GATEWAY TO GLOBAL AGING DATA

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# Gateway Policy Explorer: Retirement Series

# Netherlands

# Public Old-Age Health Insurance Plan Details

# 2006-2024

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Version: 1.0 (May 2024)

This project is funded by the National Institutes of Health, National Institute of Aging, R01 AG030153.

Please cite as "Gateway to Global Aging Data (2024). *Gateway Policy Explorer: Netherlands, Public Old-Age Health Insurance Plan Details, 2006-2024*, Version: 1.0 (May 2024), University of Southern California, Los Angeles. https://doi.org/10.25553/gpe.ret.hi.nld"

## Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact policy@g2aging.org.

## Background — *Gateway Policy Explorer: Retirement Series*

The *Gateway Policy Explorer* (http://g2aging.org/policy-explorer) is part of the Gateway to Global Aging Data (http://g2aging.org) project. The *Retirement Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

*Why are we tracking past policy?* Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Retirement Series* are country and time. We prioritize data collection for each country based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country and each broad category of policies covered in the *Gateway Policy Explorer: Retirement Series*.

### Author and Contributor Disclaimers

† The opinions expressed here are those of authors and do not necessarily reflect the views of the OECD or of its member countries.

# Netherlands

Old-Age Health Insurance
Plan details 2006-2024 * †

The Dutch public health insurance system provides medical care to individuals over age 18 that live and work in the Netherlands. Medical care for children under age 18 is fully reimbursed under their parents' health insurance. Costs may be fully or partially covered depending on the type of medical service received.

Before 2006, only working individuals that earned below the maximum income limit and their immediate family members were eligible for benefits. In 2006, the Health Insurance Act [Zorgverzekeringswet, ZVW] introduced a compulsory health insurance system requiring all Dutch individuals over age 18 to get health insurance through a private health insurer. In 2008, a deductible was introduced in terms of medical costs.

**Key Dates**
First law: 1964
Major changes since 1992: 2006, 2008

## Contents



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† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

# Chapter 1: Background on public old-age health insurance policy prior to 2006

**Editor's Note**
The Netherland's first national law on health insurance benefits after World War II was adopted in 1964 under the Sick Funds Act [Ziekenfondswet] (Overheid.nl, 2002). It compiled the laws enacted in the Health Insurance Decree [Ziekenfondsbesluit] from 1941 which were adopted during the German occupation and adapted it to a post-war scenario. This law was amended multiple times until it was replaced in 2006 by the Health Insurance Act [Zorgverzekeringswet, ZVW].

Since the Survey of Health, Ageing and Retirement in Europe (SHARE) began in 2004 and given the difficulty of collecting national policy information specifically related to health insurance benefits for older adults for the period before 2006, this chapter deviates from the usual design of the Gateway Policy Explorer Series and provides a brief historical background on the evolution of the health insurance system in the Netherlands. The background provided in this chapter offers important information regarding the basis and implementation of the health insurance system in the Netherlands and subsequent reforms.

The Sick Funds Act [Ziekenfondswet] (Overheid.nl, 2002) was introduced in 1964 and provided benefits to workers and immediate family members of workers that received an income below a certain threshold through health insurance funds. Individuals that were self-employed or retired and met the income requirements could apply to voluntary health insurance and receive the same benefits under this system (Companje et al., 2009). Qualified individuals were entitled to several health benefits, including (but not limited to) visits to a general practitioner or specialist, obstetric assistance during childbirth, reimbursement for costs of stays at a hospital or sanatorium, and prescribed medicines (Verordeningenblad, 1941, Chapter VI, Article 14). For further details of benefits covered, see the regulation text in Verordeningenblad (1941, Chapter VI, Article 14). Benefits were administered by the Sick Fund Council [Ziekenfondsraad].

In the 1970s, the increasing costs of health care deterred older adults and low-income individuals from accessing health services. For this reason, in 1986, the Access to Health Insurance Act [Wet op de Toegang Ziektekostenverzekeringen] (Staatsblad, 1986a) introduced a standard package and required private health insurers to follow a government-determined maximum premium for vulnerable groups such as older adults and low-income individuals (Helderman, 2007). This was the first step towards a healthcare system where the public sickness funds and private health insurers were merged.

Additionally in 1986, the Act on Co-financing the Overrepresentation of Older Health Insurance Fund Insured Persons (Staatsblad, 1986b) required non-vulnerable individuals insured with private health insurers to cover part of the health care costs incurred by vulnerable individuals. For further details, see *Chapter 5* in Helderman (2007) and Vonk (2013).

In 1987, an advisory committee formed by experts and advising officials from the Ministry of Health —known as the Dekker Committee —identified certain issues with the health care system at the time and suggested potential redesign options (Jeurissen and Maarse, 2021). Their main suggestion consisted of establishing a mandatory system for individuals living and working in the Netherlands to purchase health insurance with a private health insurer of their choosing that would cover basic medical needs (Jeurissen and Maarse, 2021). In 1990, this report was used by the Minister of Welfare, Public Health and Culture Hans Simons to introduce a plan to reform the healthcare system. The proposed reform did not get enough political and social support and was not implemented (Jeurissen and Maarse, 2021).

Other policy changes in the 1990s included the introduction of copayments and maximum amounts to be paid to receive care in 1992 (Jeurissen and Maarse, 2021) and changes in benefits such as limiting dental care coverage to preventive care only for adults in 1995 (Companje et al., 2009). Until 1999, benefits were administered by the Sick Fund Council [Ziekenfondsraad]. From 1999, it was renamed as the Health Insurance Board [College voor Zorgverzekeringen].

In September 2004, Minister of Health, Welfare and Sport (VWS) Hans Hoogervorst submitted the Health Insurance Act [Zorgverzekeringswet, ZVW] to the House of Representatives which incorporated some of the suggestions of the Dekker Committee 1987 report and Hans Simons plan from 1990.

# Chapter 2: Policy enacted 2006-2007

**Policy change in 2006**
The Health Insurance Act (Zorgverzekeringswet, ZVW) (Overheid.nl, 2006c), enacted June 16, 2005 and effective January 1, 2006, introduced the compulsory Basic Health Insurance system (Basisverzekering) through which all individuals over the age of 18 living in the Netherlands are required to get health insurance through a private health insurer to receive medical care.

Additional reforms during this period include:

- Decree of 25 September 2006 amending the Health Insurance Decree in connection with regulating forms of care for which a personal budget can be provided, as well as amending the content and scope of the performance regulated in Article 2.4 of that Decree and amending the Healthcare Entitlements Decree AWBZ (Overheid.nl, 2006a), enacted September 25, 2006 and effective January 1, 2008, included mental health care as part of the Basic Health Insurance Package.

## Overview

The Health Insurance Act (Zorgverzekeringswet, ZVW) introduced a compulsory health insurance system requiring all Dutch individuals over the age of 18 to get health insurance through a private health insurer. Children under age 18 must have been registered with their parents' health insurer within 4 months of birth. Health insurers were obliged to accept everyone regardless of their health, age and income; nominal premium amounts were not affected by these factors. Benefits were administered by the Health Insurance Board (College voor Zorgverzekeringen).

Additionally, low-income individuals that needed assistance to pay for basic health insurance premiums may have been eligible to receive help to pay for their premium through the Healthcare Allowance (Zorgtoeslag) if they were Dutch citizens or individuals with a residence permit over the age of 18 and met certain income and asset test requirements.

The Basic Heath Insurance Package (Basisverzekering) fully reimbursed visits to a General Practitioner (GP), obstetric and maternity care, and physiotherapy after the 9th treatment. Individuals that had an annual spending below the no-claim refund amount of 255€ received an automatic refund equal to the difference between their annual spending and 255€. Costs above the no-claim refund amount of 255€ were paid by the insured individuals. Visits to medical specialists, certain dental care, hospital stays and blood tests counted towards the annual no-claim refund amount. Other care and services may have required a copayment or coinsurance. Services for children under age 18 were fully reimbursed under this system.

Individuals that wanted to receive additional coverage could opt for the Voluntary Additional Insurance (Aanvullende Verzekering) through their health insurer to cover medical services that were not covered by the Basic Heath Insurance Package (Basisverzekering) such as dental care for adults over 18 or extra reimbursement for visits to a physiotherapist. Additionally, individuals that did not qualify for coverage such as international students that do not work in the Netherlands or Dutch employees that work abroad may have chosen to enroll in a private Dutch health insurance if desired.

## Eligibility

- **Qualifications**
  Eligibility for health benefits varied by health insurance system.

  Basic Heath Insurance Package (Basisverzekering)
  An individual must have met the following requirements to be covered (i.e., eligible to receive benefits if the need arises) under the Basic Health Insurance Package (Overheid.nl, 2006c, Article 2):
  - Residence requirements: Live or work in the Netherlands
  - Age requirements: Be over the age of 18
  - Insurance requirements: They must have chosen a health insurer and paid a premium to receive benefits. Premiums were the same for all insured individuals under the same health insurer regardless of their age or health condition.
  - Income-related contribution requirements: Employees had a percentage of their income deducted from their salary and self-employed individuals must have paid an income-related contribution based on their business profit. See *Premiums* under the *Costs* section for details.

Children under age 18 were eligible to receive benefits for free from the Basic Health Insurance Package. Their parents must have registered their children with their health insurer within 4 months after birth.

Voluntary Additional Insurance (Aanvullende Verzekering)
Individuals could also choose a voluntary additional insurance to cover medical care that was not covered by the Basic Health Insurance Package. Specific premium rates varied across health insurers and packages.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

## Coverage

Health benefits whose costs were covered in full or in part varied by health insurance system.

Basic Heath Insurance Package (Basisverzekering)
The Basic Health Insurance Package fully or partially reimbursed medical costs depending on the type of care and services provided to insured individuals. See the *Costs* section for details about the actual costs. The reimbursed amounts counted towards the no-claim refund unless stipulated otherwise (Overheid.nl, 2006b, Chapter 2):

- Fully reimbursed
  - Did not count towards no-claim refund: Services were fully reimbursed and the costs incurred did not count towards the no-claim refund annual amount.
    - General Practitioner (GP) visits
    - Obstetric care
      - No medical indication required: Ultrasounds, home birth, outpatient hospital birth (partially)
      - Medical indication required: Amniocentesis, Chorionic villus sampling, inpatient hospital birth
    - Maternity care: Care and assistance by a maternity nurse during childbirth
    - Physiotherapy: After the 9th treatment for chronic conditions. See *Appendix 1 of the Health Insurance Decree* (Overheid.nl, 2006b, Appendix 1) for details of conditions covered.
    - Services rendered to children under age 18: See Box 1 for details.
  - Counted towards no-claim refund: Services were fully reimbursed and the costs incurred counted towards the no-claim refund annual amount. These services included —
    - Dental care: Surgical dental care, X-ray examinations, and removable dentures
    - Medical specialists visits: When referred by another doctor
    - Hospital: Hospital stays, surgery and emergency care
    - Blood tests: Blood samples taken in a GP or medical specialist visit
    - Wigs (for complete or partial baldness as a result of a medical condition): Costs above 454.50€
    - Pharmaceuticals: Medicines that were included in the Medicines Reimbursement System, did not have any close substitutes and could not be easily interchanged with less expensive medicines. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1B) for details.
- Partially reimbursed
  - Pharmaceuticals: Medicines that were included in the Medicines Reimbursement System, had close substitutes and could be easily interchanged with less expensive medicines required a copayment. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1A) for details of medicines covered.
  - Aids for treatment or disability: Hearing aids, contact lenses with medical indication, glasses with medical indication for children under age 18, orthopedic shoes, and wigs as a result of a medical condition
  - Patient transport
  - Prosthetic Dentures

Voluntary Additional Insurance (Aanvullende Verzekering)
Individuals that chose a voluntary additional insurance received additional medical care that was not covered by the Basic Health Insurance Package. The most popular medical services covered by additional insurance included additional physiotherapy care, dental care for adults over age 18, glasses and lenses for adults over age 18, and alternative medicine.

## Costs

Costs to receive health benefits varied by health insurance system.

Basic Heath Insurance Package (Basisverzekering)
Individuals that received benefits from the Basic Health Insurance Package must have paid income-related contributions to remain eligible.

Premiums
In 2006, it was 4.40% of their wages or business profit. Additionally, there was a maximum amount over which they did not pay for income-related contributions. In 2006, it was 30,015€. See Table 1 for contribution rates and maximum income taken into account (2006-2007).

- Employees: A percentage of their income was deducted from their salary and paid to the Health Insurance Fund.
- Self-employed: An income-related contribution must have been paid on their business profit.

The minimum premium (calculation premium) a health insurer could charge an individual for the Basic Health Insurance Package was regulated by the National Budget for Health, Welfare and Sport. See Table 2 for details by year. In addition to the calculation premium, health insurers charged a surcharge premium to cover their operation costs. The surcharge premium varied across health insurers. The calculation premium and the surcharge premium made up the nominal premium which was the actual amount individuals pay to the health insurer chosen (Overheid.nl, 2006d, Article 1).

Additionally, low-income individuals that were Dutch citizens or had a Dutch residence permit and were over the age of 18 could apply to receive the Healthcare Allowance to help pay the costs of their health insurance premium. Eligibility was based on their income, assets and living situation —living alone or living with someone else. See Table 3 for income limits for eligibility and Table 4 for assets limits for eligibility. See Box 2 for details of what was considered as income and assets. The benefit amount received was only based on income. Details of benefit amounts based on income for this period have not been identified and will be added in a future version if identified.

Individuals that received benefits from the Basic Health Insurance Package may have incurred out-of-pocket costs depending on the medical services they receive.

Out-of-pocket payments (Overheid.nl, 2006b, Article 2.2) consist of:

- No-claim refund: Individuals that spent less than 255€ in medical care per year received the difference between 255€ and the amount they spent in that year back from their health insurer. If they spent more than 255€ in medical care per year, they paid for the remaining balance and did not receive a refund.
- Copayment: A fixed amount of the medical costs the insured individual must have paid which depends on the medical service received.

No-claim refund
Individuals who spent more than 255€ in medical care per year needed to pay for the remaining balance between their medical costs and the non-claim refund. Almost all services counted towards the no-claim refund with the exception of the following:

- Medical care for children under age 18
- Medical visits to a general practitioner (GP) and services provided by a GP
- Obstetric care and maternity care

Copayment
Copayments were fixed amounts that apply to partially covered medical services. Insured individuals receiving medical services for which they needed to pay a copayment must pay it first before the remaining amount was covered under the no-claim refund. The insured individual must have paid for the copayment each time they received a medical service for which they needed to pay. The amount that must have been paid was regulated by the government and may have changed by year. See *Health Insurance Regulations* (Overheid.nl, 2006e) for details. Copayment amounts in 2006 were the following:

- Orthopedic Shoes:
  - Under age 16: 56€ for a pair
  - Age 16 and older: 112.50€ for a pair
- Wigs (for complete or partial baldness as a result of a medical condition): Costs above 264.50€
- Prosthetic Dentures: 90€
- Contact lenses with medical indication: Unknown —amounts will be added in a future version if identified
- Glasses with medical indication for children under age 18: Unknown —amounts will be added in a future version if identified
- Patient transport to and from an institution: 83€ per year

- Hearing Aids: Copayment amount varies by price of the device, whether it was provided to the insured for the first time and how long ago it was provided. The copayment is equal to the difference between the price of the device and a certain maximum amount. See *Health Insurance Regulations* (Overheid.nl, 2006e, Article 2.14, Sections 3-5) for details.
- Pharmaceuticals: Medicines that were included in the Medicines Reimbursement System, had close substitutes and could be easily interchanged with less expensive medicines required a copayment. Copayment amounts depended on the medicine received. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1A) for details.

# Chapter 3: Policy enacted 2008-2024

**Policy change in 2008**
The Health Insurance Act (Overheid.nl, 2008a), as amended and effective January 1, 2008, introduced the following changes to the health insurance system:

- A deductible for certain medical services that replaced the no-claim refund

Additional reforms during this time period include:

- Pay-for-performance funding for multidisciplinary care for chronic conditions (DM type 2, CVR) - CV-7000-5.0.-1 (Nederlandse Zorgautoriteit, 2009), enacted November 9, 2009 and effective January 1, 2010, included integrated care as part of the Basic Health Insurance Package coverage.
- Health Insurance Decision (Overheid.nl, 2011), as amended and effective January 1, 2011, raised the minimum threshold for physiotherapy treatments eligible for reimbursement under the Basic Health Insurance Package from 9 to 12 treatments and the Health Insurance Decision (Overheid.nl, 2012), as amended and effective January 1, 2012, raised it from 12 to 20 treatments.
- Decree of 15 October 2014, amending the Health Insurance Decree in connection with the Zvw 2015 care package and amending the BES Health Insurance Decree in connection with the BES care package 2015 (Overheid.nl, 2014), enacted October 15, 2014 and effective January 1, 2015, included nursing and personal care as part of the Basic Health Insurance Package.
- Health Insurance Regulations (Overheid.nl, 2019c), as amended and effective January 1, 2019, introduced a maximum personal contribution amount of 250€ to be paid towards medicines.
- Decree of October 1, 2019, amending the Health Insurance Decree in connection with the Zvw 2020 care package (Overheid.nl, 2019a), enacted October 1, 2019 and effective January 1, 2020, introduced full reimbursement for visits to a geriatric specialist (SO) or a doctor for the mentally disabled (AVG).
- Health Insurance Decision (Overheid.nl, 2019b), as amended and effective January 1, 2020, included coverage of the quit-smoking program under the deductible.

## Overview

The Health Insurance Act (Zorgverzekeringswet, ZVW) introduced a compulsory health insurance system requiring all Dutch individuals over the age of 18 to get health insurance through a private health insurer. Children under age 18 must be registered with their parents' health insurer within 4 months of birth. Health insurers are obliged to accept everyone regardless of their health, age and income; nominal premium amounts are not affected by these factors. Benefits were administered by the Health Insurance Board (College voor Zorgverzekeringen) until April 1, 2014. From 2014, benefits are administered by the National Health Care Institute (Zorginstituut Nederland).

Additionally, low-income individuals that need assistance to pay for basic health insurance premiums may be eligible to receive help to pay for their premium through the Healthcare Allowance (Zorgtoeslag) if they are Dutch citizens or individuals with a residence permit over the age of 18 and meet certain income and asset test requirements.

The Basic Heath Insurance Package (Basisverzekering) fully reimburses visits to a General Practitioner (GP), obstetric and maternity care, and medical care. Effective January 1, 2008, a deductible is introduced to cover certain medical services and replace the no-claim refund, and effective January 1, 2019, there exists a personal contribution amount towards medicines per year. Some services may require a copayment or coinsurance. Services for children under age 18 are fully reimbursed under this system.

Individuals that want to receive additional coverage can opt for the Voluntary Additional Insurance (Aanvullende Verzekering) through their health insurer to cover medical services that are not covered by the Basic Heath Insurance Package (Basisverzekering) such as dental care for adults over 18 or extra reimbursement for visits to a physiotherapist. Additionally, individuals that do not qualify for coverage such as international students that do not work in the Netherlands or Dutch employees that work abroad may choose to enroll in a private Dutch health insurance if desired.

## Eligibility

- **Qualifications**
  Eligibility for health benefits varies by health insurance system.

  Basic Heath Insurance Package (Basisverzekering)
  An individual must meet the following requirements to be covered (i.e., eligible to receive benefits if the need arises) under the Basic Health Insurance Package (Overheid.nl, 2008a, Article 2):
  - Residence requirements: Live or work in the Netherlands
  - Age requirements: Be over the age of 18
  - Insurance requirements: They must choose a health insurer and pay a premium to receive benefits. Premiums are the same for all insured individuals under the same health insurer regardless of their age or health condition.
  - Income-related contribution requirements: Employees have a percentage of their income deducted from their salary and self-employed individuals must pay an income-related contribution based on their business profit. See *Premiums* under the *Costs* section for details.

  Children under age 18 are eligible to receive benefits for free from the Basic Health Insurance Package. Their parents must register their children with their health insurer within 4 months after birth.

  Voluntary Additional Insurance (Aanvullende Verzekering)
  Individuals can also choose a voluntary additional insurance to cover medical care that is not covered by the Basic Health Insurance Package. Specific premium rates vary across health insurers and packages.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Yes

## Coverage

Health benefits whose costs are covered in full or in part vary by health insurance system.

Basic Heath Insurance Package (Basisverzekering)
Participants in the Basic Health Insurance Package are entitled to the following benefits (Overheid.nl, 2008b, Chapter 2):

- Deductibles do not apply
  - General Practitioner (GP) visits
  - Obstetric care
    - No medical indication required: Ultrasounds, home birth, outpatient hospital birth (partially), Non-invasive prenatal test (NIPT) (effective April 1, 2023) (Overheid.nl, 2022)
    - Medical indication required: Amniocentesis, Chorionic villus sampling, inpatient hospital birth
  - Maternity care: Care and assistance by a maternity nurse during childbirth
  - Integrated care: Routine doctor visits for some chronic diseases —Diabetes Mellitus Type 2, COPD, CVR (effective January 1, 2010) (Nederlandse Zorgautoriteit, 2009)
  - Nursing and personal care: Nursing and personal care at home are covered for individuals needing care due to an illness or physical disability (effective January 1, 2015) (Overheid.nl, 2014).
  - Physiotherapy: After the 9th treatment (2008-2010) (Overheid.nl, 2008a), after the 12th treatment (2011) (Overheid.nl, 2011), and after the 20th treatment (effective January 1, 2012) (Overheid.nl, 2012) for chronic conditions. See *Appendix 1 of the Health Insurance Decree* (Overheid.nl, 2008a, Appendix 1); (Overheid.nl, 2011, Appendix 1); (Overheid.nl, 2012, Appendix 1) for details of conditions covered.
  - Quit-smoking program (effective January 1, 2020)
  - Services rendered to children under age 18: See Box 1 for details.
- Deductibles apply
  - Fully reimbursed
    - Dental care: Surgical dental care, X-ray examinations, and removable dentures
    - Medical specialists visits: When referred by another doctor
    - Hospital: Hospital stays, surgery and emergency care
    - Blood tests: Blood samples taken in a GP or medical specialist visit
    - Mental health care: Appointments with a therapist, and first 3 years of stay in a mental health institution (effective

January 1, 2008) (Overheid.nl, 2008a)
    - Visits to a Geriatric Medicine Specialist (SO) (effective January 1, 2020) (Overheid.nl, 2019a)
    - Pharmaceuticals: Medicines that are included in the Medicines Reimbursement System, do not have any close substitutes and cannot be easily interchanged with less expensive medicines. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1B) for details.
- Partially reimbursed
    - Pharmaceuticals: Medicines that are included in the Medicines Reimbursement System, have close substitutes and can be easily interchanged with less expensive medicines require a copayment. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1A) for details of medicines covered.
    - Maternity care: Care at home or in the hospital or birth center
    - Obstetric care: Delivery at a hospital or birth center without medical indication
    - Aids for treatment or disability: Hearing aids and orthopedic shoes

Voluntary Additional Insurance (Aanvullende Verzekering)
Individuals that choose a voluntary additional insurance receive additional medical care that is not covered by the Basic Health Insurance Package. The most popular medical services covered by additional insurance include additional physiotherapy care, dental care for adults over age 18, glasses and lenses for adults over age 18, and alternative medicine.

## Costs

Costs to receive health benefits vary by health insurance system.

Basic Heath Insurance Package (Basisverzekering)
Individuals that receive benefits from the Basic Health Insurance Package must pay income-related contributions to remain eligible.

Premiums
In 2023, it is 5.43% of their wages or business profit. Additionally, there is a maximum amount over which they do not pay for income-related contributions. In 2023, it is 66,956€. See Table 1 for contribution rates and maximum income taken into account (2008-2023).
- Employees: A percentage of their income is deducted from their salary and paid to the Health Insurance Fund.
- Self-employed: An income-related contribution must be paid on their business profit.

The minimum premium (calculation premium) a health insurer can charge an individual for the Basic Health Insurance Package is regulated by the National Budget for Health, Welfare and Sport. See Table 2 for details by year. In addition to the calculation premium, health insurers charge a surcharge premium to cover their operation costs. The surcharge premium varies across health insurers. The calculation premium and the surcharge premium make up the nominal premium which is the actual amount individuals pay to the health insurer chosen (Overheid.nl, 2006d, Article 1).

Additionally, low-income individuals that are Dutch citizens or have a Dutch residence permit and are over the age of 18 may apply to receive the Healthcare Allowance to help pay the costs of their health insurance premium. Eligibility is based on their income, assets and living situation —living alone or living with someone else. See Table 3 for personal income limits for eligibility and Table 4 for assets limits for eligibility. See Box 2 for details of what is considered as income and assets. The benefit amount received is only based on income. See Table 5 for benefit amounts based on income for 2023 for individuals that are single and living with someone else. Details of benefit amounts based on income before 2023 have not been identified and will be added in a future version if identified.

Additionally, individuals that receive benefits from the Basic Health Insurance Package may incur out-of-pocket costs depending on the medical services they receive.

Out-of-pocket payments (Overheid.nl, 2008b, Article 2.2) consist of:
- Deductible: Amount insured individuals must pay to receive medical services before the health insurer pays for the costs. In 2023, the annual deductible is 385€. Amounts change annually. See Table 6 for changes in annual deductibles (2008-2023).
- Copayment: A fixed amount of the medical costs the insured individual must pay which depends on the medical service received.
- Coinsurance: A fixed percentage of the medical costs the insured individual must pay which depends on the medical service received.

Deductible

Almost all costs incurred for services under the Basic Health Insurance Package count towards the deductible with the exception of the following services:

- Medical care for children under age 18
- Medical visits to a general practitioner (GP) and services provided by a GP
- Obstetric care and maternity care
- Integrated care
- Nursing and personal care
- Combined lifestyle intervention (GLI): Individuals with a BMI over 25 with health conditions associated with increased risk or with a BMI over 30 that receive guidance in exercise and nutrition are eligible for a reimbursement for participating in this program.
- Quit-smoking program (effective January 1, 2020) (Overheid.nl, 2019b)

Copayment

Copayments are fixed amounts that apply to partially covered medical services. Insured individuals receiving medical services for which they need to pay a copayment must pay it first before the remaining amount is covered under the deductible. The insured individual must pay for the copayment each time they receive a medical service for which they need to pay. The amount that must be paid is regulated by the government and may change by year. See *Personal Contribution (Zvw)* (Zorginstituut Nederland, 2023d) and *Health Insurance Regulations* (Overheid.nl, 2023) for details. The copayment amounts effective for 2023 are the following:

- Orthopedic Shoes:
  - Under age 16: 63€ for a pair
  - Age 16 and older: 126€ for a pair
- Contact lenses with medical indication: 59.50€ per lens for lenses that last longer than 1 year. If lenses last less than a year, 119€ per year for a pair of lenses.
- Glasses with medical indication: 59.50€ per lens for children under age 18.
- Maternity care at home: 4.80€ per hour
- Maternity care in an institution: 19€ per day for the mother and 19€ per day for the baby. Additional amounts may apply depending on the institution.
- Patient transport to and from an institution: 113€ per year
- Pharmaceuticals: Medicines that are included in the Medicines Reimbursement System, have close substitutes and can be easily interchanged with less expensive medicines require a copayment. Copayment amounts depend on the medicine received. See *Health Insurance Regulations* (Overheid.nl, 2006e, Appendix 1A) for details. From 2019, there is a maximum copayment amount individuals pay for medicines, and since then it has been 250€ per year (Overheid.nl, 2019c, Article 2.32).

Coinsurance

Insured individuals receiving medical services for which they need to pay a personal contribution must first pay coinsurance before the remaining percentage is covered under the deductible. The insured individual must pay for the out-of-pocket fixed percentage each time they receive a medical service for which they need to pay. The percentage of costs that must be paid is regulated by the government and may change by year. See *Personal Contribution (Zvw)* (Zorginstituut Nederland, 2023c) and *Health Insurance Regulations* (Overheid.nl, 2023) for details. The coinsurance effective for 2023 are the following:

- Hearing Aids: 25% of costs
- Prosthetic Dentures: 25% of costs

## Tables and Formulas

**Box 1: Coverage for Children under Age 18**

Additional medical services provided for free to children under age 18 are the following:

- Medical Care: Assessment and care from a pediatric nurse
- Dental Care: Periodic check-ups, tartar removal, fillings, and surgical care
- Physiotherapy Up to a maximum of 18 physiotherapy treatments

**Source:** Zorginstituut Nederland (2023a) - Basic Zvw Package

**Table 1: Income-related Contribution Rates and Maximum Annual Contribution Income (2006-2023)**

| Year | Rate | Maximum Contribution Income |
|---|---|---|
| 2023 | 5.43 % | 66,956 € |
| 2022 | 5.50 | 59,706 |
| 2021 | 5.75 | 58,311 |
| 2020 | 5.45 | 57,232 |
| 2019 | 5.70 | 55,927 |
| 2018 | 5.65 | 54,614 |
| 2017 | 5.40 | 57,701 |
| 2016 | 5.50 | 52,763 |
| 2015 | 4.85 | 51,976 |
| 2014 | 5.40 | 51,414 |
| 2013 | 5.65 | 50,853 |
| 2012 | 5.00 | 50,064 |
| 2011 | 5.65 | 33,427 |
| 2010 | 4.95 | 33,189 |
| 2009 | 4.80 | 32,369 |
| 2008 | 5.10 | 31,231 |
| 2007 | 4.40 | 30,623 |
| 2006 | 4.40 | 30,015 |

**Source:** Overheid.nl (2023) - Health Insurance Regulation

**Note:** The maximum contribution income is the maximum amount over which individuals do not pay for income-related contribution rates.

**Table 2: Calculation Premiums for the Basic Healthcare Package (2006-2023)**

| Year | Amount |
|---|---|
| 2023 | 1,599 €/year |
| 2022 | 1,486 |
| 2021 | 1,417 |
| 2020 | 1,373 |
| 2019 | 1,380 |
| 2018 | 1,324 |
| 2017 | 1,326 |
| 2016 | 1,288 |
| 2015 | 1,196 |
| 2014 | 1,121 |
| 2013 | 1,154 |
| 2012 | 1,050 |
| 2011 | 1,088 |
| 2010 | 983 |
| 2009 | 947 |
| 2008 | 970 |
| 2007 | 796 |
| 2006 | 715 |

**Source:** Rijksoverheid.nl (2022) - XVI Public Health, Welfare and Sport National Budget 2023: Table 18; Rijksoverheid.nl (2021) - XVI Public Health, Welfare and Sport National Budget 2022: Table 18; Rijksoverheid.nl (2020) - XVI Public Health, Welfare and Sport National Budget 2021: Table 16

**Table 3: Maximum Annual Personal Income for Healthcare Allowance (2006-2023)**

| Year | Single (Not married or living with a partner) | Living with a partner |
|---|---|---|
| 2023 | 38,520 € | 48,224 € |
| 2022 | 31,998 | 40,944 |
| 2021 | 31,138 | 39,979 |
| 2020 | 30,481 | 38,945 |
| 2019 | 29,562 | 37,885 |
| 2018 | . | . |
| 2017 | 27,857 | 35,116 |
| 2016 | 27,012 | 33,765 |
| 2015 | 26,316 | 32,655 |
| 2014 | 28,482 | 37,145 |
| 2013 | 30,939 | 42,438 |
| 2012 | 35,059 | 51,691 |
| 2006-2011 | . | . |

**Source:** Belastingdienst.nl (2023a) - How high can my income be for healthcare allowance?
**Note:** Missing values will be added in a future version if identified.

**Table 4: Maximum Annual Amount of Assets for Healthcare Allowance (2006-2023)**

| Year | Single (Not married or living with a partner) | Living with a partner |
|---|---|---|
| 2023 | 127,582 € | 161,329 € |
| 2022 | 120,020 | 151,767 |
| 2021 | 118,479 | 149,819 |
| 2020 | 116,613 | 147,459 |
| 2019 | 114,776 | 145,136 |
| 2018 | . | . |
| 2017 | 107,752 | 132,752 |
| 2016 | 106,941 | 131,378 |
| 2015 | 103,423 | 124,753 |
| 2014 | . | . |
| 2013 | 101,139 | 122,278 |
| 2006-2012 | . | . |

**Source**: Belastingdienst.nl (2023f) - Your capital for the healthcare allowance may not be too high
**Note**: Missing values will be added in a future version if identified.

**Box 2: Healthcare Allowance: Means Assessment (2023)**

Income considered:

- AOW State Pension
- Income from employment or self-employment
- Social welfare benefits (e.g. unemployment benefit, sickness benefit, etc.)
- Pensions: old-age pension (AOW) or occupational pension
- Severance pay
- Other income except for the following allowances: housing, childcare, foster care, child benefits and student financing benefits
- Income from renting their home

Assets considered:

- Savings
- Shares and bonds
- Holiday homes
- Non-exempt part of capital insurance policies

**Source**: Belastingdienst.nl (2023d) - The income that counts for allowances is known as the ”testing income”
**Note**: The home where they live is not considered an asset.

**Table 5: Healthcare Allowance Benefit Amounts for Single Individuals (2023)**

| Annual Income Ranges | Single (Not married or living with a partner) | Living with a partner |
|---|---|---|
| Less than 25,000€ | 154 €/month | 265 €/month |
| For incomes at or above | | |
| 25,000 | 149 | 260 |
| 25,500 | 144 | 254 |
| 26,000 | 138 | 248 |
| 26,500 | 132 | 243 |
| 27,000 | 127 | 237 |
| 27,500 | 121 | 231 |
| 28,000 | 115 | 226 |
| 28,500 | 110 | 220 |
| 29,000 | 104 | 214 |
| 29,500 | 98 | 209 |
| 30,000 | 93 | 203 |
| 30,500 | 87 | 197 |
| 31,000 | 81 | 192 |
| 31,500 | 76 | 186 |
| 32,000 | 70 | 180 |
| 32,500 | 64 | 175 |
| 33,000 | 59 | 169 |
| 33,500 | 53 | 163 |
| 34,000 | 47 | 157 |
| 34,500 | 41 | 152 |
| 35,000 | 36 | 146 |
| 35,500 | 30 | 140 |
| 36,000 | 24 | 135 |
| 36,500 | 19 | 129 |
| 37,000 | 13 | 123 |
| 37,500 | 7 | 118 |
| 38,000 | 2 | 112 |
| 38,500 | 2 | 106 |
| 38,520 | 0 | 106 |
| 39,000 | 0 | 101 |
| 39,500 | 0 | 95 |
| 40,000 | 0 | 89 |
| 40,500 | 0 | 84 |
| 41,000 | 0 | 78 |
| 41,500 | 0 | 72 |
| 42,000 | 0 | 67 |
| 42,500 | 0 | 61 |
| 43,000 | 0 | 55 |
| 43,500 | 0 | 49 |
| 44,000 | 0 | 44 |
| 44,500 | 0 | 38 |
| 45,000 | 0 | 32 |
| 45,500 | 0 | 27 |
| 46,000 | 0 | 21 |
| 46,500 | 0 | 15 |
| 47,000 | 0 | 10 |
| 47,500 | 0 | 4 |
| 48,224 and above | 0 | 0 |

**Source:** Belastingdienst.nl (2023b) - How much healthcare benefit do I get paid every month?

**Table 6: Annual Deductibles (2008-2023)**

| Year | Amount |
|---|---|
| 2016-2023 | 385 € |
| 2015 | 375 |
| 2014 | 360 |
| 2013 | 350 |
| 2012 | 220 |
| 2011 | 170 |
| 2010 | 165 |
| 2009 | 155 |
| 2008 | 150 |

**Source:** Overheid.nl (2008-2023) - Health Insurance Act

**Note:** The deductible was introduced in 2008. From 2006 to 2007, there was a no-claim system in which individuals that spent less than 255€ euros in medical care received the difference between 255€ and the amount they spent in that year back from their health insurer.

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This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (http://g2aging.org/policy-explorer).

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## Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: "Alt" + "←"; In Adobe Acrobat on a MAC: "command" + "←"; In Preview on a MAC: "command" + "[".

**Act on Co-financing the Overrepresentation of Older Health Insurance Fund Insured Persons**: Act from 1986 that required non-vulnerable individuals insured with private health insurers to cover part of the health care costs incurred by vulnerable individuals.

**Access to Health Insurance Act**: Act from 1986 that introduced a standard package and required private health insurers to follow a maximum premium for vulnerable groups such as older adults and low-income individuals.

**AOW Pension**: The public old-age benefit system that pays benefits to individuals above the statutory retirement age that have lived and worked in the Netherlands.

**Basic Health Insurance Package**: Compulsory health insurance for Dutch residents that covers basic medical needs.

**Integrated Care**: Specialized treatment provided to individuals suffering from certain chronic health conditions such as Diabetes Mellitus Type 2, COPD, CVR

**Claimable Benefit**: A pension where the beneficiary must actively file a claim for benefits with the government's pension authority.

**Combined Lifestyle Intervention (GLI)**: Program that gives advice and guidance to overweight or obese adults in terms of healthy food, healthy eating habits and healthy exercise.

**Geriatric Medicine Specialist (SO)**: Medicine specialist on caring for older adults.

**Healthcare Allowance**: Benefit given to low-income individuals to cover costs of their health insurance premiums.

**Health Insurance Act**: System introduced in 2006 that requires all Dutch individuals to take health insurance.

**Health Insurance Decree**: System introduced in 1941 during the German occupation. It gave medical benefits to low-income individuals that qualified.

**Medicines Reimbursement System**: List of medicines that are reimbursed under the basic insurance in the Netherlands.

**No-claim Refund**: Automatic refund received by insured individuals if cumulative out-of-pocket costs are below 255€. Refund amount is equal to the difference between their annual out-of-pocket costs and 255€. It was replaced by the deductible in 2008.

**Qualified Benefit**: A benefit is qualified if an individual must continue to meet certain standards, such as a means test, to continue receipt of benefits.

**Sick Funds Act**: First national law on health insurance benefits. It provided benefits to low-income workers in the Netherlands until 2006 when it was replaced by the Basic Health Insurance Package.

**Social Insurance Bank**: Dutch institution that implements public insurance systems on behalf of the government.

**Voluntary Additional Insurance**: Additional health insurance that can be chosen to cover medical costs not covered by the basic health insurance package.

## Version information

*Current Version: 1.0 (May 2024)*

**Version History**

- 1.0 (May 2024): First version

## Additional resources

The following resources provide additional details for the interested reader:

*European Commission Employment, Social Affairs and Inclusion* —Netherlands - Retirement pension. Available at: https://ec.europa.eu/social/main.jsp?catId=1122&langId=en&intPageId=4988
Features: Official website from the European Commission. It provides a general overview on healthcare in the Netherlands.