

Health insurance 2022

Information document on collective health insurance for foreign temporary workers

ZEM Policy and participation in the Stichting VBW Guarantee Fund

About this information card

This card tells you what ZEM policy and participation in the Stichting VBW Guarantee Fund means to you. It is an overview of the most important features and is therefore not a complete summary. ZEM's policy conditions can be found at www.zem.nl. The regulations of the Stichting VBW Guarantee Fund have been provided to your employer.

What kind of insurance is this?

ZEM policy of Zorg en Zekerheid consists of a basic insurance policy and a supplementary insurance policy. The basic insurance is a compulsory insurance in the Netherlands for healthcare costs. The supplementary insurance covers those costs that fall within the compulsory excess. You may also claim under the Stichting VBW Guarantee Fund for certain calamities that are not covered by Zorg en Zekerheid, i.e. emergency dental treatment, work-related physiotherapy, and repatriation after death (within Europe).



What is insured?

Below is a list of the major reimbursements. You can read about the care providers contracted with Zorg en Zekerheid at www.zorgenzekerheid.nl. Care abroad is insured, but in the case of non-urgent care you will need prior authorisation from Zorg en Zekerheid.

General practitioner

- ✓ Treatment with the GP is insured. This is still the case even if you are not registered with a GP and the GP therefore charges a visitor fee.

Medication

- ✓ The costs of medication from a contracted pharmacy are insured. For some medication, you will pay a personal contribution.

Physiotherapy

- ✓ Physiotherapy for certain disorders and/or treatments is reimbursed by Zorg en Zekerheid. In addition, you can make a claim to the Stichting VBW Guarantee Fund for reimbursement for work-related physiotherapy.

Hospital treatment

- ✓ Treatment in a contracted hospital is insured. Zorg en Zekerheid has a contract with all hospitals in the Netherlands.

Assistance and aids

- ✓ Assistance and aids are insured if they are provided by a contracted supplier. Some aids and assistance are subject to payment of a personal contribution.

District nursing

- ✓ District nursing provided by a contracted nurse is insured.

Mental health care (GGZ)

- ✓ Care provided by a contracted GGZ care provider is insured.

Dental treatments

- ✓ You may claim a reimbursement under the Stichting VBW Guarantee Fund for emergency dental treatment.



What is not insured?

- ✗ The authorities determine what type of care is insured under the basic insurance. Alternative care and cosmetic procedures, for example, are not included.
- ✗ You will sometimes need a referral from a care provider or authorisation from Zorg en Zekerheid or Stichting VBW. If you do not have this, you will not be reimbursed.



Are there any restrictions to the cover?

Care provided by non-contracted care providers

Care provided by non-contracted care providers in the Netherlands will be reimbursed up to a maximum of 75% of the rate agreed between Zorg en Zekerheid and the contracted care providers.

In the case of non-emergency care abroad, a maximum of 75% of the cost of the equivalent treatment in the Netherlands will be reimbursed.

Excess

Every Dutch health insurance policy has an excess, which means that you have to pay care costs up to a certain amount yourself. The excess does not apply, among other items, to GP visits, and midwife and district nursing services.

The compulsory excess is €385.00 per fully insured year. This amount is covered for you under a supplementary insurance policy taken out with Zorg en Zekerheid.

Personal contribution

For some care, such as maternity care and certain medication or assistance and aids, you will pay a personal contribution.

Medication, dental treatments and physiotherapy

The pharmacy will give you the preferred choice of medication. If you would prefer a different brand of medication, then you must pay for this yourself. Emergency dental treatment is reimbursed up to a maximum sum of €200.00 per calendar year. Occupational physiotherapy is reimbursed up to a maximum of 5 treatments (with the potential for approval to be granted for 5 more treatments) at a maximum cost of €35.00 per treatment.



Where am I covered?

- ✓ You are insured worldwide. However, Zorg en Zekerheid will reimburse a maximum of 75% of the cost of the equivalent treatment in the Netherlands except in the instance of emergency care. Do you want to go abroad for your treatment? To do so, you will often need authorisation from Zorg en Zekerheid. You must therefore check in advance which terms and conditions apply. You can also request an S1 form via your employer. As long as you have Dutch health insurance and pay a premium for it, you can use this S1 form to make use of care and treatment facilities in your home country, the cost of which will then be reimbursed. Please enquire about the terms and conditions relating to this.



What are my obligations?

Have your family circumstances changed? For example, have you had a baby? Please inform us of this. Please also send any bills as soon as possible



How and when do I pay?

The premium is paid via your employer.



When does the cover start and end?

The insurance policy begins on the date stated on your policy. During the calendar year, it is possible to convert your collective insurance (taken out via your employer) into an individual insurance policy with Zorg en Zekerheid. If your employment with your employer ends, the collective healthcare insurance taken out with Zorg en Zekerheid via your employer will also end. **Please note:** if you continue to live or work in the Netherlands, your health insurance obligation will continue to apply. However, you will no longer be insured with Zorg en Zekerheid once your employer deregisters you. If this is the case, it is possible, however, to continue your insurance on an individual basis. Please enquire about the terms and conditions relating to this.



How do I cancel my contract?

You must cancel your contract through your employer.