)
B.17.12.: Medical aids for disorders of consciousness (Article 2.6(g) of the Dutch Health Insurance Regulations)						
Skull protectors		Health insurer	N/A	Medical specialist	Owned	
B.17.13.: Medical aids for contraceptive purposes (Article 2.16 of the Dutch Health Insurance Regulations)						
Diaphragms and copper IUDs	Only for insured persons under the age of 21	Contracted healthcare provider	N/A	Attending doctor	Owned	Your general practitioner inserts the diaphragm or copper IUD If the medical aid is inserted by a medical specialist, the medical aid comes under specialist medical healthcare
B.17.14.: Medical aids relating to bed-based nursing and other care (Article 2.17 of the Dutch Health Insurance Regulations)						

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Special beds with mattresses intended specifically for these beds	Medical grounds for nursing care, or to maintain independence	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	Beds provided by a non-contracted healthcare provider must meet the current standard for medical beds (NEN IEC Standard 60601-2-52:2009/AMD1:2015) or, if applicable, the current standard for medical children's beds (NEN-EN 716-1 2008 + A1 2013) in the event of a children's bed.
Anti-decubitus beds, mattresses and mattress covers	To treat and prevent bedsores	Contracted healthcare provider	N/A	Attending doctor, transfer nurse, district nurse, geriatric nursing specialist, physician assistant or occupational therapist.	On loan	Pain alone does not constitute medical grounds for entitlement
Bed cradles, bed rails, bed back rests and overbed tables	Bed back rests for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Lifting poles and medical aids for help getting out of bed independently		Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Slide sheets		Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Bed shorteners, extensions and raisers	Bed raisers for a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Bedpans	For a short or uncertain period of time	Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
Bed-protecting mats	If blood and exudate cause hygiene issues to such an extent that they can only be dealt with by using bed-protecting mats.	Contracted healthcare provider	N/A	Attending doctor (specialist, general practitioner or transfer nurse), geriatric nursing specialist, physician assistant or occupational therapist	Owned	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
IV stands		Contracted healthcare provider	N/A	Attending doctor (specialist/general practitioner), (district/transfer) nurse, geriatric nursing specialist, physician assistant or occupational therapist	On loan	
B.17.15.: Medical aids for skin disorders (Article 2.18 of the Dutch Health Insurance Regulations)						
External medical aids for use in the event of skin disorders where the medical aid serves a cleaning, absorption, covering or fixation purpose	In the event of complex wounds or a high risk thereof, severe scars and chronic skin disorders where long-term medical treatment using these medical aids is appropriate	Contracted healthcare provider	For the purchase of over-the-counter products: please enclose the dressings application form with the request for approval.	Attending doctor or nursing specialist	Owned	In the event of a wound, a statement is required confirming that the wound is severe and requires long-term treatment (ZN dressings application form). If the prescriber is the general practitioner, stating the appropriate code on the prescription will suffice. Over-the-counter products (such as skin care and protection products (ointments)) generally do not qualify for reimbursement. If there are medical grounds for use of the product, these products may qualify for reimbursement.
Post-operative/wound care shoes	In the event of skin defects, skin ulcers, sensitivity and circulation disorders of the feet and during the recovery period after partial amputations, traumatic injuries or foot surgery	Contracted healthcare provider	N/A	Attending doctor	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Schoen-Technische Bedrijven' (Accreditation scheme for orthopaedic shoemakers)
Custom-made hypoallergenic footwear	In the event of allergies and if commercially available hypoallergenic shoes are not appropriate	Contracted healthcare provider	In the event of replacements within the period of use	Dermatologist or allergist	Owned	Non-contracted healthcare provider must be accredited under the 'Erkenningsregeling Orthopedische Schoentechnische Bedrijven' (Accreditation scheme for orthopaedic shoemakers) Applies only to custom-made shoes Statutory personal contribution: - under 16 years of age: €62.50 - 16 years of age and over: €125

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Bandage contact lenses without vision correction	In the event of a severe condition where long-term medical treatment with bandage contact lenses is medically required	Health insurer	N/A	Ophthalmologist	Owned	
B.17.16.: Syringes (Article 2.19 of the Dutch Health Insurance Regulations)						
Syringes with accessories and injection pens with accessories	Necessary long-term use	Contracted healthcare provider	N/A	Attending doctor	Owned	Syringes for diabetes treatment come under clause B.17.19 of these Regulations (Article 2.6(o) of the Dutch Health Insurance Regulations)
B.17.17.: External medical aids for long-term compensation of loss of function of blood-carrying veins and loss of function of lymph-carrying lymph nodes (Article 2.6(m) of the Dutch Health Insurance Regulations)						
Elastic compression stockings, other compression aids and dressing and undressing aids	For long-term compensation for loss of function Dressing and undressing aids: to preserve independence in the ability to put on/take off elastic compression stockings Other compression aids: individually adjustable compression aids such as Velcro systems to preserve self-reliance and/or prevent formal healthcare	Contracted healthcare provider Health insurer for: - highly complex electrically powered dressing and undressing aids - for compression sleeves ≥ €500	N/A	Attending doctor	Owned On loan for: highly complex electrically powered dressing and undressing aids	Non-contracted healthcare provider: - must be accredited under the 'Erkenningsregeling Therapeutische Elastische Kousen' (Accreditation scheme for elastic compression stockings); or - skin therapist has contract with us as 'independently practicing skin therapist' The healthcare does not include: Support stockings (class 1 or lower)
Mechanical lymphatic drainage aids		Health insurer	N/A	Attending specialist	On loan	
B.17.18.: External medical aids for blood disorders (Article 2.6(n) of the Dutch Health Insurance Regulations)						
INR self-monitoring device and accessories		N/A	N/A	Thrombosis service	On loan	Thrombosis service must approve self-monitoring

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.19.: External medical aids for monitoring and regulation of blood glucose disorders (Article 2.6(o) of the Dutch Health Insurance Regulations)						
Diabetes materials: - taking blood samples independently + associated lancets - blood glucose tester + associated glucose test strips - injection material; - an adapted version; - ketone test strips	You must be insulin dependent or have virtually exhausted all treatment avenues with oral medication in an attempt to lower blood glucose levels	Contracted healthcare provider	N/A	Attending doctor	Owned	A blood glucose meter from a non-contracted healthcare provider must meet the following standard: ISO 15197:2013
Flash Glucose Monitoring	For: - insured persons with type I diabetes - insured persons with type II diabetes receiving intensive insulin therapy - pregnant women with pre-existing type II diabetes who use insulin, but do not receive intensive insulin therapy - women planning to get pregnant and who have pre-existing type II diabetes and use insulin, but do not receive intensive insulin therapy	Contracted healthcare provider	N/A	Attending doctor	Owned	The conditions specified on the most recent 'Zorginstituut Nederland' form are the starting point.

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
Real-Time Continuous Glucose Monitoring	For: - children up to age 18 with type I diabetes - adults with hard-to-manage type I diabetes (i.e. permanently high HbA1c (> 8% or > 64 mmol/mol) despite standard monitoring) - pregnant women with pre-existing type I or type II diabetes - women planning to get pregnant who have pre-existing type I or type II diabetes - patients who have type I diabetes and suffer from serious hypoglycaemia and/or are unable to notice hypoglycaemia (hypo-unawareness)	Contracted healthcare provider	N/A	Attending doctor	Owned	The conditions specified on the most recent 'Zorginstituut Nederland' form are the starting point
Insulin pumps and accessories		Contracted healthcare provider	N/A	Internist/endocrinologist/diabetologist	On loan or owned (depends on the pump that is required)	The healthcare does not include: - battery replacement (these are costs of normal use) - pump holders/protectors (provided upon initial purchase, subsequently at insured person's own expense or part of the service provided by the product supplier) - leather protectors and/or pump bags (provided upon initial purchase, subsequently at insured person's own expense or part of the service provided by the product supplier)
B.17.20.: Ambulatory external infusion pumps (Article 2.22 of the Dutch Health Insurance Regulations)						
Ambulatory external infusion pump and accessories	Medicine must be registered in the Medicines Reimbursement System (GVS) and reimbursed by the health insurer	Contracted healthcare provider	In the event of purchase of an extra one	Attending doctor, specifying the commencement date, estimated end date and medicine to be administered	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.21.: Feeding aids (Article 2.24 of the Dutch Health Insurance Regulations)						
Feeding aids: a. non-clinically inserted feeding tubes with accessories b. external feeding pump with accessories	If appropriate on medical grounds	Contracted healthcare provider	N/A	General practitioner, doctor for the mentally disabled, geriatric specialist, medical specialist or dietician	Pump: on loan Other medical aids: owned	Maximum of 1 per day for non-clinically inserted feeding tubes
B.17.22.: Speech aids (Article 2.6(s) of the Dutch Health Insurance Regulations)						
Speech-generating devices (not including computers, laptops, tablets or smartphones)		Health insurer	In the event of repeat requests	Attending doctor with advisory report from occupational therapist or speech and language therapist	On loan	

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
B.17.23.: Medical aids for communication, information access and alerting (Article 2.26 of the Dutch Health Insurance Regulations)						
Daisy player/device that reads TV subtitles aloud and Daisy software	For dyslexics	Health insurer	N/A	Attending doctor	Owned	Request must include statement by: - healthcare psychologist or remedial education generalist working according to the treatment protocol from the report entitled 'Dyslexie: van zorg verzekerd?' by CVZ (Healthcare Insurance Board, now Nederlands Zorginstituut) (30/07/07). Statement issued by healthcare psychologist or remedial education generalist, possibly affiliated with a multidisciplinary institute. - statement must cover the following items: - dyslexia statement; actual treatment of dyslexia (at least six months of multidisciplinary treatment of reading/spelling) has taken place outside a formal education setting; - treatment has been completed; - treatment has produced insufficient results
Personal alerting device	If: - you are physically disabled and need immediate medical or technical outside help in the event of an emergency; - you care for yourself for a prolonged period of time; - you are unable to independently operate the telephone in an emergency.	Health insurer	N/A	Attending doctor	On loan	The healthcare does not include: Subscription fee for the emergency centre Non-contracted healthcare provider is certified under the 'Ketenkeurmerk Persoonsgebonden Alarmeringsdiensten' (Chain quality mark for personal alerting services) issued by WDTM-QAEH (Technology Enabled Care trade organisation and E-Health Quality Assurance Foundation) to, <u>as a minimum</u> , take on the Provider role, and works together with parties that are certified for the roles of Supplier (i.e. manufacturer), Certified Installer and 'Zorgcentrale' under this quality mark. Such collaboration has been contractually recorded and proof of it can be provided to us, the health insurer.
B.17.24.: External electrostimulators for chronic pain with accessories (Article 2.6(y) of the Dutch Health Insurance Regulations)						

REGULATIONS ON MEDICAL AIDS

Medical aid	Conditions	Approval for 1 st provision needed from ¹ :	Approval required from US (see note 1):	Letter of referral with medical diagnosis required from:	On loan/ owned	Please note!
External electrostimulator and accessories for alleviation of chronic pain (Transcutaneous Electrical Nerve Stimulation device)	After successful trial period	Contracted healthcare provider	N/A	Medical specialist or physician assistant	On loan	The non-contracted healthcare provider must be able to supply everything relating to this category of medical aids (total range) and <u>not</u> only one single medical aid or one single brand. The healthcare does not include: Reimbursement for a Cefaly
B.17.25.: Costs relating to home dialysis (Article 2.29 of the Dutch Health Insurance Regulations)						
Costs relating to home dialysis	The healthcare includes: - reasonably required adaptations of the home that relate directly to home dialysis and (if necessary) reversal of such adaptations; - other costs that are directly related to home dialysis	Health insurer	N/A	Attending doctor at dialysis centre	On loan	