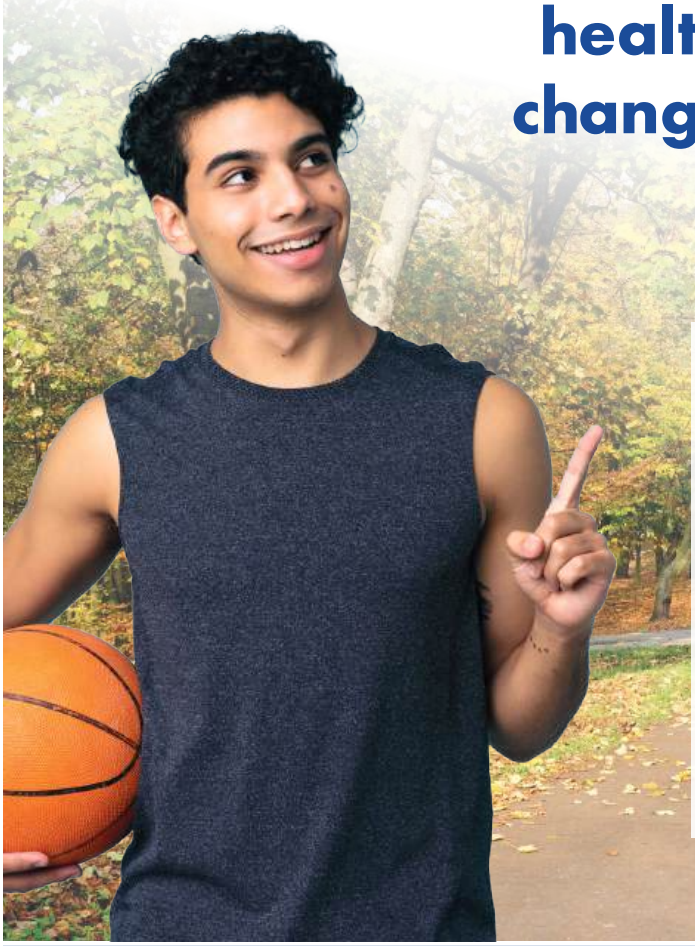
You change and your health insurance changes with you!



- Benefit from more generous reimbursements than with an individual insurance policy.
- The health insurance covers you, your partner and your children living at home.
- We will arrange your transfer. Make a choice and we will do the rest!

Care Guide

Your Health Insurance in 2025

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Selecting health insurance can feel like navigating through a maze of unfamiliar terms and endless options. At Schouten Zekerheid, we are prepared to guide you through this complex maze, assisting you with confidence towards the care you require.

As an employee, your employer offers you the opportunity to arrange for a collective health insurance via Schouten Zekerheid. As your insurance broker, we serve as a connector between you and the insurers, advocating on your behalf. With more than 70 years of experience, we are a family run business committed to your certainty since 1953.

In order to help answer your most common questions and to provide a clear understanding of what collective health insurance exactly entails, we have compiled this care guide. After all, change is the only constant factor in life, and this also applies to your health insurance. The year 2025 is no exception, bringing adjustments with it. But worry not - we are here to help. In this magazine, we will meticulously scrutinize all the important changes to your health insurance for the year 2025.

We begin at the foundation: compulsory excess, or deductible

For 2025, this remains set at €385,-. What does this mean for you? As an adult, you are required to pay the first €385,- of healthcare costs - covered by the basic health insurance - by yourself before the insurance company covers the remainder. Children do not pay any excess. A tip for the future: there are plans to spread the excess over the year.

So, what changes within the basic insurance itself?

Precisely, there are four key modifications.

- Flexible maternity care: Starting from 2025, maternity care may be distributed over six weeks instead of the current ten days.
- Fall prevention exercise program: Elderly individuals with a high fall risk and related issues will receive a fall prevention exercise program, guided by a (practice) physiotherapist, starting from 2024.

- Healthy children, healthy future: Overweight and obesity issues among children will be addressed. A new layer of clarity: the Combined Lifestyle Intervention (GLI) for children will be covered by the basic insurance.
- Breast cancer testing: Two tests (MammaPrint and Oncotype DX), which estimate the need for additional chemotherapy for women over 50 with early-stage breast cancer, will be retroactively reimbursed starting from mid-2022.

Last but not least: Post-Corona recovery care has been extended. Those suffering from long-term afflictions following a Corona infection will be compensated for physiotherapy, dietetics, occupational therapy, and speech therapy until at least January 1, 2026..

How does the deductible in my health insurance work?

Anyone over the age of 18 has a mandatory deductible. In 2025, it will still be €385. This means that the first €385 you spend on medical costs that year will be billed to you. But beware! You can voluntarily increase this deductible by up to €500. The benefit? The higher your deductible, the greater discount you receive on your premium.

What does 'personal contribution' mean?

Apart from the premium you pay, there are sometimes healthcare costs for which you must contribute a portion. This is known as the 'personal contribution', and it can vary per treatment. There are two types, namely:
The statutory personal contribution: Here, the government has determined that you must pay a contribution for certain healthcare services covered by the basic package. The amount of this contribution is the same for everyone.

For instance, if you make use of:

- Patient transport: take into account a personal contribution.
- Medication: the basic insurance only covers the cost of the least expensive alternative. If you choose a more expensive version, you will pay the difference.
- Maternity care: here, a statutory personal contribution applies.
- Medical aids: a personal contribution may also apply here.

Can you avoid this? That's possible by taking out supplementary insurance. The exact amount covered then depends on which type of additional insurance you choose.

Let's shed some light on the contributions for higher costs, non-deductible healthcare, and the benefits of your collective health insurance for 2025.

Contribution for costs exceeding the maximum reimbursement

For certain treatments, the health insurance company sets a maximum reimbursement per year. Take dietetics, for example: the basic insurance covers up to 3 hours of dietetics per year. If you get more than this, you pay for the extra costs yourself, unless you have additional insurance that covers this.

Care not subject to deductible

Good news! Not all medical care counts towards the compulsory deductible. You will NOT receive a bill from your health insurer for:

- Care provided by the general practitioner.
- All care covered by the supplemental insurance.
- Maternity care and childbirth care.
- District nursing.
- Free population screening (such as breast cancer screening).
- Flu vaccination for risk groups.
- Healthcare and dental care for young people up to the age of 18.

About the collective health insurance

The collective health insurance, provided through your employer, grants you extra advantages. But you may wonder: Do I need to apply for the collective health insurance again every year? The answer is no. Participation in the collective scheme through your employer will automatically continue if you have no changes to make in your insurance. But remember: it is recommended that you use our comparison tool every year. Doing so ensures that you continue to have the best and most affordable insurance tailored to your personal preferences and needs.

Collective health insurance

What to do in various situations?
What actually happens if you are already insured with a participating health insurer?
Or what happens to your health insurance if you change jobs during the year?
Let's examine these questions.

I'm already insured with a participating health insurer

If you're already insured with a participating health insurer, you can still participate in this collective scheme. Simply fill in the 'participate in the collective' form on our website. We will ensure that you are registered for your employer's collective scheme with your insurer.

I'm leaving my job during the year

What happens next depends on the insurer. Essentially, there are two scenarios:

1. You retain your discount (and any additional reimbursements) until the end of the year. After that, you'll receive an individual offer for the following year. You may then switch or modify your insurance. CZ and VGZ, for example, operate in this way.

2. Your discount (and any potential additional reimbursements) expires after your termination date or from the first day of the following month. You will receive an individual policy, and you won't be able to make any changes at that moment. However, you may be able to participate in another collective, but you would need to take steps for that on your own. This is how it works with Zilveren Kruis, Menzis, a.s.r., ONVZ, and Aevitae.

I joined after the 1st of January

Whether you can participate in the collective immediately depends on your current situation:

1. You are already insured with one of the insurers in the collective - You can participate in the collective health insurance of your new employer from the first of the following month. Fill in the 'participate in the collective' form and we'll take care of the rest.

2. You were collectively insured through your previous employer - In these cases, you can switch to another health insurer throughout the year if you change employers. Some conditions apply. If you meet these conditions, then you are free to switch. Use our choice guidance tool to assist you in this process.

3. You are individually insured with another insurer or you are collectively insured with another insurer in a way other than through your previous employer - Unfortunately, under these circumstances, it is not possible to switch during the year. You can switch health insurance annually in November and December.

Your collective health insurance: From savings to participation

A collective health insurance can be a great addition to your benefits package. But are you wondering just how much you save or who can participate in the collective health insurance? We've gathered all of the details for you.

- Savings through collectivity
  What you save precisely with a collective health insurance depends on the specific terms offered. To gain insight into the participating health insurers and their discounts, visit your healthcare collective's website. Do you want to directly compare the offer with your current insurance? No problem – you can do that, too!
- Who can participate in the collective health insurance?
  The collective health insurance is primarily intended as an addition to your employer's benefits package. In some cases, the collective operates through an industry association that your employer is affiliated with. But there are more people who can benefit from it. A collective health insurance is available for:
- Employees of an employer who offers collective health insurance, or from companies that are members of an industry association with a collective offer.
- Partners of employees who live at the same address.
- Children of employees living at home, even if they are over 18. Note, however, that some insurers set a maximum age limit of 30.
- Employees' children who are students and live away from home. Some insurers stipulate that students living away from home can only take advantage of the collective as long as they are studying.

However, there are also groups for whom the collective health insurance is not intended:

- Family members, if the employee himself/herself does not participate in the collective health insurance.
- Parents of employees.

Chronically Ill, selective policies, and more

Choosing the right health insurance can be a challenge, especially if you are chronically ill or if you are considering taking a selective natural policy or budget policy. Let's look closely at these topics and hopefully, they will provide some clarification.

Access to health insurance for chronically Ill

Have you ever wondered, "Can I, as a chronically ill individual, register with any health insurance?" The answer is yes, for basic insurance. Health insurers are obliged to accept everyone for the basic insurance.

However, they can deny applications for supplemental or dental insurance. Sometimes, insurers perform a medical selection for their most comprehensive packages. This selection is based on a healthcare declaration from your (dental) doctor or a questionnaire about your health.

There is an exception: the "Equal-over Regulation". If you can demonstrate that you also have the most comprehensive additional (dental) insurance at your current health insurer, you can take out the comprehensive package without a selection at some insurers.

What is a selective nature policy or budget policy?

A selective nature policy or budget policy is often a cost-effective alternative to the natural or restitution insurance. But bear in mind the following when you are choosing this option:

- There are often fewer contracted care providers, so it's possible that you cannot go to all hospitals.
- Reimbursement for non-contracted care providers is often lower (for example, 65%).
- Care-related matters are usually handled online only.
- Sometimes, you can only order aids and medicines from designated suppliers and only via the internet.

So before choosing this insurance, it is important that you read the terms and conditions carefully.

Will I always be accepted for health insurance?

The answer is yes. According to the Health Insurance Act, every health insurer is obligated to accept you for the basic insurance, regardless of your age or health condition. The only reason acceptance might be withheld is if you have payment arrears with your current insurer. However, for the most comprehensive additional (dental) insurance, medical selection may apply. A "Transfer-as-equal Rule" can offer a solution here; meaning if you can demonstrate that you also have the most comprehensive additional (dental) insurance with your current health insurer, you can take out the comprehensive package without any selection.

Restitution insurance and natural insurance: what are they?

They are the two types of health insurance that you can opt for. But which one best suits you? Restitution insurance gives you the freedom to choose your own healthcare provider. The bills are still reimbursed, even if your health insurer does not have a contract with the healthcare provider. The downside? You usually pay more than for natural insurance. Also, be aware that the reimbursement can be limited to the market standard rate.

Then there is 'natural insurance'. This type of policy is more cost-effective and offers a wide range of care providers with whom your health insurer has a contract. The downside is that the choice of healthcare providers is narrower, and you may only receive a portion of the costs if you choose a healthcare provider with whom your health insurer does not have a contract.

Your collective health insurance

With this foundational knowledge about health insurance, you can independently make an informed choice. Remember, your choice impacts the care you receive and the manner in which the costs are covered. Take the time to consider your options so that you can enjoy the benefits of your collective health insurance.
Of course, there are many more aspects to contemplate when choosing health insurance. That's why we are always ready to assist you at Schouten Zekerheid in making the best choices. You can always contact us if you have any further questions or concerns.

Contracted care providers

With a collective health insurance, you are often tied to contracted care providers. This means that your insurer has made agreements with specific care providers. If you choose to go to a non-contracted care provider, your insurance may not reimburse the full costs. The amount of the compensation depends on the health insurance you have chosen.

Coverage abroad

Do you have a foreign holiday planned? Good news: even abroad, you remain insured for healthcare. The Dutch basic insurance, in fact, offers global coverage. If you need healthcare abroad that cannot wait until you return to the Netherlands, contact your health insurer as quickly as possible. In principle, you get this care reimbursed up to a maximum of the Dutch rate.

If the costs are higher, you must pay these yourself, unless you are additionally insured for foreign healthcare or have travel insurance with medical coverage.

Holiday versus lengthy stay

An important distinction is the difference between temporarily being abroad, such as on holiday, and prolonged stay abroad. In the latter case, you may not always keep your Dutch health insurance. Your health insurer then checks whether you still meet the conditions for Dutch health insurance.

What is the European Health Insurance Card(EHIC)?

Have you ever heard of the EHIC, the European health card? It's a handy tool when you travel abroad. This card entitles you to necessary medical care during a temporary stay abroad, within the borders of the EU, Norway, Iceland, Liechtenstein, Switzerland, Australia, the United Kingdom, and North Macedonia.

Health insurance and living or working abroad

It's a fact that every resident of the Netherlands must have health insurance. But what happens if you move abroad, temporarily or permanently? Your personal situation determines whether you remain insured in the Netherlands or not. Here's a simple guide to what you can expect in different situations:

1. Living abroad with a Dutch pension or benefit

If you move abroad and receive a Dutch pension or benefit, your Dutch health insurance will be canceled. If you live in a country with which the Netherlands has concluded a treaty, you register with the CAK using form 121. You then pay a contribution to the CAK and are entitled to medical care according to the statutory regulations of your country of residence. If you live in a non-treaty country during this period, you must take out health insurance in your country of residence for yourself and any family members moving with you.

2. Temporary living and/or working abroad

If you temporarily go abroad for work or living, your destination and duration of your stay will determine whether you need to arrange new health insurance. If you work in a treaty country for longer than 3 months, you must cancel your Dutch health insurance and take out a new health insurance policy in your new country. If your stay is shorter than 3 months, your Dutch health insurance remains valid and you don't need to do anything. However, if you stay for longer than a year without working, contact the SVB (Sociale Verzekeringsbank) for advice.

3. Living abroad and working in the Netherlands

If you work in the Netherlands but live abroad, you must take out Dutch health insurance. You can't register your family members under this insurance, but it is sometimes possible to include them.

You must contact a health insurance company of your choice within four months. After registering, you will receive the treaty form 106 from your Dutch health insurer, which you then provide to your health insurer in your country of residence. This entitles you to healthcare both in the Netherlands and your new country of residence.

4. Living in the Netherlands, working abroad

If you live in the Netherlands but work abroad, you usually have to take out health insurance in the country where you work. You can often include your family members. If you work in a treaty country, you can take out a Treaty Policy, which is similar to the Dutch basic insurance but does not require a premium.

5. Studying and living abroad

If you study abroad without working alongside your studies, your Dutch health insurance remains in force. However, it is recommended to apply for an EHIC card in addition to your Dutch health insurance.

It is always important to do thorough research and potentially seek professional advice when you are considering living or working abroad. Each country has its own rules and regulations, and it is imperative to ensure that you are fully covered in case of a medical emergency.

The EHIC and studying abroad

If you choose to study in the EEA (the EU, Norway, Iceland, Liechtenstein), Switzerland, Australia, the United Kingdom, or North Macedonia, you can apply for an EHIC card. This card entitles you to necessary medical care during your stay abroad. Many health insurers have combined this EHIC with their own medical care card.

The EHIC is personal, so every family member who accompanies you must also apply for a separate card.

Are you going to study in another treaty country? Then you must apply for a form 111 from your health insurer in order to claim necessary medical care. And if you are going to study in a country with which no treaty has been concluded, you retain the right to the care from your Dutch health policy.

What happens if I don't pay for my health insurance?

Not paying the premium for your health insurance has consequences. First, your health insurer will send you payment reminders, and they may offer you a payment arrangement. However, if you have not paid after 6 months, the health insurer will report you as a defaulter to the CAK.

Once you are registered as a defaulter with the CAK, they deduct the premium from your income, and you no longer pay a health premium to your health insurer. However, you remain insured for the basic insurance with your own health insurer.

If you also have supplementary insurance, your health insurer can terminate this. In addition, you no longer receive your healthcare allowance yourself. It is used to pay the premium to the CAK.

Higher health insurance premium due to default

The downside of being reported as a defaulter to the CAK is that you have to pay a higher premium. This administrative law premium is 130% of the standard premium and also applies to people with an income at the level of state welfare. If you disagree with this situation, we advise you to contact your health insurer. They may be able to help you find a solution.

Paying in installments with the health insurer: is that possible?

Yes, it is possible to pay in installments with your health insurer. If you receive a large bill for your deductible or co-payment and you cannot pay this all at once, this may be a solution.

You can apply for a payment arrangement on your insurer's website. After submitting your application, your insurer will review it and let you know if it has been approved. So it provides a possible way to alleviate the burden of a large payment, provided your application is approved.

Switching health insurance providers after January 1, is that possible?

While the official switching period for health insurers runs from mid-November to January 1, there are several situations in which you have the opportunity to switch to your employer's collective health insurance during the year:

- New job: Are you changing jobs and were you collectively insured with your old employer? Then you can switch to the collective insurance of your new employer. You have 30 days to do this, counted from the start date of your new employment.
- Turning 18: Have you just turned 18? Then you also have the option to switch.
- Return from military service: For people returning from military service, there is also the possibility to switch.
- Return from Abroad: If you return from abroad and do not have Dutch health insurance, you can switch.
- Divorce: In the event of a divorce, it is also possible to switch.
- Changes in policy conditions: If your health insurer adjusts the policy conditions in the interim, you have the right to switch.

Returning to the Netherlands: when should I take out health insurance?

If you live or work in the Netherlands, you must take out health insurance. This obligation starts on the day you register with a Dutch municipality or the day your Dutch employment contract begins, whichever comes first.

From that moment, you have four months to take out health insurance. If you register within these four months, your policy is retroactive. So you also pay a premium for the period when you were not yet insured. In addition, any healthcare costs incurred in this period are reimbursed.

If you wait longer than four months to take out health insurance, you risk a fine. Your new health insurance then starts on the day you take it out, not retroactively. You pay a premium from that day, and only healthcare costs incurred after this date are reimbursed.

How do I cancel my health insurance?

It is common to cancel your health insurance at the end of the calendar year. Before November 12, you will receive the new conditions for the coming year from your health insurer. If you decide to switch, you can register with a new health insurer before January 1st. They will then cancel your old health insurance for you.

This also applies to the health insurances of your partner and children, if you indicate so.
You can choose to cancel your health insurance yourself. This can be done until December 31st. After that, you have until February 1st to register with a new insurance company. Your new health insurance will then take effect retroactively from January 1st.

How does the health insurance cancellation service work?

Each year, in November and December, you can switch to a different health insurer. If you switch during this period, your new health insurer will report the switch to your old insurer.
How to switch to collective health insurance?
Switching to collective health insurance is easy. Go to the link that your employer sent you by e-mail, and follow these steps:

- *1. Enter your details*

Enter your gender, date of birth, and postal code and tell us whether you want to co-insure family members. Choose the amount of your deductible and possibly additional insurance.

- *2. Enter your health insurance preferences*

Do you find it difficult to choose which additional health insurance fits you? We are happy to help by advising on the coverages that best suits you and your family with the choice assistance.

- *3. Compare health insurances*

We provide an overview of all available health insurances that meet your wishes. Use our filters if you prefer a type of basic insurance.

- *4. Take out the best health insurance*

Found the best health insurance? Switch directly via us. Your new health insurer will ensure that your current health insurance is canceled. You do not have to do this yourself.

Insurance for partner and/or children

Can you insure your partner and/or children via your employer's collective health insurance? Absolutely! Your partner and/or children can participate in the collective health insurance and enjoy the same discount that you receive.

A new addition to the family with the birth of a baby? Congratulations! Don't forget to register your child with the health insurance within four months of birth. This can often be done online, although some insurers require a phone call.
If you and your partner don't insure your child within four months of birth, your child is uninsured. This can lead to high bills if the child becomes ill, and a potential fine.

The good news is, your child is insured for free until their 18th birthday; the government pays the premium. Moreover, health insurance coverage for children is more comprehensive than for adults.

Deductible and children

The deductible does not apply to children under 18. This means that you do not have to pay a contribution to the deductible for your children.
Including partner in employer's collective insurance

If your partner is already insured with the same insurer and you want to include your partner in your employer's collective insurance, you can easily request this by sending an email to zorgdesk@schoutenzekerheid.nl. Mention in this email the relationship number, the name of the insurer, and the name of your employer, and we will ensure that the collective discount is also applied to your partner's insurance.

Health insurance for children: points of attention

You can include your child(ren) up to 18 years free of charge on your own policy. A large part of the health care for children falls within the basic insurance; however, there are coverages that may be relevant for children but fall under the supplementary or dental insurance.
If you and your partner do not have the same health insurance, it is advisable to include your child(ren) with the parent with the most comprehensive policy.

Cancel insurance via partner's employer

If you are new to the job and want to participate in the collective health insurance from your new employer, but are currently part of the collective of your partner's employer, this is unfortunately not immediately possible. However, you have the opportunity to switch at the end of the year.

Switching is simple: the new insurer automatically cancels your current policy(s). This applies regardless of whether your partner was insured collectively through his or her employer.

What does the basic insurance offer for my child?

A major plus of Dutch healthcare is that children up to 18 years old are extensively covered by the basic insurance. This coverage package is broader on many points than for adults and includes:

- GP visit: Consultations with the GP are fully covered under the basic insurance.
- Hospital stay: Costs related to a hospital stay, such as procedures, treatment costs, and accommodation costs are covered.
- Medicines: Medicines prescribed by a GP or specialist are reimbursed.
- Dentist: Standard dental procedures and checks are included up to the 18th birthday.
- Aids: Various medical aids, such as hearing aids and orthopedic shoes, are included in the coverage.
- Hospital transport: Reimbursements for transport to a hospital or other healthcare institution.
- Physiotherapy: Up to 18 treatments per indication per calendar year are reimbursed.
- Speech therapy: If necessary, the costs for speech therapy are fully reimbursed.

Good to know: insure your child on the parent's most comprehensive policy, so it can also make use of the benefits of the supplementary insurance.

Is it cheaper to participate in my employer's Collective Health Insurance?

You are currently insured through your partner's collective scheme. But would the collective insurance from your own employer be a better option? It is highly likely that you will be cheaper off with your own employer.

However, you can best ascertain this by calculating the premium that fits the insurance that you want, and compare this with your current insurance. Use choice aids to get a clear picture of which insurance offers the reimbursements you want.

All in all, take the time to compare your insurance options and make the right decision for both you and your family.

Need help in English?

Are you uncertain about your decision or do you have a different specific question? Then please get in touch with the healthcare specialists at Schouten Zekerheid. We are available from Monday to Friday from 8.30 to 17.00. It is also possible to schedule a phone call for personal advice.

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