



Additional information for migrant workers/cross-border workers

This information is a supplement to our "Collectieve Zorgverzekeringen voor werknemers" brochure (hereinafter referred to as the "brochure"). This brochure can be found on our website.

How are healthcare insurance policies arranged in the Netherlands?

Everyone who lives or (solely) works in the Netherlands is required to arrange an insurance policy for medical care (the basic insurance), although some exceptions apply. The National Government determines what this basic insurance policy covers. This is essential medical care to which everyone is entitled. Healthcare insurers determine the contents of their additional insurance policies themselves.

Mandatory basic insurance

The basic insurance policy covers the most essential medical care (as explained below). A policy excess applies for most care covered by the basic insurance policy. In addition, statutory co-payments may sometimes also apply..

The basic insurance policy is usually required if you live or work (solely) in the Netherlands. Partners and children residing in the Netherlands are also subject to this so-called insurance requirement unless they obtain an income from another country. A WIz assessment can be requested from SVB for an opinion in case of any uncertainties. The contents of the basic insurance policy are determined by the government on an annual basis, as well as the amount of the mandatory policy excess. A healthcare insurer may not refuse the basic insurance policy based on medical grounds.

What does the basic insurance policy cover?

The basic insurance policy is broad and predominantly covers essential medical care in accordance with the state of science and practices accepted in the Netherlands. Important examples of forms of care covered by the basic insurance policy are:

- medical care offered by general practitioners, medical specialists, and obstetricians;
- district nursing;
- hospitalisation;
- medical mental healthcare;
- medication registered in the Geneesmiddelenvergoedingssysteem (GVS) (Medicine Reimbursement System);
- dental care for persons below the age of 18;
- care provided by therapists, such as physiotherapists and physical therapists, speech therapists, and occupational therapists;
- medically necessary dietary advice;
- medical devices;
- ambulance transport;
- seated medical transport (for specific medical conditions);
- physiotherapy for the chronically ill;
- smoking cessation programmes;
- combined lifestyle interventions;
- urgent unforeseen care abroad up to the maximum market rate in force in the Netherlands or the rate adopted at that time based on the Dutch Healthcare Market Decree Act (WMG).

If you travel abroad (to another country than the Netherlands) to undergo medical treatment, you can contact us in advance. Your healthcare insurer will need to assess this in advance. Contracted hospitals are not included in this scheme, but these may offer non-contracted treatments, such as mental health care, but cosmetic surgery, bariatric care, and IVF treatments are also common. For more information, visit the website of your healthcare insurer.

If you register with a Dutch municipality, you must also arrange your registration with a general practitioner with a clinic near you, preferably in your hometown. We also recommend selecting a dental clinic in the same region.

You must contact your general practitioner if you require medical care. Specialist medical care, such as a hospital visit, requires a referral from your general practitioner, dentist, or company physician, which will be valid for no more than one year.

Voluntary additional (dental) insurance policy

An additional insurance covers (part of) the care not covered by the basic insurance policy. This coverage may offer additional compensation for treatments by a physiotherapist, alternative therapist, prescription glasses/contacts, orthodontist, or dentist, or additional compensation related to urgent care in case of a temporary stay abroad and repatriation. Please note: you must always contact your emergency centre in case of urgent care abroad! You are not required to arrange an additional insurance policy.

Mandatory policy excess

A policy excess that is required by law applies to a number of payments provided based on the basic insurance policy when you incur medical costs. The policy excess will be € 385,- per year in 2026. You will not need to pay a policy excess for all forms of care. Refer to our brochure for more information.

Voluntary policy excess

Besides the mandatory policy excess, you can choose a voluntary policy excess ranging from € 100,- to €500,- which will offer you premium benefits. Refer to our brochure for more information.

What must you do to arrange an insurance policy through the collective healthcare scheme of your employer?

If you are required to take out health insurance in the Netherlands, you must take out Dutch health insurance as soon as possible, but in any case within four months of starting to work for your employer in the Netherlands. The effective date will depend on the date on which you started working for your Dutch employer.

If you fail to submit the requested documents within the mentioned four months, you will not be covered with retroactive effect! You also face the risk of a fine if you fail to register (on time) because the basic insurance policy is mandatory. Once you have requested a healthcare insurance policy, you will receive your policy sheet and healthcare card within a few weeks. We recommend arranging your registration as soon as possible. You will need your policy number if you make use of medical care. We recommend carrying the healthcare card with you at all times, specifically if you are abroad.

Are you required to participate in a collective healthcare scheme of your employer?

If your employer has concluded a collective healthcare costs contract with one or more healthcare insurers, you will often benefit from arranging your healthcare insurance policy based on this scheme. However, you are not required to participate, but a potential employer contribution may not, or no longer, apply in this case. Contact your employer for more information.

How can you claim expenses from your healthcare insurer?

Your healthcare provider will submit many healthcare costs to your healthcare insurer directly. You will be informed of this by your healthcare insurer afterwards. What if you receive an invoice from your healthcare insurer? You can claim these costs from your healthcare insurer digitally or by mail. Visit the website of your healthcare insurer for more information.

You live in Belgium and obtain income from the Netherlands

If you reside in Belgium but only receive income from employment in the Netherlands, you are required to take out basic health insurance in the Netherlands. When registering with your Dutch health insurer, you must indicate that you live abroad. Your family members who do not receive income from the Netherlands cannot be insured with a Dutch health insurer and must report this to the Belgian health insurance fund with which they are affiliated. Once the Dutch health insurer issues the policy, a (digital) S1 document will be created, which the Belgian health insurance fund requires. The health insurance fund will use this S1 document to register you and any family members. We also recommend taking out hospitalization insurance in Belgium. For more information, contact your health insurance fund.

Contact the healthcare insurer in your country of residence if you reside in another country and want more information about healthcare insurance policies in this country. You can always contact us if you have any questions about Dutch healthcare insurance policies.

You live in the Netherlands and are moving house within the Netherlands

Your healthcare insurer will automatically be informed of your relocation by your municipality. We want to request you to also inform us about your relocation.

You live in the Netherlands and are moving abroad

If you're moving from the Netherlands to a foreign country, you must notify us. Please include the date of your move, your new address, who is moving with you, and whether you and/or your family members will continue to receive income from the Netherlands. If you and/or your family members no longer receive income from the Netherlands, your insurance obligation will lapse. We will forward your relocation notification to your health insurer, who will send you an S1 form if your Dutch health insurance is to remain valid. This document allows you to register with your foreign health insurer.

You do not live in the Netherlands and are moving within your country of residence

Please inform us of the date of the relocation and the new address to allow us to inform the healthcare insurer.

What if your employment relationship with your current employer ends?

If you leave your employer, you are obligated to inform us as soon as possible. Please include the end date of your employment and your policy number. Normally, you can remain insured under the group plan until the end of the year, and your policy will be continued individually the following year.

When will your healthcare insurance in the Netherlands expire?

Once the employment relationship with your Dutch employer has ended and you do not, or no longer, reside in the Netherlands, you must terminate your healthcare insurance policy within one month of the end of your employment relationship. If you fail to terminate your insurance policy (on time), your payment obligation will continue! The insurance obligation in the Netherlands will remain in force if you continue to reside in the Netherlands and will not start working abroad. Inform us of the termination of your employment relationship in a timely fashion and indicate whether you will work elsewhere in the Netherlands or abroad.

Who can you contact if you have questions about the healthcare insurance policy?

You can contact the Healthcare Consultant of the Healthcare Team if you have questions about premiums, reimbursements, expense claims, the policy excess, obtaining medical mandates, or complaints. We want to ask you to make use of the 'Mijn-Omgeving' (personal environment) of your healthcare insurer to communicate changes to your household situation or your healthcare insurance policy. What if you are unable to do so? You can submit your request to: zorg@witteboussen.nl. Make sure to always indicate your policy (relation) number.

We'd like to point you to the Grensinfopunt (Ground Information Point); they can help you with general questions about various topics when you cross the border to live, work, study, or do business in Belgium, Germany, or the Netherlands. For more information, see: www.grensinfo.nl.

Our contact details



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