

1. What is health screening?

Screening is a voluntary set of medical tests that allows for the early detection of anomalies characteristic of certain diseases. Screening is not a substitute for treatment and follow-up provided by healthcare providers. It is a preventive, not a diagnostic, tool: the results will be preliminary and may subsequently be followed by appropriate treatment.

The screening programme is intended for anyone over the age of 18 who is covered by the JSIS on a primary or complementary basis.

Participating in a programme implies that the member assumes responsibility for both the consequences of the tests and any disputes with the clinics.

2. What does screening mean in practice?

- There are 2 screening programmes for pensioners according to your gender
- Each programme includes standard tests related to your profile. These may be supplemented by optional tests (possible additions)
- For women:
 - Programme 3 for women aged 60+ (every 2 years)
Available in: [de](#) [en](#) [fr](#); accessible with EU Login: [es](#) [it](#) [nl](#) [pt](#)
- For men:
 - Programme 6 for men aged 60+ (every 2 years)
Available in: [de](#) [en](#) [fr](#); accessible with EU Login: [es](#) [it](#) [nl](#) [pt](#)

3. Options

You can participate in the programme:

- either at an approved centre (with which the JSIS has concluded an agreement), which is the simplest and least costly option for the member (no charge for the standard programme). Furthermore, there will be no extra costs for possible additions if the member complies with the permitted frequency. In this case, you will benefit from direct billing
- or with non-approved doctors/centres, if you choose to do so and/or because there is no approved centre available in your country of residence. In this case, you will have to pay for the tests and request reimbursement.

It is important to point out that the JSIS makes every effort to sign agreements with the largest number of centres in the Member States.

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4. Procedure to be followed

A. Request a letter of invitation

Even if you have taken part in a programme previously, you must have a letter of invitation in order to participate in a screening. You must generate this letter yourself via JSIS online (with immediate effect).

You can also request it by calling +32 2 29 11111 from Monday to Friday, 9.30 a.m. to 12.30 p.m. The same applies to cancellations and modifications to prevent future issues.

You will receive four documents:

- the invitation to the programme
- an explanatory note for your doctor
- the programme corresponding to your gender and age (Annex 1) to be completed and signed by you and your doctor during the initial consultation
- a declaration (Annex 2) to be signed by you, relating to your participation in the screening programme

The letter of invitation is valid for a maximum of 18 months and **does not mention** the name of the testing centre, but specifies whether direct billing (only for approved centres) applies or not.

If you are no longer covered by the JSIS at the time you undergo your screening programme, the letter of invitation will not be valid and all the costs will be borne by you.

It is the date of the **last test** carried out under your screening programme that determines the date of the next programme.

If the deadline for your invitation has expired and you have not yet started your programme, it is possible to change the validity date by contacting the screening team.

B. Book an appointment

Once you have your invitation letter, it is your responsibility to make an appointment. However, as part of the procedure carried out at the approved centre, you can have the initial and final consultation with your general practitioner. To ensure the programme runs smoothly, the approved centre may ask you to repeat the visit at the centre. When making an appointment do not forget to specify that it is for a screening program and which one.

C. Programme steps

Initial consultation:

The doctor will prescribe, via Annex 1, the tests from the standard tests in the programme that are recommended for you and may, if necessary, advise you to add optional tests. If additional tests (not provided for in the programme) or examination from the list for which you do not meet the age and/or periodicity requirements are proposed by the doctor, you will have to request prior authorisation from the JSIS. Please note that follow-up tests for a known pathology cannot be taken into account in the screening programme but will have to be invoiced separately and will be reimbursed under the normal procedure.

Undergoing the prescribed tests:

The tests take place either in the approved centre of your choice or with the doctors/specialists of your choice (non-approved centre).

Final consultation:

with the same doctor as for the initial consultation. During this visit, a personalised follow-up will be established. The further follow-up examinations are not included in the screening framework and the tests carried out will be reimbursed according to the standard reimbursement rates. This consultation may be replaced by a medical report.

D. Obtaining reimbursement

1. Reimbursement rate:

Reimbursement of a screening programme is at **100% if within the limits of the [ceilings](#); the excessive-costs threshold is set** as follows:

- In countries where there is no approved centre, the threshold is the Belgian threshold multiplied by the country-specific parity coefficient +50%
- In countries where we have approved centres, the excessive-costs threshold is the most expensive price of the standard programmes negotiated (all providers combined) or the most expensive negotiated cost for individual examinations

This means that in some cases the costs incurred may not be reimbursed in their entirety.

2. Reimbursement rules depending on the option chosen:

- **You have opted for a letter of invitation with direct billing (approved centre) and have completed the entire programme at the centre (including the initial and final consultation):** no further action needed, all costs will be charged to the JSIS. This is the simplest solution
- **You have opted for an invitation letter with direct billing (approved centre) and you have carried out the initial/final consultation with the doctor of your choice:** you will be able to request the reimbursement for the consultations from the JSIS. You will have to pay the fees for the initial and final consultation and request reimbursement from the JSIS. Select request type 'JSIS Screening Programme'. The costs of tests not requiring prior authorisation will be invoiced directly to the Commission by the approved centre
- **You have opted for a letter of invitation without direct billing – non-approved centre:** You will have to pay all costs (fees for consultations and invoices for examinations) and then request reimbursement by selecting request type 'JSIS Screening Programme'
- For additional tests for which you do not comply with the required conditions or for 'out-of-programme tests', a procedure for requesting prior authorisation must be launched (enclosing a copy of Annex 1 and any medical justification). You will have to pay for the tests yourself, and if you obtain prior authorisation, you must request reimbursement using request type 'JSIS Screening Programme'. If prior authorisation is refused, you will have to request 'normal reimbursement' from the JSIS
- If you meet the frequency requirements for any possible additions, there will be no need to request prior authorization
- if complementarity applies: certificate(s) of amounts received from other sources

3. Mandatory documents to be attached to your reimbursement request:

- the doctor's certificate of medical care
- the invoices for the tests
- any prior authorisations (for additional tests or possible additions where the required conditions are not met)
- if complementarity applies: certificate(s) of amounts received from other sources
- Annexes 1 and 2, duly completed, signed and dated (**Important:** when you submit an online request, it is mandatory to upload separately the two annexes completed and signed with the green button: Upload and link duly done annex 1 and 2")

4. Specific rules for requesting reimbursement:

The reimbursement request is specific to screening and the request procedure must be followed at the risk that reimbursement cannot be made.

A single reimbursement request must be made per programme, once all tests and payments have been made, by entering the costs as follows:

- All the consultations (initial and final) should be entered on one line, with the total amount paid

- All standard tests (in Annex 1) should be entered on one line, with the total amount paid
- Tests in the category of 'possible additions' should be reported on separate reimbursement lines
- The request must be submitted using the JSIS online application or, if you do not have access to it (e.g. in the case of certain pensioners), by post using the special reimbursement form 'Screening'

IMPORTANT:

- If you receive an invoice from the approved centre for tests that don't need prior authorisation when you have opted for direct billing, it is important not to pay it. The invoice should be returned to the medical centre with instructions to the billing department that it should be sent directly to the Commission for payment
- Please note that the reimbursement of pharmaceutical products purchased in preparation for a test is subject to the rules on normal reimbursement and these are not reimbursed through the screening programme.

5. Special cases

5.1 Special case: United Kingdom

If you are employed or resident in the United Kingdom, and it proves difficult or impossible to find a doctor or to carry out tests in the context of a screening programme: you can always contact one of the centres listed below (specialised in the field) and ask to complete your full programme. If it is not possible to carry out the programme in full, you can undergo the maximum number of tests listed in your programme, as well as any tests proposed to you that are similar in nature / have the same objective.

You will have to pay all costs and then request reimbursement.

In this case, and if your expenses are considered reasonable by the JSIS, they will show flexibility and consideration with regard to their reimbursement.

- BUPA HEALTH CENTER (various sites in London Austin Friars, London King's Cross, Bristol, Glasgow, Leeds, Manchester – Whalley Range, Reading, Solihull)
- ROODLANE MEDICAL LTD (various sites in London, New Broad Street, Fleet Street, Tooley Street, Canary Wharf, Glasgow)

5.2 Special case: Netherlands

The 2 following healthcare providers have signed an agreement with JSIS:

- KLM Health Services for the general programmes from 1 to 6 ("standards tests" category)
- Women's Healthcare Center (WHC) for gynaecological programmes/tests (GYN1, GYN2 and part of programme 3)

In accordance with the healthcare legislation in force in the Netherlands, the additional tests (such as for example colonoscopy or the PSA test, listed as "optional" in Annex 1 of the general programmes, which are identical in all countries) will not be provided by the approved centre (KLM).

If, however, the doctor of the medical centre prescribes some of the optional tests listed in Annex 1 during the initial consultation, you can have these tests done separately with a national healthcare provider of your choice. You will have to pay the invoice yourself. Provided that the conditions of age and frequency are met, you will then be able to request reimbursement from JSIS within the framework of the screening programme. Despite the inconvenience this may involve for you, we regret that you cannot use the CZ coverage for tests that are carried out in the context of health screening, as we need to be able to differentiate these costs from normal medical costs. Make sure to ask already when you make your appointment to be considered as

"passant" (which is the term used for patients not registered with the Dutch social security system) for invoicing, otherwise the JSIS will not be able to guarantee a refund according to the conditions of the health screening.

If you wish to go to the KLM centre, it is essential to request the specific invitation, be it with or without direct billing, due to the special characteristics of the Dutch health system. In your JSIS account you will find different options for this purpose, and it is important to select the correct invitation. Under no circumstances can invitations for KLM be interchanged with invitations for other approved centres. If you have made a mistake, change your mind or have any doubts, please contact the PMO as soon as possible.

We draw your attention to the fact that examinations at KLM will be carried out by a general practitioner and not by a specialist. If, however, the doctor has any suspicion that there may be a problem or an issue, the doctor will provide you with a referral so that you can consult the specialist of your choice.

For programme 3 (women over 60), you will receive a double invitation as this programme consists of both general and gynaecological tests. If you opt for the Dutch approved centre with direct billing for this programme, you will be required to complete the general/standard tests with KLM and the gynecological tests with WHC.

It is important to keep the 2 annexes of the invitation after the initial consultation. If applicable, they will be necessary for the reimbursement request for any optional tests. They may also be requested for verification purposes up to 18 months after the invitation expires.

6. Complementarity in countries with direct benefit

If you have complementary cover and this is not applicable to health screening in the national context because you live in one of the countries listed below, you can be billed directly (i.e. the approved centre invoices the JSIS directly). To do so, you will need to complete your screening programme at an approved centre:

- Denmark
- Spain
- Finland
- Greece
- Ireland
- Italy
- Portugal
- Slovakia
- Sweden

On the other hand, if complementarity is applicable to health screening in the national context, you can use the approved centres in order to benefit from the agreed prices. You will have to pay the invoices and request top-up reimbursement from the JSIS after payment by your primary health insurance fund. In the case of requests for top-up reimbursement, you must attach copies of the original documents sent to the primary fund, together with proof of reimbursement by that fund.

7. Reference documents

[List of approved centres](#) (accessible with EU Login)

Examples of documents that will be sent to you after you have requested an invitation:

- For an approved centre [de en fr](#); accessible with EU Login: [es it nl pt](#)
- For a non-approved centre [de en fr](#); accessible with EU Login: [es it nl pt](#)
- Reimbursement request form 'Screening programme' only for post-active staff [en, fr](#)
- [Tables of excessive-costs thresholds](#)

8. How to contact us?

Assistance and information

Tel: +32 2 29 11111 between 9.30 a.m. and 12.30 p.m.

Submit a reimbursement request

- [JSIS online](#)
- Surface mail
European Commission JSIS - Screening
1049 Brussels