

**SUMMARY OF COVERAGES AZPAS BASIC & AZPAS PLUS INSURANCE PER 01-12-2020**

COVERAGE	COMPENSATIONS AZPAS BASIC	COMPENSATIONS AZPAS PLUS
<i>CONSULTATIONS GENERAL PRACTITIONER</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>CONSULTATIONS BY HEALTHCARE PROVIDERS RELATED TO PREVENTIVE CARE, EXAMINATIONS AND MEDICATION</i>	COSTS OF SPECIALIST MEDICAL TREATMENT BY FOREIGN MISSIONS WILL ONLY BE COMPENSATED IF THE HEALTHCARE INSURER HAS GRANTED PERMISSION IN ADVANCE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>INSURED SPECIALISMS (AT THE REQUEST OF THE GENERAL PRACTITIONER OR SPECIALIST)</i>		
<i>GENERAL SURGERY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>INTERNAL MEDICINE</i>	WITH REGARD TO HAEMODIALYSIS: <ul style="list-style-type: none"> <li>COSTS WILL BE COMPENSATED UP TO A MAXIMUM OF SRD 62,500 PER POLICY YEAR. THE COSTS INCLUDE MEDICINES AND THE COSTS RELATED TO THE PLACING A SHUNT</li> <li>COMPENSATION FOR THE PURCHASE OF A DIALYSIS CATHETER IN CONNECTION WITH HAEMODIALYSIS UP TO A MAXIMUM OF 50% OF SUCH COSTS TO AN ACCUMULATED MAXIMUM OF SRD 1.500, - PER INSURANCE YEAR</li> </ul>	WITH REGARD TO HAEMODIALYSIS: <ul style="list-style-type: none"> <li>COSTS WILL BE COMPENSATED UP TO A MAXIMUM OF SRD 62,500 PER POLICY YEAR. THE COSTS INCLUDE MEDICINES AND THE COSTS RELATED TO THE PLACING A SHUNT</li> <li>COMPENSATION FOR THE PURCHASE OF A DIALYSIS CATHETER IN CONNECTION WITH HAEMODIALYSIS UP TO A MAXIMUM OF 50% OF SUCH COSTS TO AN ACCUMULATED MAXIMUM OF SRD 2.000, - PER INSURANCE YEAR</li> </ul>
<i>PAEDIATRICS</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>GYNAECOLOGIST/OBSTETRICIAN</i>	PRENATAL CHECKUPS BY THE GENERAL PRACTITIONER, OBSTETRICIAN OR GYNAECOLOGIST INCLUDING THE ULTRASOUND SCANS AT TWELVE AND TWENTY WEEKS.	EQUALS THE COVERAGE OF THE AZPAS BASIC
	COMPENSATION FOR DELIVERY IN A HOSPITAL: <ul style="list-style-type: none"> <li>THE COSTS OF A STAY IN A HOSPITAL ON THE RECOMMENDATION OF THE ATTENDING MEDICAL SPECIALIST, COUNTING FROM THE DAY OF ADMISSION UNTIL DISCHARGE</li> <li>DELIVERY IN THE HOSPITAL, AT HOME OR IN A NURSERY INSTITUTION BY A AUTHORIZED SERVICE PROVIDER ACCORDING TO THE AGREED RATES</li> </ul>	EQUALS THE COVERAGE OF THE AZPAS BASIC

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COVERAGE	COMPENSATIONS AZPAS BASIC	COMPENSATIONS AZPAS PLUS
	COMPENSATION FOR CONSULTATIONS AT A CHILD HEALTH CENTRE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>ANAESTHESIOLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>CARDIOLOGY AND CARDIAC SURGERY</i>	COSTS RELATED TO INTERVENTIONAL CARDIAC THERAPY, INCLUDING PERCUTANEOUS ANGIOPLASTY AND / OR PLACEMENT OF STENTS AND VASCULAR SURGERY (INCLUDING BYPASS AND VALVE SURGERY, INSERTION AND POSSIBLY REPOSITIONING OF A PACEMAKER), ACCUMULATED MAXIMUM OF SRD 20,000 PER POLICY PER YEAR	COSTS RELATED TO INTERVENTIONAL CARDIAC THERAPY, INCLUDING PERCUTANEOUS ANGIOPLASTY AND / OR PLACEMENT OF STENTS AND VASCULAR SURGERY (INCLUDING BYPASS AND VALVE SURGERY, INSERTION AND POSSIBLY REPOSITIONING OF A PACEMAKER), ACCUMULATED MAXIMUM OF SRD 26,800 PER POLICY PER YEAR
	PACEMAKER, 50% OF THE PURCHASE COST, WITH AN ACCUMULATED MAXIMUM OF SRD 12.000, - PER POLICY YEAR, A MAXIMUM OF ONCE PER YEAR	PACEMAKER, AN ACCUMULATED MAXIMUM INDEMNITY OF SRD 15.000, - PER POLICY YEAR APPLIES FOR PURCHASE COSTS, A MAXIMUM OF ONCE PER POLICY YEAR
	CARDIAC CATHETERIZATION, UP TO A MAXIMUM OF ONCE PER POLICY YEAR	CARDIAC CATHETERIZATION, UP TO A MAXIMUM OF TWICE PER POLICY YEAR
<i>DERMATOLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>ORAL SURGERY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
ENT [EAR, NOSE and THROAT]	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
	THE PURCHASE COST FOR A HEARING AID ARE NOT REIMBURSED	EXTRA: HEARING AID, UP TO A MAXIMUM OF SRD 1.180, - PER EAR ONCE EVERY 2 POLICY YEARS, IF THE STRENGTH HAS CHANGED

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NEUROLOGY	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
NEUROSURGERY	AN ACCUMULATED MAXIMUM OF SRD 5.000, - PER POLICY YEAR	AN ACCUMULATED MAXIMUM OF SRD 26.800, - PER POLICY YEAR
OPHTHALMOLOGY	AN ACCUMULATED MAXIMUM INDEMNITY OF SRD 5,000 PER POLICY YEAR APPLIES TO EYE SURGERY	UNLIMITED COVERAGE
ORTHOPAEDICS	COMPENSATION UP TO A MAXIMUM OF 75% OF THE PURCHASING COSTS OF ALL PROTHESES ON MEDICAL PRESCRIPTION UP TO AN ACCUMULATED MAXIMUM OF SRD 25.000, - PER POLICY YEAR	COMPENSATION UP TO A MAXIMUM OF 100% OF THE PURCHASING COSTS OF ALL PROTHESES ON MEDICAL PRESCRIPTION UP TO AN ACCUMULATED MAXIMUM OF SRD 50.000, - PER POLICY YEAR
	COMPENSATION UP TO A MAXIMUM OF 50% OF THE COSTS OF HIP LOC, PLATES AND SCREWS	UNLIMITED COVERAGE FOR (RECONSTRUCTION) SURGERIES WITH IMPLANTING AND/ OR REMOVING PROSTHESES
	HIRING ORTHOPAEDIC DEVICES, THAT IS, SPLINTS, ORTHOPAEDIC CRUTCHES AND ORTHOPAEDIC NECK COLLARS, ONLY ON MEDICAL PRESCRIPTION	EQUALS THE COVERAGE OF THE AZPAS BASIC

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COVERAGE	COMPENSATIONS AZPAS BASIC	COMPENSATIONS AZPAS PLUS
		EXTRA: PURCHASE OF LEG AND/ OR ARM PROSTHESES IN CASE OF AMPUTATION AS A RESULT OF AN ACCIDENT OR AS A RESULT OF A CHRONIC ILLNESS THAT WAS NOT PRESENT AT THE TIME OF THE INSURANCE, UP TO AN ACCUMULATED MAXIMUM OF SRD 25.000,- PER INSURED PERSON PER INSURANCE YEAR
		EXTRA: PURCHASE OF (ORTHOAEDIC) DEVICES AND (ORTHOAEDIC) FOOTWEAR UP TO A MAXIMUM OF SRD 670,- PER POLICY YEAR.
<i>PARASITOLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>PLASTIC SURGERY</i>	THE COSTS OF PLASTIC SURGERY WILL BE COMPENSATED UP TO AN ACCUMULATED MAXIMUM OF SRD 7.500,- PER POLICY YEAR, IF MEDICALLY NECESSARY, IN CASE OF MUTILATION AS A RESULT OF AN ACCIDENT OR DISEASE AND A CONGENITAL DEFECT	UNLIMITED COVERAGE, IF MEDICALLY NECESSARY, IN CASE OF MUTILATION AS A RESULT OF AN ACCIDENT OR DISEASE
<i>CONGENITAL ANOMALIES</i>	INDEMNITY FOR HYPOSPASDIAS FOR AN ACCUMULATED MAXIMUM OF SRD 5.000,- PER POLICY YEAR	CONGENITAL DISORDERS: UNLIMITED COVERAGE IN CASE OF NEWBORN INFANTS WHO HAVE BEEN INSURED FROM BIRTH. DE MAXIMUM COMPENSATION FOR INFANTS WHO HAVE NOT BEEN INSURED FROM BIRTH, THE MAXIMUM COMPENSATION IS SRD 20.100,- PER POLICY YEAR
<i>PSYCHIATRY</i>	OUTPATIENT: UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR	OUTPATIENT: UP TO A MAXIMUM OF 20 CONSULTATIONS PER POLICY YEAR
	CLINICAL: UP TO A MAXIMUM OF 6 WEEKS PER POLICY YEAR, WHETHER A CONTINUOUS PERIOD OR NOT	EQUALS THE COVERAGE OF THE AZPAS BASIC

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<i>PULMONOLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>REHABILITATION MEDICINE</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>UROLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>PARASITOLOGY</i>	UNLIMITED COVERAGE	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>RADIOLOGY</i>	ECHOGRAPHY, X-RAY AND MICROSCOPY  CT-SCAN AND/OR MRI SCAN: A MAXIMUM OF 3 PER POLICY YEAR, WITH THE FIRST SCAN BEING FULLY INDEMNIFIED AND 50% OF THE COSTS ARE COMPENSATED IN CASE OF A SECOND AND THIRD SCAN	ECHOGRAPHY, X-RAY AND MICROSCOPY  CT-SCAN AND/OR MRI SCAN: UP TO A MAXIMUM OF 4 PER POLICY YEAR.
<i>PSYCHOLOGY</i>	UP TO A MAXIMUM OF 5 CONSULTATIONS PER POLICY YEAR	UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR

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<i>ORTHOPEDEGOGICS</i>	UP TO A MAXIMUM OF 5 CONSULTATIONS PER POLICY YEAR	UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR
<i>OCCUPATIONAL THERAPY</i>	UP TO A MAXIMUM OF 5 CONSULTATIONS PER POLICY YEAR	UP TO A MAXIMUM OF 15 CONSULTATIONS PER POLICY YEAR
<i>PHYSIOTHERAPY</i>	UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR	UP TO A MAXIMUM OF 18 CONSULTATIONS PER POLICY YEAR
<i>SPEECH THERAPY</i>	UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR	UP TO A MAXIMUM OF 15 CONSULTATIONS PER POLICY YEAR
<i>DIETICIAN</i>	UP TO A MAXIMUM OF 10 CONSULTATIONS PER POLICY YEAR, SOLELY IF IT IS A QUESTION OF (AT LEAST 1 CONDITION APPLIES): <ul style="list-style-type: none"> <li>- BMI &gt; 27</li> <li>- DIABETES MELLITUS</li> <li>- HYPERTENSION</li> <li>- HAEMODIALYSIS</li> <li>- CLINICAL PATIENTS</li> </ul>	UP TO A MAXIMUM OF 18 CONSULTATIONS PER POLICY YEAR, SOLELY IF IT IS A QUESTION OF (AT LEAST 1 CONDITION APPLIES): <ul style="list-style-type: none"> <li>- BMI &gt; 27</li> <li>- DIABETES MELLITUS</li> <li>- HYPERTENSION</li> <li>- HAEMODIALYSIS</li> <li>- CLINICAL PATIENTS</li> </ul>
<i>MEDICAL CHIROPODY</i>	UP TO A MAXIMUM OF 2 VISITS PER POLICY YEAR IF DIABETES MELLITUS IS CONCERNED	EQUALS THE COVERAGE OF THE AZPAS BASIC
<i>SKIN THERAPY</i>	UP TO A MAXIMUM OF 6 VISITS PER POLICY YEAR	EQUALS THE COVERAGE OF THE AZPAS BASIC

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COVERAGE	COMPENSATIONS AZPAS BASIC	COMPENSATIONS AZPAS PLUS
<i>PHARMACEUTICAL AID</i>	REGISTERED MEDICINES LISTED IN AZPAS GENEESMIDDELEN KLAPPER PROVIDED BY A PHARMACY ON PRESENTATION OF A PRESCRIPTION	REGISTERED MEDICINES LISTED IN THE AZPAS GENEESMIDDELEN KLAPPER PROVIDED BY A PHARMACY ON PRESENTATION OF A PRESCRIPTION
	NO DEDUCTIBLE PER MEDICINE	NO DEDUCTIBLE PER MEDICINE
	BLOOD PRODUCTS: UP TO A MAXIMUM OF 10 BOTTLES PER HOSPITALIZATION	BLOOD PRODUCTS: UNLIMITED
	THE MAXIMUM COMPENSATION FOR CHEMOTHERAPEUTICS IS SRD 7.500, - PER POLICY YEAR	THE MAXIMUM COMPENSATION FOR CHEMOTHERAPEUTICS IS SRD 25.125, - PER POLICY YEAR
	HORMONE PREPARATIONS UP TO AN ACCUMULATED MAXIMUM OF SRD 3,350 PER POLICY YEAR	EQUALS THE COVERAGE OF THE AZPAS BASIC
	COMPENSATION FOR BANDAGING AIDS LISTED IN THE MVK (LIST OF MEDICAL CONSUMABLES INDEX)	COMPENSATION FOR BANDAGING AIDS LISTED IN THE MVK (LIST OF MEDICAL CONSUMABLES INDEX)
	COMPENSATION FOR AP COLOSTOMY BAGS AND STICKERS	COMPENSATION FOR AP COLOSTOMY BAGS AND STICKERS

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LABORATORY TESTS	IMMUNO-HISTOCHEMICAL TESTS, WITH A MAXIMUM OF 1 PER POLICY YEAR	NO LIMITATIONS IN THE NUMBER OR KINDS OF TESTS
HOSPITAL ADMISSION	<p>COMPENSATION FOR COSTS OF A MEDICALLY NECESSARY STAY IN ANY HOSPITAL FACILITY IN THE THIRD-CLASS INCLUDING LUNG PAVILION AND PSYCHIATRIC CENTRE SURINAME, UP TO A MAXIMUM OF 120 DAYS PER 2 POLICY YEARS.</p> <p>THIS ALSO INCLUDES ADMISSION IN CONNECTION WITH NEONATAL CARE, ADMISSION TO THE INTENSIVE CARE UNIT AND ADMISSION TO A NURSING HOME.</p> <p>FOR ADMISSION IN AN LUNG PAVILJOEN UP TO A MAXIMUM OF 90 DAYS PER POLICY YEAR</p>	<p>COMPENSATION FOR COSTS OF A MEDICALLY NECESSARY STAY IN ANY HOSPITAL FACILITY IN THE THIRD-CLASS INCLUDING LUNG PAVILION AND PSYCHIATRIC CENTRE SURINAME</p> <p>THIS ALSO INCLUDES ADMISSION IN CONNECTION WITH NEONATAL CARE, ADMISSION TO THE INTENSIVE CARE UNIT AND ADMISSION TO A NURSING HOME</p> <p>IN CASE OF ADMISSION TO A NURSING HOME, THERE IS A MAXIMUM COMPENSATION OF 120 DAYS PER POLICY YEAR.</p>
		<p>EXTRA: AS TO COSTS FOR ADMISSION OF CHILDREN NOT OLDER THAN 5 YEARS THE FOLLOWING APPLIES:            COMPENSATION FOR ROOMING-IN COSTS OF A TOTAL OF 7 DAYS PER POLICY YEAR FOR ONE PARENT, PROVIDED THAT ONE OF THE PARENTS IS INSURED WITH ASSURIA MEDISCHE VERZEKERING N.V.</p>
AMBULANCE TRANSPORT	<p>MAXIMUM SRD 500, - WITH AN OWN CONTRIBUTION OF SRD 125,- PER POLICY YEAR. THE COSTS OF AMBULANCE TRANSPORT OVER LAND FROM AND/OR TO A HEALTHCARE FACILITY AT THE INSTIGATION OF THE GENERAL PRACTITIONER OR ATTENDING SPECIALIST, IF IT IS FOLLOWED BY ADMISSION OR DISCHARGE RESPECTIVELY</p>	<p>NO LIMITATIONS IN THE COSTS OF AMBULANCE TRANSPORT OVER LAND FROM AND/OR TO A HEALTHCARE FACILITY AT THE INSTIGATION OF THE GENERAL PRACTITIONER OR ATTENDING SPECIALIST, IF IT IS FOLLOWED BY ADMISSION OR DISCHARGE RESPECTIVELY</p> <p>IN THE EVENT OF EMERGENCY AIR TRANSPORT FOR MEDICAL REASONS THE MAXIMUM COMPENSATION WILL AMOUNT TO SRD 3.350, - PER POLICY YEAR</p>
HOME CARE	<p>ONLY IF IT IMMEDIATELY FOLLOWS DISCHARGE FROM A HOSPITAL AND ON THE RECOMMENDATION OF THE ATTENDING MEDICAL SPECIALIST; UP TO A MAXIMUM OF 90 DAYS PER POLICY YEAR.</p>	<p>IN ORDER TO PREVENT OR SHORTEN A STAY IN HOSPITAL. COMPENSATION UP TO AN CUMULATED MAXIMUM OF 120 DAYS PER POLICY YEAR, WHETHER AS A CONTINUOUS PERIOD OR NOT.</p>

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STERILISATION	STERILISATION IS COMPENSATED PER INSURED PERSON ONCE IN A LIFETIME IN THE FOLLOWING WAY: THE FULL COSTS OF STERILISATION ARE COMPENSATED ON THE UNDERSTANDING THAT IN CASE OF STERILISATION OF THE MAN, THE COSTS ARE COMPENSATED TO A MAXIMUM OF TREATMENT ON AN OUTPATIENT BASIS.	EQUALS THE COVERAGE OF THE AZPAS BASIC
EYE CARE		THE FOLLOWING COMPENSATIONS APPLY TO
		OPTICAL CARE CLASSIC: <ul style="list-style-type: none"> <li>UP TO A MAXIMUM OF SRD 850, - (OF WHICH SPECTACLE FRAME UP TO A</li> </ul>
	COMPENSATION FOR OPTICAL CARE UP TO A MAXIMUM OF SRD 300, - ONCE PER 24 MONTHS	MAXIMUM OF SRD 450, -); <ul style="list-style-type: none"> <li>ONCE EVERY 2 POLICY YEARS IF THE</li> </ul>
	WHEN PRESCRIBED BY THE OPHTHALMOLOGIST, OPTICIAN OR OPTOMETRIST.	STRENGTH HAS CHANGED AT LEAST 0.5; <ul style="list-style-type: none"> <li>PRESCRIBED BY THE OPHTHALMOLOGIST, OPTICIAN OR OPTOMETRIST;</li> <li>FOR CONTACT LENSES THE SAME CONDITIONS APPLY</li> </ul>
	AN ADDITIONAL COVERAGE IS POSSIBLE AT AN ADDITIONAL PREMIUM, WHICH GIVES AN	
	EXTRA COMPENSATION: <ul style="list-style-type: none"> <li><b>EXTRA:</b> SRD 515, - PER 24 MONTHS IN ADDITION TO THE OPTICAL COVERAGE WHICH IS A REGULAR COMPONENT OF THE AZPAS BASIC HEALTH INSURANCE.</li> <li><b>EXTRA*:</b> SRD 1.030, - PER 24 MONTHS IN ADDITION TO THE OPTICAL COVERAGE WHICH IS A REGULAR COMPONENT OF THE AZPAS BASIC HEALTH INSURANCE.</li> </ul>	THE FOLLOWING COMPENSATIONS APPLY TO: <ul style="list-style-type: none"> <li><b>OPTICAL CARE SUPREME:</b> UP TO A MAXIMUM OF SRD 1.100, - (OF WHICH SPECTACLE FRAME UP TO A MAXIMUM OF SRD 700, -; ONCE EVERY 2 POLICY YEARS IF THE STRENGTH HAS CHANGED AT LEAST 0.5); PRESCRIBED BY THE OPHTHALMOLOGIST, OPTICIAN OR OPTOMETRIST; FOR CONTACT LENSES THE SAME CONDITIONS APPLY.</li> <li><b>OPTICAL CARE SUPREME*:</b> UP TO A MAXIMUM OF SRD 2.200, - (OF WHICH SPECTACLE FRAME UP TO A MAXIMUM OF SRD 1.400, -); ONCE EVERY 2 POLICY YEARS IF THE STRENGTH HAS CHANGED AT LEAST 0.5); PRESCRIBED BY THE OPHTHALMOLOGIST, OPTICIAN OR OPTOMETRIST; FOR CONTACT LENSES THE SAME CONDITIONS APPLY.</li> </ul>
DENTAL TREATMENT	NO COVERAGE	ONLY COMPENSATION WHEN THE COSTS ARE A DIRECT RESULT OF AN ACCIDENT UP TO A MAXIMUM OF SRD 3.350, - PER POLICY YEAR
	COVERAGE FOR DENTAL TREATMENT IS POSSIBLE AT AN ADDITIONAL PREMIUM.	AN ADDITIONAL COVERAGE IS POSSIBLE AT AN ADDITIONAL PREMIUM.

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