Citizens INSURANCE

MEDICAL ASSISTANCE BENEFITS SHORT STAY

Policy number: ITRNL-2021

(Policy Schedule)

Scope of Cover	**Plan A**	**Plan B**
Age 0-39	**EUR 65 pm**	**75 pm**
Age 40 - 65	**EUR 95 pm**	**110 pm**
Medical Expenses		
In excess of:	EUR 500	EUR 100
Reimbursement of costs for doctors and hospitals in the country of the short stay	Cost price, with a limit of EUR 50.000 per year	Cost price, with a limit of EUR 75.000 per year
Special Medical Expenses		
- Physiotherapy	• Max 5 treatments • 70% of the treatment reimbursed • Max reimbursement EUR 42	• Max 10 treatments • 70% of the treatment reimbursed • Max reimbursement EUR 42
- Psychotherapy	• Max 5 treatments • 70% of the treatment reimbursed • Max reimbursement EUR 122,50	• Max 10 treatments • 70% of the treatment reimbursed • Max reimbursement EUR 122,50
Devices	Not covered	Max. EUR 2,000
Emergency dental costs as the result of an Accident Limited to: The list as described in “addendum dental care”	Max. EUR 200, no excess applies to dental cost	Max. EUR 350, no excess applies to dental cost

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Medical Expenses	Plan A	Plan B
Accidents		
In the event of death	EUR 10.000	EUR 10.000
Maximum in the event of (Permanent) Disability	EUR 50.000	EUR 75.000
Extra Costs/Aid and Relief		
Repatriation in the case of major sickness / death. The remains to the country of origin or local burial/cremation in the city/town of death (these costs shouldn't exceed the costs of repatriation)	Max EUR 10.000	Max EUR 10.000
Telecommunication costs in relation to the repatriation as stated above.	Max. EUR 150	Max. EUR 150
Extra costs in connection with repatriation	Max EUR 10.000	Max EUR 10.000

Short stay insurance

This short stay insurance is designed for persons that temporary stay outside their country of origin, for a maximum period of 3 months.

The Insurance term is the term stated in the policy. Coverage begins on the policy's effective date at 00.00 am local time and automatically ends at the end of the insured term at 12.00. Coverage on a continuous medical treatment ends at the end date of the policy. There is no automatic renewal with the short-term medical plan. This insurance policy is valid in the country of the short stay as mentioned in the application form (hereafter; country of the short stay).

Insurer

Citizens insurance (Curacao, Kingdom of the Netherlands)

Emergency assistance

All emergency assistance in the country of the short stay is covered, a proof of insurance (digital policy) will be provided to identify your coverage.

Medical expenses

This insurance provides comprehensive cover for medical expenses such as the costs of hospital admission, doctors' fees, medication, physiotherapy, psychotherapy, expense for diagnostic x-ray examinations or any microscopic or other laboratory tests or analysis and must be recommended by the normal general practitioner or specialist.

It also includes cover for acute, medically necessary dental expenses. Prescribed drugs will be reimbursed (if not available without prescription). Ambulance Charges for transportation to and from the Hospital or medical facility within local confines.

This insurance does not provide cover for expenses that could have reasonably been expected on or before the insurance commencement date, or for medical expenses that can be postponed until the insured returns to the country of origin. In the event of arbitration, the medical advisor of Citizens Insurance will have the ultimate decision.

The medical expenses are based on the actual costs made and cannot exceed the prices of the medical code book as issued by the government in the country of the short stay.

Accident insurance

The accident insurance policy pays out a pre-arranged insured amount in the case of death and/or disability as a consequence of an accident. In the case of death as a consequence of an accident, a fixed insured amount will be paid out, and in the case of the permanent disability of the insured as a consequence of an accident, an amount will be paid out as a percentage of the amount insured. Participation in hazardous sports is excluded from the cover. Hazardous Sports means activities that present a high level of inherent danger which generally involve exceptional speed and height, high level of expertise, exceptional physical exertion, highly specialized gear or stunts, necessitating the use of guides or specialized equipment or sports engaged in a professional capacity not as a recreational activity that could be anticipated for the general public's abilities and expertise.

Extra expenses cover

The costs of a return flight and accommodation expenses for two members of the insured's family will be reimbursed in the event of the death or a threat to the life of the insured, based on 'economy class' travel and reasonable costs.

Assistance cover

This insurance provides cover if the insured has to be evacuated or repatriated for medical reasons which must be recommended by the normal general practitioner or specialist. Also, transport of mortal remains to the country of origin is covered from the particular country of the short stay.

Other

- Waiting period: no waiting period

- Acceptance Age: maximum age 65 years

- No resident of the country of your visit

MEDICAL ASSISTANCE BENEFITS SHORT STAY

(general terms and conditions)

The company hereby agrees that the following provisions shall form part of the Contract.

DEFINITIONS

1. The term “Hospital” means an institution which:
   (a) is licensed as a Hospital(if Hospital licensing is required where it is situated),
   (b) is open at all times,
   (c) is operated primarily for the care and treatment of sick and/or injured persons as in-patients,
   (d) has a staff of one or more licensed physicians available at all times,
   (e) provides continuous 24-hour nursing service by graduate registered nurses(R.N.),
   (f) provides organization facilities for diagnosis and major surgery, and
   (g) is not primarily a clinic, nursing, rest of convalescence home or similar establishment.

2. The term “one continuous period of Hospital confinement” means a period of time during which a person is confined in a Hospital as a registered bed patient. Successive periods of Hospital confinement due to same or related cause or causes shall be considered one period of Hospital confinement.

3. The term “illness “means a bodily disorder or disease, or accidental bodily injury. All bodily injuries sustained by an individual in a single accident, or all illnesses which are due to the same or related cause or causes shall be deemed one illness.

   Eligible charges will NOT include charges for:
   (a) illness – with respect to nonspecific anaemia,
   (b) allergies,
   (c) assistant to the surgeon,
   (d) blood bank.

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4. The term “cosmetic surgery” means the surgical alteration of tissue for the improvement of bodily or facial appearance rather than improvement or restoration of bodily function.

5. The term “In-Patient” means a registered bed patient in a hospital who is charged for at least one day’s room and board by the hospital.

6. The term “physician” means a legally qualified physician other than a relative of the insured.

7. The term “dependent” as used in the Policy, shall mean any of the following persons:
   (a) the eligible person’s spouse unless legally separated from such person,
   (b) the eligible person’s unmarried children who are more than two weeks but less than 18 years of age. The word “children” as used herein shall include the eligible person’s step-children, legally adopted children and foster children, provided such children are primarily dependent upon such person for support and maintenance in accordance with (b) above.

8. The term “Covered Dependent” as used herein shall mean each dependent, as defined above, or a person who is insured with respect to Dependents Coverage.

9. The term “Maximum Benefit” means the stipulated tariff for hospital daily room and board, hospital charges and doctor’s fees in the particular country of the short stay.

10. The term “reasonable and customary“ means the usual charge made by the person, group or other entity rendering or furnishing the services, treatments or materials but in no event meaning a charge in excess of the general level of charge made by other rendering or furnishing such services, treatment or materials to person of similar income or net worth within the area in which the member normally resides, for illness comparable in severity and nature to the illness being treated. The term ‘area” as applicable to any particular services, treatment or material meaning a country or such greater area is necessary to obtain in representative cross section or persons, groups or other entities rendering or furnishing such services, treatment or material to persons of similar income or net worth.

11. The term “intensive care unit” means a section, ward or wing within the hospital which is separated from other hospital facilities and:
    (a) is operated exclusively for the purpose of providing professional care and treatment for critically ill patients, has special supplies and equipment necessary for such care and treatment available on a stand by basis for immediate use, and

(b) provides constant observation and care by registered professional nurses or other highly trained hospital personnel,
(c) for those hospitals which make a separate charge for Room and Board and a separate charge for intensive Nursing Care is eligible,
(d) for those hospitals which make a combined charge for Room and Board and intensive Nursing Care, that portion of the combined charge is in excess of the hospital's prevailing semi-private Board and Room Rate will be considered as the eligible charge for Intensive Nursing Care. NOTE: A hospitalization facility maintained for the purpose of providing normal post-operative recovery treatment or service is not considered as an "intensive care unit".

12. The term "Loss" shall mean with regard to hands or feet, complete severance through or above the wrist or ankle joint; shall mean with regard to eyes, the irrecoverable loss of the entire sight thereof and with regard to thumb and index finger, physical severance at or above the metacarpophalangeal joints.

13. The term "accident" means an unforeseen and unplanned event or circumstances; or an unfortunate event resulting especially from carelessness or ignorance.

14. The term "emergency" means a serious, unexpected, and often dangerous situation requiring immediate action.

15. The term "In excess of" means the amount that an insured person has himself to pay towards a claim.

16. The term "year" means the period of 365 days (or 366 days in leap years) starting from the first day of the effective date of the policy.

A. HOSPITALIZATION

The Company shall pay the expenses incurred by the insured or a Covered Dependent for:

(1) hospital room and board furnished to the Insured or a Covered Dependent during a period of in-patient hospital confinement commencing while the policy is in force and resulting from accidental bodily injuries or sickness, excluding pregnancy and;

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(a) with respect to such expenses incurred for hospital room and board on any one day of such payment shall not exceed Maximum Daily Benefit stated in the Policy Schedule,

(b) with respect to any one period of such hospital confinement, such Maximum Daily Benefit shall not be payable for a period of excess of the number of days stated as Maximum Payment Period in said Policy Schedule of Insurance

Successive period of hospital confinement shall be considered as having occurred during one continuous period of disability unless the subsequent confinement is due to an injury or sickness, entirely unrelated to the causes of the previous disability or unless separated by 90 days following the last discharge from hospital. Hospital confinement must be for twelve consecutive hours before any benefits hereunder are payable, except that, for Miscellaneous Services no minimum period of hospital confinement is required because of surgical operation.

(2) Miscellaneous Services furnished to the Insured and Covered Dependent on any day for which benefits are payable except that: (a) with respect to all such expenses incurred for Miscellaneous Services during one period of such hospital confinement, such payment shall not exceed the Miscellaneous Expense Benefit stated in the said Policy Schedule, (b) with respect to the term “Miscellaneous Service” as used herein, the definition shall be: (i) necessary medical services and supplies furnished by a hospital other than room and board , (j) anaesthesia and its administration, whether furnished by a hospital or not, anaesthetics and oxygen and their administration.

(3) For the services in connection with (1) emergency medical treatment in a hospital, because of accidental bodily injury, within twenty-four hours after the accident or (2) surgical treatment in a hospital, the amount of the charges actually made for the following services furnished in connection with such treatment, such amount not exceed the amount shown for this benefit in the Policy Schedule.

Miscellaneous Services shall not include, and no reimbursement shall be made for expenses incurred for the services of private nurses, technicians not regularly employed by the hospital, or doctor, room, board or general nursing care, or any services furnished by the hospital other than those listed under the Miscellaneous Services.

B. SURGICAL EXPENSES

The Company shall pay the expenses incurred by the Insured or a Covered Dependent for the services of a legally qualified physician or surgeon for the performance upon such person of a surgical operation, whether performed in a hospital or not, resulting from accidental bodily injuries or sickness, excluding pregnancy, provided that:

(1) such operation is performed while the policy is in force; and
(2) payment for any one operation shall not exceed the lesser of the surgical fee actually incurred by such person, for such operation or the Maximum Payment stated for such operation in the Surgical Schedule of Surgical Operations and
(3) the total payment for all such operations performed during any one period of disability shall not exceed the Maximum Benefit stated in the Policy Schedule for Surgical Operations,
(4) if there is more than one surgical procedure performed through the same incision the benefit payable will be based on the procedure for which the higher percentage appears in the Policy Schedule for the Surgical Operations,
(5) assistant to the Surgeon shall not be covered.

Successive operations performed upon an Insured Person or a Covered Dependent shall be considered to have been performed during one period of disability unless the subsequent operation results from causes entirely unrelated to the causes of the previous operation.

C. SPECIAL MEDICAL EXPENSES

The Company agrees, subject to the limits of liability, exclusions, conditions and other terms of this Policy, to pay the expenses incurred by the Insured or Covered Dependent for necessary medical treatment, services or supplies hereinafter described furnished directly to the Insured or Covered Dependent for the sole purpose of treating accidental bodily injury sustained or sickness contracted and commencing while the Insured or Covered Dependent is insured under this Policy.

(1) The fees of a licensed physician for visits, but not to exceed the maximum per visit shown in the Policy Schedule. If the visits to the physician are occasioned by sickness or disease, only one visit per day will be covered and fees for the hospital visits are only payable for hospital confinements for which no surgical operation is required.

(2) The fees of a specialist consulting physician, to whom the Insured or Covered Dependent has been referred by his/her attending physician, but not to exceed the Maximum per Consultation shown in the Policy Schedule.
(3) Ethical drugs prepared by a registered pharmacist in accordance with a prescription by the Insured's or Covered Dependant's attending physician or surgeon while the said covered person is not hospitalized but not to exceed the maximum benefit shown in the Policy Schedule during any one calendar year. Drug bills must be specified with the name of the prescribed drugs.
(4) If, as a result of bodily sickness or injury, any Insured necessarily incurs expense for diagnostic x-ray examinations or any microscopic or other laboratory tests or analysis, the Insurance Company shall make reimbursement for such expenses up to the maximum benefit indicated in the Table of Diagnostic X-Ray and Laboratory Benefits below, provided such examinations are made or recommended by a licensed physician. The Company will supply the insured a guarantee letter after showing the diagnosis given by the attending Physician.
(5) Prevention treatments: Benefits will be paid for costs incurred for the following examinations and/or procedures by a general practitioner or specialist:
(a) Breast cancer examination (mammography)
(b) Cervical cancer examination (Pap smear) once a year.

No benefits are payable under this section for:

Pregnancy examinations, medical examinations, routine medical check-ups, dental x-rays except for traumatic injury, therapeutic x-rays or any examinations made while patient is confined in a hospital as a registered bed patient.

D. MATERNITY.

All expenses in relation to maternity are not covered.

E. DENTAL ACCIDENT EMERGENCY BENEFIT

Expenses for treatments by a dentist based in the particular country of the short stay, qualified to practice and registered in the records of a competent authority, in the case of an accident or emergency, limited to:
The emergency dental treatment codes stated in the Addendum attached to this document below.

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F. ACCIDENTS

Permanent disability will be paid in full or in part, according to the degree of disability.
In the following cases the benefits due to permanent disability are based on a fixed and invariable percentage of the insured amount, as stated below. In the event of complete loss of the below parts of the body or sensory functions the percentages of the insured amount for permanent disability as stated below are applicable:

Both legs or feet	100%
Both arms or hands	100%
One arm or hand and one leg or foot together	100%
The right arm	75%
The right forearm	65%
The right hand	60%
The thumb of the right hand	25%
The index finger of the right hand	15%
Each other finger of the right hand	10%
The five fingers of the right hand together	60%

For corresponding loss of the left arm, forearm, hand and fingers 4/5 of the percentages stated above.

A leg	70%
A lower leg	60%
A foot	50%
A big toe	10%
Any other toe	4%
The vision in both eyes	100%
The vision in one eye	30%
The hearing in both ears	50%
The hearing in one ear	20%

Should the insured person be left-handed, then the benefit ratios stated for the right and left parts of the body will apply to the left and right parts of the body respectively. In case of partial loss of parts of the body or sensory functions a proportionate part of these percentages will apply. In the event of several injuries resulting from one and the same accident, the maximum amount compensated is limited to only one indemnity (the larger will be paid), limited to the maximum insured amount for permanent disability.

In the event of concurrence of one or more accidents the maximum amount paid is limited to the insured amount for permanent disability. In the event of permanent disability other than described above, the percentage will be determined according to the importance relative to the disabilities described. The profession of the insured person injured will not be taken into account when determining the degree of disability.

The degree of permanent disability is determined as soon as a permanent condition has been established, however, if desired, within two years after the accident. The entitlement to benefit for permanent disability lapses if the claim for damages due to permanent disability is not submitted to the insurance company within 14 days after expiration of the said period of the policy and before return of the country of origin.

The following losses are not covered; self-mutilation and or suicide, bacterial infections (except those directly resulting from a cut or wound accidentally sustained), bodily or mental infirmity, disease, the hazards of War, strikes, riots commotion, aircraft accidents except as a fare-paying passenger on a regularly scheduled plane.

G. REPATRIATION

In the event of sickness or threat of life, you hold the right to travel and arrange such travel roundtrip economy class from the country of the short stay to your country of origin for you and one accompanied adult age 18 – 65, based on the fasted schedule. Accommodation with limit to the equivalent of €150 per day will be provided to you and your travel companion.

Your country of origin will be as stated on your application form. There must be a medical necessity of high urgency for the travel recommended by a certified doctor, from the country of the short stay.

A medical necessity is activated when treatment in your country of origin is medically necessary because this treatment is unavailable in the country of the short stay or is medically irresponsible or because local treatment is more expensive than in the country of origin. Non-Medical reasons such as family reunion, and language barriers are not covered.

Similar conditions in points 1 & 2 will apply in cases of death for repatriation of remains from the country of the short stay to your country of origin.

LIMITATIONS

Eligible expenses shall not include charges for:

(1) Injury arising out of the Insured's occupation.
(2) Self-inflicted injury while sane or insane.
(3) Injury of illness resulting from war, declared or undeclared, or any act of war of insurrection; or participating in a strike, riot, civil commotion or assault; or service in any military, naval or air force of any country while such country is engaged in war, or performing police duty as a member of any military or naval organization.
(4) Cosmetic surgery or treatment unless necessitated by an accidental bodily injury occurring while the insured is covered under this plan.
(5) General health examinations.
(6) Injury or illness resulting from skiing, racing on wheels or on horses or in boats, or water skiing or underwater diving or other hazardous sports.
(7) Injury or illness resulting from participating in or in consequence of having participated in the committing of a felony or any attempt thereat.
(8) Treatment to which the individual is entitled without charge or by any other insurance or payment plan.
(9) Treatment of chronic alcoholism or drug addiction.
(10) Rest cures, sanatorium or custodial care periods or quarantine or isolation.
(11) Treatment for any disability which originated prior to the effective date of the insured's coverage hereunder.
(12) Expenses due to the infectious ACQUIRED IMMUNE DEFICIENCY SYNDROME virus end related illnesses.

GENERAL PROVISIONS

Entire contract, changes: This policy, including the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

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Time limit on certain defences:
(a) After two years from date of issue of this Policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such Policy shall be used to void the Policy or to deny a claim for loss incurred or disability(as defined in this Policy) commencing after the expiration of such two years period.
(b)No claim for loss incurred or disability (as defined in this Policy) commencing after two years from the date of issue of the Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective date of loss had existed prior to the effective date of coverage of this Policy.

Notice of a claim: Written notice of claim must be given to the Company within thirty days after the occurrence or commencement of any loss covered by this Policy, or as soon thereafter as is reasonable possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

Claim forms: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filling proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirement of the Policy as to proof of loss upon submitting, within the time fixed in this Policy for filling proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Complaints; Complaints relating to this insurance contract can be submitted to the management board by email to the following address info@citizens.cw, referencing name, policy number and address.

Applicable Law; Curacao law is applicable to this contract. If your country of the short stay is in the EEA, you can also opt for the law of that country.

AUTOMATIC TERMINATION

This policy shall automatically terminate on the end date of the policy, as stated in the application form. The acceptance by the Company of any premium or premiums after the Date of Automatic Termination shall make the Company liable for any benefits hereunder, but the Company shall refund to the Insured all such premium or premiums as soon as it is

reasonable possible after discovering the erroneous acceptance thereof and release the company of further liability.
As well the policy will be ended as soon as the insured receives the Dutch nationality or is obliged to take out the Dutch public health insurance because of the start of a (part-time) employment in The Netherlands.

Proof of loss; Written proof of loss must be furnished to the Company at its Office in case of claim for loss for which this Policy provide any periodic payment contingent upon continuing loss for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of payment of claims: Indemnities payable under this Policy for any loss will be paid upon receipt of due written proof of loss.

Payment of premium: All premiums are payable in advance to the Company, in accordance with the Company's premium rate effect on the date of each renewal. The payment of any premium shall not continue this Policy in force beyond the date when the next premium is due and payable except as maybe otherwise provided herein. Premiums as stated in the policy are annual premiums paid in advance. Any other arrangement agreed on the method of payment other than annually does not void the right of the Company to collect the annual premium.

Premium increase: Rates are guaranteed only if hospital tariffs remain in force for three consecutive years, any other increases will be on the basis of claims experience.

Refund premium: No premiums will be refunded.

Supplies of pharmaceuticals not covered; Medicated soaps, toiletries, cosmetic compounds, band aids and bandages, birth control pills, vitamins, weight control pills, drugs because of pregnancies, cold tablets, cough mixture and anti-histamine, homeopathic drugs, alcohol, antiseptics, eye drops (murine, visine, optrex) vaccinations.

These drugs are not covered even though they are prescribed by a house doctor or a specialist.

Arbitration

In the event of arbitration the Medical Advisor of the Insurance Company will be the final consideration.

Notification

The Company reserves the right to request a medical examination prior to the acceptance of the insurance.

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Addendum Dental care

Code Omschrijving Tarief

A15 Oppervlakte verdoving € 5,24
C13 Probleemgericht consult € 15,33
C22 Aanvullende medische anamnese na (schriftelijke) routinevragen € 15,33
C80 Mondzorg aan huis € 12,11
C85 Weekendbehandeling € 15,33
C86 Avondbehandeling € 15,33
C87 Nachtbehandeling € 15,33
E01 Wortelkanaalbehandeling consult € 15,33
E02 Uitgebreid wortelkanaalbehandeling consult € 28,24
E03 Consult na tandheelkundig ongeval € 22,19
E04 Toeslag voor kosten bij gebruik van roterende nikkeltitanium instrumenten € 33,89
E13 Wortelkanaalbehandeling per element met 1 kanaal € 72,61
E14 Wortelkanaalbehandeling per element met 2 kanalen € 104,88
E16 Wortelkanaalbehandeling per element met 3 kanalen € 137,15
E17 Wortelkanaalbehandeling per element met 4 of meer kanalen € 169,43
E19 Insluiten calciumhydroxide of daarmee vergelijkbare desinfectans per element, per zitting € 12,11
E40 Directe pulpa-overkapping € 20,17
Terugzetten van een verplaatst element na tandheelkundig ongeval € 8,07
E43 Vastzetten element d.m.v. een spalk na tandheelkundig ongeval € 16,13
E44 Verwijderen spalk € 4,04
E45 Aanbrengen rubberdam € 8,07
E51 Verwijderen van kroon of brug € 24,20
E52 Moeilijke wortelkanaalopening € 20,17
E53 Verwijderen van wortelstift € 28,24
E54 Verwijderen van wortelkanaalvulmateriaal € 20,17
E55 Behandeling dichtgeslibd of verkalkt wortelkanaal € 20,17
E56 Voortgezette behandeling met iatrogene schade € 28,24
E57 Behandeling van element met uitzonderlijke anatomie € 20,17
E60 Geheel of gedeeltelijk weghalen van pulpaweefsel € 32,27
E77 Initiële wortelkanaalbehandeling, eerste kanaal € 40,34
E78 Initiële wortelkanaalbehandeling, elk volgend kanaal € 20,17
E85 Elektronische lengtebepaling € 10,09
H11 Trekken tand of kies € 30,26
H16 Trekken volgende tand of kies, in dezelfde zitting en hetzelfde kwadrant € 22,59

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H26 Hechten weke delen € 44,37
H35 Moeizaam trekken tand of kies, met mucoperiostale opklap € 48,41
H50 Terugzetten/ terugplaatsen tand of kies, eerste element, exclusief wortelkanaalbehandeling € 40,34
H55 Terugzetten/ terugplaatsen tand of kies, buurelement, exclusief wortelkanaalbehandeling € 12,11
H59 Behandeling kaakbreuk, per kaak € 56,48
P06 Tissue conditioning volledig kunstgebit € 28,24
P07 Reparatie volledig kunstgebit, zonder afdruk € 12,11
P08 Reparatie volledig kunstgebit, met afdruk, per kaak € 32,27
P45 Noodkunstgebit € 80,68
P78 Uitbreiding gedeeltelijk kunstgebit met element(en) tot volledig kunstgebit inclusief afdruk € 32,27
R29 Roestvrijstalen kroon, kunstharsvoorziening € 40,34
R74 Opnieuw vastzetten niet plastische restauraties € 16,13
R75 Opnieuw vastzetten plakbrug € 40,34
R80 Temporaire, eerste voorziening € 20,17
R85 Temporaire, volgende voorziening € 8,07
T21 Grondig reinigen wortel door een tandarts, per element € 21,78
T22 Grondig reinigen wortel door een mondhygiënist, per element € 16,13
T94 Behandeling tandvleesabces € 54,46
V15 Aanbrengen schildje van tandkleurig plastisch materiaal € 48,41
V50 Droogleggen van elementen door middel van een rubberen lapje 10,8 € 8,07
V71 Eénvlaksvulling amalgaam € 16,94
V72 Tweevlaksvulling amalgaam € 27,03
V73 Drievlaksvulling amalgaam € 35,09
V74 Meervlaksvulling amalgaam € 49,22
V80 Wortelkanaalstift € 14,12
V81 Eénvlaksvulling glasionomeer/glascarbomeer/compomeer € 25,01
V82 Tweevlaksvulling glasionomeer/glascarbomeer/compomeer € 35,09
V83 Drievlaksvulling glasionomeer/glascarbomeer/compomeer € 43,16
V84 Meervlaksvulling glasionomeer/glascarbomeer/compomeer € 57,29
V85 Elke volgende wortelkanaalstift in hetzelfde element € 6,05
V91 Eénvlaksvulling composiet € 32,27
V92 Tweevlaksvulling composiet € 42,36
V93 Drievlaksvulling composiet € 50,42
V94 Meervlaksvulling composiet € 64,55

X10 Kleine röntgenfoto € 11,30
X21 Kaakoverzichtsfoto € 48,41