



Questions and answers on the reimbursement of cross border healthcare costs in the EU

Reimbursement under the Directive 2011/24/EU
and Regulations (EC) 883/2004 and 987/2009



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I plan a medical procedure abroad in Europe. How does the reimbursement happen?

First, contact your national health system or insurance which covers the planned treatment. Then you will need to decide how you want the costs of treatment to be covered.

There are two different pieces of EU legislation, which cover healthcare in another EU country. The first is the Regulations (EC) Nos 883/2004 and 987/2009 on the co-ordination of social security systems (“the Regulations”). The second is Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare (“the Directive”). Be aware that the range of covered healthcare services, the conditions to access medical treatment as well as the financial reimbursement are different between the two legal instruments. You can find more information in the Manual for Patients available in all EU languages¹ and Your Europe.

Planned healthcare (when you travel with the explicit purpose of receiving it) is possible in both cases.

Under the Regulations, if you wish to get planned healthcare in another EU country, you should first apply to the institution responsible for your health insurance in your home country for a prior authorisation (form S2). If the treatment in question is one to which you are entitled and it cannot be provided within a medically justifiable time limit, taking into account your current state of health and the probable course of the illness, then the authorisation must be granted (a clinical assessment in each individual case has to be done under national law). In all other cases, the institution has discretion to grant or refuse the authorisation.

If the authorisation is granted, the costs of the treatment are covered according to the conditions and reimbursement rates in the country of treatment. These costs are normally paid directly by the institution of insurance to the institution of the country of treatment, so you do not have to pay upfront. It may happen, however, that you need to cover certain patient fees.

As an exception to this rule, if you have paid all the costs of the treatment directly yourself, you may claim reimbursement either in the country of treatment, or in your country of insurance.

It is important to note that only healthcare providers who are part of, or contracted with, the public health system are covered by the Regulations. Private healthcare is never reimbursed under the Regulations.

Under the Directive, the prior authorization for planned care is necessary only when overnight hospital stays are foreseen, or when the treatment requires cost-intensive and highly specialised infrastructure or equipment, or presents a high risk to the patient. In this case, you are entitled to be reimbursed up to the amount that your home system would have paid had that treatment been received at home, and ask the reimbursement in the country where you are insured.

In contrast to the Regulations, if you seek treatment abroad under the Directive you must pay all medical costs upfront and claim the reimbursement up to the amount the treatment would have cost in your health or insurance provider at home.

Unlike the Regulations, the Directive covers all healthcare providers (private and public), regardless of their relationship with the public health system.

1. https://ec.europa.eu/health/cross_border_care/overview_en

How do I know which of the two legal routes apply to my specific case?

Normally, as a general principle, the Regulations should apply where the terms of the Regulations are met, except when the person opts for the Directive (where, for example, the use of the Directive is more beneficial in their particular case).

There are some differences in the scope of the Directive and of the Regulations - for example, private providers not part of the statutory/public healthcare system are not covered by the Regulations.

There are also differences in application – the Regulations do not normally cover planned treatment without a prior authorisation., with certain exceptions.

However there is also overlap, where a certain treatment (planned or unplanned) may be dealt with under either the Regulations or the Directive. In these cases, only one of the instruments may be used (i.e. they may not both be applied simultaneously, as they are alternatives to each other). Check with your insurer or your National Contact Point for further advice².

What happens if I need to go to the doctor or to the hospital during my temporary stay abroad? Will I be reimbursed?

In case of unplanned care (such as emergency) during a temporary stay abroad, there are two possibilities:

- You show your European Health Insurance Card (EHIC) or a Provisional Replacement Certificate (PRC), delivered normally by your home health insurance institution. In case you had to pay for the treatment, the reimbursement depends on the rates of the country of treatment: you may ask for reimbursement either in the country of treatment either in the country of insurance. The EHIC can be used only with healthcare providers who are part of, or contracted with, the public health system.
- You pay for the treatment yourself and claim reimbursement under the Directive. The reimbursement depends on the rates of your country of insurance. Both public and private healthcare providers are covered.

Can I freely choose the healthcare provider where to go, being either public or private?

Only healthcare providers who are part of, or contracted with, the public health system are covered by the Regulations, whereas the Directive covers all healthcare providers, regardless of their relationship

with the public health system. Note that you are only entitled to treatment included in the range of sickness benefits available under your insurance scheme.

2. https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

Case 1

planned care / private provider / no authorisation



Clara is Italian and works in Belgium where she is insured by a Belgian health insurance. While planning to go back to her country for holidays, she wishes to make an appointment by the dentist she used to consult when she lived in Italy. Her doctor is a private specialist. Since this is a planned treatment by a private provider, Clara can receive treatment under the Directive if this treatment is covered by her national health system or health insurance provider in Belgium. Clara will thus pay the cost of the visit in Italy and will ask reimbursement from her Belgian insurance once she will be back to Belgium. She will be reimbursed according to Belgian tariffs.

Case 2

planned care / public provider / authorisation necessary



Diogo is Portuguese and works in Porto. He is insured for healthcare in Portugal. After an accident, he broke his arm and needs to get a highly specialized surgery. He found out that in Sweden there is a well-experienced public hospital where this kind of operation is performed. He asks his health insurance the prior authorisation to be operated there and obtains it. He will not have to pay for the operation, as his health insurance will pay directly the Swedish institution. He will only be asked to pay a small part of the overnight costs, as Swedish persons do.

Case 3 unplanned care / public provider



Caroline is French and spends her holidays in Austria where she goes skiing. She unexpectedly breaks her leg and needs emergency care. She has the European Health Insurance Card (EHIC) with her and is not asked to pay for the treatment. If she does pay, she may ask for reimbursement either in Austria, or in France. She will be reimbursed according to Austrian tariffs. In case she does not use her EHIC and wants to be reimbursed under the Directive, she will pay for the care and ask for reimbursement in France. She will be reimbursed according to French tariffs.

Case 4 ePrescription



David is living in Finland. He has a chronic pain in his back and plans to travel to Croatia for holidays. Before leaving his country he checks how to make his e-prescription available cross border, in the case he would need his medication during his stay in Croatia. Once staying in Croatia for a few days, David is feeling back pain again and needs to find a pharmacy to retrieve his medication which has been prescribed by his doctor in Finland for this kind of situation. Thanks to the ePrescription services, the pharmacist is able to deliver the prescribed medicine to David. As far as the payment and reimbursement are concerned:



Case 1: David has the European Health Insurance Card (EHIC) and will benefit from the same rights as Croatian patients in case of necessary treatment (same prescription and treatment): he will pay the same price as a Croatian citizen would have paid.



Case 2: David doesn't have the European Health Insurance Card (EHIC). He will have to pay the full cost of the product dispensed at the pharmacy and will ask for reimbursement once he will be back in Finland.