



ZEM: the health insurance for flex migrants

Are you going to live or work in the Netherlands temporarily? Then you need health insurance. Your employer has made agreements with ZEM, the expert in health insurance for flex migrants. You can find all information here.

If you work for a Dutch employer, you are obliged to take out Dutch health insurance. You can take out ZEM health insurance through your employer. ZEM is a brand of health insurer Zorg en Zekerheid and specialises in collective health insurance for flex migrants.

How does Dutch health insurance work?

The Dutch government determines which healthcare costs are reimbursed from the basic insurance. A compulsory deductible applies to the basic insurance. The deductible is the amount that must be paid if the care is reimbursed under the basic insurance. At ZEM, this deductible is co-insured in the AV-ZEM supplementary insurance.

What are the benefits of ZEM health insurance?

- ✓ Service: ZEM's health insurance focuses on the specific situation of flex migrants.
- ✓ Advantage: agreements have been made with employers so that you can take out insurance at an affordable price.

- ✓ Convenience: your employer arranges for the insurance to be taken out.
- ✓ Quality: ZEM has made agreements with many care providers about the price and quality of care.
- ✓ No invoices for the deductible: under the AV-ZEM supplementary insurance, you will be reimbursed for healthcare costs that fall under the compulsory deductible.

Which healthcare costs are reimbursed?

- You will be reimbursed for medically necessary care from the basic insurance. For example for the general practitioner, the hospital, medicines and patient transport. The content of the basic insurance is determined by the Dutch government. The Main Care Reimbursements table lists a number of reimbursements that are covered under the ZEM Polis basic insurance.

- Please note: sometimes you need a referral from a healthcare provider or permission from ZEM. If you do not have this, the costs will not be reimbursed. You cannot visit a medical specialist in the hospital in the Netherlands without a referral from your general practitioner.
- In many cases, the (contracted) care provider declares the costs directly to ZEM. Have you received an invoice with healthcare costs yourself? Then you can declare this through your employer.

Why is there no (full) reimbursement for some healthcare costs?

- If you choose a care provider with whom ZEM does not have a contract, you may have to pay part of the costs yourself. At zem.nl/zorgzoeker you can check with which care providers ZEM has a contract. There you will also find more information about how to find care providers or what it means if a care provider does not have a contract with ZEM.
- The Dutch government has set a personal contribution for some healthcare costs. The personal contribution applies, for example, to maternity care, some medicines or medical aids. You must pay the personal contribution yourself.

Does this insurance also apply to healthcare costs outside the Netherlands?

- You are insured worldwide for emergency care. The reimbursement you receive for care abroad is never higher than the cost of treatment in the Netherlands.
- Do you want to go to your home country or another country outside the Netherlands for treatment? You often need permission from ZEM first. Therefore, ask ZEM in advance which conditions apply.

How can you take out this insurance?

You can take out this insurance through your employer. You must sign an authorisation form for this.

- You will receive your health insurance card and policy sheet through your employer.
- The monthly premium payment is made through your employer.
- Please note: children are not automatically co-insured in the Netherlands with their parents, even if your child was born in the Netherlands. If you are expecting a child, ask ZEM whether there is a change in your family composition.

When will this insurance be terminated?

- As soon as you no longer receive wages (or sickness benefits) from your employer, ZEM's health insurance will also be terminated.
- You can request a termination letter from your employer.
- Please note: if you continue to live or work in the Netherlands and/or receive a benefit, your health insurance obligation will continue. After cancellation by your employer, you are no longer collectively insured with ZEM. Inquire at ZEM about the conditions to continue your insurance independently.









Would you like additional information?

- More information about ZEM's health insurance can be found at zem.nl. Here you will find, among other things, the reimbursement overview, the policy conditions and an explanation about when you pay a personal contribution.
- General information about compulsory health insurance, living and working in the Netherlands can be found at workinnl.nl. This information is available in nine different languages.

Main Care Reimbursements

On the next page you will find a summary of the reimbursements for the most important care under your ZEM Polis basic insurance. You can also see here whether you pay a personal contribution. ZEM Polis is a basic insurance. This means that in many cases the government determines which treatments are reimbursed. It is often cheaper if you choose a care provider with whom ZEM has a contract. For more information, visit zem.nl/zorgzoeker. A complete overview of all reimbursements and conditions can be found at zem.nl/vergoedingen.

Your employer cooperates with Stichting Verzekering Buitenlandse Werknemers [Foreign Workers Insurance Foundation] (VBW). For calamities that are not (fully) covered by ZEM, you can claim reimbursements from the guarantee fund of this foundation through your employer. These fees are also included in the table below. The guarantee fund regulations contain the conditions. You can request these regulations from your employer.

	General practitioner(GP)	<p>Always reimbursed.</p> <p>These costs are also reimbursed if you are not registered with a GP and the GP therefore charges a visiting patient rate.</p>
	Medicines	<p>The government determines which medicines are reimbursed.</p> <p>Sometimes you pay a personal contribution.</p> <p>It is possible that the GP prescribes a medicine that is not reimbursed. This often concerns medicines that are available without a prescription at a drugstore or supermarket. Think of paracetamol and stomach tablets.</p>
	Physiotherapy	<p>The government determines for which conditions physiotherapy treatments are reimbursed.</p> <p>From the age of 18 you often pay for the first 20 treatments yourself.</p> <p>Physiotherapy for work-related causes can be reimbursed by Stichting VBW. This is reimbursed up to 5 treatments (and possibly another 5 treatments after approval) of a maximum of €35 per treatment per calendar year.</p>
	Hospital & medical specialists	<p>The government determines which treatments are reimbursed.</p> <p>In the Netherlands you cannot go directly to the hospital for an appointment with a gynaecologist or internist, for example. For this you need a referral from your general practitioner or out-of-hours GP service.</p>
	Medical aids	<p>The government determines which aids are reimbursed.</p> <p>Sometimes you pay a personal contribution.</p> <p>Crutches are not reimbursed.</p>
	Costs regarding pregnancy and birth	<p>The government determines which costs are reimbursed.</p> <p>Delivery in hospital is always possible. If there is no medical necessity to give birth in hospital, these hospital costs are not reimbursed from the ZEM Polis basic insurance and you pay a personal contribution.</p> <p>In the Netherlands, children are not automatically co-insured under their parents' health insurance. It is important that you arrange health insurance for your child within 4 months of the birth. Medical costs of your child after the birth are <u>not</u> covered by the mother's health insurance.</p> <p>You pay a personal contribution for maternity care.</p>
	Dentist	<p>The government determines which treatments are reimbursed.</p> <p>From the age of 18, treatments are only reimbursed for very specific, serious conditions.</p> <p>Periodic checks are not reimbursed.</p> <p>Urgent dental care can be reimbursed by Stichting VBW up to €200 per calendar year. Think of pulling a molar.</p>
	Repatriation after death	<p>If you die, it is contractually agreed with your employer that your body will be transported to your home country in Europe. The condition is that your employer arranges this via ANWB International Assistance.</p>