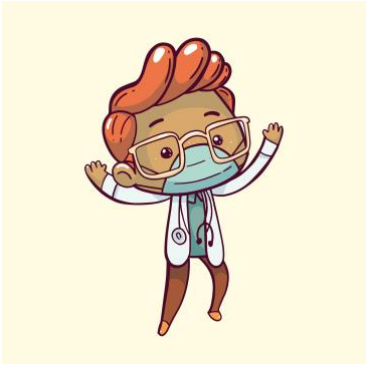
INTERNATIONAL ASSOCIATION OF FORMER STAFF OF THE EUROPEAN UNION

ABC OF THE SICKNESS INSURANCE SCHEME FOR EUROPEAN UNION INSTITUTIONS



This guide has been created by AIACE International for the families and relatives of pensioners from the European Institutions to better understand the statutory provisions governing their financial rights and to help them in specific or complex situations. It is a practical guide providing an overview of these provisions, and it does not replace any official documents in force. It primarily refers to the information published on the AIACE International website, which is accessible without any login or password via a link where all necessary forms and documents can be found.

The ABC of sickness insurance scheme deals with rules common to all Member States. However, specific national features will be dealt with separately in the documents provided for this purpose on each section's website.

This document does not in any way engage the responsibility of the European Commission's services. It has been drafted under the responsibility of AIACE International.

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1. Introduction

Pensioners of the EU Institutions, including their dependents, are subject to the Staff Regulations and the conditions of employment applicable to other EU agents. The Staff Regulations govern their financial rights, particularly those relating to health insurance, pension, and family allowances.

Health Insurance

Pensioners are members of the Joint Sickness Insurance Scheme of the Institutions, known as **JSIS**, which is a primary health insurance scheme. The functioning of the JSIS is governed by the Joint Regulations and the **General Implementing Provisions (GIP)**.

Pension

While they were in service, pensioners contributed each month to the EU Institutions' Pension Scheme. This contribution allowed them to acquire rights and receive a pension calculated based on certain criteria, including the number of years of service. The pension is paid directly by the Commission to the person's bank account. Various statutory provisions apply to this pension.

Family Allowances

Depending on their situation and specific criteria, pensioners of the Institutions may be entitled to allowances paid by the Institution, such as a family allowance, a dependent child allowance, or a school allowance.

This document will be limited to health insurance.

2. JSIS Coverage: who is covered and how?

Former officials and agents are covered **on a primary basis**.
In principle, family members may be covered by JSIS but in different ways:

- ***Spouses or recognized partners*** **without any professional income (or with income below 20% of the AST2/1 grade) and** who are not covered under the national health insurance system benefit from **primary coverage.** The same applies to the ex-spouse or former recognized partner when they benefit from a survivor's pension.
- ***Spouses or recognized partners*** **with professional income** and coverage under the national health insurance system benefit from **complementary coverage** provided that their annual taxable income does not exceed the threshold defined annually by JSIS in their country of residence. These thresholds are sent annually to the members concerned. The benefit of complementary coverage is granted based on the income declaration of the spouse or recognised partner to be submitted each year by June 30th, valid for a renewable one-year period (from July to July).
- ***Children*** are entitled to primary or complementary coverage:
- If they are covered by the national health insurance scheme of the spouse (parent of the child), they benefit from complementary coverage from JSIS as long as family allowances are paid for these children (up to a maximum of 26 years old).
- When family allowances are interrupted or cease (end of studies and/or over 26 years old, paid student work), the coverage under JSIS also ceases.
- It is possible to request an extension of coverage for up to 12 months for children without paid employment or if they are subject to a probation period to obtain the national social security scheme.

3. Reimbursement

3.1. General Information

Pensioners must submit a **reimbursement request** to JSIS, either through **MyPMO** or **JSIS online**, or on paper, but never both simultaneously. A reimbursement rate of 80% or 85% is applied depending on the services, unless the excessive costs provisions (aka "excessivity") are applied (see point 4.2). A 100% reimbursement rate can be applied for certain expenses in cases of serious illness recognised by JSIS, again subject to excessivity.

Reimbursement ceilings are applied to safeguard the financial balance of the scheme, as well as equality coefficients established at least every two years to ensure fair treatment of benefits disbursed in EU Member States.

From the first day of retirement, only the pension number must be used. Pensioners retain the freedom to choose their provider (doctor, physiotherapist, nurse), as do family members who benefit from primary coverage. On the contrary, a spouse with complementary coverage does not have this freedom of choice of provider and must first contact the primary national social security system and then request reimbursement from JSIS, which acts as a complementary scheme.

Note: Always specify the pension number in the "staff number" section of the form.

Reimbursement requests submitted on paper must always be accompanied by the original supporting documents. Copies must be kept by the member for 18 months from the date of receipt of the statement. If requests are made online, the original documents must be kept for the same period. In the case of complementary reimbursement, attach the original invoice, along with the detailed reimbursements received from the national scheme.

Note: Submit the reimbursement request no later than 18 months from the date of the service.

In Belgium, in theory, prescriptions for medical treatments are valid for two years, provided the treatment begins within six months from the date of issue. However, this period differs depending on the Member State and depends on the location of the medical service.
In the event of an accident, pensioners no longer benefit from the coverage they enjoyed during their employment (possibility of private "accident" insurance, see point 6).

3.2. Consultation and Medical Visits

Consultations and medical visits to a general practitioner or specialist are reimbursed at 85% (100% in cases of serious illness) up to a **ceiling** (to which the equality coefficient is applied). Emergency visit expenses at night, on weekends, and on holidays are also

reimbursed at 85% and 100% in cases of serious illness. Attach to the reimbursement request form the certificate of the consultation at the doctor's office or home, always specifying the full name of the patient, the date, and the fee paid.

3.3. Teleconsultation

Following the Covid epidemic and the resulting confinement health measures, teleconsultation has developed. This consultation is reimbursed by JSIS using the same service code.

3.4. Pharmaceutical Products

Pharmaceutical products are reimbursed at 85%.

Note: Some pharmaceutical products are subject to prior authorisation (PA), and others are non-reimbursable even if prescribed by a doctor (see point 5).

Conditions:

- Mandatory prescription.
- Attach the official receipt issued by the pharmacy with:
- Name of the prescribing doctor;
- Full name of the patient;
- Description of the prescribed medicine;
- Price of each product;
- Date of delivery of the medicines;
- Stamp and signature of the pharmacist.

For countries where such a receipt does not exist, a copy of the medical prescription must be attached to the original invoice. Otherwise, the prescription is not necessary.

3.5. Online Purchase of Pharmaceutical Products

JSIS can reimburse certain pharmaceutical products purchased online if all necessary information for reimbursement is included on the invoice (see above "pharmaceutical products"). They can be issued by a pharmacist, a doctor, or any other entity or system authorised to dispense medicines in the Member State concerned. A pharmacist means an officially recognised online pharmacy in the Member State in question.

3.6. Preventive Dental Care

Reimbursed at 80% with an annual ceiling per calendar year and per beneficiary. Treatments related to implants and crowns are included in preventive care. If the treatments are not preventive, they are subject to PA (see point 5).

Note: Attach to the form an official detailed invoice issued by the dentist.

3.7. Glasses

Reimbursed at 85% up to the applicable ceiling. A maximum of up to 2 pairs every 2 years, unless there is a change in diopter or axis of at least 0.50 medically certified compared to the last reimbursement. Contact lenses and maintenance products are reimbursed at 85% with an applicable ceiling over a 2-year period. The form must be completed by the optician and attached to the invoice.

A standard document is available for the optician to fill in. This makes it easier to be rapidly reimbursed for glasses.

To be eligible for reimbursement, a correct invoice specifying the following is required:

- Full name of the client;
- Type of vision (near, distance, multifocal or progressive) and detail of the diopters;
- For glasses: the prices of the frame and lenses must be separated;
- Date of purchase;
- Full name of the provider (stamp and signature).

3.8. Hearing Aids

Reimbursed at 85% with a ceiling per device without prior authorisation. To be eligible for reimbursement, a medical prescription from an ENT doctor or an audiologist is required, accompanied by audiometric results with and without the device.

Renewal is possible after 5 years; maintenance and batteries are not reimbursable.

3.9. Medical Pedicure

Reimbursed at 80% with a ceiling if:

- Medical prescription;
- The pedicure is performed by a provider legally recognised by the Ministry of Public Health of the country where the medical service is provided;
- An official receipt in accordance with the legislation of the country where the treatment was provided.

3.10. Osteopathy and Physiotherapy

- **Osteopathy:** A medical prescription is sufficient with a limit of 24 sessions per year reimbursed at 80% with a **ceiling**. A higher number of sessions may be granted only with PA (see point 5).
- **Physiotherapy:** A medical prescription is sufficient with a limit of 60 sessions per year reimbursed at 80% with a **ceiling**. If further sessions are needed, request PA with the doctor's report justifying the continuation of treatment (see point 5).

3.11. Orthopaedic Insoles and Shoes

- **Insoles:** No PA (see point 5), a medical prescription is sufficient. Reimbursed at 85% for up to 4 insoles per year up to a **ceiling** per insole.
- **Orthopaedic Shoes:** PA (see point 5) in addition to the medical prescription (contact specialised shops such as orthotists and orthopaedic bootmakers). Reimbursed at 85% for a maximum of 2 pairs per year up to a **ceiling** per pair.

3.12. Lymphatic Drainage

PA (see point 5) in addition to the medical prescription. The number of sessions is limited to 20 per year. Reimbursed at 80% with a **ceiling**. No session or ceiling limit in the case of serious illness.

3.13. Acupuncture

No PA. Attach a detailed medical prescription to the reimbursement request, specifying:

- Name and official references of the prescribing doctor;
- Full name of the patient;
- Date of issue;
- Type of treatment;
- Medical motivation (reason for treatment, pathological context);
- Number of prescribed sessions.

The number of reimbursable sessions is limited to 30 per year. Reimbursed at 80% with a **ceiling**. The treatment must be provided by a provider legally authorised to offer this type of service in the country concerned.

3.14 Visual impairment

Reimbursement rules vary according to the type of ophthalmological treatment. In some cases, prior authorisation or supporting documents are required.

Please note: prior authorisation is required for cataract surgery only if you are under 55.

4. Relations with JSIS

4.1. Settlement Offices

The Settlement Offices that handle reimbursement requests and prior authorisations depend on the place of residence of the member and are distributed across three locations: Brussels, Ispra, Luxembourg. The addresses are listed in point 12.

4.2. Excessive Medical Costs

When no reimbursement ceiling is set, and even in the case of 100% reimbursement, the portion of expenses that significantly exceeds the average prices practised in the country where the services were provided may be excluded from reimbursement. This portion is determined on a case-by-case basis by a specialised team after obtaining the opinion of the Medical Officer.

4.2b. Basic Reimbursable Coefficient

For medical expenses incurred in countries considered “high-cost medicine” outside the EU (particularly the USA, Norway, Switzerland), the amount to be paid by the member can sometimes be very high despite the application of the basic reimbursable coefficient (see point 6.5).

4.3. Special Reimbursement

The member may be entitled to **special reimbursement** - Article 72(3) of the Staff Regulations) if the expenses incurred - which are not excluded from the scope of this article (e.g., due to the application of excessivity) and which have not been reimbursed by another insurance - exceed, over a period of 12 months, half of their basic monthly pension.

4.4. Advance on High Medical Expenses

The advance is only possible for members with primary coverage. It is granted as an exception and, in principle, is linked to the amount of the member’s pension. The type of medical expenses potentially covered by the advance is listed in the specific **form**.

A cost estimate of the treatment and the expected date must be provided. The member must pay the invoices and request reimbursement; JSIS will then deduct the advance

amount due from subsequent reimbursements. For advances in case of hospitalisation, see point 6.4.

4.5. Priority Reimbursement for High Expenses

For reasons of urgency, priority reimbursement can be granted when the member has personally paid their medical expenses. It is granted to members with primary JSIS coverage who have incurred medical expenses exceeding 600 euros. The maximum period is 15 days after the payment of expenses to submit the reimbursement request. Fill in the **form** and attach it to the reimbursement request.

5. Prior Authorisation for Reimbursement

5.1. Basic Principles

To be reimbursed, some medical services are subject to prior authorisation (PA). To allow reimbursement (medical or dental PA) or to adjust the percentage in the case of a serious illness (see point 7), the request for prior authorisation (or its renewal) must be submitted before the start of treatment or surgery. In case of emergency, necessary care can begin before the agreement on reimbursement.

The PA form must be accompanied by a detailed prescription from the doctor and a complete medical report justifying the treatment. The consulting physician or the consulting dentist of the responsible Settlement Office (Brussels, Luxembourg, Ispra) analyses the file and provides their opinion on the functional nature of the planned treatment.

5.2. When Prior Authorisation is Necessary

This **form** details the services subject to a PA.

5.3. How to Correctly Complete the Form:

- It is important to indicate for whom the PA is requested: main member, spouse or recognised partner, child, person assimilated to a dependent child;
- Ensure that the prescription and the medical report are complete and legible (e.g., medical issue to be treated, number of sessions, type of treatment, duration, date). If the medical report is written in a language other than French or English, it is recommended to attach a free translation to speed up file handling;
- Once all the documents are completed, send them to the responsible Settlement Office;
- Document transmission: in paper format or online, not both.

5.4. Prior Authorisation and the National Health System

- For a beneficiary with complementary cover, it is necessary to prove that the national public system they belong to presents deficiencies (waiting times, lack of equipment for diagnosis, etc.). In this case, the PA must be submitted before the start of treatment;
- For a primary beneficiary or a child with complementary cover, this obligation does not exist.

5.5. Prior Authorisation for Dental Expenses Reimbursement

Dental PA is required if the procedure is not preventive (see point 3.6). The cases are as follows:

- Dental prostheses (crown, bridge, inlay, complete prosthesis...). Reimbursement of crowns is subject to a **ceiling**;
- Implants: reimbursement is subject to a ceiling and is limited to 4 implants per arch, or a maximum of 8 implants per beneficiary during their lifetime;
- Periodontology (treatment of adult gums);
- Occlusal adjustment (occlusal bite);
- Orthodontics (dental braces for children).

For paper requests, the following documents must be attached to the PA form: the "estimate" part of the form, the X-rays, and the detailed treatment plan. These documents must be sent in a sealed envelope marked "medical in confidence" to the responsible Settlement Office.

Attention: For reimbursement, an official detailed invoice issued by the dentist must be attached to the "fees" section of the specific **form**.

5.6. Prior Authorisation for Pharmaceutical Products Reimbursement

Reimbursement of certain **medicines** also requires a PA upon submission of a medical report:

- *If accessing RCAM online, click on the "search" tab on the main screen, then "pharmaceutical product list" to check if the medicine is reimbursable and whether it is subject to a PA or not.*

5.7. Prior Authorisation for Transport Expenses Reimbursement

It depends on whether the transport is urgent or not.

- **Urgent** transport: PA is not required, just justify the urgency. The return requires a PA.
- **Non-urgent** transport: the PA request must be accompanied by a medical certificate indicating the medical reason, the number of trips, the route taken, the necessary mode of transport. It is possible to request a PA for a series of trips. In this case, the medical prescription must include the distance and number of trips (e.g., physiotherapy sessions, chemotherapy).

Reimbursement is provided only in specific cases:

- From the nearest hospital to the home;

- Round-trip for radiotherapy or chemotherapy sessions;
- Transfer from a hospital that does not have the necessary equipment to the nearest centre that has it.

Not reimbursed:

- Repatriation costs in case of illness or accident;
- Transport costs for spa or convalescence care;
- Transport costs for a general practitioner consultation;
- Transport costs in a private vehicle within the urban area, except for repetitive, burdensome treatments.

5.8. Prior Authorisation for Spa Treatment Reimbursement

The stay in a spa centre lasts 10-21 days.

- A treatment must include at least two appropriate treatments per day and cannot be interrupted.
- Authorisation for treatment is limited to one per year, with a maximum of 8 in the beneficiary's lifetime for each of the pathologies detailed in the GIP. However, one treatment per year is possible provided it is carried out in the context of treating a recognised serious illness or in the case of severe psoriasis that does not respond to standard treatments.
- At least 6 weeks before the treatment, send the PA form accompanied by the prescription from the independent attending physician, separate from the spa centre, and a detailed medical report drawn up less than 3 months ago. This report must indicate the patient's history, the duration of the treatment, the nature of the treatments to be followed, and the type of accredited spa centre in relation to the pathology concerned.
- The medical report must also specify the details of the treatments followed during the year for the pathology requiring the treatment.

5.9. Reimbursement Request

The **reimbursement request** should only be submitted after notification to the member of the authorisation for the reimbursement of the requested treatment. This notification will include:

- The authorisation reference;
- The number of reimbursable services eventually granted;
- Any comments from the consulting physician;
- The validity period of the authorisation.

Attention: The validity period is important as the treatment must be carried out within this period and determines a possible renewal request.

6. Hospitalisation

Hospitalisation expenses are generally reimbursed by JSIS at a rate of 80-85%. Hospital services are subject to ceilings. **Agreements** have been made with clinics and hospitals in Belgium, Germany, and Luxembourg to set maximum fees for practitioners as well as accommodation costs in these establishments.

Note: It is important to be aware that the amount remaining payable by members can be high (more than the usual 15%). Therefore, it is highly recommended to inquire in advance about the rates that will be applied before the intervention or the planned treatment. It is advisable to request a cost estimate from the providers or the hospital (see point 6.3).

It is useful to send the hospitalisation report prepared by the doctor or surgeon to facilitate the handling of the reimbursement file for hospitalisation-related expenses.

6.1. Direct Payment

If the member faces significant expenses, direct payment can be requested, allowing them not to advance the costs.
However, this is not a right but a possibility offered by JSIS to its members and beneficiaries.

- **In an emergency context:** In this case, a **direct payment letter is always granted by JSIS** within the European Union, even retroactively.
- **Emergency = admission (hospitalisation) through the hospital emergency service.**

6.2. Eligibility Criteria

Direct payment can be granted under the following criteria:

- In case of **hospitalisation**, even for just one day, if it concerns:
- Treatment of medical conditions or surgical interventions;
- Rehabilitation or functional re-education following a disabling medical condition or surgical intervention;
- Treatment of psychiatric disorders;
- Palliative care;
- In case of **heavy outpatient treatments** in the context of **an illness**.
- in the case of recurrent purchases of expensive medicines, recurrent use of an ambulance or light medical vehicle or expensive examinations, if the cost exceeds 20% of the member's basic pension.

6.3. How to Correctly Complete the Form

Carefully read the form and answer all the questions precisely.

Attention: Do not forget to indicate an estimate of the total cost for health establishments (hospitals, clinics, rehabilitation centres) with which no agreement has been concluded, as well as in the case of costly examinations, so that JSIS can determine whether such cost exceeds 20% of the member's pension.

The fees of the surgeon and anaesthetist must be separated from the cost of the intervention. The patient will be informed in advance by the direct payment service if there is an excess of the 15% payable, so they can possibly negotiate with the health establishment or change it.

6.4. When Direct Payment is Not Possible: Advance Payment

In some Member States, some hospitals and clinics do not accept direct payment from the Commission. An advance can be granted (see point 4.4). Send the direct payment service the advance request **form** for high medical expenses, accompanied by a cost estimate. This service will send a financial sheet to be completed to credit the member's account.

6.5. Direct Payment in EU High-Cost Medicine Countries

An increasing number of hospitals in the United Kingdom or Portugal charge very high fees. JSIS offers two alternatives:

- The member pays the invoices and immediately requests reimbursement using the possibility of a **priority reimbursement for high expenses** (see point 4.5).
- The member requests an **advance** and pays the invoices later (see point 4.4).

6.6. Hospitalisation Outside the EU

In the case of hospitalisation outside the European Union (particularly the USA, Switzerland, Norway), the procedure is rather long and complex, especially for file management and financial verification. For this reason, JSIS generally does not grant direct payment, except in exceptional circumstances, particularly for emergency admission. The member will have the same choice as for EU high-cost medicine countries (see point 6.5). It is strongly recommended, when traveling to these countries, to take out specific assistance insurance, which includes, among other things, transportation and repatriation expenses not covered by JSIS.

7. CIGNA Complementary Insurance

7.1. General Information

AIACE has concluded, through the Belgian insurance broker CIGNA, an "accident" insurance contract similar to that guaranteed for active staff under the Staff Regulations, as well as a complementary "hospitalisation" insurance contract.

7.2. "Accident" Insurance

This insurance offers worldwide coverage and can be subscribed to until the day before the 80th birthday. It supplements the JSIS reimbursement by covering medical expenses up to 100%, regardless of the ceilings applicable under JSIS. However, CIGNA's consulting doctor may reduce or refuse the reimbursement of certain expenses deemed unnecessary or excessive. It also provides a capital payment in the event of death or disability following an accident. The premium for this insurance is deducted monthly by the Commission from the pension amount. The premium is expressed as a percentage of the pension, so its amount is linked to that of the pension.

Send the **accident report** and the medical certificate completed by the doctor no later than 15 days after the accident to:

CIGNA Eurprivilèges
PO Box 69
2140 ANTWERP – Belgium

or to the email: **benefits@cigna.com**

Attention: Considering the risk of lost correspondence, it is advisable to send by registered mail if choosing to submit documents by post.

There is a **document** describing the history of this insurance, its characteristics, and its different options. For the reimbursement request of expenses incurred, send the JSIS statement and a copy of the invoices to the above postal address (registered mail recommended) or to benefits@cigna.com.

7.3. "Hospitalisation" Insurance

AIACE has concluded with the same broker, CIGNA, a contract that covers medical expenses due to hospitalisation or an intervention that remains payable after JSIS reimbursement. The subscription deadline is the day before the 69th birthday. The amount of the annual premium is fixed but subject to annual indexation. A possible revision of this premium can be applied in agreement with AIACE.

For the reimbursement request of expenses incurred, send the JSIS statement and a copy of the invoices to the same postal address as the "accident" insurance or to: claims082@eurprivileges.com.

There is a **document** describing the different options of this insurance.

7.4. CIGNA Contacts

CIGNA organises meetings by appointment in person at AIACE offices in Brussels or via video call. The contact points are as follows:

- Email: info@eurprivileges.com
- Phone: +32 3 217 65 76.

7.5. "Insurance" Group

AIACE has an "insurance" group that monitors the functioning of these policies, including the premiums. This group also provides insurance advice and assists members in case of difficulties in relations with the broker CIGNA. For any questions, the group can be reached at:

- Email: aiace.assurances@gmail.com

8. Screening

8.1. General Information

The Commission offers pensioners **screening programmes** every two years, whose content is based on the best practices scientifically recognised and approved by the official medical authorities of the institutions (JSIS Medical Board).

The content and frequency of the programme depend on the age and sex of the beneficiary. The screening can be performed at an "accredited" centre with which the PMO has a contract or at a centre of the member's choice. The examinations included in the programme are reimbursed at 100% in accredited centres that invoice directly to the Commission (direct billing) or up to the applicable ceiling in other centres.

8.2. Who Are the Screening Programmes For?

The screening is intended for all persons over 18 years of age covered by JSIS with primary or complementary cover. Spouses with primary cover have the same rights. However, for spouses with complementary cover, the right to direct billing (invoice sent directly from the "accredited" centre to the Commission) by JSIS at an accredited centre applies only to people residing in countries where the national health system does not cover screening costs: Denmark, Finland, Italy, Spain, Portugal, Greece, Ireland, Sweden, and Slovakia [(plus the United Kingdom)]. In other EU countries, a spouse with complementary cover cannot benefit from direct billing but must pay the invoices and then request reimbursement from their national social security system before being reimbursed by JSIS.

8.3. How is the Screening Organised?

There are **two types of screening** for pensioners:

- For women from the age of 60: programme 3 every two years;
- For men from the age of 60: programme 6 every two years.

8.4. Available Options

- The programme can be performed at an "accredited" centre (with which the PMO has concluded an agreement), which is the simplest and most economical solution since, in this case, one benefits from direct billing;
- Or at a doctor's surgery or a non-accredited centre of the member's choice, or because no "accredited" centre is available in their country of residence ("open formula"). In this case, the member pays for the exams, and then claims reimbursement afterwards.

8.5. Procedure to Follow

Before starting the exams, **request an invitation** through JSIS online, by opening **a ticket via Staff Contact** or by calling +32 2 291 11 11 (Monday to Friday from 9:30 to 12:30, select 1, then 4) or by mail to:
European Commission JSIS-Preventive Medicine
1049 Brussels
Belgium

This invitation, once validated, contains several documents:

- Invitation letter: It will be "with direct billing" if you have chosen an "accredited" centre or "without direct billing" if you have chosen a non-accredited centre of your choice;
- Explanatory note for the doctor;
- The programme details to be signed and completed by the doctor during the initial consultation (see below);
- A declaration regarding your participation in the screening programme, which you must sign and date.

The invitation letter is valid for a maximum of 18 months and specifies whether it is for direct billing or not.

Attention: The date of the last exam determines the frequency for the next programme.

8.6. Programme Steps

- Book **an appointment** at the accredited centre, specifying that it is a screening programme and which one, or book an appointment with your doctor if it is an open invitation (different from an accredited centre).
- The doctor at the centre or your general practitioner (depending on the type of invitation) will prescribe the recommended exams among the "standard tests" set out in the programme. If the doctor proposes exams not included in the programme or for which you do not meet the age or frequency conditions, request prior authorisation (see point 5).
- Perform your exams at an "accredited" centre or with your doctor (your general practitioner or doctor at the medical centre of your choice).
- In the case of an open invitation: request a **closing consultation** from the same doctor who conducted the initial consultation. This consultation can be replaced by a medical report in the case of an invitation with a non-accredited centre.

8.7. Reimbursement Rules

- Reimbursement is at 100% within the limits of the ceilings. However, be careful about the excessivity limit.
- In the case of an invitation letter with direct billing and exams at an "accredited" centre: you have nothing to pay; all costs are billed to JSIS. However, you must pay for the initial and closing consultations with your chosen doctor and request reimbursement from JSIS.
- In the case of an invitation letter without direct billing at a non-accredited centre: you must pay all costs and then request reimbursement from JSIS.
- In the case of "additional tests" (see above) you pay for the exams. If prior authorisation is accepted, request reimbursement; if not, submit a normal reimbursement request.

Attention: If the doctor prescribes exams not included in the programme or for which the age or frequency conditions are not met (e.g., mammography from age 50 or colonoscopy once every 10 years), they can be added to the programme with or without prior authorisation. For this, you need to follow the usual PA request procedure (see point 5) attaching a copy of the programme completed by the doctor and a medical justification provided by the doctor. These additions must be paid for and can be reimbursed at 100% if PA is granted or a standard reimbursement if PA is refused.

Attention: There is a **special reimbursement form** "JSIS screening programme" for paper applications. Submit a single request per programme.

Mandatory documents to attach to this reimbursement request:

- Care certificates from the doctor;
- Exam invoices;
- Any prior authorisations;
- If complementarity applies: certificates of amounts received from the national scheme.

9. Recognition of Serious Illness

9.1. Recognition Criteria

It is possible to request recognition of a serious illness based on the opinion of the consulting physician if the illness meets the following four criteria:

- **Shortened life expectancy;**
- **An illness which is likely to be drawn-out;**
- **The need for aggressive diagnostic or therapeutic procedures;**
- **The presence or risk of a severe handicap.**

The **request form** must be accompanied by a medical report indicating:

- The date of diagnosis and the exact diagnosis;
- What stage the illness is at;
- Any complications;
- The treatment required.

Send these two documents in a sealed envelope to the Medical Officer at the responsible Settlement Office.

9.2. Duration of Recognition

Recognition is limited to [a maximum of] 5 years. Before the expiration date, an extension can be requested with a medical report specifying:

- How the illness has developed;
- The treatment and/or care still required.

In case of a change in the situation, the decision can be reviewed following a new request. In case of remission, it is important to note that follow-up visits can also be reimbursed using the “serious illness” form.

9.3. Illnesses Considered As Serious

According to the Staff Regulations, serious illnesses include tuberculosis, polio, cancer, mental illnesses, and other illnesses recognised as of comparable seriousness. Other conditions (e.g., age-related macular degeneration, AMD) can be recognized as serious under certain conditions, particularly considering the medical consequences of the pathology, which the medical report must clearly detail.

9.4. Reimbursement

The reimbursement rate for expenses incurred in cases of recognised serious illness, and only for these, is 100% without ceiling, except in certain cases specifically mentioned in the General Implementing Provisions (GIP), such as for nursing care or dental expenses. However, the reimbursement of these expenses can be limited if the prices are deemed excessive (see point 4.2). Do not forget to indicate the reference number of the decision related to the recognition on the reimbursement form.

10. Dependency

Nursing Homes and Care Facilities and Home Care Assistance

10.1. Recognition of Dependency: Required Documents

- Assessment of functional autonomy (physical aspects);
- Spatiotemporal assessment (cognitive aspects);
- Declaration of complementary financial assistance, indicating if another insurance system is available;
- Medical report or prescription explaining the reasons why the
- member needs to stay in a nursing or care home or must use the home care assistance service.

An **autonomy assessment form** and a **statement of possible financial assistance**, as well as a report, must be respectively completed and drawn up by the attending physician.
A **prior authorisation (PA) request** must be sent (see point 5). This form is the same for both a stay in a nursing and care home and for home care assistance. The same form must be completed for non-urgent transport expenses, such as from the care home to the residence.

For nursing and care homes, additional documents must be provided: a detailed care plan and a proforma invoice.
All these documents must be sent to the consulting physician who will determine the degree of dependency of the member.
The **coverage of expenses related to care in a nursing or care home** can be requested, but it can only be transmitted once information about the care home and the duration of the stay is known.

10.2. Nursing and Care Homes

Care expenses are reimbursed at 85% or 100% if related to a serious illness (always pay attention to excessive costs).
For residential stay expenses: maximum ceiling of 36 euros per day (in Belgium).
For non-residential stay expenses (day centre): maximum ceiling of 18 euros per day (in Belgium).

Attention: Explain clearly to these establishments that pensioners are not generally affiliated with the national social security system and cannot therefore, in principle, benefit from national or local assistance. Under these conditions, invoices should preferably be drawn up in two parts: one for the accommodation expenses (x days at y euros, for example) and another for collective care expenses. Other expenses such as medical visits, tests, medicines, and ambulance transport expenses are handled through regular reimbursement requests.

It should be noted that very often, to ensure the solvency of individuals wishing to enter a nursing home, they will be asked for their income amount. This is one of the rare cases where the pension slip with the amount must be provided.

In the case of a lump-sum invoice, this separation of expenses is made according to the degree of dependency:

- Grade 1 (highest): 70% care - 30% accommodation;
- Grade 2: 60% care - 40% accommodation;
- Grade 3: 50% care - 50% accommodation;
- Grade 4: 30% care - 70% accommodation;
- Grade 5 does not entitle to reimbursement.

10.3. Home Care Assistance

1. **If home care assistance is provided by an official organisation** (e.g., Red Cross) or **an unofficial organisation** (cooperative/society/private service), attach:

- A copy of the statute demonstrating that the organisation is recognised to provide home care assistance services;
- A copy of the contract signed between this service and the member;
- The valid contract between the organisation and the person(s) providing home care assistance services according to the national law of the country in which the services are provided.
- The contract must specify:
- The nature of the home care assistance services to be provided (excluding domestic tasks);
- The number of hours to be provided;
- The name of the home care assistant;
- The applicable hourly rate.

2. **If the home care assistant works in an official freelance context**, attach:

- Proof that the assistant is officially recognised to provide home care assistance services, if required by national legislation, and/or a copy of the registration of the freelance home care assistant's activity with the competent national services;
- A copy of the contract signed between the home care assistant and the member according to the national law of the country in which the home care assistance services are provided.
- The contract must specify the same elements as in point 1.

3. If the home care assistant is employed by the member, attach:

- **The valid employment contract** and/or the specific insurance contract for the employment of the home care assistant (according to the provisions of the national

legislation of the country in which the home care assistance services are provided). The contract must clearly indicate that it involves home care assistance services and not domestic tasks;

- **The prescription from the beneficiary's attending physician** indicating the name of the home care assistant, certifying that they have the required skills and can provide the services;
- **A copy of the home care assistant's identity document**;
- A copy of the residence permit (in the case of non-EU citizens);
- Proof of registration with social security in accordance with the national legislation of the country in which the home care assistance services are provided (social contributions related to employment contracts and/or insurance premiums included in home care assistance expenses are reimbursable on the basis of proof of payment of contributions);
- The applicable hourly rate.

To benefit from the reimbursement of home care assistance services, a reimbursement request form must be submitted: it must be dated, signed, and indicate only the invoice amounts for home care assistance expenses related to the previous month (and never for two weeks or more months). It must be accompanied by:

- **For cases provided for in points 1 and 2:** the invoice (in accordance with the legislation of the country in which the services are provided) indicating the following information:
- Invoice number;
- Company recognition number/VAT number;
- Date of the invoice;
- Name of the beneficiary;
- Name of the home care assistant;
- Exact description of the "home care assistance services";
- Number of hours provided and unit and total price.
- **For cases provided for in point 3:**
- Copy of the monthly payslip and social contribution payments.

If the invoice concerns a home care assistant whose name does not appear in the contract, reimbursement can only be made if an amendment to the contract has been drawn up and a new PA (Prior Authorisation) has been granted before invoicing.
In the absence of the required documents, the PA cannot be granted, and the corresponding services will not be reimbursed.

The amount of reimbursement for home care assistance services depends on the duration (less than 60 days or more than 60 days). A maximum ceiling is provided. In the case of home care assistance services exceeding 60 days, the maximum ceiling depends on the degree of dependency and the level of the pension.

Orthopedic Appliances, Other Medical Equipment, and Domestic Assistance

The reimbursement of expenses related to these appliances, as well as domestic assistance, is subject to a maximum ceiling.

10.4. Medical Bed

Conditions to be met:
The need must be recognised, and the bed prescribed by a physician.

Procedures to follow:
Attach the medical prescription to a request for prior authorisation (PA) (see point 5).

Forms to complete:
Non-renewable PA request for purchase.

Reimbursement Conditions:
85% with a maximum ceiling for the purchase. Repair or use in medical institutions is not reimbursable.

- Rental for less than 3 months: medical prescription. Reimbursement rate of 85%.
- Rental for more than 3 months: medical prescription and PA request. Reimbursement rate of 85%.

10.5. Self-Propelled Wheelchair

Conditions to be Met:

The need must be recognised, and the device must be prescribed by a physician.

Procedures to Follow:

Attach the medical prescription to a prior authorisation request (see point 5).

Forms to Complete:

- **Prior Authorisation Request:** Valid for 5 years.
- **Rental for less than 3 months:** Medical prescription. Reimbursement rate: 85%.
- **Rental for 3 months or more:** Medical prescription and prior authorisation request (valid for 5 years). Reimbursement rate: 85%.

Reimbursement Conditions:

The maximum reimbursable amount is limited for both purchase and rental. In case of long-term need, it is preferable to opt for purchase. Rental can be converted into a purchase during the rental period, but the reimbursable amount remains limited.

- **Maintenance Costs:** Including tires, are not reimbursable.
- **Repair Costs:** Are reimbursable upon prior authorisation.

10.6. Incontinence Supplies

A medical prescription and a prior authorisation (PA) request are required (see point 5). These supplies are reimbursed at a rate of 85% with a maximum ceiling.

10.7. Comfortable Chair and Shower Chair (at home)

- **Purchase:** Medical prescription and non-renewable prior authorisation request. Reimbursement rate: 85% with a maximum ceiling.
- **Rental for less than 3 months:** Medical prescription. Reimbursement rate: 85%.
- **Rental for 3 months or more:** Medical prescription and PA request. Reimbursement rate: 85%.
- Repairs are not reimbursable.

10.8. Two-Wheeled Walker with Seat

- **Purchase:** Medical prescription and non-renewable prior authorisation request. Reimbursement rate: 85% with a maximum ceiling.
- **Rental for less than 3 months:** Only a medical prescription is required. Reimbursement rate: 85%.
- **Rental for 3 months or more:** Medical prescription and PA request. Reimbursement rate: 85%.
- Repairs are not reimbursable.

10.9. Sleep Apnea Device

Reimbursement is provided for the purchase or rental of a Continuous Positive Airway Pressure (CPAP) device, useful for treating certain respiratory disorders, particularly sleep apnea syndrome (SAS). Accessories and maintenance are also reimbursable.

Conditions to be met:
The need for the device must be recognised, and the device must be prescribed by a pulmonologist, with the prescription accompanied by a sleep test without the equipment and with the equipment.

Procedures to follow:
Attach the medical prescription to a PA request for purchase (see point 5), except for rentals of less than 3 months or more than 3 months. For purchase, the PA is valid for 5 years.

Attention:
Since the Court of Justice decree of December 16, 2020, the reimbursement ceiling of 1700 euros for purchase remains, but the same ceiling previously used for long-term rental has been abolished. The reimbursement rate is 85% for both purchase and rental. It is advisable to start with a 3-month rental and then switch to purchase or long-term rental. The PA request for long-term rental can be converted to purchase. In this case, accessories and maintenance are reimbursed at 85% starting one year after purchase, with a maximum ceiling of 350 euros per year, without a medical prescription.

10.10. Domestic Assistance

The provision of financial assistance for payment of domestic work is linked to a recognised state of dependency (see point 10.1). In this case, the competent body is not JSIS but DG Human Resources (HR).

Conditions to be met:
Assistance is subject to a maximum income ceiling.

Procedures to follow:
Obtain a certificate from the doctor stating the condition of dependency and contact the social services of the Commission based on your place of residence (see point 13).

11. What to Do in the Event of Death

Please consult the Commission document: **"Provisions in the event of the death of a pensioner."**

In addition to the other formalities indicated in this brochure, two additional points deserve attention:

11.1. What to Do with the Deceased's or Their Dependents' Medical Expense Receipts?

The reimbursement request must be submitted without delay by post to the Settling Office, completing the paper form and attaching the incurred medical expenses. The request can be signed by an heir who will specify their identity under the signature.

11.2. Bank Account for Payment of a Survivor's Pension

In some Member States, the deceased's bank account is blocked at the time of death.

In this case, the "pensions" service must be sent the **financial sheet** specifying the bank account details where the three months of full pension and the survivor's pension will be paid to the deceased's dependents. It is also helpful to indicate to the "pensions" service the name and postal address of the notary who will handle the deceased's estate.

12. Where to Send Documents?

The Settling Offices handle reimbursement requests and prior authorisations based on the place of residence of the member. The addresses are as follows:

Brussels (Belgium):

- European Commission - JSIS

Settling Office BRU
MERO 02/237
1049 Brussels - Belgium
Email: PMO-RCAM-BRU@ec.europa.eu

Ispra (Italy):

- European Commission - JSIS

Settling Office ISP
Via E. Fermi 2749
21027 Ispra (VA) - Italy
Email: PMO-RCAM-ISP@ec.europa.eu

Luxembourg:

- European Commission - JSIS

Settling Office LUX
DRB B2/061
L-2920 Luxembourg
Email: PMO-RCAM-LUX@ec.europa.eu

Send the documents to the responsible Settlement Office based on your country of residence or the office where you were registered during your professional career. In case of doubt, contact JSIS directly using the contact details provided above.

13. Where to Find Information? Where to Get Help?

Official Websites:

- AIACE International
- **JSIS Online:**

To access all personal information, submit reimbursement requests, request advances, and other functions, use the JSIS online portal accessible through EU Login authentication.

- **AIACE National Section "Ambassadors":**

These **ambassadors** act as intermediaries between pensioners and the Commission administration in the field of health insurance and pensions.

- **Social Volunteer Coordinators of the AIACE National Sections.**

- **MyPMO:**

The platform provides an overview of your reimbursement requests and documents related to your health insurance.

- **PMO's single telephone number**

ONLY for urgent and complex cases: + 32 2 291 11 11 - after choosing the language (FR/EN), press 2 for pensioners and their families, then 1 for sickness insurance, option 2 for pensions, option 5 for problems with EU Login and the Commission's IT applications.

Useful Contacts:

- **For Technical Issues or Access Difficulties:**

Contact the technical support of the EU Login portal or the assistance services of the relevant Settlement Office through the single number.

- **Assistance for Pensioners:**

In case of specific questions regarding your situation, you can contact JSIS representatives or AIACE pensioner support groups.

- **Documentation:**

All official documents, forms, and regulations are available on the AIACE International website. Users can access them without login or password.

Commission Social Services:

- **Social Assistance:**

DG Human Resources offers a social assistance service for pensioners. Contact the Commission's social services based on your residence for information on financial aid, domestic assistance, or any necessary support.

Contact Details:

- **Brussels (+ CCR Seville):**

HR-BXL-AIDE-PENSIONNES@ec.europa.eu

- 32 2 295 90 98

- **Luxembourg**:

HR-LUX-ASSISTANTS-SOCIAUX@ec.europa.eu
  - 352 4301 33948

- **Ispra (+ CCR):**

HR-PENSIONERS-ISPRA-SOCIAL-ASSISTANCE@ec.europa.eu
  - 39 0332 78 59 10

- **CCR Geel:**

JRC-GEE-SOCIAL-ASSISTANCE@ec.europa.eu
  - 32-14-57165

- **CCR Karlsruhe:**

JRC-KRU-SOCIAL-ASSISTANCE@ec.europa.eu
  - 49-7247-951-876

- **CCR Petten:**

JRC-PTT-SOCIAL-ASSISTANCE@ec.europa.eu
  - 31-224-56-53-21

Council:

social.assistants@consilium.europa.eu
  - 32 2 281 52 46 / + 32 2 281 24 27

Parliament:

- **Brussels:**

PERS-SocialServiceBrussels@europarl.europa.eu
  - 32 2 283 13 00

- **Luxembourg:**

PERS-SocialServiceLuxembourg@europarl.europa.eu
  - 352-4300-22878

Economic and Social Committee:

svcmedicosocialcese@eesc.europa.eu
  - 32 2 546 94 50

Committee of the Regions:

Social-Service-CoR@cor.europa.eu

- 32 2 282 23 63

Court of Auditors:

ECA-Medical-Service@eca.europa.eu
- 352-4398-47390

Court of Justice:

celine.Watrinet@curia.europa.eu
- 352-43-03-4584

EEAS:

PSYCHOSOCIAL-SUPPORT@eeas.europa.eu
- 32-460-84-22-77

EIB:

pensions@eib.org
- 352-4379-85421

CEDEFOP (Greece):

cedefop-pensions@cedefop.europa
- 30-2310-49-02-64

Updated Information:

Check the latest information on the official JSIS website or contact your Settlement Office directly to ensure you have the most up-to-date information on coverage, reimbursement ceilings, and administrative procedures.

- At the PMO's single telephone number - ONLY for urgent and complex cases: + 32 2 291 11 11 - after choosing the language (FR/EN), press 2 for pensioners and their families, then 1 for sickness insurance, option 2 for pensions, option 5 for problems with EU Login and the Commission's IT applications.