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by Patrizio Fiorilli, CEND

The Commission has just adopted (last Friday) an important Decision for colleagues: ceilings for reimbursement of certain medical expenses have now been increased and reimbursement of fertility treatments expanded. Commission en direct brings you the main points on both.

The increase in reimbursement ceilings directly affects everyone. The Commission has increased the ceilings for medical expenses which concern a large number of beneficiaries, and those for which the reimbursement ceiling was considered particularly outdated.

First, when seeing a general practitioner, you will henceforth be reimbursed up to a maximum of €42, instead of €35 – a 15% increase. In the meantime, the ceilings for consultations with a specialist have increased by almost 30%, from €50 to €64.

The other ceiling increases concern more specific types of medical expenses with a social character, which are equally important: dental prostheses (from €250 to €350), the purchase and/or repair of hearing aids (from €1,500 to €1,800), and incontinence supplies (from €600 to €1,320 a year).

These new ceilings will apply to treatments taking place after the entry into force of the Commission Decision, i.e., as of today.

> ***This is a first step, and our review will continue in the future***

For Commissioner Hahn these adjusted ceilings are part of the wellbeing policy: "*Caring for colleagues goes much further than ensuring good working conditions; it also includes offering to each individual the right means for their healthcare. This is why we are raising the reimbursement ceilings for certain medical expenses. We are adjusting these ceilings to today's financial reality. This is a first step, and our review will continue in the future also for other reimbursement ceilings.*"

Fertility treatments

The second update concerns reimbursement of expenses for fertility treatments. In this specific instance, it is not about raising ceilings, but expanding the right to reimbursement to more staff. Until now, such treatments could be reimbursed only when linked to a pathology. But society now recognises the need for broader access to parenthood.

From now on, staff members (or their spouse or registered partner) no longer need to have a fertility issue linked to a pathology for the fertility treatments to be reimbursed by JSIS.

Examples of treatments that are now partially reimbursed for all include pharmaceutical and surgical fertility treatments, such as ovulation induction agents, agents to improve sperm quality, laparoscopy, salpingectomy, myomectomy, and in vitro fertilisation. A full list is available in the Decision (link below).

However, for both pathological and non-pathological cases, there will be no reimbursements for interventions to reverse a voluntary sterilisation or vasectomy. In addition, a maximum of eight attempts at in vitro fertilisation (IVF) will be covered per beneficiary, with the first IVF attempt having to take place before the beneficiary's 45th birthday. A short transitory period has been foreseen for staff members who were previously not covered, but who have recently started IVF treatments.

Importantly, reimbursement of fertility treatments in cases linked to pathologies will continue to apply largely in the same way as before. The most notable change concerns the number of IVF attempts reimbursed.

These changes will make a major difference to colleagues as they start their families.

Decision on general implementing provisions for the reimbursement of medical expenses
JSIS - Sickness and accident insurance
JSIS reimbursement page in Staff Matters
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Consultations and visits

Colleague organises Berlaymont art exhibition honouring his father
"Amazing": former colleague's song from 1979 picked up by Hollywood
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EUROPEAN
COMMISSION

Brussels, 17.11.2023
C(2023) 7673 final

COMMISSION DECISION

of 17.11.2023

amending Decision C(2007)3195 laying down general implementing provisions for the reimbursement of medical expenses

COMMISSION DECISION

of 17.11.2023

amending Decision C(2007)3195 laying down general implementing provisions for the reimbursement of medical expenses

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to the Staff Regulations of Officials of the European Union and the Conditions of Employment of Other Servants as laid down by Council Regulation (EEC, Euratom, ECSC) No 259/68[1], and in particular Article 72 thereto,

Having regard to the opinion of the Management Committee for the Joint Sickness Insurance Scheme,

Having regard to the opinion of the Staff Committee,

Having regard to the opinion of the Staff Regulations Committee,

Whereas:

(1) A Joint Sickness Insurance Scheme (JSIS) was established by the Rules on Sickness Insurance for Officials of the European Union[2] drawn up by common agreement between the appointing authorities of the institutions of the European Union, provided for in Article 72 of the Staff Regulations, and entered into force on 1 December 2005;

(2) The General Implementing Provisions of the JSIS lay down the provisions for the reimbursement of treatments and services relating to infertility in point 3 of Chapter 7 of Title II. These provisions are based on the medical focus on fertility treatments at the time of drafting, providing for the reimbursement in the context of a pathology, i.e. related to the treatment of subfertility and infertility;

(3) Both societal perception and medical practice have much evolved, with the acceptance that persons should be able to benefit from medically assisted reproduction, also outside the context of a pathology, including single women or same-sex couples. It is important to adapt the General Implementing Provisions of the JSIS to these societal developments that favour broad access to parenthood;

(4) Medically-assisted reproduction is now reimbursed to a varying degree in Member States, notably in Belgium where about half of the JSIS affiliates reside;

(5) The current rules need to be simplified by removing the prerequisite of pathology for access to medically-assisted reproduction, in the cases where this is warranted, in order to limit related administrative difficulties and complaints regarding reimbursement. However, it is appropriate to exclude the costs of surrogacy;

(6) The limited number of beneficiaries would not jeopardise the financial balance of the JSIS budget;

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1 OJ L 56, 4.3.1968, p. 1.

2 Rules adopted by all the institutions by common agreement, which was recorded by the President of the Court of Justice of the European Communities on 24 November 2005.

(7) It is important to provide for a transitional period for people who have started treatment before the entry into force of this decision;

(8) The ceilings for reimbursement set out in the general implementing provisions have not been adjusted since their adoption in 2007. It is therefore necessary, until a system for dynamic adjustment of ceilings is adopted, to raise ceilings which concern a large number of services and beneficiaries, as well as those which present a large volume of expenditure and/or where the level of reimbursement is clearly outdated.

HAS DECIDED AS FOLLOWS:

Article 1

The Annexto Commission Decision of 2 July 2007 laying down the general implementing provisions for the reimbursement of medical expenses[3] is amended as follows:

(a) In Title II, Chapter 7 the title is replaced by the following:

"Chapter 7 – Pregnancy, confinement and fertility treatments (including medically-assisted reproduction)"

(b) In Title II, Chapter 7, point 3 is replaced by the following:

"**3. Reimbursable treatment and services relating to fertility treatments (including medically-assisted reproduction)**

The treatments and services in relation to fertility and medically assisted reproduction, whether related to a pathology or outside of the context of pathology, can be reimbursed under the conditions as laid down in this section and insofar as they are not linked to a voluntary sterilisation procedure which either of the prospective parents may have undergone in the past.

The following treatments carried out on beneficiaries shall be reimbursed at the rate of 85 %:

3.1 Pharmaceutical fertility treatments:

(a) Ovulation induction agents from the list of pharmaceutical products validated for reimbursement by the Medical Council, when the use of such agents is medically indicated.

(b) Agents to improve sperm quality from the list of pharmaceutical products validated for reimbursement by the Medical Council, when the use of such agents is medically indicated.

3.2 Surgical fertility treatment:

(a) Surgical interventions on the female reproductive organs, when medically indicated:

- Laparoscopic surgery (laparoscopic ovarian drilling by diathermy or laser) to induce ovulation;
- Procedures to improve tubal patency;
- Salpingectomy;
- Surgical resection of endometriosis lesions;

[3] C(2007)3195.

- Hysteroscopic resection of a uterine septum or lysis of adhesions or endometrial polypectomy;
- Myomectomy;
- Uterine operations in case of malformation.

No reimbursement can be granted for interventions which have as objective the reversal of a voluntary sterilisation.

(b) Surgical interventions on the male reproductive organs when medically indicated:

- Vaso-vasostomy, subject to a ceiling corresponding to category B1 surgical operations;
- Epididymo-deferential anastomosis, subject to a ceiling corresponding to category B1 surgical operations;
- Ejaculatory duct resection, subject to a ceiling corresponding to category B1 surgical operations;
- Varicocele repair (surgical removal or embolism), subject to a ceiling corresponding to category A2 surgical operations.

No reimbursement can be granted for interventions which have as objective the reversal of vasectomy.

The reimbursement of penile implants is covered in the chapter on prostheses.

3.3 The following treatments of medically assisted reproduction can be reimbursed subject to the conditions and within the age limits as specified in this section, where medical assistance is required:

(a) intra-uterine insemination with patient or donor sperm, up to a maximum of six attempts per child;

(b) the selection of sperm samples (deferential, epididymal or testicular) and their preparation for intra-cytoplasmic sperm injection (hereinafter: "ICSI"), subject to a ceiling corresponding to category A2 surgical operations ;

(c) in vitro fertilisation (hereinafter: "IVF") including ICSI, subject to a ceiling corresponding to category B1 surgical operations.

The maximum number of attempts of IVF that can be reimbursed is 8 for life.

Up to the age of 40, the reimbursement of the costs of the first IVF can only be granted after exhaustion of the six attempts of intra-uterine insemination. Exceptions to this rule can be granted subject to prior authorisation when there are medical reasons justifying that intra-uterine sperm insemination has no or very limited chance of success.

At least the first IVF attempt must take place before the beneficiary's 45th birthday. This condition shall not apply to persons who will reach their 45th birthday within 18 months of the date of taking effect of this point 3.

IVF attempts between the 45th and 48th birthdays may be reimbursed subject to prior authorisation.

The reimbursable costs cover the following interventions:

retrieval of spermatocytes, including the costs of analyses and tests, and of short-term conservation of selected spermatocytes, pending their use for fertilisation;

stimulation and retrieval of oocytes, including the costs of analyses and tests, and of short-term conservation of selected oocytes, pending their use for fertilisation;

stimulation and retrieval of oocytes from a donor, excluding any other costs;

with prior authorisation, purchase of sperm via a fertility centre;

fertilisation using the selected oocytes and spermatocytes, including the costs of culturing, analyses and tests, and of short-term conservation of selected embryos;

transfer of the selected embryos into the uterus.

(d) Outside IVF, even where there is no medical indication:

retrieval of spermatocytes, including the costs of analyses and tests, and long-term conservation of selected spermatocytes subject to a ceiling corresponding to category B1 surgical operations;

stimulation and retrieval of oocytes, including the costs of analyses and tests, and long-term conservation of selected oocytes subject to a ceiling corresponding to category B1 surgical operations. The reimbursement is subject to the condition that the collection takes place before the 36th birthday.

(e) In case of a proven disease or genetic abnormality identified in a family member related to either prospective parent in the first or second degree, reimbursable costs can cover the following additional interventions:

i. Pre-conceptual genetic examinations of oocytes and spermatocytes;

ii. Preimplantation Genetic Diagnosis on the embryos.

(f) Treatments under point 3.3 which meet the conditions for reimbursement, and which invoice remains within the reimbursement period on the date of entry into force of this Decision shall be eligible for reimbursement.

3.4 Medical treatments related to fertility and reproduction not mentioned in this Chapter may be subject to exceptional reimbursement upon request for prior authorisation.

3.5 Medical treatments related to fertility and reproduction shall not be reimbursed under the JSIS beyond the age of 48.

3.6 Where the beneficiaries are covered under another sickness insurance scheme provided for by law or regulation, they must first request reimbursement under that scheme before submitting a claim for reimbursement under the JSIS. The (part of the) treatments and services in relation to fertility and medically assisted reproduction which concern a prospective parent who is not a JSIS beneficiary in primary or top up cover, are not reimbursed under the JSIS.

(c) In Title II, Chapter 1, point 2.1 the first two lines are replaced by the following:

- *"The fees for consultations/visits by a general practitioner are reimbursed at the rate of 85%, with a ceiling of €42, and at the rate of 100% in the case of serious illness.*
- *The fees for consultations/visits by a specialist are reimbursed at the rate of 85%, with a ceiling of €64, and at the rate of 100% in the case of serious illness."*

(d) In Title II, Chapter 5, point 2.5, in the table containing the types of treatment and their respective ceilings (€), the first three lines of the category '1. a) Fixed prostheses' are replaced by the following:

"Gold or ceramic inlay, inlay core	*350*
Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet	*350*
Attachment (Dolder bar: by pillar)	*350"*

(e) InTitle II, Chapter 11, point 2.1 is replaced by the following:

"*2.1. The cost of purchase and repair of hearing aids prescribed by an oto-rhino-laryngologist or audiometrist is reimbursed at the rate of 85%, subject to a ceiling of €1800 per hearing aid*."

(f) In Annex II to Title II, line 15 is replaced by the following:

15	*Incontinence supplies*	*MP*	*PA*	*1 Year*	*85%*	*1320*	*1320*	*

Article 2

The PMO shall present at the latest two years after the adoption of this decision a report on the financial costs and impact of the reimbursement rules contained in the decision. In view of the conclusions, appropriate adjustments shall be proposed by the Commission if and where necessary.

Article 3

The decision shall take effect on the date of the adoption of this decision.

Done at Brussels, 17.11.2023

For the Commission
Johannes HAHN
Member of the Commission