



Accessing healthcare in the Netherlands Guide

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 Dutch 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 some of the 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 some of the 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), or for specialists (specialists), there are maximum reimbursements for healthcare providers who do not have a contract with ONVZ. If you visit a non-contracted provider (out-of-network) for any of these 3 benefits, we will only cover the claim for the in-network contracted tariff. To avoid out-of-pocket expenses for these services, please visit the contracted providers.

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 and outpatient treatment in 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 captures 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



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 require pre-authorisation, such as plastic surgery. Which treatment requires pre-authorisation is stated in the ONVZ terms and conditions. Most times, the medical specialist you visit will produce the application for pre-authorisation and send it to ONVZ.

Emergency and elective treatment

In the Netherlands we differentiate between unscheduled and planned healthcare. Unscheduled healthcare refers to 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.

To access non-emergency – planned inpatient or outpatient treatment – in the Netherlands you must be registered with a GP who can advise you where to go for treatment and provide 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 Dutch social security number.

Once the GP locates you on the centralised healthcare database, they can 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) or specialists, as there are maximum reimbursements for healthcare providers who do not have a contract with ONVZ. If you visit a non-contracted provider (out-of-network) for any of these 3 benefits, we will only cover the claim for the in-network contracted tariff. To avoid out-of-pocket expenses for these services, please visit the contracted providers.



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Elective verses emergency medical treatment

Elective treatment



You have chosen a hospital in the Netherlands



Consult 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 the invoice directly to ONVZ for settlement.



You have chosen a hospital outside the Netherlands



You call UnitedHealthcare Global to request a guarantee of payment (GOP). UnitedHealthcare Global checks eligibility requirements against the UnitedHealthcare Global plan. UnitedHealthcare Global sends the GOP to the provider.



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

Emergency treatment



You have arrived at a hospital in the Netherlands



When you arrive at the hospital provide your name, BSN or relationship number and date of birth.



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



You have an emergency outside of the Netherlands



You or the healthcare provider calls UnitedHealthcare Global to request a GOP. UnitedHealthcare Global checks the eligibility requirements against the UnitedHealthcare Global plan. UnitedHealthcare Global sends an emergency GOP to the provider.



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

Submitting claims

Your ONVZ basic healthcare plan provides cover for treatments received on a cashless basis. If 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 the myUHCGlobal app or **member portal**.

We will do our best to make your claim as straightforward as possible.

If your treatment does not require pre-authorisation, please submit your claim via the myUHCGlobal app or **member portal** in just a few short, easy steps.

Your Schedule of Benefits will confirm which benefits are available to you, however, if you need assistance with a claim, you can contact our Client Services Team. Our goal is to arrange direct settlement, offering cashless services wherever possible, based on an agreement with the medical provider. In general, direct settlement can be arranged for inpatient or day-patient treatment.

You can submit claims via the myUHCGlobal app or **member portal** in less than 90 seconds. To make a claim in the app, follow the steps below or [view](#) a short video.

- Log in to myUHCGlobal app or **member portal** 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, which is supplied in your welcome email.
- Click the 'e-claiming' button to start your claim or click 'Create a reimbursement'
- Follow the prompts on screen to complete your claim submission



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 [member 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 at the number on your UnitedHealthcare Global member card for help and advice.



Medical evacuation and 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. Alternatively, we may return you to your home country or host country following treatment and stabilisation.

Please contact the UnitedHealthcare Global Client Services team at **+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.

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