

# Insured Abroad 2015



You are insured  
abroad and  
temporarily staying  
in the Netherlands

Welcome to the Netherlands! You may need some form of care during your stay in the Netherlands. This brochure serves to explain some of the questions you may have.

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# How are you insured in the Netherlands?

You are insured via your own healthcare insurance company. Your country has concluded a treaty with the Netherlands. You will therefore be refunded for your healthcare in the Netherlands.

You are insured in the Netherlands if:

- you have a healthcare insurance in a country with which the Netherlands has agreements;
- you have a valid international insurance certificate.

## You need a Dutch healthcare insurance in two situations

- You work in the Netherlands for a Dutch employer and pay income tax. Also inform your own foreign healthcare insurance company of this. In this situation, you may not use an international insurance certificate.
- You live in the Netherlands. If you are registered with a municipality, you may not use your international healthcare insurance.

You will receive a refund if you have a healthcare insurance in 1 of these countries:

**Countries from the European Union (EU) and the European Economic Area (EEA):**

Austria	Latvia
Belgium	Liechtenstein
Bulgaria	Lithuania
Croatia	Luxembourg
Cyprus	Malta
Czech Republic	Norway
Denmark	Poland
Estonia	Portugal
Germany	Romania
Finland	Slovakia
France	Slovenia
Greece	Spain
Hungary	Sweden
Iceland	The United Kingdom of Great Britain and Northern Ireland
Ireland	
Italy	

**Other countries:**

Australia	Serbia
Bosnia-Herzegovina	Tunisia
Cape Verde	Turkey
Macedonia	Switzerland
Montenegro	







**You will need an international insurance certificate before you go to the Netherlands.**

Ask your healthcare insurance company for an international insurance certificate. Do you already have an international insurance certificate? Then make sure that the certificate is still valid.

**There are various international insurance certificates.**

***If you live within the EU, the EEA countries or Switzerland:***

- European Health Insurance Card (EHIC)  
With this card you will receive treatment for unexpected complaints during your stay in the Netherlands
- Temporary certificate instead of the EHIC  
Have you lost the EHIC or has the EHIC been stolen? Then you can request a temporary certificate from your healthcare insurance company.
- Form S2 (formerly E112)  
Are you coming to the Netherlands especially for a treatment? Then before your departure you must request this form from your healthcare insurance company, because your healthcare insurance company must grant permission for this treatment.
- Form DA1 (formerly E123)  
Do you have an occupational illness or a complaint resulting from your work? Or have you had an accident at work? Then you will need this form in order to receive a refund.

**Tip:** take a copy of your insurance certificate to be sure. Your care provider will need this copy.

***If you live in other countries:***

Do you have a healthcare insurance in 1 of the other treaty countries? Then you will only be refunded for emergency treatment in the Netherlands.

You will then need 1 of the following forms:

- Form K/N 111  
If you have a healthcare insurance in Cape Verde.
- Form TUN/N 111  
If you have a healthcare insurance in Tunisia.
- Form RM/NL 111  
If you have a healthcare insurance in Macedonia.
- Form TUR/N 111  
If you have a healthcare insurance in Turkey.
- Form YN 111  
If you have a healthcare insurance in Bosnia-Herzegovina, Montenegro or Serbia.
- Insurance certificate A 111  
If you have a healthcare insurance in Australia.

# What will be reimbursed?

You will be reimbursed for treatments from the basic Dutch Health Insurance Act and the Long-Term Care Act package. A summary of the most common types of care you will be reimbursed for now follows. You will receive these reimbursements providing you visit a certified healthcare provider.

## GP Care

### **Reimbursement**

- a visit to the GP during surgery hours (a consultation);
- a visit from the GP if you cannot attend the surgery for medical reasons (a home visit);
- advice on the telephone.

### **No reimbursement**

- a flu vaccination;
- a medical assessment;
- costs associated with obtaining a repeat prescription.

## Pharmaceutical Care

You will only be reimbursed for medication (like tablets and ointments) you will need during your stay in the Netherlands. And providing your doctor has prescribed these for you. You may sometimes need to pay your own contribution too. This may apply, for example, when a product is available which costs less, but which will provide the same results. Ask your pharmacist to confirm whether you will be reimbursed for the item.

## Medical Specialist Care

You will need a referral from your GP, dentist, midwife or other specialist for planned medical specialist care. Specialist care includes care provided by a specialist in his or her practice or care provided in a hospital's outpatients department. Specialist care also includes medical care provided by a specialist during a hospital admission. The associated costs will be reimbursed if it's necessary for you to be admitted to hospital during your stay in the Netherlands.

### **No reimbursement**

- Plastic surgery. We virtually never provide reimbursement for plastic surgery. Your plastic surgeon will therefore need to apply for your treatment from us beforehand. We will inform your plastic surgeon whether we are able to approve the treatment;
- Circumcision and sterilisation.

## Care during the birth of your child

You will be reimbursed for the care you receive before, during and after the birth of your child. Would you like to give birth in hospital, without your doctor or midwife classing this as necessary? Then you will need to pay the hospital bill. You subsequently need to send the bill to us and we will reimburse you € 202.00.

The maternity centre will advise you how much maternity care you are entitled to after you have given birth. You will need to pay your own contribution of € 4.15 for every hour of maternity care.

## Mental Health Care

### **You are below the age of 18**

You will unfortunately not be reimbursed for costs associated with mental health care.

### **You are 18 years old and above**

Do you have any mental health problems? Start off with a visit to your GP. He will decide whether or not you are in need of care, based on your complaints. You will either receive treatment in your GP surgery, or your GP will refer you to Basic GGZ (Mental Health Care) or specialised GGZ.

### **Basic GGZ treats mild and moderate mental disorders**

You will be treated by either a psychologist, psychotherapist or psychiatrist. He or she will decide on your treatment, which will be completely reimbursed. However, your care provider will need to include the treatment programme or code on the bill.

### **Specialist GGZ treats more severe mental disorders**

This care will be provided by a GGZ institute, psychiatrist, psychotherapist or clinical psychologist. These treatments will be completely reimbursed.

## Patient Transport

### **You will not be reimbursed for transport from and to another country**

We will only pay for your transport within the Netherlands to a care provider within the Netherlands. We will not pay for your transport from and to a border crossing or airport.

### **You will be completely reimbursed for ambulance transport in the Netherlands**

You will not need to pay any contribution towards this.

You will be reimbursed for transport by car, taxi, or public transport in 4 situations:

- You are undergoing kidney dialysis treatment;
- You are undergoing chemotherapy or radiotherapy;
- You are dependent on a wheelchair;
- You are blind or partially sighted and you cannot travel unaccompanied.

You will need to apply for the transport for your treatment from us in writing. Please also forward a copy of the medical certificate issued by your doctor. This certificate will indicate whether you fit into one of the listed groups. We will confirm whether or not we can pay for the transport. You will first pay an own contribution of € 97.00 per calendar year.

## Dental Care

### **You are below the age of 18**

We will provide reimbursement for all dental care, except crowns, bridges, implants and orthodontic care.

### **You are 18 years old and above**

- We will only provide reimbursement for special dentistry. For example, in case of a serious abnormality with your teeth. Your dentist will subsequently charge you an hourly rate. Your dentist will request this treatment from us beforehand.
- We will provide reimbursement for new complete upper dentures, complete lower dentures or a complete set of dentures. You will, however, need to pay an own contribution of at least 25%.
- We will provide reimbursement for the repair or readjustments of a complete set of dentures.
- We may sometimes provide reimbursement for the costs of your implants. These support your dentures. This will only apply if you have a complete set of dentures. You would need to pay your own contribution of € 125,- per jaw. Do you need this treatment? Your dentist will request approval from us before the treatment commences.
- We do not provide reimbursements for treatments like check-ups or fillings.

### Please note! There are exceptions:

- You will not be reimbursed for treatments from supplementary insurance policies. Podiatry and alternative medicine are examples of this
- You will not be reimbursed for treatments in a private clinic.

## Paramedic Care

Paramedic care includes physiotherapy and exercise therapy, speech therapy, occupational therapy and dietetics.

### **Physiotherapy and remedial therapy**

The Dutch government has decided for which medical conditions a reimbursement will apply. Your medical condition must be included on the 'chronic conditions' list. Your physiotherapist will be able to tell you whether your condition is included.

### **Your condition is on the list**

- Are you below the age of 18? Then all your treatments will be paid for.
- Are you 18 years old or above? Then you will need to pay for the first 20 treatments per calendar year yourself. The rest will be reimbursed.

### **Your condition is not on the list**

Are you below the age of 18? Then you will be reimbursed for a maximum of 9 treatments per calendar year. It may be possible to extend this with a maximum of 9 treatments per calendar year. Are you 18 years old or above? Then you unfortunately will not be reimbursed for any treatments.

### **Pelvic physiotherapy**

Do you suffer from urinary incontinence? And are you 18 years old or above? Then you will receive reimbursement for the first 9 treatments of pelvic physiotherapy.

### **Speech therapy**

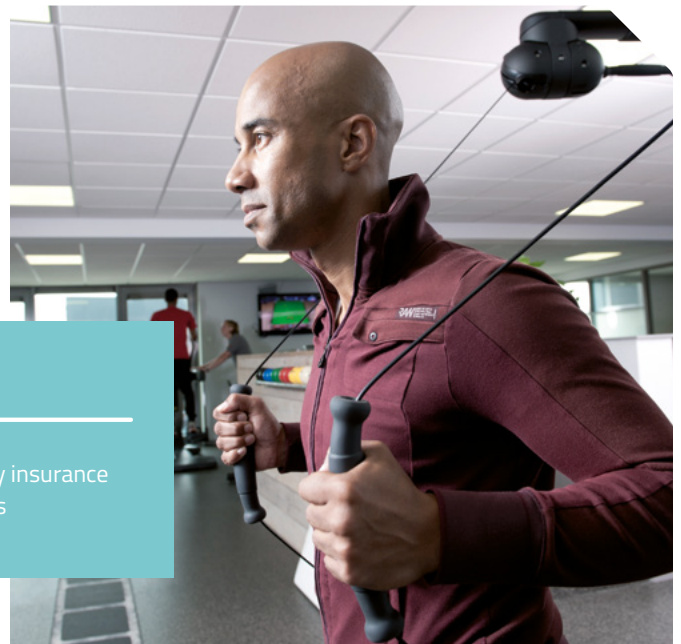
All required treatments will be reimbursed. You will not be reimbursed for any treatments required as a result of your dialect or language deficiency.

### **Occupational therapy**

You will be reimbursed for a maximum of 10 hours per calendar year.

### **Dietary advice**

You will be reimbursed for a maximum of 3 hours per calendar year.



# What is the Long-Term Care Act?

## **The Long-Term Care Act (LTCA) regulates long-term care in the Netherlands**

Do you require intensive care and supervision throughout the day? You will be reimbursed for your care and supervision. Visit the Centrum Indicatiestelling's (CIZ) (Assessment Centre) website ([www.ciz.nl](http://www.ciz.nl)), where you will find an application form which must be completed.

### **The application form should be sent to:**

CIZ  
Postbus 6012  
6401 SB HEERLEN

## **The CIZ will assess whether the LTCA entitles you to reimbursement**

The CIZ will look at your application form to assess whether the LTCA entitles you to long-term care reimbursement. You will receive an assessment decision if this proves to be the case. This decision will state which care you are entitled to and for how many hours. The care listed on the decision will be fully reimbursed. However, you will need a valid international insurance certificate.

### **Would you like to find out more about organising long-term care?**

Please do get in touch with us. You can contact us on +31 (0)33 445 68 71.

## How are payments made?

### **We usually pay the bill direct to your care provider**

You will not need to do anything yourself. Your own healthcare insurer will reimburse us for these costs.

### **You will sometimes need to pay the bill yourself first**

This may be the case when we can only reimburse you for part of the treatment.

### **You send the bill in to us**

Send us the original bill and a copy of your international insurance certificate. Also include your bank details. Please also provide us with your bank's BIC code if your bank account is in Australia.

### **Please send the bill to:**

Zilveren Kruis Achmea  
Groep Buitenlands Recht  
Postbus 650  
7300 AR APELDOORN



# Any questions?

Please do not hesitate to contact us. We would gladly be of assistance.



## **Please visit**

[www.zilverenkruis.nl/naarnederland](http://www.zilverenkruis.nl/naarnederland)



## **Call us on**

+31 (0)33 445 68 70

You can contact us from Monday to Friday from 08-30 am to 17-00 pm.



## **Write to**

Zilveren Kruis Achmea  
Groep Buitenlands Recht  
Postbus 650  
7300 AR APELDOORN

## **Email us**

[gbr@achmea.nl](mailto:gbr@achmea.nl)

We will get in touch with you as soon as possible.

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