

2023 Differences between OHRA and Zilveren Kruis and important general information

TU Delft has a contract with two insurance companies, OHRA and Zilveren Kruis. In this document we inform you in short about the differences between these companies.

OHRA

OHRA has one Dutch basic health insurance.

After a referral from your general practitioner, advising you to see a medical specialist, you can go to any hospital in the Netherlands. In the Netherlands most of the medical specialists work from a hospital.

Additional and dental coverage with OHRA.

You can add additional and/or dental coverage when you take out the insurance or at the start of next calendar year. You can't add additional coverage during the year.

Changing or stopping additional and/or dental coverage is only possible at the end of the year.

You must inform OHRA about the change in December. Please send to us an email if you want to add or change or stop additional and/or dental coverage. Or you can do the changes in your personal account with OHRA <https://login.ohra-zorg.nl/login>

European Health Insurance Card

When you travel in Europe you have coverage for emergency care, in that case you have to show your European Health Insurance card (EHIC).

With many Dutch insurance companies you will receive this card automatically, it will be at the back side of your insurance card. With OHRA you have to apply separately for this.

After you received your insurance card and policy, you can apply for the EHIC on your personal account with OHRA <https://login.ohra-zorg.nl/login>

Zilveren Kruis

Zilveren Kruis has 3 Dutch basic health insurances.

Basic Budget, Basic Zeker and Basic Exclusive.

The difference between the three is the monthly premium you pay and the number of contracted hospitals for plannable care.

- With the Basic Budget the selection of hospitals that is contracted for plannable care is limited. Fortunately the hospital in Delft is contracted in 2023. This can change every calendar year.

<https://www.zilverenkruis.nl/consumenten/zorgverzekering/basisverzekering/geselecteerde-ziekenhuizen-basis-budget>

- With Basic Zeker the selection of contracted hospitals is more extensive.
- With Basic Exclusive you can go to any hospital in the Netherlands

In case of an emergency (when you have an accident or when you are very ill) you can go to/they can bring you to all the hospitals also to the not contracted hospitals.

On the website of Zilveren Kruis, you can see which hospitals are contracted <https://zorgzoeker.zilverenkruis.nl/>. Search for “ziekenhuis” which is the Dutch word for hospital.

Additional coverage with Zilveren Kruis.

You can add additional and/or dental coverage when you take out the insurance or at the start of next calendar year. You can't add additional coverage during the year.

Changing or stopping additional and/or dental coverage is only possible at the end of the year.

You must inform Zilveren Kruis about the change in December. Please send to us an email if you want to add or change or stop additional and/or dental coverage.

Or you can do the changes in your personal account with Zilveren Kruis.

Go to the website www.zilverenkruis.nl and click on “Mijn Zilveren Kruis”. You have to log in with your DigiD.

European Health Insurance Card

When you travel in Europe you have coverage for emergency care, in that case you have to show your European Health Insurance card (EHIC).

Zilveren Kruis doesn't send the insurance card to your home address.

You have to download the app from Zilveren Kruis. More information you find on their website:

<https://www.zilverenkruis.nl/consumenten/service/zorgpas>

You find the insurance card in the app.

Please pay attention that you see the European Health insurance card as well.

When you prefer to receive the card to keep in your wallet, you can ask for it.

Probably in the app or online in your account with Zilveren Kruis. Go to the website

www.zilverenkruis.nl and click on “Mijn Zilveren Kruis”. You have to log in with your DigiD.

Differences in additional coverage between OHRA and Zilveren Kruis

Each insurance company make their own additional coverage packages. The coverage and the premium can therefore differ. For the full overview please check the coverage overviews on our website.

For examples:

- The number of treatments physiotherapy;
- Maximum amounts of reimbursements for alternative care;
- Extra coverage for pregnancy.

General information Dutch basic health insurance.

Medical care abroad (outside the Netherlands)

In case of urgent medical while being abroad the Dutch basic health insurance will cover medical care up to Dutch prices. If treatment cost more than you have to pay the difference yourself.

But you can add additional coverage to your insurance policy which will cover the full cost of urgent medical care abroad. Both insurance companies have this covered with their additional insurances and both have a small additional package just for this purpose.

In the case of emergency abroad always call the alarm number. You can find this number on your insurance card.

After applying

After you or we applied for the Dutch basic health insurance, you will immediately receive a confirmation by email. You will be informed further by the insurance company of your choice within 2 or 3 weeks.

Please let us know if you do not receive the information within 3 weeks. We will contact the insurance company.

After 2 or 3 weeks, as soon as your insurance is active, you can access your details online. You have to log in with your DigiD.

- For OHRA, visit: <https://login.ohra-zorg.nl/login>
- For Zilveren Kruis visit: www.zilverenkruis.nl and choose Mijn Zilveren Kruis.

The Dutch basic health insurance is per calendar year.

By law, we all receive the policy and premium for the new calendar year in the second week of November. Every calendar year, the premium, excess, coverage and contracted hospitals can change. Changing your current insurance plan or switching to another insurance company must be done before the 1st of January.

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