

2020

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 coverage with OHRA.

If needed you can add additional coverage. This can be done throughout the year you can add them on the first day of the new month.

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

Please send to us an email if you want to add additional coverage.

Zilveren Kruis

Zilveren Kruis, has three 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. For example the hospital in Delft is not contracted.

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". The Dutch word for hospital.

With Basic Zeker, the selection of contracted hospitals is more extensive.

With Basic Exclusive you can go to any hospital in the Netherlands.

Additional coverage with Zilveren Kruis.

You can add additional coverage when you take out the insurance or at the end of the year for the new calendar year to come. You cannot add additional coverage during the year.

Differences in additional coverage OHRA and Zilveren Kruis in short.

(For the full overview please check the coverage overviews on our website).

Each insurance company make their own additional coverage, per insurance company the coverage and the premium can differ.

Examples are number of treatments physiotherapy.

Maximum amounts of reimbursements for alternative care.

Extra coverage for pregnancy.

In case of emergency

Outside of NL- Dutch prices are held

You can add extra coverage of this case

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

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).

When you applied for the Dutch basic health insurance with insurance company Zilveren Kruis, you will find this card on the backside 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 European card through www.ehic.nl

General information Dutch basic health insurance.

After applying.

After you or we applied for the Dutch Basic health insurance, you will, immediately, receive a confirmation by email.

The insurance company will send the policy and insurance card to your home address within 2 or 3 weeks.

Please let us know if you do not receive this information within 3 weeks.

We will contact the insurance company.

After 2 or 3 weeks you can access your details online. You have to log in with your DigiD.

For OHRA, visit: <https://mijn.ohrazv.nl/>

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 and coverage can change. Changing your current insurance plan or switching to another insurance company must be done before the 1st of January.