

Opt for the HollandZorg Flex Policy!

- The most popular healthcare insurance among migrant workers
- Attractive low premium
- Arranged through your employer

HollandZorg Flex Policy

Public healthcare insurance

Cover for basic healthcare*, such as:

- ✓ hospitalisation,
- ✓ emergency care
- ✓ visits to the general practitioner.

*is voor alle verzekeraars gelijk

Supplementary insurance No Risk I

- ✓ Reimbursement of compulsory excess of € 385,-

Supplementary insurance No Risk II

- ✓ Emergency dental care up to € 200,- per year
- ✓ Repatriation within Europe in the event of a medical need or death
- ✓ Reimbursement of statutory personal contribution for medicines

For a full overview of the conditions, visit hollandzorg.com/flexpolis

Healthcare insurance through your employer

If you live in an EU/EEA or treaty country and you (temporarily) work in the Netherlands, you are obliged to take out Dutch healthcare insurance, even when you have done so in your country of origin as well. In the case of the Flex Policy, your employer will apply for and cancel your healthcare insurance for the time you work in the Netherlands.

Payment of healthcare insurance

You pay a monthly premium for your healthcare insurance. Your employer deducts the premium from your wage. The extent of the premium is shown on your policy document, which you can view at hollandzorg.com/my.

Reimbursements, excess, personal contribution

A summary of medical treatments is given overleaf. It tells you what is included in the public healthcare insurance and what will be reimbursed. No extra costs are charged for a (statutory or voluntary) excess. For some forms of treatment, you need to pay a statutory personal contribution.

Choosing a care provider

HollandZorg has concluded contracts with care providers throughout the country. If you opt for a care provider with whom we have not concluded a contract, you may have to pay part of the costs yourself. Visit hollandzorg.com/careprovider for a list of care providers near you and to find out if they have concluded a contract with us.

Submitting a medical costs expense claim

In most cases, the care provider sends us a bill and you do not have to do anything. If you paid for the treatment yourself and you are entitled to a reimbursement, you can send us the bill via hollandzorg.com/my.

Healthcare allowance: contribution towards the costs

If your income falls below a certain limit, you can claim back part of the premium for your healthcare insurance. This is called the healthcare allowance. You can apply to the Tax and Customs Administration for the healthcare allowance. For more information, you can call the Tax Department foreign helpline on +31 (0) 55 5385 385.

Healthcare in your home country

You are entitled to medical care in your home country. Use the S1 form to apply to your healthcare insurer in your home country. If you have a (legal) partner or children, the healthcare insurer in your home country will decide which family members are coinsured. After your employer has requested the S1 form, you will receive it at hollandzorg.com/my.

Personal online environment

You can read all about your healthcare insurance at hollandzorg.com/my. Here, you can view your policy, your digital EHIC and submit bills. Log in via your smartphone and complete a single registration process.

Questions?

Visit hollandzorg.com for the full details of the Flex Policy. Questions? Please contact our Customer Service department on +31 (0)570 687 123. They are always happy to help!

Summary of reimbursements under the Public Healthcare Insurance Flexpolis

Your public healthcare insurance provides cover for the most necessary care, such as hospital admissions, emergency care and the general practitioner (GP). This overview is an abbreviated version of the insurance terms and conditions. Always consult the insurance terms and conditions at hollandzorg.com/Flexpolis

Description	Public Healthcare Insurance	Statutory personal contribution
General care		
<ul style="list-style-type: none"> General practitioner care 	yes	no
<ul style="list-style-type: none"> Hospital care general 	yes	no
Outside the Netherlands Note: visit the website or call for more information	Limited	Sometimes
<ul style="list-style-type: none"> Urgent care during a temporary stay outside the Netherlands, medically required repatriation. Always use the emergency centre. 	Urgent care and medically required repatriation: limited	-
Physiotherapy and remedial therapy		
<ul style="list-style-type: none"> Disorders determined by the government until the age 18 	yes	no
<ul style="list-style-type: none"> Other disorders < 18 years of age 	A maximum of 9/18 treatments	no
<ul style="list-style-type: none"> Disorders determined by the government over the age of 18 	From the 21st treatment	no
Medicines		
<ul style="list-style-type: none"> Contraceptives 	Yes, up to the age of 21	-
Dental care		
<ul style="list-style-type: none"> Dental care in special cases (No Risk II reimburses urgent dental care in the Netherlands up to €200 per year) 	yes	yes
Birth care		
<ul style="list-style-type: none"> Home birth 	yes	no
<ul style="list-style-type: none"> Hospital birth with medical grounds 	yes	no
<ul style="list-style-type: none"> Hospital birth without medical grounds 	yes	yes
<ul style="list-style-type: none"> Maternity care at the hospital with medical grounds 	yes	no
<ul style="list-style-type: none"> Maternity care at home, or at the hospital/birth centre without medical grounds 	yes	yes
<ul style="list-style-type: none"> Obstetric care before and after childbirth 	yes	no
<ul style="list-style-type: none"> Maternity package 	no	-
Mental care		
<ul style="list-style-type: none"> Basic GGZ 	yes	no
<ul style="list-style-type: none"> Specialised GGZ care (also including psychotherapy) 	yes	no