

What does the General Insurance Act for Special Medical Expenses (AVBZ) entail?

The AVBZ, popularly called *Lei di Labizjan*, is a national insurance policy to which the solidarity principle applies. The law was introduced on 1 January 1997 and covers the risks of the high costs of mostly lifelong care for the long-term sick and handicapped, which costs are not, or insufficiently insurable in our current society.

It is:

the treatment, nursing, care and counseling of chronically physically ill, psychiatric patients and mentally and physically handicapped persons who meet certain criteria and who are therefore designated as AVBZ beneficiaries.

What are the costs of AVBZ care paid?

The costs of this healthcare are paid from the AVBZ Fund that is managed by the Social Insurance Bank (SVB), which is designated as the implementing body of the AVBZ.

Who pay premium?

Every person in paid employment contributes to this fund by paying a premium: 1.5% is paid by the employee and 0.5% is paid by the employer, so a total of 2% premium is charged.

This premium is deducted from salaried persons by the employer and paid by him to the recipient. For persons who fall under the income tax scheme, the Inspector of Taxes levies a 2% premium on the pure income and withheld by the recipient. If the premium income in 2017 exceeds NAf. 459,382.49, no premium is levied on the surplus.

Who can claim AVBZ care?

Residents of Curaçao (with a few exceptions described in a Land Decree) and non-residents, who are employed in Curaçao and who are subject to payroll tax.

Who supervises the implementing body?

The supervision of the mainly financial and the directly related aspects of the implementing body is exercised by the Central Bank of Curaçao and St. Maarten.

HOW IS THE CARE OBTAINED?

Requesting AVBZ care

In order to qualify for care under the AVBZ, one must be a resident of Curaçao, it must also be proven, for example by submitting an extract from the register of the Civil Registry, valid ID, copy of the insurance certificate.

The application must be submitted to the implementing body, the Social Insurance Bank (SVB). Special forms are used for these applications. A distinction is made between applications for care in an institution, for home care. In all cases that someone is admitted to an intramural or semi-mural institution or is eligible for a visit to a day care center or activity center, the application is submitted by the institution concerned to the SVB. Applications for home care are usually submitted by the district nurse in collaboration with the general practitioner. Special forms are available for these applications at all district nurses or home care organizations. These forms must be completed in full, including the ADL score, the medical diagnosis and, if necessary, the report of the psychiatrist.

How is the application handled?

All applications for AVBZ care are assessed by the Indication Committee. This committee consists of three members: a medical doctor, a nurse and a social worker who meet weekly as a rule. They test whether the person for whom the care is requested is in such a state - for example the degree of nursing need or being disabled - that the set guidelines for AVBZ care are met. This assessment concerns both care in an

institution and home care. The committee issues advice on this to the director of the SVB, who makes a final decision about whether to grant or reject the care by means of a written statement sent to the person concerned.

Claims for care can only be enforced if it can't be claimed under another statutory provision or under a private health insurance policy (Article 5.4)

What can be done if one does not agree with a rejection of care?

The interested party who objects to a negative decision on an application for care under the AVBZ by the SVB may submit a reasoned notice of objection to the director of the SVB within six weeks of the date thereof. The SVB must have this available within six weeks. In the event of a negative decision by the SVB on this notice of objection, written appeal may be lodged with the LAR within six weeks of its date.