
SUPPLEMENTARY COVERAGE

AZPAS BASIS

AZPAS PLUS

AZPAS SUPRÊME

JANUARY 2023

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SUPPLEMENTARY COVERAGES.....**Error! Bookmark not defined.**

SUPPLEMENTARY COVERAGE

Assuria Medische Verzekering N.V. offers additional coverage on the AZPAS Basic, Plus and Suprême insurance against premium surcharge. Below is a description of such coverage. Your policy schedule states which additional coverage(s) is/ are applicable.

1. HOSPITAL COVERAGE

AZPAS Basis, Plus and Suprême

When applying for the insurance you may opt for 1st or 2nd class. This entitles you to better facilities compared to 3rd class hospitalization. For children up to and including 12 years old, the children's class is equal to the 3rd class.

The following applies to costs for admission to a higher or lower class:

- In the case of admission to a class higher than the insurance coverage, the costs are indemnified in accordance with the rate of the insured class.
- In the case of admission to a class lower than the insurance coverage, the costs are indemnified up to the rate of the lower class

2. AZPAS MEDICINES GOLD

AZPAS Basis, Plus and Suprême

By choosing this extra coverage you are eligible for a wider range of medicines. See the current AZPAS medicines index.

3. DENTAL CARE

AZPAS Basis, Plus and Suprême

Against payment of an extra premium, you can include your dental care costs in your health insurance.

You have the option to choose out of 4 dental packages per policy year.

- DENTAL COVERAGE BASIC
- DENTAL COVERAGE CLASSIC
- DENTAL COVERAGE SUPREME
- DENTAL COVERAGE SUPREME +

Separate policy conditions are available for a description of the coverage for dental costs. These are provided when this coverage is co-insured

4. OPTICAL CARE

AZPAS Basis, Plus and Suprême

The coverage of the optical care implies an additional reimbursement per 24 months, which applies in addition to the optical coverage that is included as a standard cover of the AZPAS insurance

Premium and coverages in SRD

Coverage	Monthly premium	Annual premium	Maximum Coverage
OPTICAL CARE EXTRA	60	720	1.500
OPTICAL CARE EXTRA +	100	1.200	2.500
OPTICAL CARE EXTRA ++	150	1.800	3.500

Premium and coverages in USD

Coverage	Monthly premium	Annual premium	Maximum Coverage
OPTICAL CARE EXTRA	4	48	100
OPTICAL CARE EXTRA +	6	72	150
OPTICAL CARE EXTRA ++	10	120	250