

2026 Differences between OHRA and Zilveren Kruis and important general information

TU Delft collaborates with two insurance companies: OHRA and Zilveren Kruis.

This document provides a concise overview of the differences between these companies, along with important general information.

OHRA

OHRA offers a single Dutch basic health insurance plan

With a referral from your general practitioner (GP), recommending you to visit a medical specialist, you can choose to visit any hospital in the Netherlands. Even the non-contracted hospitals. Maximum coverage though is the Dutch standard rates. In the Dutch healthcare system, most medical specialists operate from hospitals.

Additional and dental coverage

You can opt for additional and/or dental coverage when you first take out the insurance or at the beginning of a new calendar year. Please note that additional coverage cannot be added mid-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 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 traveling within Europe, you are covered for emergency care. To be eligible for coverage, you must present your European Health Insurance card (EHIC).

A health insurance card or EHIC is often not provided as standard by the health insurance company because it is also available in the app. OHRA will send you a standard insurance card.

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>

Also you can choose to download the app from OHRA. More information you find on their website: <https://www.ohra.nl/klantenservice/ohra-app>

Please be advised that you can only use the OHRA app with a Dutch mobile phone number, due to the 2-step verification.

Zilveren Kruis

Zilveren Kruis offers three Dutch basic health insurance plans tailored to different needs and budgets: **Basis Start** (new in 2026), **Basis Zeker**, and **Basis Exclusief**.

The plans mainly differ in monthly premium and the level of supplementary coverage.

- **Basis Start** is an affordable option that allows you to choose convenient combined supplementary packages, including physiotherapy treatments and dental care.
- **Basis Zeker** and **Basis Exclusief** provide more comprehensive coverage and greater flexibility, with access to premium supplementary insurance options, including separate dental plans.

With a referral from your general practitioner (GP), recommending you to visit a medical specialist you can choose to visit contracted hospitals in the Netherlands. In the Dutch healthcare system, most medical specialists operate from hospitals.

Information on contracted hospitals 2026:

[Gecontracteerde ziekenhuizen Consumenten - Zilveren Kruis](#)

When you use a non-contracted healthcare provider, reimbursement depends on your basic health insurance plan. With Basis Start, you are reimbursed 70% of the Dutch standard rates and with Basis Zeker this is 75%. With Basis Exclusief, the reimbursement is 100% of the Dutch standard rates with exception community nursing care (district nursing) and mental healthcare (GGZ), then reimbursement is 85% with non-contracted care providers.

In case of an emergency (such as an accident or a severe illness) you can go to any hospital, including those that are not contracted.

On the Zilveren Kruis website, you can see which care suppliers are contracted. For example hospitals, physiotherapists etc.

Search for “ziekenhuis” which is the Dutch word for hospital.

<https://zorgzoeker.zilverenkruis.nl/>

Additional and dental coverage

You can opt for additional and/or dental coverage when you take out the insurance or at the beginning of a new calendar year. Please note that additional coverage cannot be added mid-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 travelling within Europe, you are covered for emergency care. To be eligible for coverage, you must present your European Health Insurance card (EHIC).

Zilveren Kruis doesn't automatically issue the insurance card. You find the insurance card in the app.

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

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

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

When you prefer to receive a physical card (to keep in your wallet), you can ask for it. You can request the card in the app or online in your account with Zilveren Kruis. Go to the website <https://www.zilverenkruis.nl/consumenten> 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 creates its own additional coverage packages. As a result, the coverage and premiums differ. For a full overview please check the coverage overviews on our website.

Examples includes:

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

General information Dutch basic health insurance.

Medical care abroad (outside the Netherlands)

In the case of urgent medical care abroad the Dutch basic health insurance covers medical care according to standard Dutch rates. If the treatment costs exceed this amount, you will need to pay the difference.

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 an emergency abroad, always call the emergency phone number, which is available 24 hours a day. You can find this number on your insurance card.

After applying

Once you or we have applied for Dutch basic health insurance, you will receive an email confirmation immediately. The insurance company of your choice will provide further details within 2 to 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.

Dutch basic health insurance is based on the calendar year

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

January 2026

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