

Survey of reimbursements for 2021

IPM Students Basic Insurance



Reimbursements		Basic insurance (in conformity with statutory provision under Zvw for 2021)
Bones, muscles and joints		
Occupational therapy		yes, 10 hours
Pedicure care (for rheumatoid, diabetic, or medical foot conditions)		limited and only if diagnosed diabetic. see Foot care for insured persons with diabetes
Foot care for insured persons with diabetes		yes, limited
Abroad		
Non-urgent medical treatment abroad		yes, up to the tariff charged in the Netherlands
Urgent medical treatment abroad		yes, up to the tariff charged in the Netherlands
Physiotherapy and Cesar or Mensendieck remedial therapy		
Pelvic physiotherapy to treat urinary incontinence for insured persons aged 18 and over *		yes, treatments 1 to 9
Physiotherapy to treat osteoarthritis on hip and knee joints		12 treatments per 12 months
Physiotherapy relating to chronic obstructive pulmonary disease (COPD) for insured persons aged 18 and over		In the first 12 months, depending on the GOLD Classification, maximum: - 5 treatments for Class A - 27 treatments for Class B1 - 70 treatments for Classes B2, C en D After the first 12 months, if further treatment is still required, depending on the GOLD Classification, maximum: - 3 treatments per 12 months for Class B1 - 52 treatments per 12 months for Classes B2, C en D
Physiotherapy to treat leg pain caused by stage II intermittent claudication (restricted blood supply to the legs) for insured persons aged 18 or older*		37 treatments per 12 months
Physiotherapy and Cesar or Mensendieck remedial therapy up to the age of 18: disorder on the list approved by the Minister of Health, Welfare and Sport (VWS), 'Annex 1 relating to article 2.6 of the Health Insurance Decree'		all treatments
Physiotherapy and Cesar or Mensendieck remedial therapy up to the age of 18: disorder not on the list approved by the Minister of Health, Welfare and Sport (VWS), 'Annex 1 relating to article 2.6 of the Health Insurance Decree'		treatments 1 through 9 per diagnosis (if medically necessary 9 additional treatments)
Physiotherapy and Cesar or Mensendieck remedial therapy 18 or older: 1 disorder* on the list approved by the Minister of Health, Welfare and Sport (VWS) 'Annex 1 relating to article 2.6 of the Health Insurance Decree'		21st treatment onwards (you pay for treatments 1 to 20)
Medical devices		
Medical devices reimbursed by your basic insurance		yes, see the Medical Devices Regulations (see Regulations for Medical Aids)
Personal alert system required for medical reasons		yes, see the Medical Devices Regulations (see Regulations for Medical Aids)
Wig or an own-hair toupim		€ 452 per wig or an own-hair toupim (see Regulations for Medical Aids)
Medicines and dietary preparations		
Contraceptives up to 21		yes, statutory personal contribution still applies of €250 (upper limit price)
Contraceptives 21 or older		yes, only in the case of endometriosis or menorrhagia, statutory personal contribution still applies of €250 (upper limit price)
Medicines reimbursed by your basic insurance		yes, except for the statutory patient contribution of €250 (upper limit price) see the Reglement Farmaceutische Zorg (pharmaceutical care regulations) on our website

Oral health care and dentistry

(Deferred) front tooth replacement implants from 18 to 23	yes
Implants in a severely shrunk toothless jaw for dentures (fully removable denture (prosthetics))	yes, in the case of a serious developmental or growth disorder or an acquired deformity of the teeth, jaw or mouth
Dental surgery 18 or older	yes
Full set of removable dentures (false teeth)	75% (statutory personal contribution: 25%)
Full set of removable implant-retained dentures (false teeth)	- 92% for the upper jaw (statutory personal contribution: 8%) - 90% for the lower jaw (statutory personal contribution: 10%) - 83% for the combination of an implant-retained denture for one jaw and a non-implant-retained denture for the other jaw (statutory personal contribution: 17%)
Repair or refitting of a full set of removable dentures (false teeth)	90% (statutory personal contribution: 10%)
Dental or orthodontic care in exceptional cases	yes
Dental care for insured persons with a handicap	yes
Dental care up to the age of 18	yes

Eyes and ears

Audiology centre	yes
Upper eyelid correction (required for medical reasons)	yes
Hearing aid	yes, statutory personal contribution (25%) still applies (see the Reglement Hulpmiddelen (medical aids regulations) on our website)
Sensory impairment care	yes

Other medical care

Dietetic therapy by a dietitian (with a medical indication)	yes, 3 hours
Combined lifestyle intervention (GLI)	yes
General practitioner care	yes
Integrated care for diabetes mellitus type 2 (18 or older), COPD, asthma and/or vascular risk management (VRM)	yes
Laboratory tests and X-rays	yes
Medical care for specific patient groups	yes
Stop smoking programme	yes, 1x
Thrombosis service	yes

Mental health care

General Basic GGZ 18 or older	yes, in case of mild to moderate, non-complex mental disorders or stable problems
Non-clinical specialist GGZ 18 years or older	yes, for complex mental disorders
Stay in a hospital or GGZ institution for psychiatric treatment 18 or older	yes

Reimbursements		Basic insurance (in conformity with statutory provision under Zvw for 2021)
Speech and reading		
Speech therapy		yes
Stutter therapy provided by a speech therapist		yes
Transport		
Ambulance		yes
Transport (seated patient transport) and/or a reimbursement of overnight accommodation expenses for certain groups (see policy terms and conditions)		private vehicle € 0.32 per km, public transport (lowest class) 100% or (multiple person) transport by taxi 100%, except for the statutory patient contribution of € 108 If 3 or more consecutive travel days are involved, you can choose to have your accommodation expenses reimbursed rather than the transport costs. Accommodation is reimbursed at € 76,50 a night.
Hospital and nursing		
Male circumcision (for medical reasons)		yes
Primary care stay (medical)		yes
Genetic research and advice		yes
Mechanical respiration		yes
Specialist medical care		yes
Plastic surgery (for medical reasons)		yes, limited
Rehabilitation		yes
Second opinion (for care covered by your basic insurance)		yes
Home dialysis		yes
Transplantation of organs and tissues		yes
Nursing and care in your own surroundings (extramural)		yes
Independent treatment centre (lowest class)		yes
Hospital treatment, examinations, tests, surgery and stay (lowest class)		yes
Organ transplant hospital care for the organ or tissue donor		3 months, or 6 months following a liver transplant

Reimbursements

Basic insurance (in conformity with statutory provision under Zvw for 2021)

Pregnancy/baby/child

Delivery with medical necessity	yes, at a clinic or outpatient facility
Delivery without medical necessity at a hospital outpatient facility or birth centre (use of delivery room)	yes, except for the statutory patient contribution of €36. In addition to this statutory patient contribution, if the hospital charges this, you will pay the amount in excess of €255 per day
Home birth without medical necessity	yes
In vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI) up tot 43 years	yes, first 3 attempts for both IVF and ICSI treatments together per potential pregnanc
Maternity care at home or in a birth or maternity centre	4 days of hospitalization (statutory personal contribution of €4.50 per hour still applies)
Maternity care at a hospital (for medical reasons)	yes
Maternity care at a hospital (without medical indication)	yes, statutory personal contribution (€ 37 per day (of stay)) still applies In addition to this statutory patient contribution, if the hospital charges this, you will pay the amount in excess of € 262 per day
Maternity care (assistance during childbirth)	yes
Oncological examination of children	yes, if provided by Stichting Kinderoncologie Nederland (SKION)(Dutch Child Oncology Group)
Prenatal screening	yes
Sperm cryopreservation	yes
Obstetric or midwifery care	yes
Freezing of human oocytes and embryos (cryopreservation)	yes
Fertility-enhancing treatments	yes

Excess and individual contribution

Excess and/or statutory or voluntary individual contribution are always deducted before reimbursement of health care costs is made. In 2021, a mandatory excess of € 385 applies to certain health care costs under the basic insurance. You can increase this amount with a voluntary excess up to a maximum of € 885 per year.

Excess applies to almost all care that falls under your basic insurance. It does not apply to general practitioner care, maternity care or care for children under the age of 18. You never pay excess on care that falls under your supplementary insurance.

In addition to excess, you sometimes pay an individual contribution as well, e.g. for certain medicines or aids.

The government determines which care is subject to an individual contribution and the level of this contribution. An individual contribution can be applied to care under both the basic insurance and the supplementary insurance.

For more information, see our website or the policy terms and conditions.

In the column 'Basic insurance (in conformity with statutory provision under Zvw for 2021)' the insured care is named, but the level of the reimbursement can depend on the type of basic insurance and the care provider you have chosen.

** This reimbursement only applies for 1 disorder. What if you need physiotherapy or Cesar or Mensendieck remedial therapy for several disorders? Then please contact us.*

This survey has been compiled with the greatest possible care, and is provided for your information. However, no rights may be derived from it. For precise details of the reimbursements, you should always refer to the insurance terms and conditions on iaak.nl/aonstudent or contact Customer Service at (010) 448 82 00.

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