



Zorg en Jeugd Caribisch Nederland
Ministerie van Volksgezondheid,
Welzijn en Sport

Healthcare insurance in the Caribbean Netherlands 2023

Who is insured?

What does the healthcare insurance cover?



Introduction

The residents of the islands Bonaire, Sint Eustatius and Saba are required to have healthcare insurance: the BES Healthcare Insurance (hereinafter: the healthcare insurance). This uniform insurance for all residents introduces more legal equality and prevents people from being uninsured.

ZJCN (Care and Youth Caribbean Netherlands) is the administrator of the healthcare insurance, commissioned by the Ministry of Health, Welfare and Sports. The healthcare insurance provides medical care ('cure') and long-term care ('care').

This brochure provides general information for the population on Bonaire, Saba and Sint Eustatius. No rights can be derived from this brochure. A brief summary is given of the most important regulations and the entitlements for reimbursement offered by the healthcare insurance.

Detailed information about the healthcare insurance and the claims that can be made on the basis of these regulations can be found on our website: www.zvkc.nl

Register for the BES Healthcare Insurance

After you have registered with the population register of the island on which you live, there are a few important points that we would like to bring to your attention.

When you receive your sedula/ID (card), it is important to register at the ZJCN office on your island. On Bonaire you must first register with a general practitioner (GP) and submit their name upon registration with ZJCN.

On St Eustatius and Saba it is not necessary to register with a GP for your ZJCN registration.

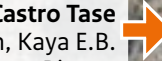


Note: It is of the utmost importance that you keep an eye on the expiry date of your sedula/ID (card). This is to prevent you from not being medically insured between the expiry date and renewal of your sedula/ID (card).

After renewal of your sedula/ID (card) immediately register yourself for medical insurance once again at the ZJCN office.

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Who is insured?

1. Insured persons

Do you comply with one of the conditions below? If so, then you are covered by the healthcare insurance on Bonaire, Sint Eustatius and Saba.

- 1. Residency:** you reside legally on the BES islands. This means that you are registered with the Registry Office.
- 2. Employment agreement:** you do not reside on the BES islands but you do have employment there that is governed by public or private law. BES island taxes are deducted from the salary paid for this employment.
- 3. Residence permit or legal statement:** you have a temporary residence permit or a permanent residence permit, or you have a legal statement.
- 4. Request for extension of residence permit:** you have submitted a timely request for the extension of your temporary residence permit or its conversion into a permanent residence permit. You will remain insured until this request has been decided.
- 5. Departure for study purposes:** you reside on the BES islands and are leaving the territory for study purposes. You remain insured during your studies.
- 6. Referral to the European Netherlands:** you are a civil servant employed by the public entity of Bonaire, Sint Eustatius or Saba and have been sent to the European Netherlands to work. Your spouse and residing family members are also insured.

Note: if you are employed in another way or receive an allowance in the European Netherlands, the insurance lapses. Your spouse and residing family members are not insured if they work or receive an allowance in the European Netherlands.

2. Persons not insured

The following persons are not insured under the healthcare insurance on Bonaire, Sint Eustatius and Saba:

- 1. Students from outside of the BES territory:** you reside on the BES islands simply for study purposes.
- 2. Trainee or au pair:** you reside on the BES islands for a traineeship or as an au pair.
- 3. Assigned from the European Netherlands:** you are employed by a European Netherlands' organisation governed by Dutch public law, on the BES islands. Your spouse and residing family members are not insured, unless they are employed on the BES islands and their salary is subject to BES payroll tax.
- 4. Employed for three months outside of the BES territory:** you reside on the BES islands, but are employed outside of the BES territory for a continuous period of at least three months. If this employment is for an employer who resides or is established on the BES islands, you are insured.
- 5. Employed by a Dutch employer:** you reside in the European Netherlands and are employed on the BES islands by an employer who resides or is established in the European Netherlands.

6. Without a residence permit or legal statement: you reside on the BES islands without a temporary or permanent residence permit or a legal statement in accordance with the Admission and Deportation Act (BES Islands) (Wet toelating en uitzetting BES).

7. Insured in the European Netherlands: you are insured in the European Netherlands under the Longterm Care Act (Wet langdurige zorg) and you are subject to compulsory insurance under the Healthcare Insurance Act (Zorgverzekeringswet).

8. Employed for three months on BES territory: you are employed temporarily for a period of a maximum of three months on the BES islands, but you do not reside there and your salary is not subject to the BES payroll tax.

Note: If you plan to stay abroad for more than 8 months, you must report this to the local registry office on your island.

3. Insured persons administration

Everyone who is registered in the population register of Bonaire, Saba or Sint Eustatius can apply for an identification document, a 'sedula/ID (card)'. You must present your sedula/ID (card) when registering with ZJCN and to care providers with whom ZJCN has a contract.

ZJCN operates an insured persons administration. The care providers are able to consult this administration to check if you are indeed insured. A care provider will not charge you but will charge ZJCN for expenses.

For medical referrals and certain treatments, care or medical devices, prior permission from ZJCN is required. The care provider must apply for this permission for you. The instances for which this is required are listed on page 7 'What does the healthcare insurance reimburse?'

4. Special groups of insured persons

1. Children: a child younger than 12 years of age does not have his/her own sedula/ID (card) yet but is insured. The parents must present their sedula/ID (card) to ZJCN and to care providers.

2. Students: for those who will study in the European Netherlands, ZJCN has arranged separate health insurance. For more information, please contact your ZJCN office.

3. Travellers: if you travel outside of the BES territory, you are not insured for the medical care to which you are accustomed on your residential island. Prior to departure, apply for a proof of registration from ZJCN for emergency care abroad and in case of illness contact ZJCN as soon as possible for advice about your care and the payment thereof. (see page 18 for more information)

Note: care abroad is only reimbursed if the care cannot be reasonably delayed until after your return home. In principle, the reimbursement for care abroad may not be higher than the reimbursement in the BES territory. For this reason, ZJCN always advises travellers to take out travel insurance.

What does the healthcare insurance reimburse?

The information below is a summary. More detailed information about reimbursements can be found on our website: www.zvkc.nl

1. General practitioner care

All insured persons are entitled to medicinal and surgical care by a general practitioner. Laboratory, radiological, functional and pathological-anatomical examinations are also reimbursed if there is a referral by the general practitioner. Alternative medicines and medicinal testing are not included in the general practitioner's care and are not reimbursed.

2. Primary psychological care

For reimbursement of primary psychological care, a clear diagnosis must have been made in accordance with the DSM-5. Your general practitioner, specialist or nursing home physician can prescribe treatment for you by a psychologist. You are then entitled to a maximum of 9 treatments per indication, including the initial interview. Assistance with employment problems and/or relationship problems is not reimbursed.

3. Medical specialist care

Medical specialist care is care by a medical specialist, psychiatrist, hospital, audio-logical centre, dialysis centre, respiration centre or thrombosis service. For this care, a referral is required from your general practitioner or a specialist. An obstetrician may refer you to a gynaecologist.

Medical-specialist care also includes:

Transplantation

The healthcare insurance reimburses various forms of transplantation of tissues and organs. These transplants are only carried out for generally accepted medical indication.

Plastic surgery

Plastic surgery is only included in the healthcare insurance if medically required corrections are concerned. Aesthetic corrections are not reimbursed. For plastic surgery, **prior permission from ZJCN** is required.

Second opinion

If an insured person has doubts about treatment by a healthcare provider, a second opinion can be requested from another healthcare provider in the Caribbean part of the Kingdom. This concerns a one-time consultation solely on the basis of the data from the medical file provided by the insured person. Application is made via the referrer and **prior permission from ZJCN is required.**

Phototherapy

Medically necessary UVB phototherapy for skin disorders or babies with jaundice are reimbursed.

Audiological centre

With a referral by an ENT physician, you are entitled to a maximum of 6 weeks of audiological assistance in an audiological centre. For audiological assistance for longer than 6 weeks, **permission from ZJCN** is required.

Heredity issues advice

The healthcare insurance reimburses examination of genetic disorders, advice regarding heredity issues and any additional psychosocial counselling.

Sterilisation

Both men and women can claim reimbursement for sterilisation.

Haemodialysis

On medical grounds, you are entitled to haemodialysis, examination, treatment and pharmaceutical assistance, including EPO.

With home dialysis, the immediate expenses of the dialysis are reimbursed. The expenses of adaptations to the residence and restoration to the original state may also be reimbursed.

Chronic intermittent respiration

The healthcare insurance reimburses periodic residence in a centre for mechanical respiration, for a period shorter than 24 hours. The use of artificial respiration equipment at home or a location especially equipped and guidance in this is reimbursed.

For chronic intermittent respiration, **prior permission from ZJCN** is required.

Thrombosis service

Assistance from a thrombosis service prescribed by a physician is reimbursed. The assistance also includes the use of equipment to measure the coagulation time of your own blood and advice regarding the use of medicines.



4. Hospital care

If you must be admitted to hospital, this is covered by the healthcare insurance. For obstetric care, mother and child are entitled to be admitted into hospital. Admittance into a higher class is only reimbursed if there is a medical need. This will be determined by the attending physician.



5. Paramedical care

Paramedical care entails:

- Restorative care Covid-19
- physiotherapy and Cesar and Mensendieck remedial therapy;
- remedial therapy with COPD
- speech therapy;
- occupational therapy;
- dietary advice;
- podotherapy;
- medical pedicures;
- stop-smoking programme;
- combined lifestyle intervention.

Chiropractic therapy and electrical depilation are not included under paramedical care.

Restorative care Covid-19

Restorative care for people who have experienced a severe COVID-19 infection, will be reimbursed. Ask your doctor for more information.

Physiotherapy and Cesar and Mensendieck remedial therapy

Physiotherapy and remedial therapy focus on healing, reduction of pain or maintaining the best possible physical condition. A referral from a general practitioner or a specialist is required for physiotherapy and remedial therapy.

For children up to and including 17 years of age, **9 treatments** per calendar year are reimbursed. If this does not suffice, the referring physician may submit a subsequent application for another 9 treatments in the same year. The total per year is therefore a maximum of 18 treatments.

For insured persons 18 years of age and older, **the first 20 treatments are not reimbursed**. There are a number of **exceptions** for which therapy is reimbursed as from the first treatment:

- Pelvic physiotherapy due to urinary incontinence, for which the first 9 treatments are reimbursed.
- Remedial therapy for osteoarthritis of the hip or knee joint. Of these, 12 treatments are reimbursed over a period of a maximum of 12 months.
- Remedial therapy for certain types of arterial disease. A maximum of 37 treatments in 12 months are reimbursed.
- Physiotherapy or remedial therapy for rehabilitation is reimbursed. This involves treatment after admittance into a hospital, nursing home or rehabilitation establishment; or after day treatment in a rehabilitation establishment. Physiotherapy or remedial therapy for rehabilitation is reimbursed **up to a maximum of 12 months** after being discharged or day treatment has been terminated.

A treatment for a condition that is on the **chronic list** is reimbursed as from the 21st treatment. This list can be found in the BES Healthcare Insurance Claims Regulation, section 4, article 1.4.2.

For a number of conditions, a maximum period of entitlement has been set. Your practitioner can inform you about this.

For reimbursement of physiotherapy and remedial therapy, **prior permission from ZJCN** is required.

Remedial Therapy with COPD

Insured persons 18 and older can claim supervised remedial therapy with COPD. Your practitioner can inform you as to whether you qualify for remedial therapy with COPD and how many treatments are reimbursed.

For reimbursement of remedial therapy with COPD, **prior permission from ZJCN** is required.

Speech therapy

Insured persons are entitled to speech therapy that is meant to restore or improve speech function or the power of speech. This requires a referral by a general practitioner, specialist or dentist. Speech therapy for non-medical purposes (for example, dyslexia, bilingualism, public speaking or singing training) is not reimbursed.

For reimbursement of speech therapy, **prior permission from ZJCN** is required.

Occupational therapy

Occupational therapy improves or restores self-care and self-reliance by teaching people how to improve the execution of daily activities. The occupational therapist gives advice, instructions, training or treatment in his/her treatment room or at your home.

Occupational therapy requires a prescription by a general practitioner, specialist or nursing home physician. You are then entitled to a maximum of 10 treatment hours per year.

Dietary advice

Information and advice about nutrition and dietary habits with a medical objective are provided by a dietician. A prescription by a physician or dentist is required for this. You are entitled to a maximum of 3 treatment hours per year. You are entitled to dietary preparations that are prescribed by a dietician.



Podotherapy

Podotherapy and insoles are intended to reduce or remove foot complaints. This requires a prescription by a general practitioner or medical specialist.

The maximum reimbursement for podotherapy is \$ 200 per calendar year. For insoles, the maximum reimbursement is \$ 330 per calendar year.

Medical pedicures

Applications for medical pedicures will have to be accompanied by a substantiated diabetic foot risk classification, as referred to in the Diabetic Foot Guidelines of the Federation of Medical Specialists. Prior permission from ZJCN is required.

Stop-smoking programme

Insured persons may participate in a stop-smoking programme prescribed by a general practitioner or specialist. This concerns medical and, if necessary, pharmaceutical assistance that is included in the Stop Smoking Quality Register. A stop-smoking programme can be followed for a maximum of 1 time per calendar year.

Combined lifestyle intervention

For insured persons 18 years of age and older, care for combined lifestyle intervention (CLI) is reimbursed if prescribed by a general practitioner or specialist. CLI is a two-year programme that focuses on healthy eating (less energy intake), more exercise and psychological support for behavioural change. A CLI programme can be followed for a maximum of 1 time per 24 months. If the programme is not completed, only a part is reimbursed.

For reimbursement of participation in a CLI programme, **prior permission from ZJCN is required.**

6. Dental Care



Insured minors up to **18 years** of age are entitled to the complete package of dental care and oral care.

For insured persons 18 years of age and older, the following is reimbursed: removable (partial) prostheses (it regards prostheses that replace missing molars or teeth. Those prostheses must be removable. Therefore, it does not concern bridges or crowns), surgical dental assistance and the accompanying X-rays, and treatments that are required medically.

Mouth disinfection procedure is reimbursed if this is essential for medical treatment, **prior permission from ZJCN is required**.

Surgery on gums, simple extractions and implants are not reimbursed.

If insured persons do not follow the instructions of the dentist or seriously neglect oral hygiene, dental assistance is not reimbursed.

7. Pharmaceutical care



The healthcare insurance reimburses medicines prescribed by a physician, dentist, or obstetrician. Pharmaceutical care also includes advice and counselling by pharmacists, dietary preparations and stop-smoking medication on medical grounds, and the flu vaccination.

For reimbursement of dietary preparations and stop-smoking medication, **prior permission from ZJCN** is required.

In principle, medicines are prescribed by their substance name.

Female insured persons are entitled to reimbursement of the following contraceptives: (hormone) IUD, hormone rod, vaginal hormonal rings, diaphragm and morning-after pill.

8. Medical devices care



Medical devices care entails the acquisition of medical devices. In summary, these include:

- prostheses;
- medical devices for contraceptive purposes;
- dressings;
- hypodermic syringes;
- medical devices for seeing, hearing, mobility or respiration;
- medical devices for diabetes;

- medical devices for long-term compensation of loss of function in blood and lymphatic vessels or in arms, hands and fingers;
- medical devices for chronic pain;
- medical devices for communication and signalling;
- medical devices for the administration of nourishment or drips;
- furnishing elements for adaptation of residences;
- resources and expenses for home dialysis.

A detailed overview of the medical devices to which insured persons are entitled can be found in the BES Healthcare Insurance Claims Regulation, section 7, articles 1.7.1-1.7.31.

For some medical devices, a personal contribution may be required. Altering, replacing or restoring the medical devices is included, unless it is obvious that the use thereof has been careless.

ZJCN determines whether medical devices are given or provided on loan.

For the acquisition of a patient hoist, wheelchair, a flash glucose sensor, personal alarm systems, oxygen equipment or ventilators, nebulisers, an electrically adjustable bed and an anti-bedsore mattress, **prior permission from ZJCN** is required.

9. Obstetric care



Obstetric care entails the care provided during birth and prenatal and postnatal care by an obstetrician, general practitioner or medical specialist.

Obstetric care and birthing care in hospital are reimbursed completely. The reimbursement of hospital admittance is for a maximum of 3 days, unless a longer period is medically necessary. Gynaecological care is reimbursed upon medical indication.

The reimbursement of obstetric care includes the use of the delivery room, medical and nursing items and laboratory expenses.

In the event of a home birth, the expenses of the obstetrician are reimbursed.

Expenses for residence in a hotel prior to or after the actual birth are not reimbursed unless **prior permission from ZJCN** is granted.

10. Maternity care



Mother and child are entitled to maternity care at home for the duration of 24 to 49 hours, or in a maternity home for the duration of a maximum of 8 days.

The care is provided by a maternity carer or an organisation for maternity care.

The reimbursement for maternity care also includes a maternity package, medical and nursing items and the assistance of a lactation expert – the latter upon referral by the obstetrician or the health clinic.



11. Patient transport

Everyone who is insured with ZJCN is entitled to reimbursement for patient transport. This involves:

- medically necessary transport by ambulance from or to a healthcare institution, to or from your residence;
- transport reimbursement, not by ambulance, for insured persons who must undergo haemodialysis, chemotherapy, immunotherapy or radiotherapy, including consultations, examinations and check-ups; and insured persons who can only travel by wheelchair, or have impaired vision, due to which they cannot travel by themselves;
- 'air' ambulance if, due to illness or accident, there is an emergency that requires medical referral;
- transport during medical referrals, from and to the airport and from the accommodation to the destination and vice versa.

For reimbursement of patient transport, **prior permission from ZJCN** is required unless there is an emergency.

The reimbursement of patient transport may differ per destination. The transport of a companion is reimbursed if companionship is approved by ZJCN.

12. Repatriation of deceased



If an insured person dies during a medical referral, the relatives are entitled to reimbursement for the repatriation expenses. They may claim full reimbursement of the transport of the bodily remains from the accommodations to the place of residence on the BES islands. This also applies to transport among the BES islands.

13. Long-term care



Long-term care entails:

- personal care, nursing or care at the home of an insured person;
- admittance to and continuing residence in a care home, nursing home or institution for the handicapped.

For long-term care, **prior permission from ZJCN** is required. In urgent cases, permission may be requested after the fact.

Home care

Care at the home of an insured person is provided by a home care organisation, convalescent home, nursing home or institution for the handicapped as designated by ZJCN.

Residence in an institution

Admittance to and continuing residence in an institution is intended for insured persons who require a protected living environment, a therapeutic climate or permanent supervision.

Sign language interpreter care

Sign language interpreter care is care by a sign language interpreter while carrying out a conversation under the living conditions. The length of this care is a maximum of 30 hours per calendar year. For insured persons who are deaf-blind, the length of sign language interpreter care is a maximum of 168 hours per calendar year. The care is only reimbursed if a sign language interpreter works on your island and the care is for at least 30 minutes.

Palliative terminal care

For insured persons who require palliative terminal care, the healthcare insurance reimburses the accommodation, nursing and caring in a hospice. **Prior permission from ZJCN** is required for this.



14. Medical referrals

If a medically required treatment is not available on your island, you are entitled to a medical referral. This is a referral to a care provider in the region designated by ZJCN with whom ZJCN has a contract. At this time, ZJCN has contracts with care providers on Curaçao, Aruba, St. Maarten, Saint Martin, Guadeloupe and in Colombia.

For a medical referral, **prior permission from ZJCN** is required unless it is an emergency. Your attending physician will request this permission from ZJCN and will receive a decision from ZJCN as well as possible reasons for denial.

Travel and accommodations

With medical referrals the ZJCN office on your island arranges the travel and accommodations and the necessary guarantee statements for treatment and examination.

Reimbursements

ZJCN reimburses the expenses of medically necessary examinations and treatments.

For a medical referral, the following reimbursements also apply:

- a daily reimbursement for yourself and for your companion, if any;
- the expenses of your flight and the flight of your companion, if any;
- airport taxes;
- transport expenses to the airport of departure, from the airport of arrival to your destination and vice versa;
- hotel expenses; or
- accommodation expenses for staying with family or friends.

Companionship

Upon advice by your physician, it is possible that you will be provided with a companion for the duration of the entire medical referral or a required part of it.

After **prior permission from ZJCN**, there is entitlement to companionship if an insured person:

- is younger than 18 years of age;
- has a mental limitation;
- has reduced mobility and uses a medical device to move;
- has a visual or auditory limitation;
- is so seriously ill that travel without a companion is not possible;
- is being referred for a child-birth.

After prior permission from ZJCN, an insured minor may be accompanied by two companions. This is permitted if the insured minor:

- is terminally ill;
- is being treated with chemotherapy;
- suffers from leukaemia.
- is in a life-threatening situation according to a statement from the attending physician.

15. Special regulations

A number of special regulations have been laid down in the BES Healthcare Insurance Claims Regulation. We summarize them for you below.

Entitlement to care or transport

Your entitlement to care or transport is only valid if you qualify, given your need and the appropriate provision of care. You are only entitled to care and transport that can reasonably be provided.

Choice of health care provider (Article 10, paragraph 4)

You need **prior permission from ZJCN**, via your general practitioner or specialist, if you wish to consult another care provider than the one you have been referred to by your GP, specialist or dentist. In that case, you appeal to Article 10, paragraph 4 of the BES Healthcare Insurance Decree. Your treatment is then not a medical referral.

If ZJCN has consented, you can receive a full or partial reimbursement of the costs incurred for this medical care after the fact. Any costs for your travel and accommodation abroad is for your own account.

The reimbursement for medical care is capped at the price level of equal treatment in the region or, if the treatment is not possible in the region, in the Netherlands. More information can be found on our website www.zvkc.nl.

Becoming ill while abroad

While abroad, you are **only** insured for emergency care that, for medical reasons, cannot be delayed. **Contact ZJCN directly!** You will be advised as to your care and payment thereof.

Note: your healthcare insurance does not cover visits to a general practitioner, specialist or pharmacy, accommodation expenses and/or (return) travel expenses with illness, repatriation expenses upon death, loss of baggage or valuable items.

Take out travel insurance for this!

Traveling abroad?

Remember to take out travel insurance!

You are not insured for medical care abroad in the same way as you are used to on your home island. It is important that you take out travel insurance for any medical costs that your Zorg en Jeugd Caribisch Nederland (ZJCN) health insurance does not cover.

When abroad you can claim your ZJCN health insurance for emergency medical care only. This concerns unforeseen, urgent medical care:

- emergency care - acute treatment, admission to a hospital, emergency room visit; or
- non-deferred care - care that for medical reasons cannot wait until your return to your home island.

Also get your proof of registration health insurance from your ZJCN office!



What do I need the proof of registration document for?

With this document you can prove that you are registered with ZJCN in an emergency situation. It includes all the information needed to contact ZJCN office immediately. This is important: ZJCN assesses whether there is a need for emergency care or non-deferred care.



What should I do if I need emergency care abroad?

You or the attending physician must contact ZJCN immediately. Your physician must issue a medical statement. ZJCN will then assess whether this needs emergency care that cannot wait for return to your home island.

If this is not the case, ZJCN will not reimburse the costs. If this is the case, ZJCN will provide you with information of your rights, obligations and options for reimbursements of medical costs incurred.



How do I get a proof of registration health insurance?

Are you registered with ZJCN? Then you can pick up the proof of registra-

tion at the ZJCN office on your island. Make sure you have your ID or passport number with you. The proof is valid for six months.

Did you know that...

... Curaçao, Aruba, St. Maarten and the Netherlands are considered "abroad"?

There your ZJCN insurance also **only** covers emergency medical care.

Why do I have to take out travel insurance?

Because abroad your ZJCN insurance does not cover:

- a visit to a general practitioner, specialist or pharmacy for non-urgent medical care,
- return journey or longer stay in the event of illness,
- repatriation in the event of death,
- loss of luggage or valuables.

Most travel insurance policies do provide for this. Therefore, always take out good travel insurance! You can then be sure that you are covered abroad for unexpected medical expenses.



CONTACTING ZJCN

ZJCN has offices on Bonaire, Sint Eustatius and Saba.

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this we assure you!**