



Accessing healthcare in the Netherlands Guide

Helping your globally mobile populations thrive

United
Healthcare
Global

ONVZ

Welcome to UnitedHealthcare Global in the Netherlands

This document is designed to guide you through what to expect if you need healthcare in the Netherlands.

UnitedHealthcare Global is committed to providing an exceptional experience to its members. Our healthcare experts are dedicated to helping our members successfully navigate the Netherlands healthcare system. That's why we have chosen to partner with ONVZ to bring you locally compliant and easily accessible cover while in the Netherlands.

Your ONVZ basic healthcare plan is underwritten and administered by ONVZ and will help to provide you with smoother access to healthcare, in the Netherlands and help you to avoid out of pocket expenses, while also satisfying local mandatory healthcare regulations. However, you are still covered by the UnitedHealthcare Global plan for any gaps in cover, for any reimbursement claims you need to submit, or if you need treatment outside the Netherlands. Claims will be processed in accordance with Terms and Conditions of your UnitedHealthcare Global policy.

This guide provides information on how to access treatment inside and outside of the Netherlands. Please read in conjunction with your ONVZ Coverage Summary, the ONVZ General Rules and Regulations and Coverage and the Netherlands Member Frequently Asked Questions (FAQs) documents.



Your Healthcare Cover

Your ONVZ 'Coverage Summary' provides an overview of your basic Dutch insurance plan and the associated benefits available to you which are issued in Euro. The ONVZ 'General Rules and Regulations and Coverage' indicates the scope of your cover in detail, including a description of the benefits included and the rules associated with your cover.

Your UnitedHealthcare Global plan will provide for any gaps with the local cover or if you need to avail of treatment outside the Netherlands subject to the Terms and Conditions of your UnitedHealthcare Global policy.

Healthcare in the Netherlands

The Dutch government determines the content of the basic healthcare plan which provides cover for healthcare provided by General Practitioner (GP), medicine and treatment received in a hospital.

There are three kinds of basic healthcare plan policies provided in the Netherlands: restitutiepolis (restitution policy), naturapolis (in kind policy) and combinatiepolis (a combination of the former two).

Your ONVZ basic healthcare plan is a combinatiepolis basic healthcare plan which allows you to choose your own care provider for almost all types of care. For treatment relating to mental health (geestelijke gezondheidszorg (ggz)) or home care/district nursing (wijkverpleging) there are maximum reimbursements for healthcare providers who do not have a contract with ONVZ. We can provide you with a list of the contracted providers and these details are also covered on the ONVZ Network Search [website](#).



Getting Inpatient & Outpatient Treatment inside of the Netherlands

In general, costs of medical care covered by the ONVZ basic healthcare plan will be handled by the healthcare provider and ONVZ on a cashless, basis (direct settlement). Your ONVZ 'Coverage Summary' outlines the basic healthcare plan which you are covered for while the 'General Rules and Regulations and Coverage' document will confirm which benefits are available to you in more specific detail. The Netherlands Member FAQ's capture frequently asked questions which will help to understand your cover in more detail. You can always call the ONVZ Customer Service team if you have any queries in relation to your cover.

ONVZ Customer Service Team:



+31 (0)30 639 6363



uhcg@onvz.nl



www.onvz.nl/english/uhcg

You are free to choose your own preferred healthcare provider for almost all types of care which can be a public or private hospital, an emergency service facility or a GP or a consultant. For most treatments there is no requirement to seek pre-authorisation to access healthcare treatment which is covered under the ONVZ basis healthcare plan. There are a few treatments that requires pre-authorisation, like for example "plastic surgery". Which treatment requires pre-authorisation is stated in the ONVZ terms and conditions. Most of the times the medical specialist you visit will produce the application for pre-authorisation and send it to ONVZ.

Emergency & Elective Treatment

In the Netherlands we differentiate between unscheduled and planned healthcare. With unscheduled healthcare we mean emergency healthcare. In emergency situations we advise you to go to the emergency room. If your GP is not available, you can contact the Huisartsenpost (after-hours medical practitioner) for urgent matters. If you need an ambulance, call 112.

In order to access non-emergency i.e. planned inpatient or outpatient treatment in the Netherlands you must firstly be registered with a GP who can advise you where to go for treatment and provides you with a referral.

When you contact a GP, you will be asked to provide your name, date of birth and BSN number which is your social security number.

Once the GP locates you on the centralised healthcare database, they can then provide healthcare cover on a cashless basis in accordance with Terms and Conditions of your ONVZ basic policy.

Important Note:

Please contact us prior to receiving treatment relating to mental health or home care (district nursing) as there are maximum reimbursements for healthcare providers who do not have a contract with ONVZ.



+31 (0)30 639 6363.

Accessing care in the Netherlands

Pre-planned elective treatment



You have chosen a hospital in the Netherlands



Be sure to go see your GP first, before you visit any specialist in a hospital. Upon your first visit to the hospital, you must register with the patient registration desk or hospital administration.



You receive treatment and the Provider sends invoice directly to ONVZ for settlement.



You have chosen a hospital outside the Netherlands



You call UnitedHealthcare Global to organise a GOP. UnitedHealthcare Global checks eligibility requirements against Global plan. UnitedHealthcare Global, send GOP to provider.



You receive treatment and Provider sends invoice directly to UnitedHealthcare Global for settlement.

In the case of an emergency



You have arrived at hospital in the Netherlands



When you arrive at the hospital provide your name, BSN and Date of Birth.



You receive treatment and the Provider sends invoice directly to ONVZ for settlement.



You have an emergency outside of the Netherlands



You or the healthcare provider calls UnitedHealthcare Global to organise GOP. UnitedHealthcare Global checks the eligibility requirements against Global plan. UnitedHealthcare Global send emergency GOP to provider.



You receive treatment and Provider sends invoice directly to UnitedHealthcare Global for settlement.

Submitting Claims

Your ONVZ basic healthcare plan provides cover for treatments received on a cashless basis. If, however you need to claim for a benefit that is not covered under your ONVZ basic healthcare plan but is covered under your UnitedHealthcare Global plan you can submit a claim through 'myUHCGlobal' app or portal.

The UnitedHealthcare Global Membership Guide details the full claims process, please read Section 2 'How to Make a Claim' to follow this process. You can submit claims via the 'myUHCGlobal' app or portal in less than 90 seconds. If this is your first time to claim and you are outside of the SEPA zone you will need to add your bank details on the portal first.

To make a claim in the app follow the steps below or view a short video [here](#).

1. Log into 'myUHCGlobal' app with your Member Number. If logging in for the first time, please click 'first visit' and follow the registration steps. You will need your Member Number for this, supplied in your welcome email.
2. When you log in, click the 'e-claiming' button to start your claim or click 'create a reimbursement'.
3. If you have dependants on your plan, choose who the claim is for, name the claim for your reference, for example 'Physio visit' and either take a picture of the receipt on your phone or use the 'add attachment' button to upload the invoice receipt.
4. Next enter 'country, claim value and currency' that matches your receipt. Click continue.
5. View and tick the declaration statement, then click send. (Please note if the claim was the result of an accident please check button to green and fill in details of the accident before you click send).

You will receive a message that your claim is submitted, click ok unless you want to continue to make more claims. The claim will be adjudicated subject to the limits in place on your UnitedHealthcare Global plan.



Accessing treatment outside of the Netherlands

If you require treatment outside of the Netherlands, you can avail of treatment in any country within your area of cover as indicated in your UnitedHealthcare Global Schedule of Benefits which provides a summary of the treatment that is covered on your plan.

The myUHCGlobal app or portal provides an extensive network of hospitals and treatment centres where you are covered. The UnitedHealthcare Global Client Services Team can also help with any questions you might have. If you are not sure of where to go for treatment, please contact the Client Services team on **+44 (0)20 3907 4920** for help and advice.



Medical Evacuation & Repatriation

Your UnitedHealthcare Global plan provides cover for medical evacuations and repatriations. If you or a dependent sustains an illness or bodily injury and adequate medical facilities are not available locally, we will provide evacuation (under medical supervision if necessary) to the nearest facility capable of providing adequate care by whatever means are medically necessary. Alternatively, we may return you to your home country or host country following treatment and stabilisation.

Please contact the UnitedHealthcare Global Client Services team on **+44 (0)20 3907 4920** before talking to any alternative providers as benefits for evacuation or repatriation are only available if all arrangements are approved in advance and arranged by UnitedHealthcare Global. We reserve the right to decline all costs incurred. We will only pay for such costs and expenses to the extent that we have pre-authorised and arranged the services.

Thank you for being a UnitedHealthcare Global member.

ONVZ Customer Service Team:



+31 (0)30 639 6363



uhcg@onvz.nl



www.onvz.nl/english/uhcg

© 2023 UnitedHealth Group Incorporated. All rights reserved.
UnitedHealthcare is a registered trademark of UnitedHealth Group Incorporated in the US and various other countries worldwide. All other trademarks are the property of their respective owners.

United Healthcare Insurance DAC is regulated by the Central Bank of Ireland. United Healthcare Insurance DAC, is a private company limited by shares. Registered in Ireland with registration number 601860. Registered Office: 70 Sir John Rogerson's Quay, Dublin 2.

Risk bearer of ONVZ Vrije Keuze Basic Healthcare Plan is ONVZ Ziektelkostenverzekeraar N.V. (trade register no. 30135168, AFM Registration no. 12000633) and of supplementary and other insurance policies is ONVZ Aanvullende Verzekering N.V. (trade register no 30209308, AFM Registration no 12001024). Both are located in Houten. Postbus 392, 3990 GD Houten. Incassant-ID: NL03ZZZ301351680001.

04/23 MBR-EU-1779020-11

**United
Healthcare
Global**

ONVZ