



Changes to health insurance in 2021

On 1 January 2021, various terms and conditions and reimbursements provided by your group health insurance will change. This card explains the key changes in the general insurance policy and the additional insurance packages. Your policy tells you which insurance you have. For the most recent list of all the changes, please visit www.cz.nl/wijzigingen (in Dutch).

Your compulsory deductible will be €385 in 2021.

General insurance policy



Day treatment in a group setting

Day treatment in a group setting will be reimbursed under the general insurance policy for people with an acquired brain injury, intellectual disability or a progressive, degenerative neurological disorder (such as Parkinson's disease or MS) and for elderly people with multiple morbidities (i.e. several long-term conditions). This is currently still paid through a subsidy scheme.



No deductible for organ donors

If you donate an organ and incur healthcare costs due to this after a period of 13 weeks (six months in the case of a liver transplant), you will no longer be required to pay a deductible for these costs. Currently, this only applies to the donor check-up.



No deductible for an IUD inserted by an obstetrician

If your obstetrician inserts your IUD, you will not need to pay a deductible for this procedure.



Obstetric care

If you make use of the services of a self-employed obstetric nurse for your obstetric care, the costs of this will only be reimbursed if the nurse has an 'AGB code'.



Exercise therapy for COPD extended

Due to the risk of a higher disease burden, the number of exercise therapy sessions is being extended for some people with COPD who come under GOLD classification class B. Class B is being split into B1 and B2. Your attending doctor will determine which class you come under.

The reimbursement for class B1 remains the same:

- 27 sessions in the first year of treatment; and
- 3 sessions per 12 months from the second year of treatment.

The reimbursement for class B2 will be:

- 70 sessions in the first year of treatment; and
- 52 sessions per 12 months from the second year of treatment.



Extension of other medical transport

Other medical transport for patients going to day treatment in a group setting will be reimbursed under the general insurance policy for people with an acquired brain injury, intellectual disability or a progressive, degenerative neurological disorder (such as Parkinson's disease or MS) and for elderly people with multiple morbidities (i.e. several long-term conditions).



Statutory personal contributions and maximum reimbursements

The government is adjusting the personal contributions and maximum reimbursements. To see the new rates, please visit www.cz.nl/eigenbijdrage (in Dutch).

Additional insurance packages



Alternative treatment methods and medicines

Reimbursement for alternative treatment methods and medicines is being reduced in the 'Plus Collectief' (from €450 to €350), 'Top Collectief' (from €650 to €550), and 'Excellent' and 'Supertop' (from €1000 to €750) additional insurance packages. The costs of alternative treatment methods and medicines will no longer be reimbursed under the 'Basis Collectief' and 'Comfort' additional insurance packages.



Glasses, lenses and laser eye treatment

Reimbursement for glasses, contact lenses and laser eye treatment is being reduced in the 'Top Collectief' and 'Gezinnen' additional insurance packages from €200 to €150 per 2-year period.



Physiotherapy

Reimbursement for physiotherapy is being reduced in the 'Comfort' (from 15 to 9 sessions), '50+' (from 15 to 13 sessions) and 'Top Collectief' (from 36 to 32 sessions) additional insurance packages.



Orthodontic care

The 'Beugelplan' (brace plan) will no longer be available under the 'Gezinnen' additional insurance package. Furthermore, the age and reimbursement for orthodontic care will be changing. The following reimbursement will apply to orthodontic care:

- up to the age of 18: 100% up to a maximum of €2045
- from the age of 18: 80% up to a maximum of €345.

If you are taking out an additional insurance package with orthodontics cover for the first time, a one-year waiting period applies.



Online health programmes

New: the 'Jongeren', 'Gezinnen' and '50+' additional insurance packages give you €60 per year to spend on one of the following programmes: health check on FitzMe, online mindfulness training, online 'baby and nutrition' course or an online 'healthy cooking' course.



Urgent medical care abroad

The costs of urgent medical care received during a temporary stay abroad are fully reimbursed under the additional insurance package. In 2020, you only received full reimbursement of these costs in the EU/EEA countries and treaty countries.



Reimbursement for physiotherapy from a non-contracted physiotherapist

If you visit a physiotherapist with whom we do not have a contract, you will be reimbursed a maximum of 50% of the average rate agreed with our contracted physiotherapists. If the rate applied on your invoice is lower than this rate, we will reimburse 50% of the invoice. This is currently 75%. You can read more about this at www.cz.nl/niet-gecontracteerde-zorg (in Dutch).



Foot care, orthotic insoles and medical aids for foot care

The costs of foot care, orthotic insoles and medical aids for foot care will no longer be reimbursed under the 'Basis Collectief' additional insurance package.



Healthcare costs in the event of negative travel advice

If the Dutch government issues negative travel advice (orange or red) prior to you travelling abroad due to the outbreak of a contagious disease, for example COVID-19, any healthcare costs relating to this incurred abroad will not be reimbursed under the additional insurance package.

As of 1 January 2021, all activities and the ensuing rights and obligations under health insurance policies and packages administered by 'Onderlinge Waarborgmaatschappij Centrale Zorgverzekeraars groep, Zorgverzekeraar U.A.' will be brought under 'Onderlinge Waarborgmaatschappij CZ groep U.A.' (prior to 1 January 2021 called 'Onderlinge Waarborgmaatschappij Centrale Zorgverzekeraars groep, Aanvullende Verzekering Zorgverzekeraar U.A.') and subsequently transferred to CZ Zorgverzekeringen N.V. This change will not affect you.

If we stop administering a particular insurance policy or package, we will inform the insured of this at least three months before the moment of cancellation. If we do not offer an alternative, we will inform the insured at least six months in advance.

No rights can be derived from the content of this leaflet. You can request the terms and conditions of insurance and the health insurance card for your insurance policy and/or package from CZ Customer Services. They are also available at www.cz.nl/voorwaarden (in Dutch). The CZ group also offers refund policies through OHRA and Nationale-Nederlanden. For a summary of these, please visit www.cz.nl/overzicht-restitutiepolissen (in Dutch).

Finding a healthcare provider

To find out which healthcare providers we have agreements with for 2021, and whether any restrictions apply, visit www.cz.nl/zorgvinder (in Dutch).