

Nationale-Nederlanden health insurance in 2019

Take care of yourself





Access to the best healthcare

With Nationale-Nederlanden Health Insurance

Part of taking excellent care of yourself is choosing the right health insurer. One that has access to the top healthcare specialists in the country, can find out which healthcare provider can see you sooner, and gives you the freedom to make the healthcare choices that are right for you.

The Nationale-Nederlanden Health Insurance policy is available for people who make their health a top priority. We will never settle for anything but the very best healthcare for you and yours, so you can focus on living an active, healthy life.

Free choice of healthcare provider

Feel free to live your life the way you want. With the healthcare you deserve. The benefits of the Nationale-Nederlanden Health Insurance include free choice of healthcare provider, so you determine where you want to go for treatment. As long as your policy covers it, we will pay the bill.

Waiting-list mediation

When you're in need of care, you want to be seen as quickly as possible. Unfortunately, waiting lists can sometimes be very long. Nationale-Nederlanden is eager to help: through waiting-list mediation. We help you find out if a specialist elsewhere can see you sooner. Our advisers will take care of your referral.

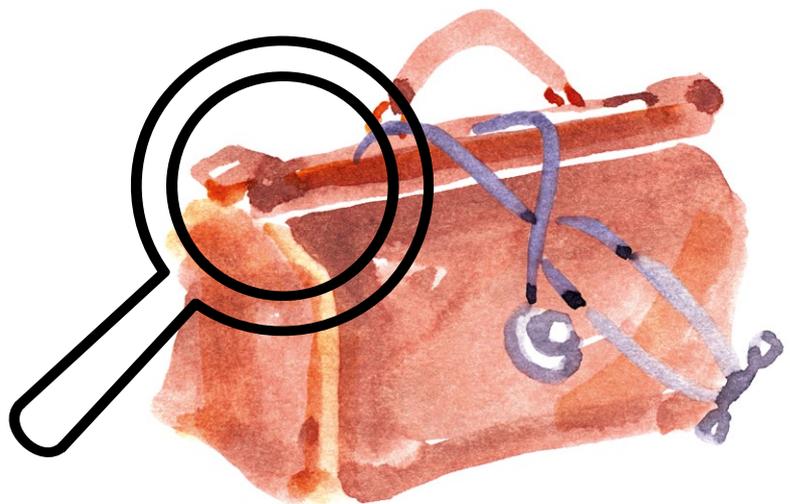


Help finding the best care

We understand that you want only the very best specialists looking after you when you need healthcare. Our Compare Healthcare tool at www.nn.nl/zorgvergelijker compares waiting lists, the quality of medical treatment, and customer experiences.

Do you need extra medical advice? To apply for a second opinion, go to Best Doctors®, an international network of top-level specialists.

View all reimbursements and services covered by the Basic Insurance scheme on www.nn.nl/zorgverzekering.



Our insurance explained

You are well insured with Nationale-Nederlanden. The Health Insurance Restitutie is the basic policy. The content of the basic insurance scheme is determined by the government and this insurance is mandatory for everyone living or working in the Netherlands.

The Health Insurance of Nationale-Nederlanden is a reimbursement-based policy, which means that you are free to choose your own healthcare and your own doctor or hospital. Even if Nationale-Nederlanden does not have a contract with the healthcare provider you visit, we reimburse the bill.

Excess

The statutory mandatory excess for the basic insurance is € 385 for each insured person from the age of 18 in 2018. With Nationale-Nederlanden, you can also opt for a voluntary excess on top of the mandatory excess, which entitles you to a discount on your premium. You can increase your excess by € 100, € 200, € 300, € 400 or € 500. The higher your excess, the bigger your discount.

The excess only applies to the expenses covered by the basic insurance scheme. It does not apply to:

- Visits to and treatment by your GP;
- Obstetric care;
- Maternity care;
- Medical aids on loan;
- After-care for kidney or liver donors;
- Travel expenses of transplant donors;
- Chain healthcare (where different healthcare providers decide on the best treatment for you);
- Nursing and care provided by community nurses;
- Care reimbursed under your supplementary insurance;
- Care for children up to the age of 18.

To find out more about reimbursements under the basic insurance scheme, go to www.nn.nl/zorgverzekering

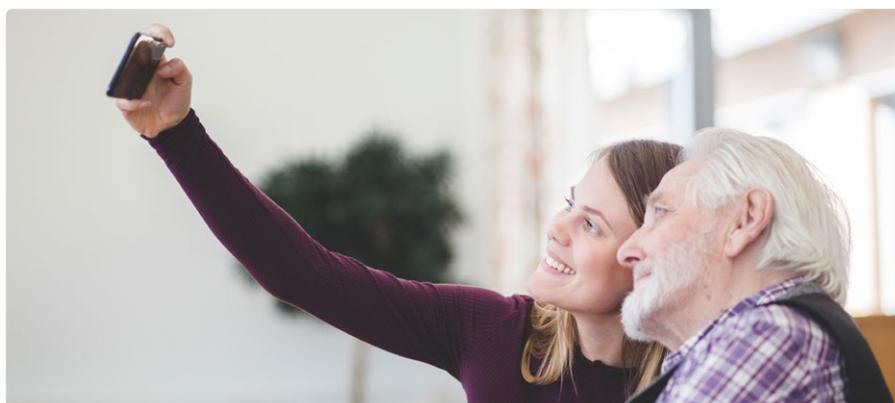


Carefree insurance in 2019

A selection from our additional reimbursements and services

Replacement informal care

You can only take good care of someone else if you're taking care of yourself. This certainly also applies to informal caregivers. This is why Nationale-Nederlanden provides access to replacement informal caregivers, who are more than happy to cover all care duties for a period of up to two weeks. This gives the informal caregiver some time to themselves. This coverage is included in all our supplementary insurance policies. For more information, terms and conditions please go to www.nn.nl/ontdekzorg.



Emergency care abroad

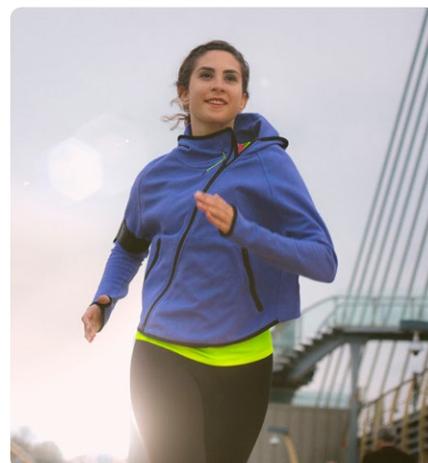
You may need emergency healthcare while abroad that simply cannot wait until you're back in the country. Nationale-Nederlanden reimburses all urgent care abroad fully and completely, so you can get the help you need knowing 100% of your healthcare is covered. All of our supplementary insurance policies include this type of coverage. Visit www.nn.nl/ontdekzorg for more information.

New free module: Fit

You want to live a healthy life, and we are happy to help. The new Fit module reimburses fees for health classes and exercise programmes, general preventive and work-related physical examinations and sports medical advice.

This module is free for everyone with a Nationale-Nederlanden insurance policy. You do not have to take out any additional insurance policies.

Go to www.nn.nl/fit



Nationale-Nederlanden supplementary insurance

Are you looking for more extensive coverage? There are six supplementary policies to choose from: Start, Extra, Compleet, Comfort, Top and Zilver. (The Zilver policy comprises supplementary and dental insurance).

The key reimbursements

With our wide range of supplementary insurance policies, you will have no trouble finding the ideal package for your needs. The table below shows at a glance the key reimbursements under our supplementary insurance policies.

The key reimbursements

	Urgent treatment dental care medical treatment abroad	Physiotherapy	Accident coverage	Statutory personal contribution for medical aids	Alternative medicines	Glasses and contactlenses	Orthodontics up to the age of 18
Start	Supplemented to 100%	6 sessions per year	Up to € 10,000 per event				
Extra	Supplemented to 100%	9 sessions per year	Up to € 10,000 per event	Maximum € 500 per year	€ 250 per year, maximum € 50 per day		80% of a maximum of € 1.000 (once during the term of the policy)
Compleet	Supplemented to 100%	27 sessions per year	Up to € 10,000 per event	Maximum € 1,000 per year	€ 500 per year, maximum € 50 per day	Maximum € 100 every 2 years	80% of a maximum of € 1,750 (once during the term of the policy)
Comfort	Supplemented to 100%	36 sessions per year	Up to € 10,000 per event	Maximum € 1,250 per year	€ 1.000 per year, maximum € 50 per day	Maximum € 150 every 2 years	80% of a maximum of € 2.250 (once during the term of the policy)
Top	Supplemented to 100%	50 sessions per year	Up to € 10,000 per event	Up to € 1,500 per year	€ 1.500 per year, maximum € 50 per day	Maximum € 500 every 2 years	100%
Zilver	Supplemented to 100%	12 sessions per year	Up to € 10,000 per event		€ 250 per year, maximum € 25 per day	Maximum € 100 every 2 years	

See the Package Comparer 2019 for a complete list of the reimbursements under the supplementary coverage

Dental care insurance of Nationale-Nederlanden Zorg

The TandemGaaf supplementary insurance reimburses 100% of the costs of treatment by dentists and oral hygienists. This includes the costs of preventive treatment, check-ups and general dental care, including technical work. A large part of the dental care for children up to the age of 18 is covered by the basic health insurance policy.

You can choose the maximum amount of the coverage yourself. You can choose from € 250, € 500, € 1,000 or € 1,500 per year. If you have the supplementary insurance Zilver, you do not need dental insurance. The Zilver reimburses 75% of the costs of treatment by dentists and oral hygienists with a maximum of € 250,- per year.

If you visit a dentist in Belgium or Germany with whom we have a contract, we will also reimburse those costs. Go to www.nn.nl/zorgvergelijker to find a care provider in your area.

Luxe Verpleging

With Luxe Verpleging, you will have a more comfortable stay in hospital. The Luxe Verpleging policy reimburses the costs of greater privacy and the costs of a television, telephone, Internet and radio, for example. And your partner receives a travel allowance to visit you. If Luxe care is not available in your hospital, you will receive compensation from us. You can take out this insurance in addition to the basic insurance and any other supplementary policy.

Medical selection

If you choose to take out supplementary insurance, you do not have to answer any medical questions. The only exception is that a declaration from a dentist is needed for dental insurance with a maximum reimbursement of € 1,000 or € 1,500 per year. We will send you a declaration form when you apply for the policy.

A large part of dental costs for children and adolescents are covered by the Basic Insurance scheme





Your benefits

In addition to excellent coverage, there are more advantages for everyone with a Nationale-Nederlanden insurance policy. See below for a selection. More advantages for you are detailed at www.nn.nl/ontdekzorg.

Paying your statutory mandatory excess in instalments

Nationale-Nederlanden offers you the option of paying your excess in instalments. This is easily arranged through My NN Health Insurance, allowing you to avoid having to pay a large sum all at once. You pay your excess in ten monthly instalments of €38.50. If, at the end of the year, you have not spent the entire statutory mandatory excess, then we will refund the amount you overpaid.

Flexible date payment of premium

Would you like to decide when you pay your contribution? We have four options to choose from. Simply let us know via My NN Health Insurance which option suits you best.

Discount if you pay per quarter, per six months or per year

Would you like to pay your contribution every quarter instead of per month? If you do, you will receive a 0.5% discount. Would you like to pay your contribution every

six months? If you do, you will receive a 1.0% discount. If you pay your contribution a year in advance, you will receive a 2.0% discount. Would you like to adjust the payment term? You can do so via My NN Health Insurance.

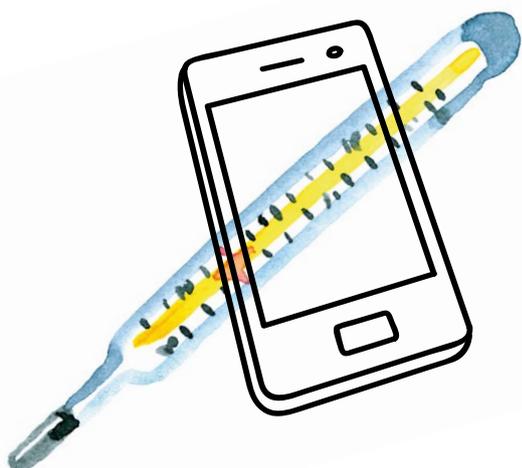
Mijn NN Zorgverzekering

Mijn NN Zorgverzekering is an online policy folder where you can:

- View your policy: who is insured, which policies have been taken out and what is the premium?
- Notify changes: for example, to add a child or to make changes to a supplementary policy.
- Submit bills from healthcare providers.
- See which claims have been paid: for bills you submitted yourself or for bills submitted by you healthcare provider. You can also see how much you can still declare.
- Check what your excess is: you can see at a glance how much of your excess still remains.
- Check all the mail and messages about your health insurance on a practical overview page.

NN App

The NN App is a quick and easy way to claim your healthcare costs. You can decide to make a photo of the bill with your smartphone, answer a few questions and submit the claim. Within an hour it will appear in Mijn NN Zorgverzekering, where you will be able to track the processing of the claim. We will pay the bill within ten working days. You can also see when the bill has been paid in Mijn NN Zorgverzekering. The NN App can be downloaded free of charge from the Apple App Store and via Google Play.



Do you need more information?

For more information about our health insurance plans, go to www.nn.nl/zorgverzekering.

You can also use the link below to ask for a quote or immediately take out a policy. Go to www.nn.nl/berekenen.

Alternatively, you might prefer to make an appointment with your insurance adviser, who will be happy to provide you with more information about this insurance policy. Your adviser will give you personal advice tailored to your specific situation. To find an adviser near you, go to www.nn.nl/zoekeenadviseur.

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More information?

 Go to www.nn.nl/ontdekzorg