

## Additional information for migrant workers/cross-border workers

*This information was published by the intermediary Witte-Boussen Assurantiën B.V. and supplements 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 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. Personal contributions may also apply in some cases.

The basic insurance policy is usually required if you live or obtain an income (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. The SVB can be requested 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 cannot 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 some 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 in Belgium and Germany 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, please refer to our brochure or 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 payments provided based on the basic insurance policy when you incur medical costs. The policy excess will be € 385,- per year in 2025. 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?**

You must arrange a healthcare insurance policy as soon as possible, but never later than within four months after you started working 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 your 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 exclusively obtain income from the Netherlands, you are required to arrange the basic insurance policy. You are required to indicate that you reside abroad when registering with a Dutch healthcare insurer. Members of your household without an income from the Netherlands cannot be insured with a Dutch healthcare insurer. Members of your household will need to register with a mutual fund in Belgium. Once the Dutch healthcare insurer sends you a policy sheet, you must receive an S1 (E106) form from the healthcare insurer to register with the mutual fund shortly after. The mutual fund will register you and any members of your household based on this S1 (E106) form. We recommend also arranging a hospitalisation insurance policy in Belgium. For more information, you should contact the mutual 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**

You must inform us if you move abroad from the Netherlands. Please indicate the date of your relocation, the new address, who will be moving with you, and whether you and/or members of your household will continue to receive an income from the Netherlands. If you and/or members of your household no longer receive income from the Netherlands, the insurance obligation will expire. If you continue to receive an income from the Netherlands you will receive a S1 (E106) form to register yourself with the foreign health insurer. We will inform the healthcare insurer of your relocation.

### **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 your employment relationship with your current employer ends, you are required to inform us as soon as possible. Make sure to also list your policy number. Usually, the collective scheme will end as of the 1<sup>st</sup> of the month following the end date of your employment relationship. For example: if your last workday is the 15<sup>th</sup> of March, your employer will withhold the healthcare insurance premiums until the 31<sup>st</sup> of March, and your policy will be converted into an individual healthcare insurance policy as of the 1<sup>st</sup> of April.

### **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 our email address: [zorg@wittebousсен.nl](mailto:zorg@wittebousсен.nl). Make sure to always indicate your policy (relation) number.

## **Our contact details**



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Ask your questions online using the chat feature on [www.wittebousсен.nl](http://www.wittebousсен.nl)

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