Assurantiën BV

Zeker,
Witte-Boussen

ZORG

Collective Health Insurance Policies 2025

For employees

This brochure contains more information about:

Assurantiën BV

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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.

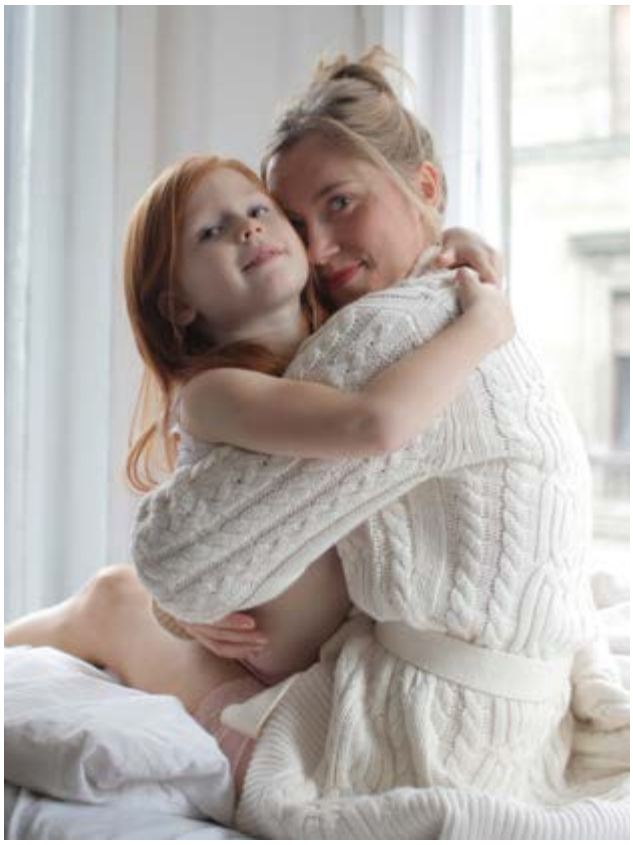
Witte-Boussen is the contact in its role as intermediary, representing the interests of affiliated companies, its (retired) staff, and insured household members. We are the first point of contact for any questions!

"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. 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 amount is between both basic insurance policies.
- **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 slightly lower than that of the reimbursement 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 offer this version but recommend you carefully consider any potential financial consequences if you were to make use of this option.

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 insurance policies. The health insurer will ask a number of medical questions and can refuse your participation in this, usually extensive, supplementary (dental) insurance policy. The policy excess does not apply to the supplementary insurance policies.

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 2025, 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.

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, 47 years old.

*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 the NIPT test, medication, laboratory research, ambulance transport, and maternity care;
- Maternity care, but you will need to pay a personal contribution;
- Medical devices provided on loan;
- District care;
- Travel costs and post-procedural examinations of a kidney or liver donor;
- 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 reimbursement policy, preferably combined with an supplementary insurance policy. Of course, you can decide on the best insurance policy for your situation yourself.

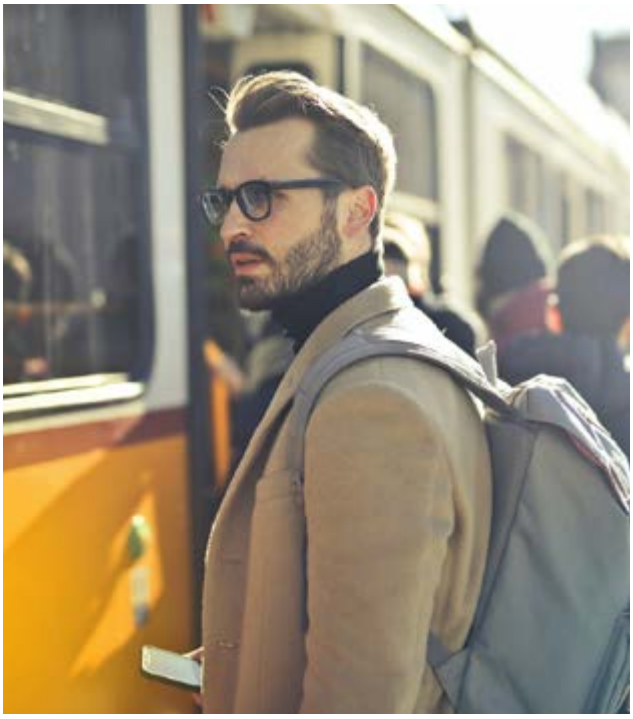
Cross-border workers: living in Belgium, working in the Netherlands

People who live in Belgium and work in the Netherlands are also called cross-border workers. Cross-border workers who are liable for taxes in the Netherlands must register with a Dutch health insurer. They can make use of healthcare in the Netherlands and of healthcare in their country of residence. The Dutch health insurer will arrange a so-called S1 treaty form (E106) to enable the cross-border worker to register in the country in which he or she resides. He or she will register with a so-called mutual fund in Belgium.

Household members of the cross-border worker without an income in the Netherlands cannot arrange a health insurance policy in the Netherlands. The cross-border worker will register with a mutual fund of his or her choice using the S1 treaty form (E106) in Belgium. This mutual fund will assess which household members are also covered by the insurance policy. These are often household members without an income in their country of residence. These are referred to as treaty beneficiaries. Treaty beneficiaries are entitled to medical care in their country of residence.

The treaty beneficiary must register with the CAK. If a treaty beneficiary wishes to make use of healthcare in the Netherlands, he/she must have an EHIC (European Health Insurance Card), which must be requested from the CAK. Zilveren Kruis Achmea is the only health insurer that has been designated to handle any claims by treaty insurees. The treaty insuree will be insured for healthcare offered based on the basic health insurance policy in this case. A treaty beneficiary aged 18 years or older must pay a so-called treaty contribution. The CAK collects the premiums.

What if you live in Belgium and receive benefits or a pension from the Netherlands and have no other income from active labour in Belgium? In this case, you will not be able to arrange a health insurance policy in the Netherlands. You must arrange an insurance policy in Belgium, 'costs to be borne by the Netherlands', yourself. To this end, register with a Belgian mutual fund of your choice using an S1 document (formerly the E-form 121). You can request this form at the CAK. More information can be found at www.hetcak.nl.



Cross-border workers: working in Belgium, living in the Netherlands

If you reside in the Netherlands but work in Belgium, you will require an insurance policy in Belgium. In this case, you will not be able to arrange a regular basic health insurance policy in the Netherlands.

Once you arrange a health insurance policy at a mutual fund in Belgium, you are also entitled to care in the Netherlands. You can arrange a so-called Treaty Policy for this purpose. Health insurer CZ is the only health insurer that has been designated to offer this Treaty Policy. Based on the Treaty Policy, healthcare in the Netherlands will be reimbursed as if you were insured in the Netherlands. The compensation is equal to the CZ contracted care policy called 'Zorg-op-maatpolis'. Healthcare in Belgium is compensated through your mutual fund. In some situations, you can also arrange an insurance policy for your partner and/or child(ren) based on the Treaty Policy.

Because you are already paying a premium to your Belgian mutual fund, you will not need to pay a premium for the Treaty Policy, unless you arrange an supplementary insurance policy.

For more information, we refer you to www.cz.nl/zorgverzekering/buitenland/verdragspolis for the sake of completeness.

Of course, we can help you arrange the Treaty Policy or supplementary insurance.

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.

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.

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.

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 try to 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 our Healthcare Team 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;
- 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:

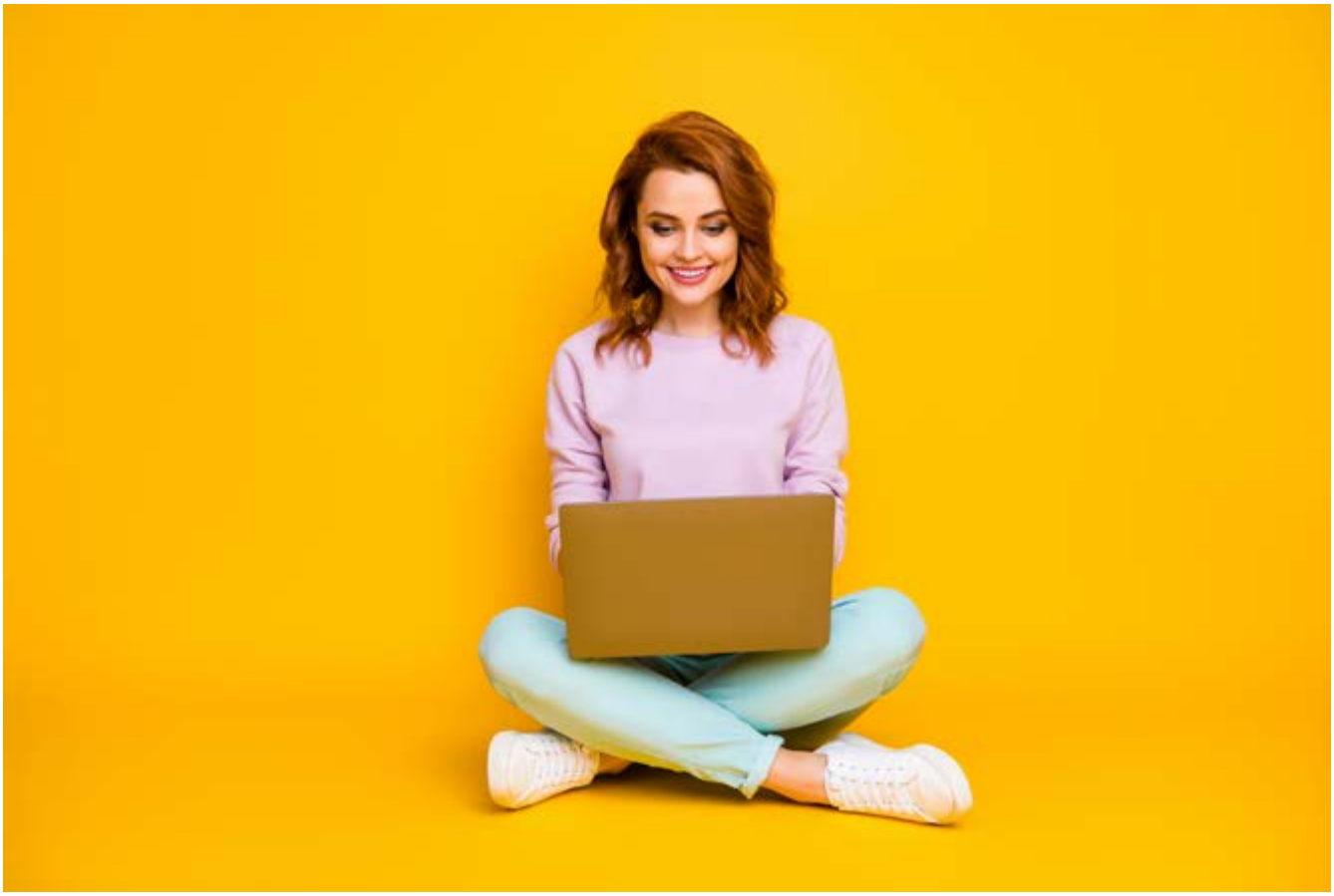
- Mediation by the Ombudsman health insurances;
- Review by the SKGZ dispute committee.

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.

The address of the KiFiD is:
Klachteninstituut Financiële Dienstverlening
P.O. Box 93257, 2509 AG The Hague
Telephone no.: 0900 355 2248 (€ 0,10 per minute)
Website: www.kifid.nl



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 a small number of (dental) insurances.Today, you can submit numerous changes to your health insurer digitally using your 'Personal Environment'.

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.

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.

rond je gezond

Introducing Rond je Gezond

Rond je Gezond is a digital platform for everyone who aims to live a healthier and fitter life in Zeeuws-Vlaanderen. On this platform residents from the region come together to help, inspire and support each other.

Various initiators, including Witte-Boussen, are committed to organizing events and activities related to positive health and vitality.

Want to know more about this platform? Then take a look on the website www.rond-je-gezond.nl.

Collective benefits for employers and employees

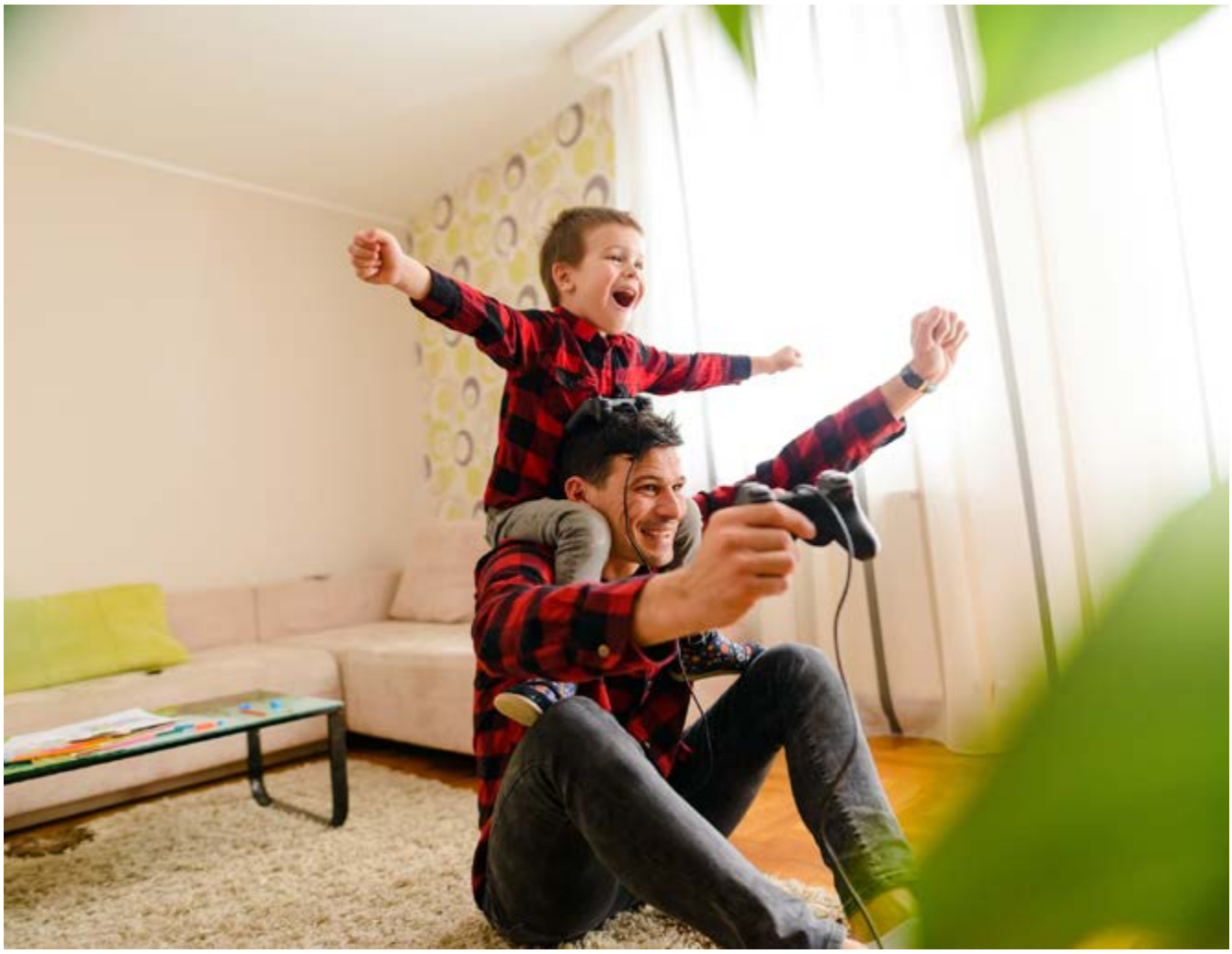
Witte-Boussen is the point of contact for (collective) health insurance, where we push the boundaries of care together with healthcare providers, insurers, companies and experts at home and abroad. We offer healthcare collectives from Aevitae (where we have our own Blend label), CZ, Zilveren Kruis and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

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.

Assurantiën BV

Zeker,
Witte-Boussen

Feel free to contact one of our advisors or consultants.

Witte-Boussen Assurantiën B.V.

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Evelyn Almekinders
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.

Mortgage advice
Personal and tailor made mortgage advice.

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

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

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