

# Factsheet – Introduction to Dutch Healthcare and Insurance System

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## Introduction

The Dutch healthcare system is divided in primary and secondary care. Everybody has access to primary care, for instance to a general practitioner (GP). You don't need a referral, but you need to make an appointment first. Your GP can refer you to a hospital if you need the more specialized secondary care. Before you go to a hospital you have to make an appointment. Only in case of a medical emergency you can go to the Emergency Room (SEH) of a hospital.

## 1. National healthcare insurance (basic insurance)

Under the Health Insurance Act (Zorgverzekeringswet), all residents of the Netherlands have to take out a healthcare insurance. This healthcare insurance covers standard medical costs such as general practitioners (GPs), hospitals, pharmaceutical costs or urgent medical necessary care abroad (up to the maximum Dutch rate). HIV care and treatment is covered. Each year the government determines what is covered by the national healthcare scheme. Even the insurance companies have a duty: the so-called open enrollment. They have to accept everybody who applies for national healthcare insurance regardless of their age or their state of health, so including people living with HIV. However, you do need a residence permit to be able to get this healthcare insurance.

### 1.1 Supplementary insurance

Supplementary insurance can be taken out for costs that are not included in the national healthcare insurance. For example; medical costs such as physiotherapy, dental care or an additional reimbursement for urgent necessary medical care abroad. Reimbursements and premium vary per insurance companies. Requirements can be made by the insurance company and a person can be refused access for these insurance packages. The government does not interfere in these matters. So, based on their personal medical record people living with HIV can be refused by an insurance company for a supplementary insurance.

### 1.2 Premium rate

In the Netherlands, the insured person pays the insurer a nominal premium rate. The premium amount is determined by the insurance companies. The Health Insurance Act (Zvw) also provides an income-related contribution to be paid by the insured person. The more someone earns, the higher the contribution. Those under the age of 18 have to have insurance by law but are insured free of charge. Parents are responsible for that. Paying premium is applicable from the age of 18.

### 1.3 Mandatory excess

Next to the nominal premium and income-related contribution the national healthcare insurance has an excess. The government determined that the excess for 2019 is an amount of € 385 per calendar year. This excess does not have to be paid for visiting a general practitioner (GP). The excess is paid for any other care. The insurance company does not cover the costs of all kinds of medication, but for the covered medication the excess has to be paid.

## 2. People without a residence permit

If you are on holiday in the Netherlands, or do not have a residence permit and/or not having a job in the Netherlands, you are not allowed to get Dutch healthcare insurance. In this case, you are dependent on a travel healthcare insurance or the healthcare insurance in your home country. Not all travel healthcare insurances cover HIV care, so it is necessary to check this before your visit to the Netherlands. Next, not all countries have basic insurance and cover HIV-related costs abroad. Check the insurance company in your home country. If you need medical care do go to a GP or travel clinic. They can do a general medical check up and will refer you to specialized care if needed.

### 2.1 Medical necessary care

Essential medical care must always be provided. A doctor has a legal duty of care. Essential medical care is more than only emergency care. Essential medical care is all medical care that the doctor considers essential and needed for the person's well-being, and which is included in the basic health insurance package. Also HIV services must be provided if the doctor considers this as essential. Even with necessary care you are obliged to pay the medical bills.

### 2.2 Funding regulations for health care for uninsurable people in the Netherlands

Uninsurable people sometimes need essential medical care. The medical costs have to be paid by themselves. If they are unable to pay, the care providers can apply for reimbursement from the CAK (Het Centraal Administratie Kantoor) via the special funding regulations for health care for uninsurable people. HIV treatment and care can be provided depending on each individual situation.

### 2.3 Asylum seekers health insurance

People living in asylum seekers' centers (azc) or a COA location are collectively insured via the Asylum Seekers Medical Care Regulation (RMA Healthcare). They are entitled to the general healthcare services conform the basic healthcare package. HIV-testing, -care and -medication are covered.

(See next page for overview)

