



# TEMPLATE

*for good patient information  
provision in cross-border  
healthcare<sup>1</sup>*

# Template

## for good patient information provision in cross-border healthcare<sup>1</sup>

### Patients' rights and entitlements

Both the **Social Security Regulations (EC) 883/2004 and 987/2009\*** and **Directive 2011/24/EU\*** grant the right to assumption of costs for medical treatment\* in any other EU\*/EEA\* Member State. The range of covered healthcare services, the conditions to access medical treatment\* as well as the financial implications differ depending under which scheme the patient enjoys treatment abroad. As a result, it is of great importance that patients are properly informed on the different consequences to be treated under either one or the other EU legal instrument.

It is within the task of National Contact Points\* (NCPs) to inform patients on their rights and entitlements to cross-border healthcare\* in another EU\*/EEA\* country. Besides, NCPs are obliged to inform patients on the priority of the Social Security Regulations (EC) 883/2004 and 987/2009\* when the conditions for granting prior authorisation under its scope are met. Therefore, in order to be able to fulfil their informative task towards patients it is of great importance that NCPs are well-aware of the differences between the Social Security Regulations (EC) 883/2004 and 987/2009 and Directive 2011/24/EU.

Following template can be used by NCPs as a starting point for the provision of essential information (on their website or in personal counselling towards patients) on patients' rights and entitlements to cross-border healthcare\* under both the Social Security Regulations and Directive 2011/24/EU.

**You are welcome to copy and paste part or all of the below wording for use on your NCP website or in communication to patients.**

#### *Disclaimer*

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<sup>1</sup> For each concept in this manual directly followed by an asterisk (\*), corresponding definitions and explanations are provided in the accompanying alphabetical glossary.

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# ① Patient's right on cross-border healthcare

## 1.1 Your right on cross-border healthcare

*Did you know that as an EU\*/EEA\* citizen you have the right to access medical treatment\* in any other EU\*/EEA\* country or Switzerland\*? You are free to arrange and pay for the treatment privately or under private health insurance\*. However, under EU law you may also be entitled to assumption of costs incurred abroad on behalf of your social security system.*

The latter is referred to as the **patient's right to cross-border healthcare\***.

Cross-border healthcare\* can be defined as the right to *access to medical diagnosis, medical treatment, and prescription and dispensation of medicines and medical devices outside the country of residence, in any other EU\*/EEA\* Member State or Switzerland\** (without the prerequisite of a shared geographical border between both).

- The following 28 countries are member of the European Union\* (EU):  
Austria, Belgium, Bulgaria, Croatia, Cyprus\*, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and United Kingdom.
- European Economic Area\* (EEA):  
Iceland, Liechtenstein and Norway

### ATTENTION

Following information only refers to patients' rights on cross-border healthcare under the applicable EU legislation. As social security remains within the competence of Member States, patients may also be entitled to rights to cross-border healthcare derived from purely national legislation, as for example under national healthcare projects for border regions.

## ***Healthcare during a temporary stay in another EU\*/EEA\* country or Switzerland\****

As an EU\*/EEA\* citizen you have the right to

- access healthcare in any other EU\*/EEA\* country or Switzerland\*, and
- enjoy assumption of costs for some or all of your medical expenses incurred abroad by your national health service\*/ health insurance provider\*

Under EU law two different situations of cross-border healthcare are envisaged: **unplanned\*** and **planned medical treatment\*** during a **temporary stay abroad**.

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## ***Sudden illness abroad: your right to unplanned healthcare abroad***

*What if you become sick or have an emergency during a temporary stay outside your country of residence, such as a holiday, business trip or exchange studies? What if you need unforeseen surgery or treatment due to an accident? What if you are pregnant or suffer from a chronic disease and need medical treatment during your trip abroad?*

When you are covered/insured under the national health service\* or statutory health insurance\* scheme of an EU\*/EEA\* country, you will also be covered for **medically necessary care\*** during a temporary stay in another EU\*/EEA\* country or Switzerland\*. More specifically, as an insured person you will have the right to assumption of costs for treatment due to **sudden illness or injury** during a temporary stay abroad, such as a **holiday, business trip, family visit or exchange studies**.

In order to prove that you are insured under the social security scheme of an EU\*/EEA\* country you should always take your **European Health Insurance Card (EHIC\*)** with you abroad. On the simple display of a valid EHIC\*, you will have access to necessary healthcare **under the same conditions as people insured in the country of your stay**.

For more information on the European health insurance card and on reimbursement\* for unplanned treatment\*, please consult **section 2**.

## ***Seeking treatment abroad: your right to planned healthcare abroad***

*Are you seeking a consultation with a physician abroad? Do you wish to obtain surgery in a foreign hospital? Are you planning to travel cross-border in order to receive specialised treatment?*

When you are insured under the social security scheme of an EU\*/EEA\* country, you have the right to arrange covered medical treatment\* not only in your country of residence, but in any EU\*/EEA\* country or Switzerland\*, such as **consultation with a renowned specialist, hospital treatment or specialised treatment for a specific condition**.

There are **two possible ways** for assumption of costs for your planned treatment\* in another EU\*/EEA\* country. Both schemes result in very different administrative steps and financial consequences.

*! Before committing to anything, always first contact your national health service\*/ health insurance provider\* in person to inform yourself on your entitlements and any restrictions which may apply regarding your right on accessing medical diagnosis or treatment abroad.*

For more information on planned care, please consult **section 3**.

## 1.2. Legal framework: two possible ways for obtaining reimbursement

As an EU\*/EEA\* citizen you have the right to choose between two possible ways for obtaining assumption of costs for your planned treatment\* in another EU\*/EEA\* country:

- Your national health service\*/ health insurance provider\* may assume the costs directly, according to the rules and rates of the country where you wish to obtain treatment  
= *cross-border healthcare\* under the **Social Security Regulations (EC) 883/2004 and 987/2009\****
- You can pay for the treatment yourself and claim reimbursement afterwards, according to the rules and rates applied in your home country\*  
= *cross-border healthcare\* under **Directive 2011/24/EU\****

PLEASE NOTE- Private health insurance\*

When you are not covered under the national health service\* / statutory health insurance\* scheme, your claims solely arise from your private health insurance\*. Contact your private health insurance provider to inform yourself on your rights and entitlements regarding treatment abroad.

### *Two possible ways*

When you are insured under the national health system or statutory health insurance of an EU\*/EEA\* country, you are entitled to medical treatment\* abroad under two different schemes:

- **Social Security Regulations (EC) 883/2004 and 987/2009\***
- **Directive 2011/24/EU\***

As there are clear differences between the two possibilities, it is important to be properly informed on the different financial and other implications resulting from being treated under either one or the other EU legal instrument.

### 1) **Social Security Regulations (EC) No 883/2004 and 987/2009\***

- Under the Social Security Regulations (EC) No 883/2004 and 987/2009\* you will need **prior authorisation\*** when traveling with the explicit purpose of accessing medical treatment in another EU\*/EEA\* country or Switzerland\* (planned care\*).
- You will be obliged to present a **European document of proof**, issued by your own national health service\*/ health insurance provider\* (European Health Insurance Card or EHC\* for unplanned care\*/ S2 form\* for planned care\*). This document is the proof that you are covered for public healthcare\* in your home country\*.

- On the simple display of your document in another EU\*/EEA\* country, you will have the **same rights to healthcare as people insured under the national health system or the statutory health insurance\* of that country**. In most Member States this will mean that, likewise for the situation of receiving treatment at home, you will be able to enjoy **treatment free of charge** (third-party payment\*). If you, however, have to pay for the treatment yourself, you will be reimbursed either by the social security authority in the Member State of treatment\* or by your own national health service\*/ health insurance provider\* upon your return home. Your national health service\*/ health insurance provider\* will assume your costs and will reimburse the expenses of your treatment to the social security authority of the country of treatment\*. In the end, you will only bear the costs of possible co-payment\* yourself.
- You will be entitled to reimbursement\* according to the **rates applicable in the country of treatment\***.

PLEASE NOTE - Public healthcare only

The Social Security Regulations (EC) 883/2004 and 987/2009\* only apply for treatment provided by public healthcare providers\*. Private healthcare providers\* are generally not covered under the Regulations, with the only exception of private healthcare providers\* that are contracted/ affiliated to the national health service\*/ national health insurance\* scheme as they are entitled to provide health services covered under the public health system.

## 2) Directive 2011/24/EU\*

- Under Directive 2011/24/EU\* you have the right to receive treatment in another EU\*/EEA\* country **under the same conditions as though the treatment was provided in your home country\***.
- For some healthcare services, such as hospital treatment and highly specialised and expensive treatment, you might be obliged to apply for **prior authorisation\*** with your national health service\*/ health insurance provider\*.
- You will be treated as people with private health insurance\*. You initially **pay all the costs upfront**. Then, on your return home, you may apply for reimbursement\* with your own national health service\*/ health insurance provider\*.
- You will be entitled to coverage according to the **rates applicable in your home country\***.

PLEASE NOTE - Private healthcare providers and hospitals

The system of Directive 2011/24/EU\* applies to all healthcare providers. You are thus free to seek cross-border treatment with both a public\* or private healthcare provider\*.



## ② Unplanned medical treatment abroad

When you are insured under the social security scheme of an EU\*/EEA\* country, you will also be covered for **medically necessary treatment\*** during a **temporary stay in another EU\*/EEA\* country or Switzerland\***.

- You have the right to receive covered medical treatment\* (diagnosis, consultation, medical or surgical treatment, prescription medication,..)
- due to **sudden illness or injury**
- during a temporary stay abroad, such as a **holiday, business trip, family visit or exchange studies**.

Unplanned treatment\* refers to medically necessary treatment\* that **can't be postponed** and that you must obtain in order to be prevented from being forced to return home before the end of the planned duration of your stay.

The medical treatment must be **unforeseen** and may in no case have been the initial reason for your stay abroad (for planned treatment abroad, see section 3).

### *Two possible ways*

As an EU\*/EEA\* citizen you are able to enjoy assumption of costs of unexpected medically necessary treatment\* during your stay abroad under both the Social Security Regulations (EC) 883/2004 and 987/2009\* and Directive 2011/24/EU\*.

### 2.1. Unplanned cross-border healthcare under the Social Security Regulations (EC) 883/2004 and 987/2009

Under the **Social Security Regulations (EC) 883/2004 and 987/2009\***, on showing a valid **European Health Insurance Card\*** (EHIC\*) you are entitled to:

- receive **medically necessary healthcare\*** in another EU\*/EEA\* country or Switzerland\*
- **under the same conditions** (fees, reimbursement rules, etc.) as persons covered/insured under the national health service\* or statutory health insurance\* scheme of that country, and thus
- as if you were a **patient with public health insurance\***, entitled to covered or state-provided healthcare in that country.

## **European Health Insurance Card (EHIC)**

In order to have access to medically necessary treatment\* under the Social Security Regulations (EC) 883/2004 and 987/2009\*, you should always bring your **European Health Insurance Card\*** (EHIC\*) with you when traveling abroad.

The European Health Insurance Card\* is the document of proof that you are insured under the social security scheme of an EU\*/EEA\* country, and thus also entitled to covered or state-provided healthcare in case of sudden illness or injury during your stay (holiday, business trip, family visit,..) in another EU\*/EEA\* country or Switzerland\*.

### European Health Insurance Card\*

The European Health Insurance Card\* (or EHIC\*) is a free card that gives you access to covered or state-provided medically necessary healthcare during a temporary stay in another EU\*/EEA\* country or Switzerland\*, under the same conditions and costs (free of charge in most countries) as people insured under the social security scheme of that country.

For more information, please visit: [www.ec.europa.eu/social](http://www.ec.europa.eu/social)

## **What treatment is covered by the European Health Insurance Card?**

The European Health Insurance Card\* only covers unplanned treatment\* provided by a **public healthcare provider\***. Generally treatment provided by private healthcare providers/hospitals are not covered, unless they are contracted/ affiliated to the national health service\*/ statutory health insurance\* scheme of that country.

### PLEASE NOTE - Healthcare providers abroad

To obtain information on public healthcare providers\* and private healthcare providers\* who are entitled to provide covered treatment (that is who are contracted/ affiliated to national health service\*/ statutory health insurance\*) please contact the National Contact Point\* of your country of treatment\*.

## **Unplanned treatment\*:**

*! The medical treatment must be **unforeseen** and may in no case have been the initial reason for your stay abroad*

- medically necessary treatment\*
- due to sudden illness or injury,
- that can't be postponed, and
- that you must obtain in order to be prevented from being forced to return home before the end of the planned duration of your stay

Besides, you will only be entitled to medical treatment that is included in the **range of sickness benefits covered under the national health service\*/ statutory health insurance\* of the country of your visit.**

As a result you may receive assumption of costs for treatment that is not covered in your home country\*. On the contrary it may occur that you are entitled to a particular treatment in your home country\*, but that the treatment concerned is not included in the range of covered benefits of the country of your visit. In case of the latter you will not be entitled to assumption of costs when receiving this treatment in the country of your visit.

PLEASE NOTE - *The healthcare provider abroad decides on the kind of treatment you will receive*

It is within the competence of the healthcare provider abroad to determine whether or not the treatment is medically necessary\*. Both the kind of treatment you need as the planned duration of your stay will be taken into account when assessing whether or not the treatment can be postponed.

To which treatment you are entitled will depend on the applicable legislation in the country of your visit. The foreign public healthcare system can't be obliged to provide you with a specific treatment when this is not covered there, even when you are entitled to such treatment in your home country\*.

### **Chronic illness or pregnancy**

Treatment is also considered to be unplanned\* when you suffer from **chronic illness** (such as diabetes, asthma, cancer or chronic kidney disease) or when you are **pregnant**, and you know in advance there is a possibility that you may need medical treatment\* during your stay abroad. As long as the express purpose of your trip was not to access medical treatment abroad, such as to give birth or to receive treatment regarding pregnancy or chronic illness, this will be considered as unplanned treatment\*.

PLEASE NOTE - chronic illness

For vital care requiring specialised equipment or staff, you should get a prior agreement from the hospital or health facility where you wish to obtain treatment. This way the foreign institution can ensure the availability and continuity of your treatment during your stay abroad. Examples of such treatment are kidney dialysis, oxygen therapy, special asthma treatment and chemotherapy.

### ***Restrictions on the use of the European Health Insurance Card***

- **Non-EU\*/-EEA\* nationals** legally residing in an EU\*/EEA\* country or Switzerland\* cannot use their European Health Insurance Card\* for unplanned treatment during a temporary stay in **Denmark, Iceland, Liechtenstein, Norway and Switzerland**
- The European Health Insurance Card\* cannot be used for unplanned care provided by a **private healthcare provider\***, unless the private healthcare provider is contracted/affiliated to the national health service\*/statutory health insurance\* scheme
- The European Health Insurance Card\* cannot be used for **planned healthcare** (see section 3)
- The European Health Insurance Card\* cannot be used to assume costs incurred for **rescue or repatriation**. This card is not an alternative for supplementary or private health insurance\* and travel insurance.

PLEASE NOTE- healthcare provided by a private healthcare provider\* or private hospital

As the European Health Insurance Card\* is generally not accepted by private healthcare providers\*, - unless they are contracted/ affiliated to the national health service\* or statutory health insurance\* scheme, you should always check thoroughly whether the healthcare provider is public or private before receiving any treatment. Be aware that in case of private healthcare, you may have to bear all medical costs yourself.

In case of urgent treatment, you may not always be able to choose which healthcare provider or hospital to go to. If you are treated by a private healthcare provider or hospital, you may have to pay all costs yourself. However, such costs may be assumed by your supplementary or private health insurance or travel insurance. The same applies when you explicitly choose to consult a private healthcare provider. If you have supplementary or private health insurance\* or travel insurance, your private insurer may refund you for part or all of the costs of the private healthcare. However, arrange your cover before travelling abroad and always check your policy to check which healthcare services are covered.

### **Who can benefit from the European Health Insurance Card?**

- **EU\*/EEA\* nationals** covered/insured under the national health service\* or statutory health insurance\* scheme of an EU\*/EEA\* country
- **Non-EU\*/-EEA\* nationals** legally residing in an EU\*/EEA\* country, who are insured under the social security scheme of their country of residence

*! Non-EU\*/-EEA\* nationals legally residing in an EU\*/EEA country can't use their European Health Insurance Card for unplanned treatment during a temporary stay in Denmark, Iceland, Liechtenstein, Norway and Switzerland*

### **Applying for the European Health Insurance Card**

- You can apply for the European Health Insurance Card\* **with the national health service\*/health insurance provider\*** of the country under whose social security scheme you are insured. In some cases the service of ordering your card is offered online.
- The European Health Insurance Card\* is **individual**. Each separate family member should have their own card.
- The European Health Insurance Card\* is issued **free of charge**.
- When you plan to travel abroad, always make sure to **order your card well in advance** before your departure. Check with your national health service\*/ health insurance provider\* how long the card will be valid for. When needed, make sure your card is timely renewed.

## Reimbursement and cost

Show your European Health Insurance Card\* (EHIC\*) to the healthcare provider, hospital or pharmacist abroad.

You will receive treatment **on the same terms and at the same price as patients covered under the national health service\*/ statutory health insurance\* in the country of your stay.**

1) *If the treatment you need is free for local residents – In other words, if there is a system of third-party payment\* in place:*

- You either do not have to pay anything or you only have to pay the patient's part of the costs (co-payment)
- costs will be settled directly between the healthcare provider abroad and the social security authority of that country. That foreign authority will then liaise with your own national health service\*/ health insurance provider\* at home to obtain refund

2) *If you have to pay for the treatment:*

- you can either ask for reimbursement directly from the local social security authority while you are still in the country of your visit. This authority will then liaise with your own national health service\*/ health insurance provider\* at home to get their money back
- or you can ask for reimbursement\* from your own national health service\*/ health insurance provider\* upon return home

Your expenses will be reimbursed according to the rules and rates that are applicable in the country of your visit. Depending on these foreign rules and rates, you will be reimbursed either for the full costs of your treatment, or limited to the amount **of co-payment\*** that you will have to bear yourself.

### SAMPLE STORY

Sven, a Swedish national, went to France on a skiing trip. The second day of his holiday he hurt his knee and needed to be treated in a local public hospital. On the simple display of his European Health Insurance Card\*, Sven was treated as if he were insured under the French social security scheme (same tariffs, third-party payment\*,..). He only had to pay the patients contribution (co-payment\*).

! Note: In case Sven had to be rescued of the mountains by French rescue services, he would have to pay full price for this services as search and rescue costs are not covered under the European Health Insurance Card. These costs would only be covered if Sven had valid travel insurance.

[www.europa.eu.youreurope](http://www.europa.eu.youreurope)

## ***What if you don't have or can't use your European Health Insurance Card?***

If you are treated without a valid European Health Insurance Card or you can't use your card, for example because you are treated in a private hospital, you will be treated as a **private patient**.

In this case, you either pay for the treatment privately or you may be able to file for reimbursement under **Directive 2011/24/EU\*** (see section 2.2.), in which case

- you will have to pay all costs upfront
- you may file for reimbursement with your national health service\*/ health insurance provider\* upon your return home
- only treatment to which you are entitled to at home will be covered
- you will be reimbursed only up to the amount you would have been reimbursed if the treatment would have taken place in your home country\*

If you need urgent treatment, but you forgot to bring your European Health Insurance Card\* with you, contact your national health service\*/ health insurance provider\* at home as soon as possible. They might be able to submit the proof of your social security coverage to the local institutions to avoid you having to pay upfront.

PLEASE NOTE - *If the healthcare provider abroad does not accept your European Health Insurance Card\**

If your European Health Insurance Card is not accepted by the healthcare provider abroad, first contact your national health service\*/ health insurance provider\* at home. They might be able to contact the hospital or healthcare provider abroad.

If this does not solve your problem, you might be able to sort the problem out through SOLVIT. SOLVIT reminds the authorities what your EU rights and entitlements are and works with them to solve the problem.

For more information consult the SOLVIT webpage: [www.ec.europa.eu/solvit](http://www.ec.europa.eu/solvit)

## ***For more information on the European Health Insurance Card***

For more information on the European Health Insurance Card\* and how to use it in the different EU\*/EEA\* Member States or Switzerland\*, you can download the free **EHIC\*-app of the European Commission**.

On the app you will find all relevant information needed, such as:

- General information on the European Health Insurance Card\*
- Emergency phone numbers per Member State
- Information on covered treatments and reimbursement tariffs
- Information on how to claim for reimbursement in the country of treatment
- Information on what to do when you have lost your card

### **Further information?**

- [European Commission](#)
- [Your Europe](#)

## 2.2. Unplanned cross-border healthcare under Directive 2011/24/EU

If you don't have a valid European Health Insurance Card\* or you can't use your card, for example because you are treated in a private hospital or because you need care that is not covered in the country of treatment\*, but is, however, covered in your home country\*, you will be able to receive unplanned treatment\* abroad under **Directive 2011/24/EU\***.

Under Directive 2011/24/EU\* you are entitled to claim reimbursement\* for the healthcare expenses you have incurred abroad under the same conditions and tariffs **as though the treatment was provided in your home country.**

Directive 2011/24/EU\* also applies to healthcare provided in a **private hospital** or by a **private healthcare provider** who is not contracted/ affiliated to the social security system. As long as the treatment concerned is covered under your social security coverage at home, you are also entitled to reimbursement\* when receiving the treatment in any EU\*/EEA\* country, regardless whether it is provided by a public or private healthcare provider. Directive 2011/24/EU\* does, however, not apply for cross-border treatment received in **Switzerland\***.

**Key principles** of Directive 2011/24/EU\*:

- You are only entitled to treatment that is covered under the social security scheme of your home country
- You initially pay all costs upfront
- Upon return home, you may file for reimbursement\* with your national health service\*/ health insurance provider\*
- The reimbursement tariffs of your home country will apply

You will initially bear all the costs of the medical treatment\* abroad yourself (i.e. **upfront payment\***). Subsequently, upon your return home, you may file for reimbursement\* with your national health service\*/ health insurance provider\*. The latter will reimburse your medical expenses **up to the amount that would have been reimbursed if you had received the treatment at home.**

### ③ Planned medical treatment abroad

When you are covered/insured under the national health service\* or national health insurance\* scheme of an EU\*/EEA\* country, you also have the right to arrange **planned medical treatment\*** in another EU\*/EEA\* country or Switzerland\*, such as consultation with a specialist abroad or hospital treatment abroad.

The difference between unplanned\* and planned treatment\* is the reason for your stay abroad.

- **Unplanned treatment\***: you are in need of medically necessary treatment\* due to sudden illness or injury whilst being abroad for example during a holiday, business trip, family visit or exchange studies (see section 2.1.).
- **Planned treatment\***: the treatment abroad is the reason for your stay abroad.

In case of planned treatment you travel to another EU\*/EEA\* country or Switzerland\* with the explicit purpose of accessing medical treatment\*. You should be aware that treatment will also be considered as planned when you seek healthcare during a stay abroad, such as holiday, that is not medically necessary and that could be postponed until your return back home.

In many cases in order to be entitled to assumption of costs, **prior authorisation\*** from your national health service\*/ health insurance provider\* will be required before travelling abroad.

#### *Two possible ways*

As an EU\*/EEA\* citizen you are able to enjoy assumption of costs for planned treatment in another EU\*/EEA\* country under both the Social Security Regulations (EC) 883/2004 and 987/2009\* and Directive 2011/24/EU\*.

Both different routes under EU law result in **different consequences** for patients regarding the legal basis, the scope of application, competent authorities, authorisation conditions, applicable reimbursement tariffs, payment procedure and formalities, as well as the level of the patient's own contribution. Make sure you are always well-informed about any financial and other implications.

#### ! ATTENTION – Switzerland\*

Cross-border healthcare in Switzerland\* is excluded from the Directive 2011/24/EU\* route. As a result, under EU law you are only entitled to reimbursement for cross-border healthcare in Switzerland\* under the Social Security Regulations (EC) 883/2004 and 987/2009\*. Besides, in some cases you may have additional rights and entitlements to treatment in Switzerland\* under national law. Please consult your national health service\*/ health insurance provider\* to explore your options.



### 3.1. Planned cross-border healthcare under the Social Security Regulations (EC) 883/2004 and 987/2009

#### *General principle of planned treatment abroad under the Social Security Regulations*

As an EU\*/EEA\* citizen you have the right to travel to **any EU\*/EEA\* country or Switzerland\*** with the purpose of accessing healthcare, which is referred to as planned treatment\* (article 19 Regulation (EC) 883/2004).

Under the Social Security Regulations (EC) 883/2004 and 987/2009\* you are entitled to assumption of costs for your treatment abroad **as though you were insured under the social security system of that country.**

With the approval of your national health service\*/health insurance provider\* (called **prior authorisation\***) and on issuance of a **European S2 form\***, you will be treated abroad as a patient insured under the social security scheme of the country concerned. You will receive healthcare at the same terms and at the same costs as domestic publicly insured patients. You will be entitled to assumption of costs at the expense of your own national health service\*/health insurance provider\* according to the **reimbursement tariffs applied in the country of treatment.**

**Attention – Special scheme for persons residing in another country than the country under whose social security system they are insured, or residing outside the country of previous work activity**

- **Insured persons and their family members** who reside in another country than the country under whose social security system they are insured (i.e. the competent Member State\*), are also entitled to healthcare during a temporary stay back in the competent Member State (*attention: Some countries have excluded family members of a frontier worker\* from this special arrangement; Annex III Regulation (EC) 883/2004*)
- **Pensioners and their family members** who reside in another country than the country under whose social security system they are insured (i.e. the competent Member State), may in some cases remain entitled to healthcare during a stay in the competent Member State\*. The latter will depend on whether or not the competent Member State has opted for this special regime and is listed in Annex IV Regulation 883/2004\* (*attention: Some countries have excluded family members of a frontier worker\* from this special arrangement; Annex III Regulation (EC) 883/2004*)
- **Retired frontier workers\* and their family members** are entitled to continuation of treatment in their country of previous work activity, in case the treatment was already started during work activity. Besides, frontier workers and their family members may remain entitled to healthcare in the country where they have worked at least two years in the five years preceding their pension (regardless of continuation). The latter will depend on whether or not both the competent Member State\* as the country of previous work activity have opted for this special regime and are listed in Annex V Regulation 883/2004\* (*attention: Some countries have excluded family members of a frontier worker\* from this special arrangement; Annex III Regulation (EC) 883/2004*)

The patient concerned will be entitled to healthcare under the social security system of the competent Member State\* or country of previous work activity, as though s/he resided in that country. As a result, the patient will be entitled to treatment without having to go through the legal procedures of planned treatment abroad under article 19 Regulation (EC) 883/2004.

*Please consult the social security authority or the National Contact Point\* of the competent Member State\* to check whether or not you are entitled to treatment under one of these special arrangements.*

## **Prior authorisation\* (S2 form\*)**

In order to be entitled to reimbursement under the Social Security Regulations (EC) 883/2004 and 987/2009\* you will need prior approval from your national health service\*/ statutory health insurance\* provider, which is called **prior authorisation\***.

If prior authorisation\* is granted, your national health service\*/health insurance provider\* issues you with a European **S2 form\*** (old E112 form). This document must be presented as proof of prior authorisation\* and must be submitted before travelling abroad for treatment.

Prior authorisation\* will be needed **for any type of treatment**:

- Inpatient treatment\*, such as surgical treatment with an overnight hospital stay
- Outpatient treatment\*, such as consultation with a specialist or ambulant examinations

Whether prior authorisation\* is granted, is normally within the discretionary competence of the national health service\*/ health insurance provider\*. They are free to decide whether or not they authorise you to seek healthcare in another EU\*/EEA\* country or Switzerland\*. Your request for prior authorisation\* may be refused on various grounds. For example, your national health service\*/ health insurance provider\* may refuse issuance of an S2 form\* due to the fact that the treatment is not among the sickness benefits covered under the national health service\*/ statutory health insurance\* scheme of your home country\*.

However, prior authorisation\* **may not be refused** in the following case:

- the treatment is among the sickness benefits covered under the social security system of your home country (in other words you are entitled to this treatment at home) *and additionally*,
- you cannot be given this treatment within a medically justifiable time limit, taking into account your current state of health and the probable course of your illness.

### PLEASE NOTE - Rare diseases

As national health services\* or health insurance providers\* may decide, at their discretion, whether or not authorisation for treatment abroad is granted, **patients with rare diseases** may be offered the possibility under the Social Security Regulations (EC) 883/2004 and 987/2009\* to seek treatment in another EU\*/EEA\* Member State or Switzerland\* even for **diagnosis and treatments which are not available in the patient's home country\***. As long as the treatment concerned is covered in the country of treatment prior authorisation may be granted.

! Attention: In case of the latter you merely have the right to request for prior authorisation\*. It remains within the discretion of the national health service\*/ health insurance provider\* to grant prior authorisation\*. The authorisation must, however, be granted on request in any situation where the treatment is covered in your home country\* and cannot be provided there within a time limit that is medically justifiable, given your state of health.

**! Attention: institution competent for granting authorisation**

The national health service\*/ health insurance provider\* of the **country under whose social security system you are insured** (i.e. the competent Member State\*) is responsible for granting prior authorisation\* and for issuance of the needed S2 form\*.

In case you reside in another country than the competent Member State\*, you may submit your request for prior authorisation\* with the local national health service\*/ health insurance provider\* in your country of residence. They will forward your request to the national health service\*/ health insurance provider\* in the competent Member State\*.

However, by way of derogation, the national health service\*/ health insurance provider\* of your country of residence will be competent to grant prior authorisation\* and to issue an S2 form\*, in case you are

- a pensioners or family member of a pensioner, or
- a family member (*dependent*) residing in another country than the insured person, and your country of residence applies a mechanism of compensation for sickness benefits between Member States on the basis of lump sums/ fixed amounts\* and is listed in **Annex III Regulation (EC) 987/2009\***

## **Reimbursement and costs**

### **1) Tariffs and payment procedure of the country of treatment\***

When prior authorisation\* is granted, you have the right to travel to another EU\*/EEA\* Member State or Switzerland\* and be treated there **at the same terms and at the same costs as publicly insured patients in that country.**

You will be reimbursed for the medical costs of the covered medical treatment\* at the expense of your own national health service\*/ health insurance provider\* according to the **reimbursement tariffs and the payment procedure** in force in the country of treatment.

Two scenarios may occur: you either receive **treatment that is free of charge at the point of use** (third-party payment\*), or you **pay for the treatment upfront and claim for reimbursement** afterwards.

- *If the treatment concerned is free for local residents - In other words, if there is a system of third-party payment\* in place (which often occurs):*
  - You either do not have to pay anything or you only have to pay the patient's part of the costs (co-payment\*)
  - costs will be settled directly between the healthcare provider abroad and the social security authority of that country. The foreign authority will then liaise with your own national health service\*/ health insurance provider\* at home to obtain refund
- *If you have to pay for the treatment:*
  - you can either ask for reimbursement\* from the local national health service\*/ health insurance provider\* whilst still staying in the country of treatment\*. The foreign authority will then liaise with your own national health service\*/ health insurance provider\* at home to obtain refund

- or you can ask for reimbursement\* directly from your own national health service\*/ health insurance provider\* upon return home

Regardless of which payment procedure applies **you will only have to bear the costs of co-payment\* yourself**, that is the patient's share. The amount of the co-payment\* will depend on the legislation applied in the country of treatment\*. As a result, you will pay the same amount as if you were a local patient.

## 2) Complementary reimbursement - Vanbraekel supplement

The so-called **Vanbraekel supplement\*** will have to be paid on request by your national health service\*/ health insurance provider\* when the costs incurred by the latter for the treatment abroad are lower than the costs that it would have had to assume in case the same treatment was provided on its own territory. More specifically, your national health service\*/ health insurance provider\* will **reimburse part or all of the costs of your co-payment\*** up to amount it would have had to assume in case the treatment was provided at home. This amount will, however, not exceed the costs you have actually incurred abroad.

### ! Attention – Vanbraekel supplement\*

You will not receive reimbursement under the Vanbraekel supplement\* automatically. If you wish to obtain additional reimbursement you will have to submit a specific request to your national health service\*/ health insurance provider\* upon return home.

### Numerical example of the Vanbraekel supplement\*:

Lisa, a resident of country X, seeks treatment in another country Y. The cost of the treatment is € 1.200. The medical cost of € 1.000 is covered under the social security system of country Y. The patient's co-payment is € 200. Lisa receives the treatment free of charge and only has to pay € 200 co-payment\*. The local national health service\*/ health insurance provider\* will claim for compensation from Lisa's own national health service\*/ health insurance provider\* up to the amount of the medical cost of € 1.000.

- Suppose the tariff for the treatment in country X is € 1.100. Lisa will be entitled to request additional reimbursement from her national health service\*/ health insurance provider\* up to the amount of € 100.
- Suppose the tariff for the treatment in country X is € 1.200. Lisa will be entitled to request reimbursement from her national health service\*/ health insurance provider\* up to the full amount of the co-payment of € 200.
- Suppose the tariff for the treatment in country X is € 1.300. Lisa will be entitled to request reimbursement from her national health service\*/ health insurance provider\* up to the amount of € 200. Lisa will not be entitled to the remaining € 100, as she only paid for € 200 herself.
- Suppose the tariff for the treatment in country X is € 900. Lisa will not be entitled to request for additional reimbursement.

Treatment: € 1.200 = € 1.000 covered + €200 co-payment upfront			
Tariff country Y = € 1.000 Tariff country X = € 1.100	Tariff country Y = € 1.000 Tariff country X = € 1.200	Tariff country Y = € 1.000 Tariff country X = € 1.300	Tariff country Y = € 1.000 Tariff country X = € 900
Vanbraekel suppl. = € 100 Final co-payment = € 100	Vanbraekel suppl. = € 200 Final co-payment = € 0	Vanbraekel suppl. = € 200 Final co-payment = € 0	Vanbraekel suppl. = € 0 Final co-payment = € 200

### 3) *Extra costs for travel and stay*

Generally, prior authorisation\* only covers reimbursement\* of medical costs. **Extra costs for travel and stay**, such as hotel, transport or subsistence costs, as well as those of the person accompanying you are not covered. However, you will be entitled to reimbursement for the extra costs that your national health service\*/ health insurance provider\* would have had to assume in case the same treatment was provided on its own territory.

#### SAMPLE STORY

Timo, a Finnish resident, wishes to obtain treatment in Germany. Kela, the Finnish Social Insurance Institution, will reimburse him for the costs of travel in the same manner as though the treatment was provided in Finland. Timo only has to pay a € 25 co-payment for each one-way trip to Germany.

[www.choosehealthcare.fi](http://www.choosehealthcare.fi)

### *Restrictions to the applicability of the Social Security Regulations*

! The following situations of planned treatment\* abroad are **not covered under the Social Security Regulations** (EC) 883/2004 and 987/2009\*:

- treatment provided by a **private healthcare provider\* or in a private hospital** (with the exception of private healthcare providers\*/hospitals that are contracted or affiliated with national health service\*/ statutory health insurance\* scheme)
- **telemedicine services\*** as the Regulations expressly require the physical movement and presence of the patient in the country of treatment, where the healthcare provider is located
- treatment provided **without prior authorisation\*** from the national health service\*/ health insurance provider\*

## 3.2. **Planned cross-border healthcare under Directive 2011/24/EU**

### *General principle of planned treatment abroad under Directive 2011/24/EU*

Next to the possibilities of treatment abroad under the Social Security Regulations (EC) 883/2004 and 987/2009\*, EU\*/EEA\* citizens are also entitled to access healthcare in any EU\*/EEA\* Member State under **Directive 2011/24/EU\***. Directive 2011/24/EU, however, is not applicable to cross-border healthcare\* in **Switzerland\***

Thus when wishing to access medical treatment\* abroad, you will have two different options to choose from. Even though you are entitled to treatment under both routes, you should always be aware of the different consequences.

Under **Directive 2011/24/EU\*** you are entitled to assumption of costs for treatment abroad **as though the treatment was provided in your home country.**

The prerequisite is that the treatment must be among the **benefits to which you are entitled to in your country of residence**. If this is the case, you will be treated abroad as a patient with private health insurance\*.

You initially pay all medical costs upfront\*. Upon your return home you may file for reimbursement with your national health service\*/ health insurance provider\*. They will reimburse you according to the domestic **tariffs applied for the same treatment at home**.

**Attention – Special scheme for persons residing in another country than the country under whose social security system they are insured**

- **Pensioners and their family members**, residing in another country than the country under whose social security system they are insured (i.e. the competent Member State\*), remain in some cases entitled to healthcare during a stay back in the competent Member State\*, as if s/he resided in that country. The latter will depend on whether or not the competent Member State\* has opted for this special arrangement and is listed in annex IV Regulation (EC) 883/2004\*
- In other situations insured persons may be entitled to healthcare during a stay back in the competent Member State\* when following conditions are met:
  - the healthcare is not provided in accordance with the Social Security Regulations\* (i.e. not based on an S2 form\*) but is instead provided in accordance with Directive 2011/24/EU\*
  - and the healthcare is not subject to prior authorisation\*

You and your family members will be entitled to healthcare provided in the competent Member State\*, according to the legislation and the domestic tariffs it applies. You will be entitled to assumption of costs by the national health service\*/ health insurance provider\* of the competent Member State\*, according to the tariffs applied in that Member State\*.

*Please consult the social security authority or the National Contact Point\* of the competent Member State\* to check whether or not you are entitled to treatment under one of these special arrangements.*

## **Range of covered treatment**

*To which treatment am I entitled under Directive 2011/24/EU?*

- You are only entitled to **treatment included in the range of covered sickness benefits** available under the social security legislation of **your country of residence**. In other words, you will only be entitled to reimbursement\* of medical costs incurred abroad when you would be entitled to assumption of costs for the same treatment in your home country\* (*! in derogation of the special regime for persons residing outside the competent Member State\* – see "General principle of planned treatment abroad under Directive 2011/24/EE"*)
- As long as the treatment is included in the range of covered benefits at home, you are free to choose between either a public\* or private healthcare provider\* in the country of treatment. Contrary to the Social Security Regulations (EC) 883/2004 and 987/2009\*, Directive 2011/24/EU\* also covers cross-border treatment provided by a **private**

**healthcare provider\* or in a private hospital**, even when they are not contracted/affiliated to the national health service\*/ health insurance provider\* at all.

- Directive 2011/24/EU\* is also applicable to cross-border **telemedicine\*** services (i.e. *healthcare services provided from a distance, through the use of ICT*). The physical movement and presence of the patient in the country of treatment is not required. As long as the telemedicine\* service is provided by a healthcare provider located in another EU\*/EEA\* country, the Directive may apply.

! Attention: following healthcare services are **excluded from Directive 2011/24/EU\***:

- **Long-term care\***
- **Organ transplantation\***
- **Public vaccination programmes\***

### **Prior authorisation**

Generally, prior authorisation\* from your national health service\*/ health insurance provider\* is not required under Directive 2011/24/EU\*.

However, for some treatments the EU legislator has given the Member States the possibility to install a system of **prior authorisation\***. Member States decide, at their discretion, which specific treatments they subject to prior authorisation\*, resulting in a different set of rules in each Member State. However, EU law has set some ground rules for prior authorisation.

#### **1. Prior authorisation may only be required for certain categories of healthcare:**

- Healthcare involving an overnight hospital stay
- Healthcare involving highly specialised and cost-intensive medical infrastructure or equipment
- Healthcare presenting a risk for the patient's own safety (patient safety risk\*) or that of the general population (general population safety risk\*)
- Healthcare provided by a healthcare provider that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality and safety of the care

#### **2. If the treatment concerned, that is included in one of the categories described, is subjected to prior authorisation\*, the national health service\*/ health insurance provider\* may only refuse to grant the authorisation based on limited grounds:**

- the treatment presents a risk for you own safety (patient safety risk\*) or that of the general population (general population safety risk\*)
- the treatment is provided by a healthcare provider that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality and safety of the care
- the treatment can also be provided on the Member State's own territory within a time limit which is medically justifiable, taking into account your current state of health and the probable course of your illness

3. *Your national health service\*/ health insurance provider\* is **obliged to approve your request for prior authorisation\*** when:*

- you are entitled to this treatment under the national health service\*/ health insurance provider\* of your country of residence, and
- the treatment cannot be provided on its territory within a time limit which is medically justifiable, based on
  - an objective medical assessment of your medical condition,
  - the history and probable course of your illness,
  - the degree of your pain and/or the nature of your disability at the time of your request

*! Attention: Before travelling abroad, always consult with your national health service\*/ health insurance provider\* to inform yourself on which treatment is subject to prior authorisation\*, on the procedure for obtaining prior authorisation\* and on the anticipated time limit to receive a decision. Regardless of the specific national procedure, you are entitled to a decision within a reasonable period of time.*

**Institution competent for granting authorisation when residing outside the competent Member State\***

The national health service\*/ health insurance provider\* of the **country under whose social security system you are insured** (i.e. the competent Member State\*) is responsible for granting prior authorisation\* and for issuance of the needed S2 form\*.

In case you reside in another country than the competent Member State\*, you may submit your request for prior authorisation\* with the local national health service\*/ health insurance provider\* in your country of residence. They will forward your request to the national health service\*/ health insurance provider\* in the competent Member State\*.

However, by way of derogation, the national health service\*/ health insurance provider\* of your country of residence will be competent to grant prior authorisation\* and to issue an S2 form\*, in case you are

- a pensioners or family member of a pensioner, or
- a family member (*dependent*) residing in another country than the insured person, and your country of residence applies a mechanism of compensation for sickness benefits between Member States on the basis of lump sums/ fixed amounts\* and is listed in **Annex III Regulation (EC) 987/2009\***

*For more detailed information on the procedure to obtain prior authorisation\*, contact the national health service\*/health insurance provider\* as well as the National Contact Point\* in your competent Member State\*.*



## **Reimbursement and costs**

If you seek treatment abroad under the Directive 2011/24/EU\* route you must pay all medical costs **upfront\***.

You subsequently may submit a claim for reimbursement\* with your national health service\*/ health insurance provider\* upon return home. The latter will reimburse you retrospectively according to the rules and rates applied by its own social security system and thus according to the domestic **tariffs applied in case the treatment would have been provided in its own territory**. The amount to which you are entitled to cannot be higher than the actual costs you have paid for your treatment abroad.

*Attention: In order to approve your request for reimbursement\*, your national health service\*/ health insurance provider\* may require to present all sorts of documents of proof of the exact treatment you have received and the costs you have made. Make sure you check to collect all necessary documents beforehand. Besides, the national health service\*/ health insurance provider\* may require the documents to be translated into the home language. You may possibly have to pay yourself for any **translation costs**.*

You will be reimbursed only up to the tariff applied in your home country. This may be less than you paid for the treatment abroad causing you to bear a big part of the medical costs yourself. However also the opposite may occur: the applicable tariffs in your home country\* may be higher than the tariffs applied in the country of treatment\*. That will for example be the case when the patient's co-payment\* is more favourable under the social security system of your home country\*. When this is the case it may also be possible that you will be fully refunded for your medical costs incurred abroad. **As a result you should always be aware of the fact that the exact amount of costs you will finally have to bear yourself will fully depend on the reimbursement scheme applied in your home country\*.**

Make sure you ask the healthcare provider abroad to list the total costs to expect as well as possible additional costs that are not included in the price. Generally only the medical costs directly related to the specific treatment may be assumed under Directive 2011/24/EU\*. Extra costs, such as costs for travel and stay, or non-prescription pain medication you will have to pay for yourself. Member States may decide, at their discretion, to reimburse other related costs besides medical costs, such as costs for travel and accommodation or extra costs which persons with disabilities might incur when receiving treatment abroad.

*Attention: Before travelling abroad, always consult with your national health service\*/ health insurance provider\* to collate information on the anticipated costs and reimbursement rates. That way you can anticipate on what costs you may expect to finally bear yourself for the treatment abroad.*

*Besides, also check beforehand on which institution to address, on the applicable procedures and time limits for obtaining reimbursement, and on which necessary documents you will have to provide.*

## ***Restrictions to the applicability of Directive 2011/24/EU\****

The Directive 2011/24/EU\* route **does not apply** in following situations:

- Cross-border healthcare in Switzerland\*
- long-term care\*, organ transplantation\* and public vaccination programmes\*
- Treatment that is not covered under the national health service\*/ statutory health insurance\* in your home country (*! in derogation of the special regime for persons residing outside the competent Member State – see "General principle of planned treatment abroad under Directive 2011/24/EE"*)

### **! ATTENTION – Switzerland\***

Cross-border healthcare in Switzerland\* is excluded from the Directive 2011/24/EU\* route. As a result, under EU law you are only entitled to reimbursement\* for cross-border healthcare\* in Switzerland\* under the Social Security Regulations (EC) 883/2004 and 987/2009\*. Besides, in some cases you may have additional rights and entitlements to treatment in Switzerland\* under national law. Please consult your national health service\*/ health insurance provider\* to explore your options.

### **3.3. Priority of the Social Security Regulations (EC) 883/2004 and 987/2009\***

#### ***ATTENTION: priority of the Social Security Regulations\*, unless explicit request***

When you apply for prior authorisation\* needed to obtain treatment abroad involving an overnight hospital stay or highly specialised and expensive medical equipment, your national health service\*/ health insurance provider\* will always first look into the applicability of the Social Security Regulations (EC) 883/2004 and 987/2009\*.

When the conditions to receive treatment under the Regulations are met, the national health service\*/ health insurance provider\* will automatically issue prior authorisation\* under the Social Security Regulations\* (S2 form\*). If you, however, prefer to receive treatment under Directive 2011/24/EU\* you will have to explicitly request with your national health service\*/ health insurance provider\* for its application.

#### SAMPLE STORY

Tom, a Belgian resident, is in need of orthopaedic surgery. He chooses to be treated in a public hospital in France. As the treatment requires at least one overnight stay in hospital, prior authorisation\* is required. Tom submits a request for prior authorisation\* with his Belgian health insurance fund. After medical evaluation it is clear that the surgery that Tom wishes to seek in France is covered under the Belgian statutory health insurance but cannot be provided in Belgium within a time period that is medically justifiable, given Tom's state of health. As a result, Tom's request cannot be declined. The health insurance fund must grant prior authorisation\*. Tom will automatically receive an S2 form\* under the Social Security Regulations (EC) 883/2004 and 987/2009\*, unless he explicitly state to prefer prior authorisation\* under Directive 2011/24/EU\*.

[www.health.belgium.be](http://www.health.belgium.be)

### 3.4. Advantages and disadvantages of planned treatment under the Social Security Regulations (EC) 883/2004 and 987/2009 or Directive 2011/24/EU

Social Security Regulations (EC) 883/2004 and 987/2009*	Directive 2011/24/EU*
<b>Advantages</b>	<b>Advantages:</b>
<ul style="list-style-type: none"><li>You will be treated as a public patient with statutory health insurance*/ under national health service*</li><li>When explicitly allowed by your national health service*/ health insurance provider*, you may receive healthcare outside the range of benefits that are covered in your home country*</li><li>The financial risk that the level of costs abroad exceeds the level of costs of the treatment at home is borne by your national health service*/ health insurance provider*</li><li>In most case, you will enjoy third-party payment*: the treatment will be free and will you will only have to pay possible co-payment*</li><li>Your costs for travel and stay abroad will be covered when assumed in case the treatment would have taken place in your home country*</li><li>In case of planned treatment*, by application of the Vanbraekel supplement* your national health service* / health insurance provider* may refund all or part of the costs of co-payment*</li><li>When the costs are settled directly between the healthcare provider and the national health service* / health insurance provider* (third-party payment*), no costs will incur for translations of invoices</li></ul>	<ul style="list-style-type: none"><li>For a wide range of treatment there is no obligation to obtain prior-authorisation*</li><li>When prior authorisation* is required, your national health service*/ health insurance provider* may only decline your request based on limited grounds of refusal</li><li>You are free to consult private healthcare providers* or go to private hospitals</li><li>In case of higher rates of reimbursement* in your home country*, you may enjoy treatment at a lower cost</li><li>In case no prior authorisation* is required, you may be able to access medical treatment* more quickly</li></ul>

<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Prior authorisation* (S2 form*) from the national health service*/ health insurance provider* is required for all types of cross-border healthcare*</li> <li>• The Regulations generally do not apply to private hospitals and private healthcare providers*, unless they are contracted/ affiliated with the statutory health system.</li> <li>• When you are not in the possession of a valid EHIC* or S2 form*, you will not be entitled to assumption of costs</li> </ul>	<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• You will have to bear yourself the financial risk that the level of costs abroad exceeds the level of costs of the treatment at home</li> <li>• You will have to pay all costs upfront* and claim for reimbursement* afterwards</li> <li>• You will only be entitled to reimbursement* when the treatment is covered in your home country*</li> <li>• Before travelling abroad, there may be some uncertainty on which costs you will have to bear yourself and which costs you may be able to recover</li> <li>• The medical costs may exceed the amount assumed by your own national health service* / health insurance provider*</li> <li>• You may incur costs for translation of invoices requested by your national health service*/ health insurance provider*</li> </ul>

## ④ Prescriptions abroad

### 4.1 Presenting a prescription\* to the pharmacy abroad/ prescriptions\* issued abroad

**A prescription for medicine or medical devices** prescribed in your country is valid in any EU\*/EEA\* country. Likewise, a prescription prescribed in another EU\*/EEA\* country, for example as part of follow-up treatment for surgery received abroad, may be presented to any pharmacist in your home country.

However, to ensure that your prescription\* is recognised and well-understood by the pharmacist located outside the country of prescription\*, inform your prescribing healthcare provider when you plan to use the prescription abroad. The latter will make sure that the prescription is done according to certain **guidelines for minimum information requirements**.

The prescription must at least contain following information requirements (Implementing Directive 2012/52/EU\*):

- Identification of the patient: surname(s); first name(s); date of birth
- Authentication of the prescription: Issue date
- Identification of the prescribing healthcare provider: surname(s); first name(s); professional qualification; details for direct contact, such as email and telephone or fax); work address, including the name of the relevant Member State); written or digital signature
- Identification of the prescribed product: common name (active substance); brand name; pharmaceutical formulation (tablet, solution, etc.); quantity; strength; dosage regime

You should always be aware that the medicine concerned may not be available or authorised for sale in the other EU\*/EEA\* country! As this is regulated under national legislation, all depend on the applicable legislation in the country where the medicines or medical devices are dispensed. As a result, for example also the dosage regime imposed by the pharmacy abroad may differ.

**! ATTENTION – E-prescriptions\***

If your healthcare provider at home has given you an e-prescription\* and you plan to use the prescription in another EU\*/EEA\* country, always make sure to ask for a paper copy of it, as the e-prescription\* may not be recognised or accepted by the pharmacist abroad.

[www.europa.eu.youreurope](http://www.europa.eu.youreurope)

## 4.2 Reimbursement and costs

### European Health Insurance Card

On the display of a valid European Health Insurance Card\*, you are entitled to buy prescription\* medicine/medical devices according to the same rules and tariffs as patients covered/insured under the national health service\*/ statutory health insurance\* of the country of your visit. This only applies in case the prescription is **prescribed and dispensed in the country concerned due to sudden illness or injury during your stay**.

Depending on the legislation of that country, the medicine may be free or you may only have to pay a small amount co-payment. If you have to pay the full amount of the costs, you may file for reimbursement with either the local national health service\*/ health insurance provider\* while still being abroad or with your own national health service\*/ health insurance provider\* upon your return home. You will be reimbursed according to the **rules and rates of the country where the prescription\* is issued and dispensed**.

### If you do not have a European Health Insurance Card or your prescription is prescribed abroad

If you do not have a valid European Health Insurance Card\* or your prescription is prescribed in another country than the country of your stay, you will have to pay for the medicine/medical devices upfront\*.

In this case you may submit a request for reimbursement with your own national health service\*/ health insurance provider\* upon your return home. In this case the **rules and rates of your home country will apply**.

## ⑤ National Contact Points

### *National Contact Points for cross-border healthcare*

Conforming Directive 2011/24/EU\*, each Member State has installed one or more National Contact Point\* for Cross-border Healthcare\* (NCPs). The main task of NCPs is to provide patients with information on all aspects of accessing medical treatment\* abroad.

More specifically, the **NCP\* in your home country\*** can give you information on:

- your rights and entitlements to cross-border healthcare\*
- the terms and conditions for reimbursement\* of your medical costs
- whether prior authorisation\* is needed and how to apply for it
- procedures for appeal and redress in case you consider that your rights have not been respected

PLEASE NOTE- When living abroad

When you are insured under the social security system of another country (the competent Member State\*) than your country of residence, for example because you work in another state or only receive pension payments from another state, you should consult the National Contact Point\* (NCP) of your competent Member State\*. The latter will provide you with information on the abovementioned topics.

! However, in case you reside in a Member State with mechanism of compensation for sickness benefits between Member States on the basis of lump sums/ fixed amounts\* (annex III Regulation 987/2009\*), being, and you are

- a pensioner (family member of a pensioner), or
  - a family member of an insured person living in another country than the insured person
- the NCP of the country of your residence will provide you with the abovementioned information instead of the NCP of the competent Member State\*.

The **NCP\* in the country of treatment\*** can give you information on:

- the healthcare system of that country
- the standards and guidelines on quality and safety which apply there and the healthcare providers which are subjected to these standards
- the accessibility of hospitals for persons with disabilities
- healthcare providers, including a specific provider's right to provide specific medical treatments or any restrictions to this practice
- patients' rights in that country, including information on your options if something goes wrong or you are not happy with the treatment you have received

All NCPs have a designated website where the essential information on medical treatment\* abroad (cross-border healthcare\*) is provided. Besides, patients can consult NCPs directly for more information or personal inquiries about accessing healthcare abroad, such as through telephone, email or an online contact form. Many NCPs also serve patients in person at the NCP office. The contact details of the NCP are provided on each NCP website.

NOTE- Before traveling abroad

To gather all the information you need, consult the website of both the national contact point of your home country and the national contact point of the country where you wish to obtain treatment. If you have further questions, do not hesitate to contact the national contact point directly.

### ***How to contact the National Contact Point***

Below you can find the contact details of the NCP of each other EU/EEA country:

- Information last updated on 5 September 2017-

<p><b>Austria</b> <i>Gesundheit Österreich GmbH</i></p> <p><b>Website:</b> <a href="https://www.gesundheit.gv.at/Portal.Node/ghp/public/content/kontaktstellepatientenmobilitaet.html">https://www.gesundheit.gv.at/Portal.Node/ghp/public/content/kontaktstellepatientenmobilitaet.html</a> <b>Email:</b> <a href="mailto:patientenmobilitaet@goeg.at">patientenmobilitaet@goeg.at</a></p>
<p><b>Belgium</b> <i>Soins de santé transfrontaliers</i></p> <p><b>Website:</b> <a href="http://www.crossborderhealthcare.be">www.crossborderhealthcare.be</a> <b>Email:</b> <a href="mailto:information@crossborderhealthcare.be">information@crossborderhealthcare.be</a></p>
<p><b>Bulgaria</b> <i>National Health Insurance Fund</i></p> <p><b>Website:</b> <a href="http://www.nhif.bg">www.nhif.bg</a> <b>Email:</b> <a href="mailto:crossbordercare@nhif.bg">crossbordercare@nhif.bg</a></p>
<p><b>Croatia</b> <i>Croatian Health Insurance Fund</i></p> <p><b>Website:</b> <a href="http://www.hzzo.hr">www.hzzo.hr</a> <b>Email:</b> <a href="mailto:ncp-croatia@hzzo.hr">ncp-croatia@hzzo.hr</a></p>
<p><b>Cyprus</b> <i>Ministry of Health</i></p> <p><b>Website:</b> <a href="http://www.moh.gov.cy/cbh">www.moh.gov.cy/cbh</a> <b>Email:</b> <a href="mailto:ncpcrossborderhealthcare@moh.gov.cy">ncpcrossborderhealthcare@moh.gov.cy</a></p>
<p><b>Czech Republic</b> <i>Health Insurance Bureau</i></p> <p><b>Website:</b> <a href="http://www.kancelarzp.cz">www.kancelarzp.cz</a> <b>Email:</b> <a href="mailto:info@kancelarzp.cz">info@kancelarzp.cz</a></p>
<p><b>Denmark</b> <i>Danish Patient Safety Authority</i></p> <p><b>Website:</b> <a href="http://stps.dk/da/borgere/internationalisygesikring/nationaltkontaktpunktfor-behandling-i-eueoes">http://stps.dk/da/borgere/internationalisygesikring/nationaltkontaktpunktfor-behandling-i-eueoes</a> <b>Email:</b> <a href="mailto:IS-kontor@patientombuddet.dk">IS-kontor@patientombuddet.dk</a></p>
<p><b>Estonia</b> <i>Estonian Health Insurance Fund</i></p>



**Website:** [www.haigekassa.ee/kontaktpunkt](http://www.haigekassa.ee/kontaktpunkt)  
**Email:** [info@haigekassa.ee](mailto:info@haigekassa.ee)

## Finland

*Kela*

**Website:** [www.hoitopaikanvalinta.fi](http://www.hoitopaikanvalinta.fi)  
**Email:** [yhteyspiste@kela.fi](mailto:yhteyspiste@kela.fi)

## France

*Centre des Liaisons Européennes et Internationales de Sécurité Sociale (CLEISS)*

**Website:** <http://www.cleiss.fr/presentation/pcn.html>  
**Email:** [soinstransfrontaliers@cleiss.fr](mailto:soinstransfrontaliers@cleiss.fr)

## Germany

*Deutsche Verbindungsstelle Krankenversicherung - Ausland (DVKA)*

**Website:** [www.eu-patienten.de](http://www.eu-patienten.de)  
**Email:** [info@eu-patienten.de](mailto:info@eu-patienten.de)

## Greece

*EOPYY – National organization for health care services, provision, division of international affairs, National Contact Points GR Department*

**Website:** [www.eopyy.gov.gr](http://www.eopyy.gov.gr)  
**Email:** [ncp\\_gr@eopyy.gov.gr](mailto:ncp_gr@eopyy.gov.gr)

## Hungary

*Országos Betegjogi, Ellátottjogi, Gyermekjogi és Dokumentációs Központ  
National Center for Patients' Rights and Documentation*

*For EU citizens that intend to use Hungarian healthcare:*

**Website:** <http://www.patientsrights.hu/>  
**Email:** [info@patientsrights.hu](mailto:info@patientsrights.hu)

*For Hungarian citizens seeking healthcare in EU:*

**Website:** <http://www.eubetegjog.hu/>  
**Email:** [info@eubetegjog.hu](mailto:info@eubetegjog.hu)

## Ireland

*Cross-Border Healthcare Directive Department*

**Website:** <http://hse.ie/eng/services/list/1/schemes/cbd/CBD.html>  
**Email:** [Crossborderdirective@hse.ie](mailto:Crossborderdirective@hse.ie)

## Italy

*Ministry of Health, Directorate-General for health planning*

**Website:** [http://www.salute.gov.it/portale/temi/p2\\_4.jsp?lingua=english&area=healthcareUE](http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=english&area=healthcareUE)  
**Email:** [http://www.salute.gov.it/portale/temi/p\\_sendMailNCP\\_ENG.jsp](http://www.salute.gov.it/portale/temi/p_sendMailNCP_ENG.jsp)

## Latvia

*National Health Service*

**Website:** [www.vmnvd.gov.lv](http://www.vmnvd.gov.lv)  
**Email:** [nvd@vmnvd.gov.lv](mailto:nvd@vmnvd.gov.lv)

## Lithuania

*State Health Care Accreditation Agency under the Ministry of Health*

Website for NCP where patients could find the information in one place:

www.lncp.lt

*For EU citizens intending to use Lithuanian healthcare :*

**Website:** <http://www.vaspvt.gov.lt/en>

**Email:** [vaspvt@vaspvt.gov.lt](mailto:vaspvt@vaspvt.gov.lt)

***National Health Insurance Fund under the Ministry of Health***

*For Lithuanian insured persons seeking healthcare in the EU :*

**Website:** <http://www.vlk.lt/vlk/en/>

**E-mail:** [vlk@vlk.lt](mailto:vlk@vlk.lt)

## Luxembourg

***Service national d'information et de médiation santé***

*For EU citizens intending to use Luxembourgish healthcare :*

**Website:** [www.mediateursante.lu](http://www.mediateursante.lu)

**Email:** [info@mediateursante.lu](mailto:info@mediateursante.lu)

***Ministry of Social Security (Caisse nationale de santé)***

*For Luxembourgish insured persons seeking healthcare in the EU :*

**Website:** [www.cns.lu](http://www.cns.lu)

**Email:** [cns@secu.lu](mailto:cns@secu.lu)

## Malta

***Ministry for Health***

**Website:** <http://health.gov.mt/en/cbhc/Pages/Cross-Border.aspx>

**Email:** [crossborderhealth@gov.mt](mailto:crossborderhealth@gov.mt)

## Netherlands

***Netherlands NCP Cross-border Healthcare***

**Website:** [www.cbhc.nl](http://www.cbhc.nl)

(online contact form on website)

## Poland

***National Health Fund***

**Website:** <http://www.kpk.nfz.gov.pl/en/>

**Email:** [ca17@nfz.gov.pl](mailto:ca17@nfz.gov.pl)

## Portugal

***The Central Administration of the Health System***

**Website:** <http://diretiva.min-saude.pt/>

**Email:** [diretiva.pcn@acss.min-saude.pt](mailto:diretiva.pcn@acss.min-saude.pt)

## Romania

***National Health Insurance House***

**Website:** [www.cnas-pnc.ro](http://www.cnas-pnc.ro)

**E-mail:** [pnc@casan.ro](mailto:pnc@casan.ro)

## Slovakia

***Healthcare Surveillance Authority***

**Website:** [www.udzs-sk.sk](http://www.udzs-sk.sk)

**Email:** [web@udzs-sk.sk](mailto:web@udzs-sk.sk)

## Slovenia

*Health Insurance Institute of Slovenia (HIIS)*

**Website:** <http://www.nkt-z.si/wps/portal/nktz/home>

**Email:** [kontakt@nkt-z.si](mailto:kontakt@nkt-z.si)

## Spain

*Ministry of Health, Social Services and Equity*

**Website:** <http://www.msssi.gob.es/pnc/home.htm>

**Email:** [oiac@msssi.es](mailto:oiac@msssi.es)

## Sweden

*Försäkringskassan*

*For Swedish insured persons seeking healthcare in the EU:*

**Website:** [www.forsakringskassan.se](http://www.forsakringskassan.se)

**Email:** [kundcenter@forsakringskassan.se](mailto:kundcenter@forsakringskassan.se) ; [huvudkontoret@forsakringskassan.se](mailto:huvudkontoret@forsakringskassan.se)

*Socialstyrelsen*

*For EU citizens intending to use Swedish healthcare :*

**Website:** [www.socialstyrelsen.se](http://www.socialstyrelsen.se)

**Email:** [socialstyrelsen@socialstyrelsen.se](mailto:socialstyrelsen@socialstyrelsen.se)

## United Kingdom

*NHS*

**Website:** [www.nhs.uk/nationalcontactpoint](http://www.nhs.uk/nationalcontactpoint)

## Iceland

*Icelandic Health Insurance- International Department*

**Website:** <http://www.sjukra.is/english>

**Email:** [international@sjukra.is](mailto:international@sjukra.is)

## Liechtenstein

*Amt für Gesundheit (AG)*

**Website:** <http://www.llv.li/#/117345/patientenmobilitat-im-euerraum>

**Email:** [patientenmobilitaet@llv.li](mailto:patientenmobilitaet@llv.li)

## Norway

*HELFO (The Norwegian Health Economics Administration)*

**Website:** <https://helsenorge.no/norwegian-national-contact-point-for-healthcare1>

**E-mail:** [servicesenteret@helfo.no](mailto:servicesenteret@helfo.no)

