



As from 1 January 2006:

New health insurance system for everyone

Ministry of Health, Welfare and Sport

Contents

Introduction	Page 3
New health insurance system	Page 4
Premium and healthcare allowance	Page 6
From old to new	Page 9
Different policies	Page 11
FAQs	Page 12
Important dates	Page 14
Summary	Page 15
Do you have any questions?	Page 16

Introduction

This brochure explains the new **health insurance system**. A health insurance policy **reimburses** the costs of **health care** incurred, for example, in visiting your general practitioner or undergoing an operation at a hospital. You conclude your health insurance policy with a **health insurance company**.

New health insurance

On 1 January 2006 one new health insurance will be introduced for everyone. From this date you will no longer be insured under the Social Health Insurance Act (Ziekenfondswet) or with private health insurance. This brochure contains more information about the new health insurance system. It explains, for example, the changes that will take place in the coming months, what you will need to do, and who you can contact if you have any questions.



Health care is the care you need to regain your health or to stay in good health.

Health insurance is an insurance that reimburses your health care expenses

Reimbursement is the payment of your expenses.

Health insurance companies are organizations providing you health insurance.

New health insurance system

Standard package

As from 1 January 2006 everyone living or working in the Netherlands will be obliged to take out the same health insurance. This health insurance will reimburse the cost of the largest part of the health care needs. This part is called the **standard package**. The standard package is the same for everyone, and is the same as the current Social Health Insurance Act package.

The standard package reimburses the costs of:

- General practitioners, specialists, and hospitals.
- Dentists for people below 18.
- Specialized dental care and dentures.
- Medical appliances, such as medical stockings.
- Medicines.
- Maternity care and obstetrics.
- Health care transport, such as transport in ambulances or wheelchair taxis.
- Limited: physiotherapy, remedial therapy, speech therapy, and occupational therapy.
- Advice on nutrition and the diet.



Supplementary insurance

The standard package does not reimburse all health care expenses. For this reason **supplementary insurance** is also available. A supplementary insurance policy can reimburse the costs of health care not covered by the standard package, such as the cost of dental care for adults. Adults who do not take out supplementary insurance will pay these costs themselves. Not all supplementary insurances reimburse the same costs. You can decide for yourself which supplementary insurance you take out. Supplementary insurance is not compulsory.

Supplementary insurance can, for example, reimburse the cost of:

- Glasses.
- Dental charges for adults from age 18.
- Contraceptives for adults.
- Complementary medicine, such as homeopathy.
- The part of the physiotherapy costs not covered by the standard package.



The **standard package** reimburses the costs of the larger part of the health care needs. The standard package is compulsory.

Supplementary insurance can reimburse the costs of health care not covered by the standard package. Supplementary insurance is not compulsory.

Premium and healthcare allowance

Premium

Health insurance is not free. You pay a fixed amount every month. This is the **premium**. You pay this premium to the health insurance company. You pay a premium for the standard package and, where relevant, for the supplementary insurance. Make sure you always pay your monthly premium in time. The health insurance company will then reimburse the cost of the health care you need.

Premium for the standard package

The premium for the **standard package** will be about 92 euros a month. Note: some health insurance companies will charge you a premium a little more than 92 euros a month. Other health insurance companies will charge you slightly less.

Income-related contribution

If you are employed or receive benefits (such as incapacity benefits [WAO], or unemployment benefit [WW]) then in addition to your premium you will also pay a contribution. The amount of this contribution will depend on your income. You will be reimbursed this **income-related contribution** by your employer or the administration



agency. Do you receive an old-age pension? Then the contribution has already been taken into account in your old-age pension. You will pay a lower contribution if you receive a pension, or are self-employed.

No-claim

Do you need little or no health care during the course of a year? Then you will be refunded part of your premium. The health insurance company will refund you a maximum of 255 euros a year. This discount is called the **no-claim**. Did you need only the services of your general practitioner during the year? Or did you need only maternity care or an obstetrician? If so, then you will still be refunded the full amount. This is because the costs of visits to your general practitioner do not count for your no-claim. Nor do the costs of maternity care and obstetricians.

Personal excess

The new health insurance system also allows you to choose a **personal excess**. This personal excess can be 100, 200, 300, 400 or 500 euros. The personal-excess options available to you will depend on your health insurance company. What exactly *is* a personal excess? Suppose that your personal excess is 200 euros, and you need to visit the hospital; you will then need to pay the first 200 euros of the hospital expenses yourself. If you are interested in a personal excess do first think carefully about whether you will be able to pay the amount you agree to pay yourself. You are not obliged to take a personal excess. A personal excess offers you the advantage of a lower premium. However, the disadvantage is that you will then need to pay part of the costs yourself.



Healthcare allowance

We do not all earn the same income. The **healthcare allowance** has been introduced for this reason. People with a low income receive a healthcare allowance. You can use this healthcare allowance to pay part of your premium. Whether you receive a healthcare allowance will depend on your income. The lower your income, the higher your healthcare allowance. Do you live on your own, and do you earn a gross salary of less than 25,000 a year? If so, you have a right to a healthcare allowance of a maximum of 400 euros a year. Are you married or do you cohabit, and do you and your partner jointly earn a gross salary of less than 40,000 euros a year? If so, you have a right to a healthcare allowance of a maximum of 1,150 euros a year. You will receive your healthcare allowance in monthly instalments from the Dutch Tax and Customs Administration.

Number of persons	Income	Healthcare allowance
	to 25,000 euros gross	maximum 400 euros
	to 40,000 euros gross	maximum 1,150 euros

Healthcare allowance application form

Do you think you have a right to a healthcare allowance? If so, you can request a Healthcare allowance form from the Dutch Tax and Customs Administration. Their toll-free telephone number is 0800-0543. You can also surf to www.toeslagen.nl, where you can download the form.



The **premium** is the monthly amount of money you pay for your health insurance.

The **income-related contribution** is contribution you pay in addition to your premium if you work or receive benefits. Your employer or the administration agency will refund this contribution.

The **no-claim** is the part of the premium refunded to you if you needed little or no health care.

The **personal excess** is the amount you pay, where relevant, towards your health care expenses. You will then pay a lower premium.

The **healthcare allowance** is the money you receive from the Dutch Tax and Customs Administration if you do not have a high income. You can use this to pay part of the premium.

From old to new

Proposal

Before 16 December 2005 a proposal will be sent to your home address from the health insurance company or the health insurance fund that provides your present health insurance. The proposal will tell you the amount you will pay for the new health insurance from 1 January 2006. This proposal is for the standard package. However, the proposal can also include supplementary insurance if you now have supplementary insurance. The proposal will be for the same health care covered by your present health-care insurance.

Satisfied?

Are you satisfied with the proposal from your health insurance company? If so, you will continue to be insured with the same health insurance company after 1 January 2006. You will also be insured for the same health care covered by your present health insurance. And from 1 January 2006 you will pay the amount shown in the proposal.

Are you satisfied with your health insurance company – but dissatisfied, for example, with the supplementary insurance? If so, you can ask your health insurance company to send you a different proposal.





Another health insurance company

You can also choose another health insurance company, for example because the other health insurance company is cheaper, or because it offers better supplementary insurance.

Notice of termination

Are you planning to change to a new health insurance company?

If so, then you will need to give your old health insurance company notice of termination before 1 March 2006. Obviously, if you do so then you must take out health insurance with another health insurance company. You must do so by no later than 1 May 2006.

Fine

It will be best for you to take out new health insurance well before 1 May 2006, for example in March. This is because as from 1 May 2006 everyone must have health insurance. You will be fined if you do *not* have health insurance with a health insurance company after 1 May 2006.

Different policies

There are different types of **health insurance policies**. This is because health insurance companies can decide whether they wish to make price and quality agreements with **healthcare providers**.

Contracted care

Health insurance companies that make these agreements offer **contracted care or care in kind**. These agreements can be of use to you, either because you pay a lower premium or because you receive better service. In practice health insurance companies will, just like the health insurance funds, make agreements with almost all healthcare providers in your area. However, if you want help from a healthcare provider with whom your health insurance company has not concluded an agreement then it is possible that you will not receive full reimbursement for that health care.

Non-contracted care

Health insurance companies that do not conclude agreements with healthcare providers offer **non-contracted care or care with reimbursement**. Your reimbursement is not affected by your choice of healthcare providers. However, your premium will probably be higher, because the health insurance company has not concluded contracts with the healthcare providers.



The **health insurance policy** is the contract between you and your health insurance company. The type of your health insurance is stated in the policy.

Healthcare providers are people or organizations who supply health care.

With **contracted care or care in kind** the insurance company concludes price and quality agreements with healthcare providers.

With **non-contracted care or care with reimbursement** the insurance company *does not* conclude price and quality agreements with healthcare providers.



FAQs

Will I be uninsured if I don't do anything?

No. If you already have health insurance you will receive a proposal from your health insurance company. If you do not answer the proposal then you will automatically stay insured with your present health insurance company after 1 January 2006.

Can a health insurance company refuse me because I am too old, or because I am often ill?

No. Health insurance companies have an acceptance obligation. This means that they must accept *everyone* for the standard package of the new health insurance, including the elderly and people who are often ill. This acceptance obligation does not include supplementary insurance, and they can refuse you if they wish. However, you will be able to continue any supplementary insurance you already have.

Can I also change my health insurance company after 1 May 2006?

Yes, you can. You can change your health insurance company at the end of every year.

Must I take out the standard package and the supplementary insurance with the same health insurance company?

No, you don't have to. You can take out your standard package with one health insurance company and your supplementary insurance with

another health insurance company. You are free to choose the best health insurance company for your needs.

What happens if I don't pay my premium?

Your health insurance company could stop your health insurance. This means you will not be insured, and you run the risk of having to pay the high health care costs yourself. You could also be fined if you are not insured.

Will group health care insurance still be available next year?

Many people have group health care insurance, for example via their work. This means that they and their colleagues have the same health insurance. This can be cheaper. Many group health care insurance schemes will probably continue after 1 January 2006. Ask your employer for more information.

I have children below the age of 18. How can I insure them?

Children under the age of 18 are insured for the standard package of the new health insurance system free of charge. This means that you do not need to pay a premium for children under the age of 18. However, you will need to tell your health insurance company that you have children under the age of 18, and give their names. Do you want supplementary insurance for your children? If so, you will need to pay a premium for this supplementary insurance. You do not receive a healthcare allowance or no-claim for children under the age of 18. Once children reach the age of 18 they must pay a premium, and have a right to a healthcare allowance.



Acceptance obligation means that health insurance companies must accept *everyone* for the standard package.

Group health care insurance is insurance arranged, for example, via your employer.

Important dates

The five important dates for the new health insurance system

NOVEMBER 2005 ✓ 1 November Fill in the Healthcare allowance form as quickly as possible. Send the completed form to the Dutch Tax and Customs Administration.	DECEMBER 2005 ✓ 16 December You receive a proposal from your health insurance company before 16 December 2005.	JANUARY 2006 ✓ 1 January The new health insurance system comes into force.	FEBRUARY 2006
MARCH 2006 ✓ 1 March If you want to give notification of the termination of the health insurance with your present health insurance company then you must do so <i>before</i> 1 March 2006.	APRIL 2006	MAY 2006 ✓ 1 May If you want to take out health insurance with a new health insurance company then you must do so <i>before</i> 1 May 2006.	JUNE 2006



Summary

Standard package

As from 1 January 2006 one new health insurance will be introduced for everyone. This health insurance will reimburse the cost of the largest part of the health care needs. This part is called the **standard package**.

Supplementary insurance

The standard package does not reimburse all health care expenses. For this reason **supplementary insurance** is also available. A supplementary insurance policy can reimburse the costs of health care not covered by the standard package.

Premium

Health insurance is not free. You pay a fixed amount every month. This is the **premium**. The premium for the new health insurance will be about 92 euros a month. In addition, you will also pay an **income-related contribution**. You will be reimbursed this by your

employer or the administration agency. If you have a low income you will receive a **healthcare allowance**.

The healthcare allowance is the money you receive from the Dutch Tax and Customs Administration towards the payment of the premium.

Proposal

Before 16 December 2005 a proposal will be sent to your home address from the health insurance company.

The proposal will tell you the amount you will pay for the new health insurance from 1 January 2006. If you agree to the proposal then you will continue to be insured with the same health insurance company; you will also continue to be insured with the same company if you do not reply to the proposal. However, you can also choose another health insurance company. If you want to do so you must give notification of termination to your present health insurance company *before* 1 March 2006. Everyone must have health care insurance as from 1 May 2006.

Do you have any questions?

Internet

A lot of information about the new health insurance is available on the Internet, for example at:

- www.denieuwezorgverzekering.nl. This is the Ministry of Health, Welfare and Sport's website for the new health insurance system.
- www.toeslagen.nl. This is the Dutch tax and Customs Administration's website containing more information about the healthcare allowance.
- www.kiesbeter.nl. As from December 2005 this website will provide a list of all health insurance companies and the health insurance they offer.

Postbus 51

You can contact Postbus 51 with all your questions about the new health insurance system. You can call Postbus 51 from 9.00 to 21.00 on working days. Their telephone number is 0800-8051 (toll-free).

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