Basic health insurance (BVZ)

On February 1, 2013, the basic healthcare insurance (BVZ) was introduced for all residents of Curaçao. The basic healthcare insurance, as regulated in the Basic healthcare Act, provides a uniform insurance for all residents.

The Social Insurance Bank (SVB) implements the basic healthcare insurance.

The healthcare insurances in Curacao implemented by or on behalf of the government prior to the introduction of the BVZ covered various groups with different arrangements. As of February 1, 2013 the BVZ replaces all health insurance schemes carried out by or on behalf of the government.

The BVZ is important for a uniform access to and maintaining and where possible improving the quality of health care.

Insured under the BVZ Act are:

- residents;

Not insured are the following categories:

1. employees of St. Elizabeth Hospital and Refineria Isla;
2. private insured by January 31, 2013, provided that such insurance will continue without interruption; private insured with an international health insurance (before November 2014), provided that health insurance scheme offers the same package as the BVZ Act;
3. Retirees of companies that have a health insurance scheme for their former employees and their co-insured family members and survivors, provided that health insurance scheme offers the same package as the BVZ Act;
4. all those who need a permit (Admission and Expulsion) under Article 6 of the Ordinance;
5. persons who under international treaties are exempted from participation in social insurance;
6. employees who work outside Curacao but have an income within the Kingdom and have health insurance;
7. minor children born on or after February 1, 2013 from a parent who is private insured, provided that the children are insured with the parent.

Coverage –

SVB insured are entitled to health care as regulated by the BVZ Act. The scope of the care or provision may be determined by the nature and complexity of the illness.

1.1 General Practicioner

The insured is entitled to medical care provided by a general practitioner.

This care includes:

- Consultation and visit;
- Medical prescription and referral to a specialist or physician;
- Minor surgical operations or extended minor surgery;
- Additional laboratory tests upon referral.

General practitioner care does not include medical examinations or alternative cure methods. The insured is bound to one general practitioner and can change once a year, in the month of September.

1.2 Primary psychological care

The insured is entitled to treatment by an independent psychologist prescribed by a general practitioner, specialist or nursing general practitioner. This includes the first treatment (intake), the treatment plan and the following five treatments, with the possibility of extension.

1.3 Specialist medical care

The insured is entitled to medical-, surgical and specialist (mental) care to be provided by a medical specialist, a hospital or clinic, a dialysis center, a respiratory center health care or a rehabilitation center upon referral (a referral is valid for six months) by a general practitioner or specialist.

This care includes:

Diagnostic research

- Laboratory;
- Radiological examination;
- Pathological – anatomical tests.

The insured has free choice and can visit all accredited institutions for diagnostic testing.

1.4 Hospital Care

The insured is entitled to admission and stay in the third class of a hospital, including specialist-medical care, nursing, paramedical and pharmaceutical care. In the case of obstetric care, both the mother and the child is entitled to admission and hospital stay.

1.5 Paramedical care

The insured is entitled to the following paramedical care:

- Physical, chiropractic and exercise therapy provided by physiotherapists Caesar and Mensendieck, with the objective of cure, improvement, reducing pain, or maintaining the best possible physical condition. The first four treatments are covered; more treatments are possible with an authorization request and treatment plan. Referral by a physician is necessary.
- Speech therapy, to be provided by speech therapists with the aim of recovery or improvement of the speech function or speech ability. Approval prior to speech therapy required. Referral by a physician is necessary from the 1st treatment.
- Advise, instruction, training or treatment to be provided by an occupational therapist employed at their practice in an institution to promote or restore;
- Podiatry, including the provision of podiatric supports. Medical pedicures are covered in very special and exceptional cases with prior approval. Referral by a physician is necessary;
- Paramedical care as provided by the Rehabilitation Foundation Curaçao (Stichting Revalidatiecentrum: Verriet).

For insured persons aged 18 and older, the number of treatments of physiotherapy and exercise therapy are prescribed in the relevant regulation. The insured is entitled to paramedic care when the illness is associated with disorders that lead to severe restrictions on his movement skills, personal care or mobility.

1.6 Dental care

The insured older than 18 years old with an annual income of Naf . 12.000, – are entitled to dental care. Insured persons who are younger than 18 years of age, the poor and pensioners are entitled to dental care, regardless of the level of their income. Other retirees (according to State Decree Supervision Insurance companies) who were 55 before February 2013, are also entitled.

Procedure for obtaining dental care:

- The insured must register with a dentist of their choice (see list SVB);

- The dentist will send the registration form to the SVB for approval;
- Once approved, the dentist will contact the insured for treatment.

Dental care includes the following treatments:

- Periodic preventive dental examination once a year, unless more care is required;
- The removal of tartar;
- Fluoride application from the age of six up to a maximum of twice a year, unless more care is required;
- Dentures;
- Fillings and extractions.

The insured is also entitled to other treatments, if they are necessary as a result of severe congenital or acquired dental physical or mental condition.

The insured person is registered with the dentist of their choice, provided that the dentist has declared its willingness to give service to the insured based on the BVZ Act. The insured is not entitled to advance payment.

1.7 Pharmaceutical care

The insured is entitled to the following types of pharmaceutical care:

- Advice and guidance from pharmacists located in Curacao regarding medication and the responsible use of medicines;
- Polymer, oligomer, monomer and modular diet preparations if the insured cannot manage with adjusted normal nutrition and other products of special nutrition and if insured suffers from:

1. Severe metabolic disorder;
2. Severe food allergies ;
3. Severe malabsorption ;

Pharmaceutical care does not include:

- Medicines that can be replaced by an equivalent but cheaper medicine;
- Contraceptives, except:

1. The insured is younger than 18 years;
2. If this medication serves to treat endometriosis;
3. The medication is intended to treat menorrhagia involving anemia;
4. Medicines obtained without a prescription.

The insured is entitled to pharmaceutical care prescribed by a physician, dentist or midwife based on the BVZ Act. The insured is entitled to all medicines prescribed by a physician or specialist, except medicines on the negative list of the SVB. The insured pays Naf. 1 – fixed dispensing fee.

The insured is entitled to prescription drugs for a maximum period of:

1. One year, for oral contraceptives;
2. Three months, for chronic illness;
3. 15 days, to combat acute illnesses with antibiotics or chemotherapeutics;
4. In all other cases one month.

1.8 Auxiliaries (medical aids)

The insured is entitled, upon prior approval, to the following auxiliaries:

- prostheses for shoulder, arm, hand, leg or foot;
- breast Prostheses;
- facial prostheses;
- eye prostheses;
- orthoses for torso, arm, leg , foot, head or neck;
- visual auxiliaries* ;
- care products such as for incontinence;
- devices for contraceptive purposes ;
- syringes and accessories;
- external devices to be used in the long-term compensating for the loss of function of blood vessels in the transportion of blood, and the loss of function of lymphatic vessels in the lymph transportion;
- devices for diabetes;
- equipment for positive expiratory pressure;
- portable, external infusion pumps and accessories;
- footwear provisions, other than orthotics;
- oxygen devices;
- Nebulizers and accessories;
- CPAP equipment.
- The insured older than 18 years with an annual income of Naf. 12.000, – is entitled to coverage of spectacles. For other age groups (0-17, the poor and pensioners), there is no income limit. Other retirees (according to State Decree Supervision Insurance companies) who were 55 before February 2013, are also entitled.

Procedure to obtain spectacles:

- The insured must consult an ophthalmologist with a valid doctor’s referral letter;
- The prescription for the spectacles may be issued only by an ophthalmologist;
- The insured must visit an optician of his/her choice;

- The optician will send the prescription for the spectacles to the SVB to be approved in advance;
- After the approval, the optician will contact the insurant for further processing.

Coverage:

- To cover the costs of the frame Naf. 90 is granted;
- White lenses in accordance with the prescription;
- After two years, the spectacles can be replaced, unless otherwise necessary for medical reasons.

1.9 Obstetric care

The insured is entitled to the following obstetric care:

- Assistance in childbirth, as well as pre-and postnatal care by a midwife or General Practitioner. Assistance by medical specialist is only possible on strict medical indication;
- Full coverage of obstetric care and maternity care in a hospital or maternity home, in the third class. If for medical reasons care is necessary in the higher classes, it will also be fully covered;
- Hospitalization for three days, unless more is necessary for medical reasons;
- Use of a delivery room;
- Medical and nursing supplies;
- Laboratory tests;
- Childbirth costs (total package including maternity home) at ” Fundashon Duna Lus”;

In case of a home birth the costs of the obstetrician will be covered.

1.10 Maternity care

The insured mother and child are entitled to maternity care at home, provided by a maternity nurse for at least 24 and at most 48 hours, spread over a maximum of eight days from the day of delivery.

The insured mother and child are entitled to care, nursing and stay in the lowest class of a hospital or maternity home, for up to three days, from the day of delivery.

1.11 Ambulance (patient transportation)

The insured is entitled to urgent patient transportation if:

- The costs of admission or stay in the hospital is covered by the insurance BVZ;

The cost of care in a health care institution where the insured is transported is covered by the BVZ. The insured is entitled to patient transportation other than an ambulance if:

- The insured must undergo kidney dialysis;
- The insured must undergo oncological treatments with chemotherapy or radiotherapy;
- The insured can only move around in a wheelchair ;
- The vision of the insured is so limited that he cannot move around without assistance;
- Transportation to and from a physician or medical facility provided by a community nursing or home care organization.
- Air-ambulance in case of an emergency due to illness or accident.

The coverage also includes the transportation of a guiding person, or if it the regards a minor, which requires a written statement from the attending physician.

1.12 Medical treatment abroad

The insured is entitled to medical treatment abroad for medical examination or treatment in a medical center or a medical specialist abroad, if the examination or treatment is not possible in Curaçao or there is a life-threatening illness or the investigation or treatment abroad contributes to health benefits for the patient, on indication of a medical specialist (local) and after approval by the SVB. Patients are generally referred to care-providers with whom the SVB has an agreement.

Medical treatment abroad covers:

1. Medical expenses related to the application;
2. Ticket and airport tax to and from abroad;
3. A daily allowance to the insured and his companion (if applicable);
4. Transportation from the airport of arrival to the destination and vice versa;
5. Accommodation expenses outside a hospital (hotel, staying with family, apartments).

The expenses are covered as long as the stay abroad is necessary for medical reasons.