Zeker,
Witte-Boussen
Assurantiën BV

Health care

Collective Health Insurance Policies 2026

For employees

This brochure contains more information about:

Assurantiën BV

Witte-Boussen Assurantiën B.V.

Mr. F.J. Haarmanweg 16
P.O. Box 201
4530 AE TERNEUZEN
0115 - 61 83 44
+31 115 61 83 44 (when calling from abroad)
zorg@witteboussen.nl

Questions? Ask them online using the chat feature on www.witteboussen.nl

Version 2025-11

We are Witte-Boussen, an independent insurance firm. We offer advice and mediate in the field of insurance policies, real estate, pensions, and mortgages. We ensure certainty and continuity for both companies and private individuals.

We arrange thorough risk analyses, compare premiums and conditions of various insurers, and offer informed advice and products. The developments on the insurance market are monitored closely by our expert and skilled employees to be able to inform our customers about important changes in a timely manner.

Assisting our customers in all phases of their lives, offering insight into risks, mitigating these wherever possible, and offering solutions offer our customers peace of mind and certainty.

Witte-Boussen is the contact in its role as intermediary, representing the interests of affiliated companies, its (retired) staff, and insured household members. We are the first point of contact for any questions!

"We focus on establishing lasting relationships with private and professional customers. We establish this relationship by creating a unique customer value as a specialist in the region. Health insurance policies are one of our specialisms."

Joyce Witte
Deputy Director

The health insurance

Everyone who works or lives in the Netherlands is required to arrange a basic insurance policy. The National Government determines what the basic insurance policy covers. This is essential medical care to which everyone is entitled. The contents of this basic insurance policy are the same for everyone. Health insurers also offer supplementary (dental) insurance policies. However, these are not mandatory. Annually, between 12 November and 1 January, you can switch to a different health insurer. You must have terminated the health insurance policy at your current health insurer before 1 January and can switch to a different health insurer until 1 February. In this case, your new health insurance policy will apply with retroactive effect as of 1 January.

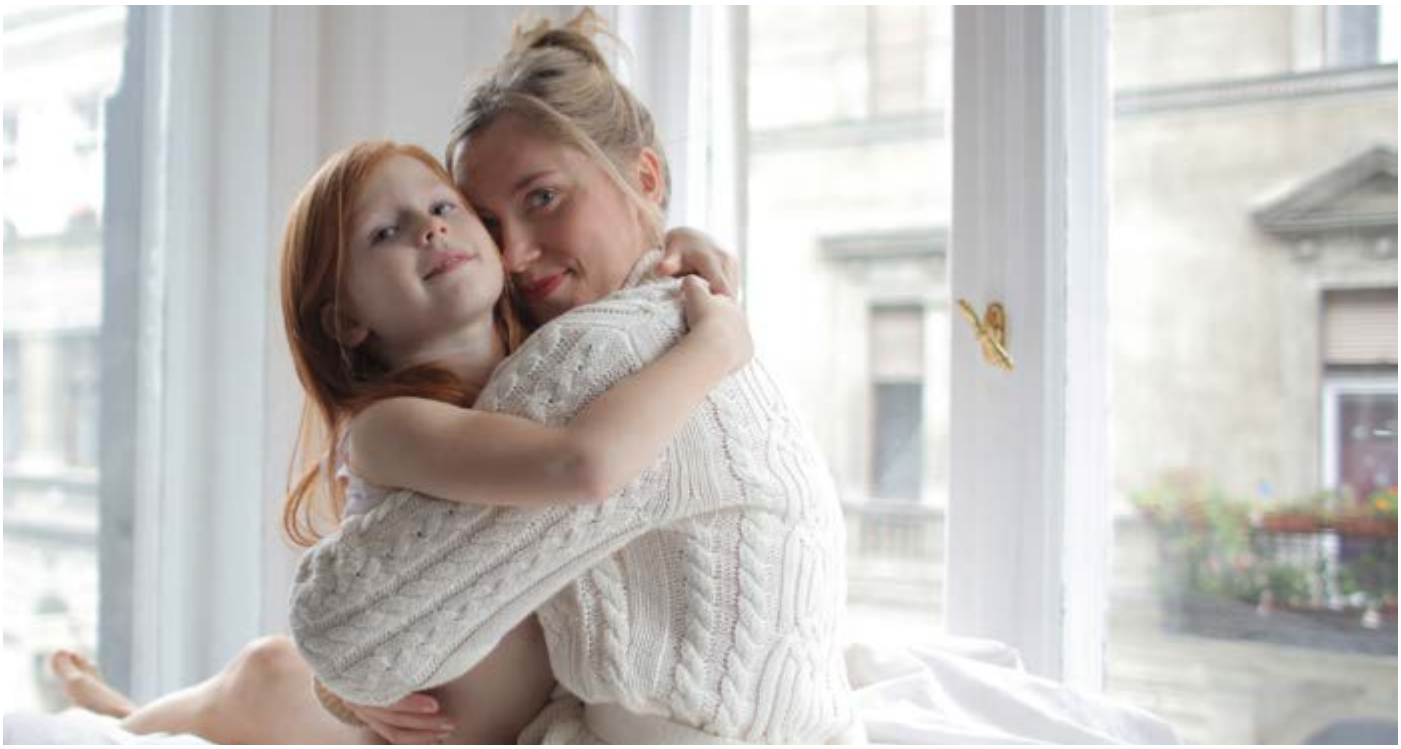
However, it is wisest if you wish to switch to another health insurer to send the (digital) application to your new health insurer before January 1st, after which they will ensure timely cancellation of your current health insurance (Cancellation Service). You can also remain with your current health insurer but want to make changes to your basic and/or supplementary insurance policies. However, the date on which you can indicate this may differ per health insurer.

The basic insurance policy

The basic insurance policy covers the regular care provided by, for example, general practitioners, hospitals, district nursing, and pharmacies. A policy excess applies to most care covered by the basic insurance policy. You may also need to pay a personal contribution.

Some important characteristics of the basic insurance policy are:

- The basic insurance policy is mandatory if you live or work in the Netherlands;
- The basic insurance policy is determined by the government. Its contents can change annually;
- You can choose at which health insurer you arrange the basic insurance policy;
- A health insurer must always accept your participation in the basic insurance policy, irrespective of your health, age, or income;
- Health insurers have a duty of care. They must ensure that everyone can receive the required care in a timely fashion and within a reasonable distance.



There are various types of basic insurance policies:

Restitutie policy

You are entitled to compensation of the cost price up to the market rate common in the Netherlands. It does not matter whether you visit a healthcare provider with which your health insurer has concluded a contract or not. This offers you greater freedom of choice. This makes the reimbursement policy slightly more expensive. In 2025, there will be no health insurer offering this option.

Combination policy

Health insurers also offer a combined reimbursement and contracted care policy. The so-called combination policy, also known als mixed policy. Based on this version, compensation for care costs is offered partially in accordance with the reimbursement policy conditions and partially based on contracted care policy conditions. In many cases, if non-contracted care is involved, reimbursement will be made up to the average contracted rate, with the exception of mental health care and district nursing; in that case, a percentage will be reimbursed. The premium is higher than with in-kind policies because the reimbursement options are better.

Natura policy

Based on a contracted care policy, a policyholder must visit a healthcare provider with which the health insurer has concluded a contract. This is a contracted healthcare provider. The health insurer pays the invoice for the provided care directly to the healthcare provider. If the policyholder chooses to visit a healthcare provider with which the insurer has not concluded a contract for insured care, he or she will often only be eligible to receive compensation for part of the costs. The policyholder will often need to pay the invoice for the healthcare provided himself/herself. The health insurer will subsequently pay (part of) the invoice to the policyholder. The compensation amount differs per health insurer. The health insurer will usually offer compensation for 70 to 80% of the invoice. The premium is lower than that of the combination or restitutie policy.

In addition, so-called budget policies are offered on the insurance market, which are contracted care policies based on which contracts have only been concluded with a select number of hospitals. If you visit a hospital with which the health insurer has not concluded a contract, it will not provide compensation for all costs. A budget policy is cheaper than a regular contracted care policy. We recommend only taking out this option if you have thoroughly investigated beforehand whether there is sufficient contracted care available in your area!

The added value of a supplementary insurance policy

Not all care is covered by the basic insurance policy. You can arrange a supplementary insurance policy for care not covered by the basic insurance policy. For example, additional compensation for treatments offered by a dentist, physiotherapist, or alternative therapist, or because you want more extensive coverage when you temporarily reside abroad. These are not mandatory. A health insurer can offer various supplementary insurances. The health insurer determines the conditions of its supplementary insurance. A supplementary insurance policy is not subject to an acceptance obligation. A medical selection may apply for some supplementary (usually extensive dental) insurance policies. The health insurer will ask you various medical questions and may, based on these, refuse you for the supplementary insurance you requested. The policy excess does not apply to the supplementary insurance policies.

Customer testimonials

During a holiday abroad, I was suddenly affected by a stinging pain in my stomach. The pain became worse and ultimately unbearable. It became clear that I was suffering from appendicitis. Treatment was needed to avoid peritonitis. Fortunately, I have a supplementary insurance policy and the costs were covered. If I would only have had a basic insurance policy, I would only have received compensation for the costs up to 100% of the Dutch rate.
-Mark, 48 years

The policy excess

A policy excess that is required by law applies when you incur medical costs. The mandatory policy excess is € 385,-. This means that you will pay the first € 385,- of your healthcare costs yourself in 2026, subject to a number of exceptions*.

Are you expecting significant medical costs and are you likely to fully pay the policy excess? In this case, it is good to know that you can pay the excess in instalments.

If you want, you can increase your policy excess. The amount above € 385,- is called the voluntary policy excess. This can range from € 100,- up to € 500,-. You can determine the amount yourself. If you choose a higher amount, your premium will be lower. The higher the voluntary policy excess, the lower your premium. This means that you will pay a greater part of the healthcare costs yourself. You can request changes to the voluntary policy excess until 31 December. You cannot agree on an instalment plan for this voluntary policy excess. However, you can enter into a payment plan with your health insurer if you are confronted with high costs. The form of the voluntary policy excess may differ between healthcare providers. Visit the website of the health insurer in question to determine this or you can also contact us.

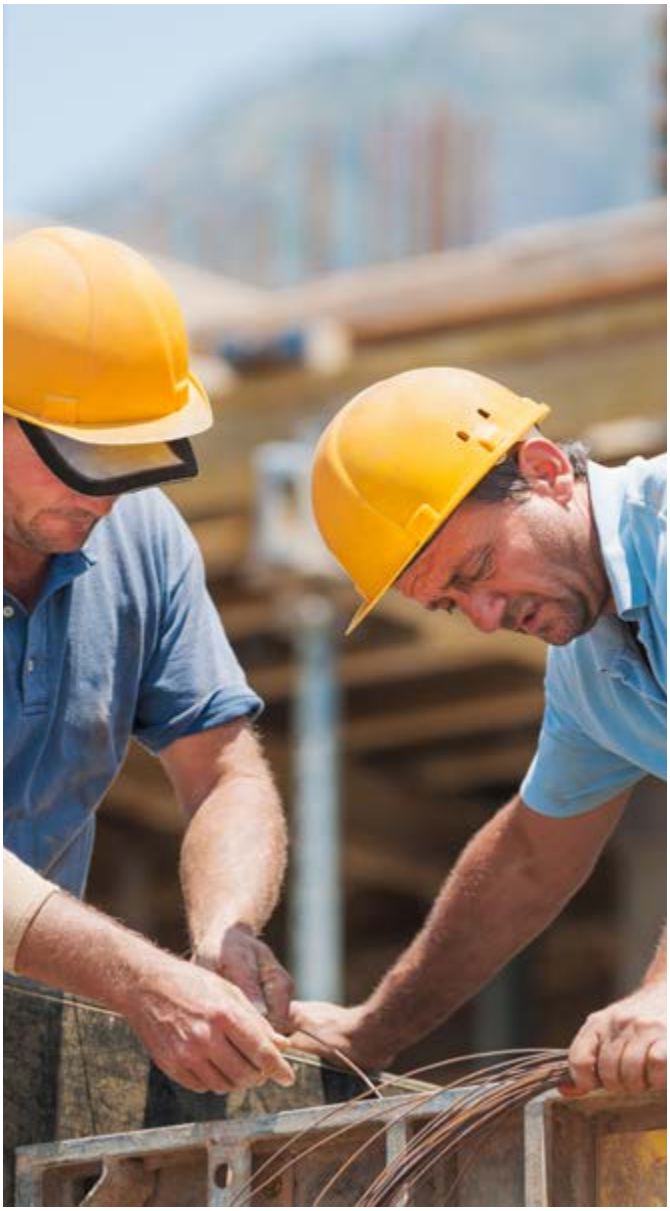
Your health insurer will often first settle your invoices regarding the basic package with the mandatory policy excess. Only then will it settle the payments with the voluntary policy excess you have chosen. What if your healthcare provider sends the invoice to your health insurer? In this case, your health insurer will usually pay the invoice directly to the healthcare provider, including the (deductible) policy excess. Because you must pay this policy excess yourself, your health insurer will subsequently charge this amount to you. This approach may differ per health insurer. If you submit an invoice to your health insurer yourself, it will usually deduct the policy excess. The remaining amount will be reimbursed.

*For example no policy excess will be charged for the following healthcare costs.

- Healthcare costs of children up to the age of 18;
- Visits to the general practitioner, except for blood and laboratory research outside of the clinic;
- Healthcare programmes and chain care, except for medication and laboratory research;
- Obstetric care and childbirth, except for prescribed medication, laboratory research, ambulance transport, and maternity care (please note, a personal contribution applies for maternity care);
- Medical devices provided on loan;
- District care;
- Travel costs and post-procedural examinations of a kidney or liver donor;
- Smoking cessation programs;
- The Combined Lifestyle Intervention;
- All care covered by your supplementary (dental) insurance.

Healthcare in your border region

Our customers predominantly live in the border region near Belgium. Many customers cross the border for hospital care in particular. This is why we consider it very important that the health insurances we offer fit this situation. This is one of the reasons why we prefer health insurance policies based on which the health insurer has concluded contracts with sufficient hospitals throughout Belgium. Our customers also regularly visit non-contracted hospitals and healthcare providers in Belgium. This is one of the reasons why we prefer a restitutie or combination policy, preferably combined with an supplementary insurance policy. Of course, you can decide on the best insurance policy for your situation yourself.



Frontier workers & treaty beneficiaries

Frontier workers: living in Belgium, working in the Netherlands

Employees who live in Belgium and work exclusively in the Netherlands are also called frontier workers. Frontier workers who are socially insured in the Netherlands for the Long-Term Care Act ("WLZ") must take out insurance with a Dutch health insurer. They can use healthcare in the Netherlands, but also in Belgium. The Dutch health insurer will provide an S1 treaty form, so the frontier worker can register for care in the country where he or she lives. In Belgium, this is with a health insurance fund (mutuality) or the Auxiliary Fund for Sickness and Invalidity Insurance ("HZIV").

Frontier workers: co-insured family members living in Belgium

Family members of the frontier worker who have no income in the Netherlands cannot take out health insurance in the Netherlands. The Belgian health insurance fund or HZIV assesses which family members are co-insured. Often, these are family members without income in their country of residence.

Frontier workers and family members co-insured after assessment by the Belgian health insurance fund or HZIV are entitled to medical care in Belgium and the Netherlands. Insured frontier workers in the Netherlands are entitled to reimbursements from the Dutch basic health insurance package and to WLZ care, both in the Netherlands and Belgium.

Dependent family members co-insured in the Netherlands are entitled to healthcare from the Dutch basic health insurance package in the Netherlands and from the Belgian health insurance package in Belgium. If there are family members aged 18 or older, they must pay the so-called flat-rate premium. This is comparable to the Dutch basic premium. These co-insured children are entitled to Dutch healthcare allowance independently, regardless of their parents' income.

Frontier workers: living in the Netherlands, working in Belgium.

If you work exclusively in Belgium, you are socially insured in Belgium. You are also insured against medical costs in Belgium. You take out health insurance with a Belgian health insurance fund or HZIV. With the S1 form from the health insurance fund or the HZIV, you register with health insurer CZ for a Treaty Policy, and you are entitled to healthcare in the Netherlands and Belgium. You do not pay a premium for basic Dutch health insurance, but you may pay for supplementary insurance with CZ. In Belgium, you pay health insurance premiums on your salary and membership fees to the health insurance fund. Belgium also has hospitalisation insurance. This is often provided free of charge by your Belgian employer, but can also be applied for without the intervention of an employer. This supplementary insurance (largely) covers the costs of the higher amounts to be paid for personal contributions (also called patient contributions) in Belgium. If your partner, also living in the Netherlands, is not insured on the basis of income or social security benefits from the Netherlands, the partner and/or children (under the age of 18) are also insured at the expense of Belgium. You do not pay a Dutch basic premium to CZ for your partner and these children. The family is then entitled to medical care in both the Netherlands and Belgium. Children aged 18 and over are independently insured in the Netherlands. They must take out basic health insurance and may be entitled to Dutch healthcare allowance.

Treaty beneficiary at the expense of the Netherlands

Do you live in Belgium or another EU country and have no income from employment in the Netherlands or your country of residence, but only receive a Dutch statutory social security benefit or an income that is equivalent to this, such as an AOW pension, Anw benefit or WIA/WAO benefit? Then you are "insured at the expense of the Netherlands", also known as: referred to as "treaty beneficiary".

Customer testimonials

As an inhabitant of Zeeland-Flanders, I was quickly referred to Rotterdam for special eye surgery. This is quite a distance for me and my family. Even though there is extensive specialist healthcare available just across the border. My employer informed me that it had arranged a collective health insurance policy with the Border Region Package through Blend I can participate in this policy. This allowed me to freely choose schedulable care in Belgium or Germany in a radius of 55 kilometres from the Dutch border. If the care is more expensive than in the Netherlands, compensation will be offered based on the cost price. In the other areas of Belgium and Germany, I am entitled to compensation up to twice the Dutch rate.

- Mirjam, 62 years old.

This means that you must request the S1 form (also known as the 121 form) at www.hetcak.nl. This allows you to register with your Belgian health insurance fund or, if you live in another EU country, with your foreign health insurance institution. You are entitled to medical care in Belgium or another EU country of residence and in the Netherlands. You pay the so-called CAK Treaty contributions to the CAK (via deduction from your Dutch social security benefit). This consists of a flat-rate contribution and an income-related contribution. If you meet all the conditions, you are also entitled to Dutch healthcare allowance.

Emergency care outside the Netherlands and Belgium for frontier workers and treaty beneficiaries

The chapter 'Abroad' explains what cover the Dutch basic health insurance offers abroad and what your options are for taking out supplementary insurance. For frontier workers, in the event of emergency care outside the Netherlands and Belgium, the bill must be submitted to the Dutch health insurer, not to the Belgian health insurance fund or the HZIV. The remainder (above the rates applicable in the Netherlands) may be reimbursed from supplementary insurance or travel insurance.

Treaty beneficiaries who are insured with the CAK in the Netherlands at their own expense must initially submit their expense claims for emergency care used in a country other than their country of residence and the Netherlands to the CAK. Any remaining unpaid medical care can be submitted to a travel insurer in the country of residence.

Hospitalisation in a Belgian hospital

The hospital can place you in a single-person room if there are medical reasons for this. Usually, a hospital with which the health insurer has concluded a contract will claim the additional costs from the health insurer. However, if you want a (more luxurious) single-person room (without there being a medical reason for this), you must keep in mind that the additional costs are not covered by the insurance. The hospital cannot claim these additional costs, which can become significant, from your health insurer. For this reason, the hospital will ask you to sign a statement declaring that you will bear these costs yourself. Because these costs can become significant (hospital room and fees of the specialist), we recommend not simply signing this statement but ask about the potential financial consequences first.

Healthcare costs during a temporary stay abroad

You will remain insured with your Dutch health insurer if you temporarily travel abroad. Everyone with a Dutch health insurance policy has global coverage for urgent medical care. The medical care that is available depends on the country where you reside. The same applies to the reimbursement of healthcare costs. Your health insurance policy may not (fully) cover some costs. You may require an supplementary insurance policy or a travel insurance policy.

What if you temporarily reside in another European country? In this case, the European Health Insurance Card (EHIC) may come in useful. This card provides easier access to medical facilities abroad. The chance that you will need to advance the costs will be smaller.

What if you do not have a European Health Insurance Card yet? Make sure to request this card from your health insurer in a timely fashion or check your selfservice portal.

What if you incur costs for medical care abroad? You may receive compensation based on your health insurance policy. This concerns care that cannot await your return to the Netherlands. This care is subject to the policy excess.

The compensation will never exceed the amount that healthcare providers may charge in the Netherlands. The Dutch rate may be lower than the rate of the healthcare provided abroad. For example, if you are provided with care in a private clinic instead of a public institution, or simply because the care in the country in question is more expensive than in the Netherlands. Make sure to arrange an supplementary insurance policy well in advance (as of 1 January) based on which this form of care is (partially) insured or arrange a travel insurance policy that supplements the compensation. In addition, the Netherlands has made agreements with a number of countries to ensure that they help insurees from these countries if they require care. You are entitled to medical care covered by the basic insurance policy of the country in question in these so-called treaty countries. For more information, please visit www.hetcak.nl.

Repatriation costs will only be reimbursed based on a number of supplementary insurance policies or a travel insurance policy. The basic insurance policy does not cover these costs.

What if you will be travelling abroad for a longer period of time, for example, for a trip around the world? Whether you will be able to maintain your health insurance policy will depend on the duration of your trip. You will remain insured based on the Dutch Health Insurance Act and can maintain your health insurance policy for trips shorter than 1 year.

What if you will be working abroad? In this case, you must arrange a health insurance policy in the country in question and your Dutch health insurance policy will expire.

Tip!

Will your child attend a study programme in a different city? Make sure that he or she registers with a new general practitioner. What if your child is still registered with his or her former general practitioner? In this case, a general practitioner in the new place of residence will charge a visitor rate. This rate often does not qualify for compensation. If your studying child is registered with a general practitioner in his or her new place of residence and he or she visits the former general practitioner, this visit does qualify for compensation.

Do you want to switch to a different health insurance policy? Please let us know!

Things can change over the course of a life. These changes often require changes to your health insurance policy. You may want to expand or reduce your coverage or change your policy excess. You can contact us for advice.

Changes to health insurance policies will always take effect on 1 January. Your health insurer must be informed of changes to the basic insurance policy, the amount of the voluntary policy excess, or the termination of the (supplementary) insurance policy before 31 December. The date on which your health insurer must be informed of changes to your supplementary insurance policy differs per insurer. This must often take place no later than 31 December, but sometimes you have until 1 February.

A medical selection applies to certain extensive (dental) insurances.Today, you can submit numerous changes to your health insurer digitally using your 'Personal Environment'.

Make sure to also inform us of all other changes, such as a relocation, change to a bank account number, or household composition (for example, because of a death, birth, or relocation of a household member).

If you are not able to submit the changes online using the 'Personal Environment' of your health insurer, you can inform us in the following manners.

- By sending an email to zorg@witteboussen.nl;
- By mail addressed to Healthcare Team.

Always list your policy number and the name of your health insurer in your correspondence. You can also communicate the birth of a child, a change of address, or a death by phone.

Collective benefits for employers and employees

Witte-Boussen is the point of contact for (collective) health insurance, where we push the boundaries of care together with healthcare providers, insurers, companies and experts at home and abroad. We offer healthcare collectives from Aevitae (where we have our own Blend label), CZ, Zilveren Kruis and ONVZ.

In addition, our office has been appointed by the BGZC Foundation as an intermediary for their members. This includes self-employed persons, employers, (retired) employees and their family members.
Check www.bgzc.nl for more information.

By uniting more than 500 affiliated companies (including ± 200 self-employed persons), competitive rates and good collective additional conditions can be offered, partly because of this volume. The accessible option to cross the border for care is an important spearhead, especially for insured people in the border regions.

The foundation offers our own label Blend and health insurer CZ. By bundling employer collectives, it is also possible to make targeted agreements in the areas of absenteeism prevention, sustainable employability and a healthier lifestyle for employees. Consider exercise, nutrition and smoking cessation programs. The foundation offers solutions not only in the field of group health insurance, but also for income and non-life insurance.

Do you want to learn more about this?
Visit www.witteboussen.nl or contact us without any obligations.

Choosing from various health insurers

We are an independent intermediary, which means that we decide which health insurers we want to do business with.

Currently, we offer health insurance policies and collectivities of:

- Blend
- CZ
- Zilveren Kruis
- ONVZ

Individual policyholders

Are you not able to arrange a collective health insurance policy through an employer and are you not an independent professional? You can still qualify for discounts at a number of health insurers through us. Individual policyholders can arrange a health insurance policy at the following health insurers directly through our website:

- Blend
- CZ
- ONVZ
- Stad Holland

Visit www.witteboussen.nl/particulier/zorgverzekering to arrange this. Do you want to receive some advice first? Contact our Healthcare Team.

Our services

We live in a world in which many institutions, such as banks and insurers, save on staff costs, detrimentally affecting the services provided to their customers. This is one of the reasons why customers are increasingly unable to or must make increasingly more effort to establish personal contact with an employee of the institution in question. People no longer feel they are customers, but merely numbers, as a result. This goes against the principles based on which we provide our services. We greatly value contact with our customers. We will continue to invest in this and distinguish ourselves on the market. The services provided to, the needs of, and our availability to our customers are paramount in this respect. We notice that our customers appreciate this greatly every day.

Customers can contact us easily. We are available by phone, email, or chat, or you can visit our offices with or without an appointment on workdays.

Customers can contact Team Healthcare for, among other things:

- Information about policy conditions and premiums;
- Processing registrations/changes and advice for existing customers;
- Non-binding and independent advice;
- Comparing policies;
- Questions about mediation in case of (rejected) claims and invoices;
- Assistance with obtaining guarantee statements in case of healthcare in the border region;
- Control over absenteeism, including waiting list mediation;
- Handling complaints, in which respect we strive to resolve these quickly and fairly.

The benefits summarised:

- A team of skilled employees who want to facilitate you;
- Primary point of contact for independent professionals, (retired) employees, and household members;
- Independent and non-binding tailored advice;
- We are regionally involved;
- Specialised in healthcare in the border region;
- A source of information for cross-border workers concerning their health insurance policy in the Netherlands;
- Unique coverage in Belgium and Germany;
- Sharp rates thanks to collective agreements with health insurers;
- Periodic meetings with health insurers about premiums/conditions/work processes/complaints and the like;
- Provision of prevention and health programmes in certain supplementary insurance policies.

Do you have a complaint?

Do you have a complaint about the services of your health insurer?

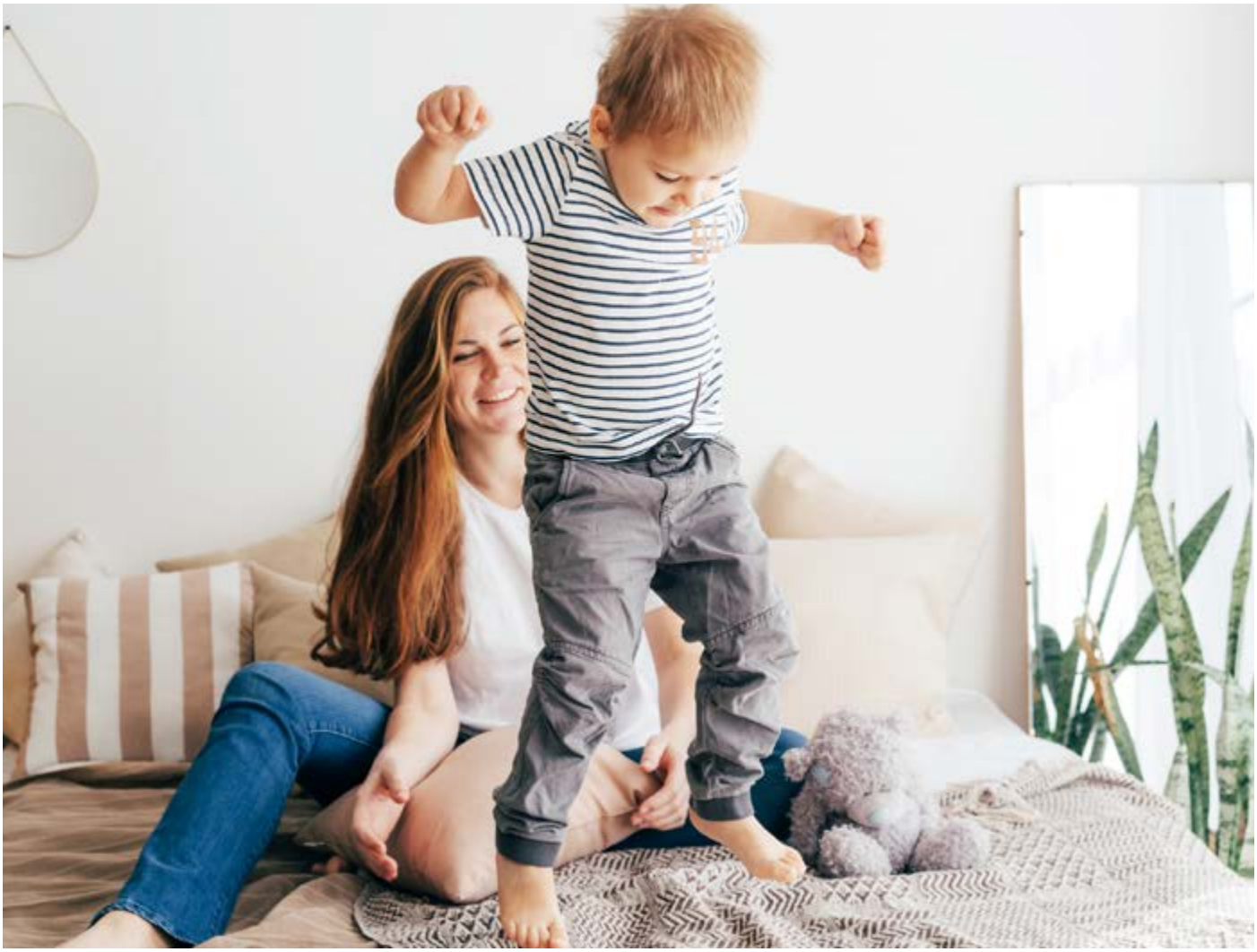
If you disagree with a decision made by your health insurer, you can ask your health insurer to review the decision. If you have done so and still disagree with the decision made by your health insurer, you can submit your complaint to the Health Insurances Complaints and Disputes Foundation (SKGZ) and choose between two options:

- Mediation by the Ombudsman health insurances;
- Review by the SKGZ dispute committee.

For more information, please visit the website of the National Healthcare Institute (www.zorginstituutnederland.nl).

Do you have a complaint about the services provided by Witte-Boussen?

If an undesirable situation occurs that leads to a complaint, it can be submitted to the complaints coordinator of Witte-Boussen. If your complaint cannot be resolved to your satisfaction, you can contact the independent Dutch Institute for Financial Disputes (KiFiD), of which we are a member.



Zeker,
Witte-Boussen
Assurantiën BV

Feel free to contact one of our advisors or consultants.

Witte-Boussen Assurantiën B.V.

Visiting Address
Mr. F.J. Haarmanweg 16
4538 AR TERNEUZEN
Open from Monday to Friday between
08:30 am and 05:00 pm

Address for correspondence
Postbus 201
4530 AE TERNEUZEN

Phone no.
0115 - 61 83 44
+31 115 61 83 44 (when calling from abroad)

E-mail
zorg@witteboussen.nl

Website
Ask your questions online using the chat feature on www.witteboussen.nl

Marcel Capello
Healthcare Advisor

Marie-Claire Doolaard-Deij
Healthcare Advisor

Ariena Schouwenaar-Benink
Healthcare Consultant

Heleen Notebaart-Verkruijsse
Healthcare Consultant

Jeannine Everaard
Healthcare Consultant

Linda van Erkelens-Buis
Healthcare Consultant

Zeker,
Witte-Boussen

We are Witte-Boussen

As a specialist in the region, we advise and mediate in insurance, pensions, mortgages and real estate.
Your assurance is our concern. Can we get acquainted?

Insurances
Tailormade damage, income and health insurance, both commercial and private.

Riskmanagement
Identifying, managing and limiting business risks for continuity of your company.

Property
Purchase and sale of a property, rental possibilities or valuation reports.

Association of Owners (VvE) management
We take care of the financial, administrative, secretarial and technical management of your VvE.

Employee Benefits
Personal and tailor made employee benefits.

Pension
Advice in the field of collective and DGA pension provisions.

Project development
Lafoma B.V. specializes in project development and turnkey projects.

0115 - 61 83 44
info@witteboussen.nl
www.witteboussen.nl

Mr. F.J. Haarmanweg 16
4538 AR Terneuzen

Monday - Friday
08:30 am - 05:00 pm