

Factsheet – Introduction to Dutch Healthcare and Insurance System (latest update on 24-10-2022)

Introduction

Everyone who lives or works in the Netherlands, is required by law to have a basic health insurance (<https://www.government.nl/topics/health-insurance>)

A supplementary insurance is not required. The insurance companies have to accept everybody who applies for the healthcare basic insurance regardless of their age or their state of health, including people with HIV. HIV care and treatment is covered.

The Dutch healthcare system is divided in primary and secondary care. Everybody has access to primary care, as for instance to a general practitioner (GP). You don't need a referral. Your GP can refer you to a hospital or HIV specific clinic if you need more specialized secondary care as HIV care. Before you go to a hospital you have to make an appointment first. Only in case of a medical emergency you can go to the Emergency Room (SEH) of a hospital. For more information see <https://www.zorgverzekeringslijn.nl/english/>

How do you obtain HIV care?

In the case of questions about access to HIV care it is best to make an appointment with a general practitioner based in the area in which you're residing.

A GP can write a referral for you, so you are able to make an appointment with a HIV department of a hospital in your neighborhood (see <https://www.hiv-monitoring.nl/nl/wat-we-doen/hiv-behandelcentra>). If this does not work look locally what other options are available. You can find these divers options for instance on the website of the Rode Kruis (.) or Dokters van de Wereld (<https://dokterstvanderwereld.org/contact/need-help/>) or Straatdokters (<https://www.straatsdokter.nl/waar-vind-ik-een-straatsdokter/>).

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 with HIV.

Supplementary insurance

Supplementary insurance can be taken out for costs that are not included in the national healthcare insurance, as physiotherapy, dental care or additional reimbursement for urgent necessary medical care abroad. Reimbursements and premium vary per insurer. Requirements can be made by the insurer 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 with HIV can be refused by an insurer for a supplementary insurance Healthcare premium.

Premium rate

In the Netherlands, the insured person pays the insurer a nominal premium rate. The premium amount is determined by the insurers. 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.

Mandatory excess

Health care remains expensive despite the premium and income-related contribution. For that reason the national healthcare insurance has an excess. The government determined that the excess for 2022 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.

On holiday or no residence permit

If you are on holiday in the Netherlands or do not have a residence permit, you are not allowed to get a Dutch healthcare insurance. In this case, you are dependent on a private travel insurance covering medical expenses or the healthcare insurance from your home country. Not all insurances cover HIV related costs for care, so it is necessary to check this before your visit to the Netherlands. Check the insurance company in your home country.

Medical necessary care

Legally speaking you are always entitled to essential medical care according to the Health Insurance Act (Zorgverzekeringswet, Zvw). This is all care covered by the basic insurance of the Zvw or under the agreements of the Long Term Act (Wet langdurige zorg, Wlz) This also applies to HIV care. So, 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. Therefore HIV services must be provided if the doctor considers this as essential. By law everyone must pay for the medical care they receive.

Funding regulations for health care for uninsured people in the Netherlands

There could be various reasons why you are (temporarily) not insured. For example because you are in the Netherlands without legally valid documents and are unable to take out a health insurance. But maybe you need essential medical care. The medical costs have to be paid by yourself. If you 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 (Subsidieregeling medisch noodzakelijke zorg voor onverzekerbare vreemdelingen). HIV treatment and care can be provided depending on each individual situation.

Asylum seekers health insurance (RMA)

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

Refugees from Ukraine health insurance (RMO)

For people from Ukraine with a passport and a Citizens' Service Number (BSN), the cost of HIV care and HIV medication will be reimbursed from the RMO (Medical Care Scheme for Displaced Persons from Ukraine). You do not have to do or pay anything for this.

If you do not (yet) have a passport or BSN, the CAK will reimburse the costs of care. In that case, too, you do not have to do or pay anything. Care and HIV medication will be reimbursed from the RMO (Medical Care Scheme for Displaced Persons from Ukraine). You do not have to do or pay anything for this. If you do not (yet) have a passport or BSN, the CAK will reimburse the costs of care. In that case, too, you do not have to do or pay anything.

Access to HIV care and medication for foreigners

