Medical care
Living in Belgium and working in the Netherlands

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If you live in Belgium and work in the Netherlands, you will be automatically covered by Dutch insurance for exceptional medical expenses, such as a stay in a nursing home. For ordinary medical expenses, you need to take out Dutch health insurance. You can receive medical care in both Belgium and the Netherlands.

What does your insurance cover?

Everyone who lives or works in the Netherlands is automatically insured under the Long term Care Act (Wlz). Exceptional medical expenses are costs for care that practically no one can afford, such as long-term nursing or disability care. You do not have to pay these expenses yourself, but in many cases, you will have to pay a personal contribution. The Care Needs Assessment Centre (Centrum indicatiestelling zorg, CIZ) will assess whether or not you are entitled to care under the Wlz scheme.

People who are covered under the Wlz scheme are also required to take out insurance under the Dutch Health Insurance Act (Zvw). The Zvw covers ordinary medical expenses, such as visits to your family doctor and medication. You will not be entitled to reimbursements under the Zvw until you have taken out insurance with a Dutch health insurer. You need to take out Dutch health insurance within four months of the date on which you started working in the Netherlands.

When your application for health insurance has been processed, you will receive:
- your health insurance policy and your health insurance card. You can use the card for care in both the Netherlands and Belgium. Your health insurer will cover your expenses.
- an E106 form/S1 form. You need this to register in Belgium with a health insurance fund (mutualiteit) or with the regional office for health and disability insurance (HZIV, Hulpkas voor Ziekte- en Invaliditeitsverzekering) so that you can be reimbursed for care received in Belgium.

You can choose yourself whether to take out supplementary insurance in Belgium or the Netherlands. Dutch health insurers offer several types of supplementary insurance, while Belgian health insurance funds offer hospitalisation insurance, which includes partial reimbursement for the personal contributions you are required to pay, for example in case of hospitalisation.
What if your family members do not have health insurance of their own?

In that case, they can be covered under your insurance. Your health insurance fund will decide this on the basis of the E106/S1 form you submit to them. If any of your family members (partner or child) are covered under your insurance, the health insurance fund will notify the Dutch health insurance authority CAK (Centraal Administratiekantoor). The CAK will register your family member as co-insured under international regulations. You will be notified once your family member’s registration is completed. From then on, your family member will be entitled to medical care both in Belgium and in the Netherlands.

In which country can you and your family members receive medical care?

You and your co-insured family members will be reimbursed for visits to a family doctor, hospitalisation and medicines both in Belgium and the Netherlands. If your family member opts for care in the Netherlands, you should first apply to the CAK for a European Health Insurance Card (EHIC). This way, you will not have to pay for the care yourself first. For further information on medical care in the Netherlands and reimbursement for medical expenses, go the website of Zilveren Kruis health insurance company. Specifically, the following sections on www.zilverenkruis.nl are relevant: Going abroad, In the Netherlands temporarily?, Family members of cross-border workers. During their stay in the Netherlands, your family members are also entitled to care under the Wlz scheme, provided the Dutch care needs assessment centre (Centrum indicatiestelling zorg, CIZ) has issued a care needs decision for them.

How will you be reimbursed for care?

If you opt for care in the Netherlands

How to claim reimbursement depends on the kind of health insurance policy you have taken out.

- If you have taken out a care in kind policy (naturapolis) and you are using contracted care, the Dutch care provider will send the bills directly to your health insurer for payment. You will not have to do anything yourself. If the care provider does not have a contract with your health insurer, you will have to pay the bill first and claim reimbursement from your health insurer after.

- If you have a reimbursement policy (restitutiepolis), you will have to pay your care provider first and claim reimbursement from your health insurer later.

Policy excess

If you receive care in the Netherlands, you will have to pay a policy excess, except for visits to your family doctor or your obstetrician or for maternity care. Your health insurer will send you an invoice for the amount due.
If you opt for care in Belgium and claim reimbursement from your Belgian health insurance fund
You pay the medical expenses to your care provider first and claim reimbursement from your health insurance fund later. If you are hospitalised, the hospital will send the bill directly to your health insurance fund so that you will not have to pay the expenses yourself first. This ‘third party payment procedure’ (derdebetalersregeling) also applies to pharmacy medication. You will have to pay part of the expenses yourself. Your personal contribution to the expenses is called remgeld. The amount of your personal contribution depends on the type of care, but it is never more than half of the cost. Also, there is also an annual maximum limit for your total contributions (the maximumfactuur). NB: Because you claim care expenses in Belgium, you do not have to pay the statutory or optional policy excess in the Netherlands.

If you opt for care in Belgium and claim reimbursement from your Dutch health insurer
Your health insurance policy also covers medical expenses in other EU countries. This means that you can also send bills for care received in Belgium to your Dutch health insurer. Before doing so, we advise you to check the conditions with your health insurer. Please note that a policy excess applies.

How will your family members be reimbursed for care?

If your family member opts for care in Belgium
Your family members have the same rights as you and therefore pay the medical expenses themselves first (except for hospital care or pharmacy medication). The Belgian health insurance fund will reimburse part of the costs, except for the personal contribution (remgeld).

If your family member opts for care in the Netherlands
On presentation of the EHIC, the Dutch care provider will send the bill to health insurer Zilveren Kruis. Your family member will not have to pay a policy excess.
NB: This means that you cannot claim reimbursement from your own health insurer for your family member’s medical expenses.

What you have to pay
You have to pay a percentage-rate Wlz contribution and a flat-rate contribution under the Health Insurance Act (Zvw). The amount of the Wlz contribution depends on your income. Your Wlz contribution is deducted from your wages by your employer. For the health insurance policy that you take out yourself, you pay a monthly flat-rate contribution to your health insurer. For registration with the Belgian health insurance fund, a small membership fee is charged. If you take out supplementary health insurance in the Netherlands or hospitalisation insurance in Belgium, the contributions for this will depend on the insurance package, your age and your state of health.
Amounts and contribution rates are shown in the ‘Figures’ appendix.

**Healthcare benefit**
If your family income is below a certain level and your assets are limited, you can apply to the Dutch Tax and Customs Administration (Belastingdienst) for a healthcare benefit [which will help you pay your health insurance contributions. You can apply for a healthcare benefit for yourself and any co-insured family members (your partner and/or children over 18). See www.toeslagen.nl, How do benefits work?, I want to apply for a benefit.

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**What if…**

... you do not take out health insurance in the Netherlands within 4 months?
Your health insurance will take effect on the date of your application. This means that you will be uninsured for a period of at least four months. Any medical expenses you incur during that period will be charged to yourself. Furthermore, if you are uninsured, you can also get a fine from the CAK.

... you have not paid your health insurance contributions for six months or more?
Your health insurance company will inform the CAK about this, after which extra health insurance contribution will be deducted from your wages each month until the debt has been settled.

... you receive a bill from the Flemish health insurance fund?
You do not have to pay this, because you are insured in the Netherlands. This also applies to your partner and any children under 25 if they are co-insured with you.

... you need medical care while staying in another EU Member State?
Your EHIC entitles you to necessary medical care during a temporary stay in any EU Member State, for example during holidays, business trips or studies. Necessary medical care is defined as care that you cannot postpone until your return to Belgium. You can obtain an EHIC for yourself from your health insurer, but you have to apply to the CAK for an EHIC for any co-insured family members.

**NB:** An EHIC only covers medical care under the compulsory health insurance system of the EU country concerned. In most cases, medical expenses incurred in other EU countries are not fully reimbursed. It is therefore wise to take out additional insurance or travel insurance.
Stay informed

This brochure from the Bureau for Belgian Affairs contains basic information. It is not a full explanation of all the qualifying conditions and exceptions. Moreover, rules and regulations are subject to change. We therefore advise you to check our website regularly (www.svb.nl/bbz).

If you have any questions, please contact us. We will be happy to help you.

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Queries by email: Go to www.svb.nl/bbz, Contact, and use our contact form. www.svb.nl/bbz

Other useful addresses

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