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## Information subsidy VZM

### Medisch Centrum Kinderwens

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#### Goal

With this information brochure, we're hoping to inform you regarding the April 1<sup>st</sup> subsidy changes for treatments with donated sperm (KID).

#### What changed in the KID reimbursements?

Since 1-4-2020, basic insurance policy will no longer cover the costs of KID for single women and lesbian couples without medical cause for infertility – the absence of a male partner alone is no longer cause for reimbursement. This has been decided by the Dutch minister of VWS (Public Health, Welfare and Sport). The minister has decided that KID-treatments for women without a male partner (known as VZM treatments) will instead be reimbursed from a subsidy. Please note: a maximum of 12 IUI treatments will be reimbursed in this subsidy.

#### Will it be clear beforehand which institution will cover the treatment costs?

When it turns out that there is a medical reason for decreased fertility, the treatment will be covered by your health insurance provider. Without a medical condition, the basic examination (without additional consultations/examinations) and treatments will be covered in accordance with the subsidy policy. If there are additional consultations/examinations, the examination will be covered by your insurance policy.

It may of course happen that your treatment starts out under the subsidy policy, but an underlying medical condition is revealed over the course of the treatment. In that case, the costs will from that moment on be covered by your insurance policy instead. It may also be the case that your treatments were covered by your insurance provider before April 1<sup>st</sup> 2020, and were switched to the subsidy after this date. The MCK Fertility Centre will handle your treatment's administrative details, you will not need to do anything to ensure this happens currently.

#### What will not be covered?

Any appointment for an intake, examination or any treatment which is covered by their insurance policy, will first be charged to the client's deductible excess. The obligatory deductible excess is €385, but depending on your insurance policy you may have a voluntary deductible excess on top of that. Every calendar year, this is the cost of medical treatments which will be charged to you; anything above this will be charged to your insurance provider.

The subsidy policy has settled on a mandatory contribution of €192,50 (half of the obligatory excess deductible). This will only be charged once, even if your treatments span multiple calendar years. Depending on your course of treatment, it may happen that you will need to pay both your excess deductible and the contribution to the subsidy. Therefore, depending on the course of your diagnostics and treatment, the maximum extra cost (when compared to the old policy) is €192,50. This amount does not include the cost of purchasing donated sperm.

## Statement VZM subsidy

The undersigned does hereby declare that they fulfil the conditions as outlined in the “Subsidieregeling kunstmatige inseminatie met donorsemen” (Subsidy policy for artificial insemination using donated semen), reference number 1596133-197192-CZ.

- I have a health insurance provider located in the Netherlands, or I have an international’s right to healthcare or other services as outlined in Dutch health insurance law;
- The KID treatment cannot be funded based on a health insurance policy (in other words, there is no medical indication);
- The treatment is not meant to facilitate a surrogate pregnancy.

In addition to this, I declare to fulfil the contribution of €192,50 prior to my course of treatment.

Should it transpire after the investigation that the investigation phase is not covered by the subsidy policy (due to extra consultations/examinations or due to medical indication) the mandatory contribution will be reimbursed to me.

Name of client:

Date of birth:

Signature:

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Location:

Date:

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