



SOCIAL SECURITY

Anna WILKIN – The Brussels Settlements Office

Unit PMO.3
"Sickness Insurance"

September 2009

AIACE SWEDEN

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Régime commun d'assurance maladie (RCAM)
Joint Sickness Insurance Scheme (JSIS)
"Caisse de Maladie"

Sickness insurance
Accident insurance
Occupational disease insurance

Please consult the official texts for the full rules





What risks are covered?

You continue to be covered worldwide,
24 hours a day against the following risks:
sickness, maternity, hospitalisation.





Accident Insurance

- You will continue to receive the normal sickness reimbursement up to 80-85% for costs resulting from an accident.
- You will continue to receive 100% reimbursement for costs resulting from an accident which took place whilst in active service.





Accident Insurance

We always recommend that each person takes out travel insurance.

The JSIS does **not cover repatriation.**





Accident and OD Insurance

- This concerns the extra 15-20% reimbursement, after the initial reimbursement of medical reimbursements under Article 72 of the Staff Regulations.
- You (the member) are covered against the risks of accident and occupational disease from day 1 of your contract
- This is worldwide cover 24 hours a day





My contribution

For sickness insurance

1.7% of basic monthly salary deducted at source

3.4% paid by your Institution

No extra contribution for family members

(minimum = 1.7% of salary of AST 1 step 1.

Approx €43 per month.)

For accident insurance

0.1% of basic monthly salary (only staff
in activity)





The new General Implementing Provisions for the Reimbursement of Medical Expenses

1. New General Implementing Provisions adopted on **1st July 2007**
2. New procedures (direct billing for care in nursing home/advance/priority reimbursement)
3. New forms (recognition of serious illness/claim for special reimbursement under Art. 72.3 of the Staff Regulations/Advance)





Rates of reimbursement

Ceilings vary in each Member State to take account of cost of medicine

Ceiling applied depends on the country in which treatment took place : parity coefficient

New parity coefficients came into force on 1st January 2009.





Parity coefficients

- Are adopted at least once every 2 years in order to ensure equality of treatment in any of the Member States
- Reference Member State: Belgium
- Period of observation: only the previous 2 years are taken into account





Parity coefficients

Calculation of the parity coefficients

On the basis of sufficiently representative statistical information on expenditure incurred by JSIS members during the period of observation in the Member State in question, the parity coefficient for that Member State is set with a view to ensuring that for all treatment with a reimbursement ceiling the actual rate of reimbursement is the same as that observed in the reference Member State in at least 8 cases out of 10.





Parity coefficients

If sufficiently representative statistical data is not available, the parity coefficient is calculated by comparing health cost indices (EUROSTAT) in the Member State in question and in the reference Member State.





Rates of reimbursement

Outside EU, Belgian ceilings apply except in countries where medicine is very expensive (eg: USA, Japan) where a reimbursement-level coefficient will be applied to approximate the costs to the average EU cost of the same item (approximately 40%).





Consultations

Reimbursed up to 85% with following ceilings:

- General practitioner consultation/home visits = ceiling 355,18 SEK
- Specialist consultation = ceiling 923,47 SEK
- Emergency visits at night/holidays etc at 85%.

SEK ceiling includes parity coefficient
1EUR = 10,1480 SEK on 1st September 2009





Consultations

Life history taken by homeopathic doctor at first visit and billed separately from consultation = 85% with ceiling of 458,18SEK
Medical consultations by phone, mail or e-mail are reimbursed at 85% with ceiling of 130,91 SEK.





Medicines

The JSIS reimburses medicines at 85%

Must be prescribed by a doctor

The chemist keeps the prescription.

Ask the chemist for a receipt with the price of each item and name of doctor and patient.

Some homeopathy and phytotherapy treatments are reimbursable (must always give full details of dilution or of magistral preparation).





Medicines

On our Web Site you have a possibility to consult the list of medicines (updated regularly).

[Http://www.cc.cec/pers_admin/sick_insur/reimburs/pdf/liste_produits.pdf](http://www.cc.cec/pers_admin/sick_insur/reimburs/pdf/liste_produits.pdf)

This list specifies for each product whether the opinion of the medical officer must be sought, whether the product is reimbursable or not and, if not, the reason why.





Medicines

The following products will not be reimbursed even if prescribed by a doctor:

products for

- cosmetic
- hygienic
- aesthetic or
- dietary/sliming purposes
- or for personal comfort
- tonic wines and beverages
- organotherapy product
- trace elements

All those products which have not been proved to be effective and/or safe by decision of the JSIS and after advise of Medical Council.

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Dietary products

- Prior authorisation based on a medical report is required for certain dietary products if they are essential for survival.
- Such products are reimbursed even if they are not purchased in a pharmacy, from a doctor or from any other approved body or system authorised to dispense medicines





Dietary products

1. special products for enteral or parenteral feeding, reimbursement at the rate of 85%, or 100% in the case of serious illness
2. high-calorie or high-protein liquid nutrition prescribed after radiotherapy, chemotherapy or major surgery
3. special foods used in the treatment of metabolic diseases. The reimbursement rate for these products will apply to 40% of the expenses incurred, which corresponds on average to the price difference between these products and normal food.

Special calculation for the products mentioned under points 2/3

EXAMPLE: cost 100 SEK - reimbursement of 34 SEK

Serious illness: cost 100 SEK – reimbursement of 40 SEK





Prescriptions

A medical prescription is valid for 6 months.

Treatment must begin or medicines purchased within 6 months of the date of the prescription.





Lab tests, x-rays, etc

Laboratory tests, blood tests, x-rays, vaccinations, etc are generally reimbursed at 85%.

Two lists of the main analysis and tests that are and are not reimbursable will be available soon on our Web Site.





Surgical operations

- The costs of surgical operations are reimbursed at the rate of 85% (100% in the case of serious illness).
- In the case of reimbursement at the rate of 85%, the costs are reimbursed up to the ceilings according to the category of operation.
- These costs comprise all the fees of the surgeon, the surgeon's assistant(s) and the anaesthetist.





Surgical operations

What is not be reimbursed

Will not be reimbursed: plastic surgery which is considered to be purely cosmetic.

What is reimbursed after prior authorisation

Corrective or restorative plastic surgery may be reimbursed, subject to prior authorisation granted after consultation of the Medical Officer.





Glasses

- Attach prescription with measurements of vision and type of glasses prescribed (near vision/distance vision/multifocal, etc)
- Bill must be detailed to show cost of frames and lenses + value of correction



Glasses

2 types of glasses are reimbursable at the same time:

- one pair of spectacles with single vision lenses for near vision and one pair of spectacles with single vision lenses for distance vision
- or one pair of spectacles with multifocal or progressive lenses and, if necessary, one pair of spectacles for correcting short or long sight.





Contact Lenses

All types of corrective lenses and cleaning products are reimbursed up to 85% with a maximum of 8.372,10 SEK reimbursable in any 24 month period.

Attach prescription with measurements of vision and type of lenses prescribed (near vision/distance vision/multifocal, etc).

Contact lenses and glasses can both be prescribed and reimbursed at the same time.





Hearing aids

Purchase and repair reimbursed at 85% with ceiling of 19.636,38 SEK per hearing aid.

Must be prescribed by otorhino-laryngologist or audiometrist.

Batteries and maintenance are not reimbursed.





Hearing aids

May be renewed once every 5 years or sooner if hearing changes and renewal has been prescribed by an otorhinolaryngologist.

Exceptions may be granted to these conditions if serious illness or if under 18 years old. Prior authorisation needed.





Dentistry

- Yearly ceiling for dental preventive care 10.807,62 SEK/person included parity coefficient for SWEDEN (fillings, extractions, descaling, X-rays, devitalisation, root filling)
- Up to double ceiling in the case of serious illness (for ex. insulino dependent diabetes), for pregnant women and hyperactive children.





Dental implants

1. Prior authorisation by the Settlements Office is required
2. You need to submit the dental estimate filled by your dentist and signed by you also (a new form).
3. The study model and/or x-rays must be sent with the estimate.





Dental implants

Reimbursement is limited to 4 implants by jaw and a maximum of 8 implants per insured person throughout the person's lifetime.





Dental implants

The costs of implants are reimbursed at the rate of 80%, with a ceiling of 7200 SEK per implant included parity coefficient for SWEDEN





Dental implants

7.200 SEK ceiling includes:

- the preliminary study, excluding the x-rays reimbursed separately;
- the synthetic bone graft;
- the material implanted: implant, abutment, membrane and disposable sterile material;
- local anaesthetics administered by the practitioner;
- the surgical procedure to place the intra-osseous implant;
- uncovering the implant several months after osteo-integration





The dental implants carried out in hospital

In the case of implants carried out in hospital, which are also subject to prior authorisation, the costs of accommodation, general anaesthetic and other ancillary costs will be reimbursed under the conditions laid down for each heading, with the exception of the practitioner's fees and the treatments included in the ceiling of 7200 SEK.





Dental implants

Autogenous bone grafts

- Prior authorisation required
- Must be carried out by a maxillofacial surgeon
- Will be reimbursed at the rate of 85%, up to the ceiling for surgical operation in category B.1.
- The costs of accommodation and other ancillary costs will be reimbursed under the conditions laid down for each heading.





Dentistry

Periodontics – maximum of 6.872,74 SEK per sextant (27.490,94 SEK per mouth) per 10-year period – an estimate must be submitted before treatment starts + x-rays or study model.





Dentistry

Dental occlusion treatment
(problem with bite) reimbursed at
80% with ceiling of 5.890,92 SEK
for the whole treatment – must
submit estimate first + x-rays or
study model.





Equipment for monitoring and treating diabetes not requiring insulin

- **Prior authorisation required**
- **Authorisation only if with gyrated haemoglobin levels of more than 7% (HBA1C)**
- **Possibility of the reimbursement of:**
 - **glucometer every 3 years at 85% with a ceiling of 981,82 SEK**
 - **test strips at 85% with yearly ceiling of 6.545,46 SEK**





Equipment for monitoring and treating insulin-dependent diabetes

- Always recognised as a serious illness (complete the form)
- The reimbursement rate 100% without ceiling
- Subject to the prior autorisation (complete the form)
- Medical prescription required only for the first purchase
- Glucometer reimbursement every 3 years





Convalescent and post-operative cures

- Reimbursable on condition that:
 - Take place under medical supervision in the appropriate medical establishment
- That they begin within 3 months of operation
- Documents required:
 - Prior Authorisation
 - Medical prescription drawn up within the last 3 months by the doctor who has no links with a cure centre
 - Medical report explaining why the cure is necessary.





Convalescent and post-operative cures

The accommodation is reimbursed at the rate of 80% for a maximum period of 28 days/year, with a ceiling of 1.117,90 SEK/day.

In the case of serious illness such costs are reimbursed at the rate of 100%, with a reimbursement ceiling of 1.397,38 SEK/day.

These expenses cannot be considered to be hospital expenses





Thermal cures

1 cure a year, up to a maximum of 8 cures in the lifetime of the beneficiary, for each of the following categories of pathology:

1. rheumatism and sequellae of trauma to bones or joints
2. phlebology and cardio-arterial diseases
3. neurological diseases
4. disorders of the digestive tract and related structures and metabolic disorders
5. gynaecological disorders and disorders of the kidneys and urinary tract
6. dermatology and stomatology
7. diseases of the respiratory tract





Thermal cures

One cure a year provided that it is taken in connection with the treatment of a serious illness or in the case of severe psoriasis which does not respond to conventional treatment.

Cures such as thalassotherapy and fitness cures are not considered to be thermal cures qualifying for reimbursement.





Thermal cures

- Requests for prior authorisation must be submitted to the Settlements Office at least 6 weeks before the cure begins
- It must be accompanied by a prescription from a medical practitioner who has no links with a cure centre
- detailed medical report drawn up within the last 3 months explaining why the cure is necessary.





Thermal cures

The patient's medical history and details of treatments undergone during the previous year for the medical condition for which the cure is necessary; it must describe the most recent developments in the patient's condition and explain the medical grounds for prescribing the cure;





Thermal cures

- Only a centre approved by the national health authorities may be considered.
- Authorisation is granted if the thermal cure is recognised as strictly necessary by the Medical Officer on the basis of the medical report.
- Authorisation will not be granted retroactively





Thermal cures

The costs of treatment and medical supervision are reimbursed at the rate of **80%**, with an overall ceiling of **837,82 SEK a day**.

The cure in relation with serious illness, such costs are reimbursed at the rate of **100%**, with a special ceiling of **1.047,27 SEK per day**.





Thermal cures

Excluded from reimbursement

- accommodation costs
- travel expenses;
- costs ancillary to treatment;
- treatments which are not eligible under the joint rules, such as sea, lake and/or sand baths, thalassotherapy, sauna, solarium, non-medical massages, fitness sessions, yoga sessions, reflexology, shiatsu and similar treatments;
- tests, examinations and other services not directly related to the disorder concerned;
- treatments using thyme or mistletoe extracts, ozonotherapy, oxygenation, own blood treatment, procaine and any other similar treatment or product





Claim for the reimbursement

1. The delay: 18 months after the treatment was provided
1. New form
3. The proofs of payment are not necessary. Members must sign claims for reimbursement, certifying that the documentation included is genuine and that the invoices have been paid.



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Request for a priority treatment of a claim for the reimbursement of medical costs

- New form, should be placed as a cover page to your request
- Only for the persons covered primarily by the JSIS
- For medical costs in excess of 600 € over a 15 day period
- Wishing to request accelerated reimbursement





Direct billing of high medical costs - a new form

1. Hospitalisation

- Treatment and surgery
- Reeducation
- Palliative care
- Treatment of psychiatric condition

2. Intensive out-patient care

3. High and/or repetitive medical costs only if the monthly costs exceed 20% of the member's pension

- Repeated purchase of expensive medicines
- Repeated transport costs (f.ex for chemotherapy)
- Expensive test





Hospitalisation

- We will pay 100% of the bill to the hospital, but you will owe us 15% (or more if for ex. the surgery fees are over the ceiling) of the bill which will appear on your next account sheet as an “advance on medical expenses”.
- The amount you owe us will be reclaimed against your future claims for reimbursement.





Special provisions for beneficiaries of top-up cover

The JSIS can act as the primary insurer in the cases of no reimbursement from the primary scheme.

Condition: all the procedures and the rules of the primary scheme have been respected: you have to provide us necessary documentation showing this.





Reimbursement for expenses incurred in the private sector for the beneficiaries of top-up cover depending on a national health service (NHS)

Prior authorisation is required

Only for the treatments listed below if they can show that there are obvious failings in the public system (e.g. long waiting lists, or if the treatment is not available):

- hospitalisation and operations,
- treatment and tests in hospitals,
- convalescent and nursing homes,
- home carers,
- thermal cures and convalescence.





Direct billing for costs of care in a convalescent or nursing home

- The request for the prior authorisation is required
- medical report justifying the need for residence
- 2x form of evaluation of dependence





Nursing home

If the costs of care and the accommodation costs are aggregated on the invoice the costs will be divided according to the degree of dependence in the proportions given in the following table.

The direct billing will correspond to the percentage for the costs of care given in the table above:





Nursing home

Degree of dependence	Costs of care	Accommodation costs
4	30%	70%
3	50%	50%
2	60%	40%
1	70%	30%





Homes and home help

Reimbursement linked to degree of dependence (doctor fills in our 2-page form)

Scale 1-5 (1 = highest level)

Level 5 = not reimbursable





Nursing home

The invoice you receive from the home must show the full price and the amount deducted for direct billing, and the difference will correspond to the percentage for accommodation costs.





Nursing home

Our direct billing system also covers all medical expenses not included in the flat-rate charge for care, such as consultations with a medical practitioner, pharmaceutical products, analyses and tests, and ambulance costs (based on supporting documents enclosed with the invoice).





Nursing home

Accommodation reimbursable at the rate of 85% or 100% the case of the serious illness with a ceiling of 471,27 SEK /day

Care reimbursable at the rate of 85% or 100% in the case of the serious illness without ceiling





Home help

Home attendance by a medically qualified person is reimbursable, but within certain limits. Please contact your Settlements Office in advance to check the ceiling.





Home help

Needs prior authorisation +
medical report stating type of
help needed and how often + the
2 dependence forms completed
by a doctor





Home help

Reimbursed at 80% for maximum 60 days with ceiling of 942,55 SEK per day.

For serious illness, at 100% with ceiling of 981,82 SEK per day.





Home help

For more than 60 days special calculation is made according to level of dependence and level of pension:

Level 4-3 $0,5*(AST2/1)-10\%$ of member's salary/pension

Level 2-1 AST 2/1 – 10% of member's salary/pension

AST 2/1 = 2.892,98 EUR on 1st July 2008

Maximum 12 months, renewable.





Advances on high medical costs

Members of the Scheme may request an advance if their pension or basic salary is equal to or less than the basic salary of an official in grade AST2/1 BUT only if the monthly costs exceeds 20% of their pension or basic salary





Amount of the advance

- 80% of the reimbursement ceiling for the treatment/item concerned, or 80% of the estimated amount if that amount is less than the ceiling,
- 80% of the estimated amount in the case of treatment/items not subject to a reimbursement ceiling.

Example:

you asked 10.000 SEK
for the purchase of the progressive glasses

calculation of the amount of the advance:
(1.217,76 SEK frame ceiling + 7.103,60 SEK glasses ceiling) * 80% = 6.657,01 SEK





Reimbursement/recovery of the advance

The advance is automatically recovered if the member does not submit a claim for reimbursement of the medical expenses within 3 months of receiving the advance, Unless the treatment is for a longer period of time and it is not possible to obtain an interim invoice before the end of the treatment.





Advances on high medical costs

Members who do not use the advance for the purposes for which it was intended or who fail to comply with the 3-month deadline for submitting the claim for reimbursement of the corresponding expenses, **will be refused any further advance**





Excessivity

Any expense over and above 150% of a ceiling is considered to be excessive and does not qualify for the special reimbursement.





Special Reimbursement

Article 72 § 3

- Top-up reimbursement applies when the expenditure incurred exceeds, over a 12-month period, half the average basic monthly income
- At the rate of 100% or 90% (if only one person covered)
- Calculation based on date of treatment
- Request with the appropriate form
- Member receives information note covering previous 36 months
- Member returns note signed, indicating chosen 12-month period.





Special Reimbursement

Article 72 § 3

Example: Basic salary: 2000€ / half: 1000€;
a total of 1500 € over 12 months was left at
member's expense: the complementary
reimbursement amounts to 500€

Excluded: non reimbursable expenses
and excessivity





Prior Authorisation

Condition in order to obtain permission for reimbursement
When? In case of specific treatments, in excess of number of annual sessions, orthopedic devices, medical equipment

Procedure:

Fill in the form for a request

Annex the detailed medical prescription or report

Medical officer issues an opinion

You will be informed in writing of the decision taken by the Head of the Settlements Office

Refusal: cosmetic treatment, non-functional or not foreseen by the general implementing provisions.





Serious illness

- If you (or a member of your family) suffers from a chronic or serious condition, you may ask to have it recognised as a 'serious illness'.
- Certain criteria have to be fulfilled
- Can be granted to any beneficiary of JSIS with either primary or complementary top-up cover.





Serious illness

- **4 conditions for the recognition:**
 - A shortened life expectancy;
 - An illness which is likely to be drawn out;
 - The need for aggressive diagnostic and/or therapeutic procedures;
 - The presence or risk of a serious handicap
- Introduce a request for recognition using the relevant form accompanied by a medical report containing :
 - Date of diagnosis
 - Exact diagnosis
 - What stage the illness is at, and any complications
 - Treatment required





Serious illness

- Entitles you to higher levels of reimbursement until 100% (for most of treatments concerned)
- For some treatments reimbursement is limited to higher ceilings.





Non-reimbursable expenses

- consultations carried out on an Internet site ;
- fees for appointments which the patient failed to attend ;
- the costs of sending medical reports that are invoiced separately;
- consultations, examinations and technical procedures carried out for non-therapeutic or administrative reasons, such as :
 - expert report ordered by the court ;
 - examination for insurance purposes ;
 - examination of professional competence;
 - aptitude test for obtaining a pilot's licence;
 - examinations carried out as part of occupational medicine (annual medical visit).
- Treatments and products subject to negative opinion of the Medical Council, like for ex. Microkinesitherapy. The list in the link below:

http://www.cc.cec/pers_admin/sick_insur/reimburs/avis_fr.html





Non-reimbursable expenses

- The costs of systematically removing all silver amalgam fillings and replacing them will not be reimbursed unless the fillings are damaged or are a recurrent source of problems
- Analyses carried out in connection with: :
 - measuring oxydative stress;
 - micronutrition;
 - flocculation tests.





Health Screening

All members of the JSIS and their family members (if covered by the Scheme – with either primary or complementary top-up cover) are entitled to a totally free health screening check-up:





Health Screening

every 5 years if under 40

every 3 years between 40 and 60

every 2 years over 60

Children's programmes

Women's programme (yearly gynaecologic check-up, mammo-test every 2 years)

Phone: +32-2-29-53866

E-mail: Medecine-Preventive@ec.europa.eu





Health Screening

If the hospital recommends any follow-up tests, they are reimbursable at 85% in the usual way.

Once you have enrolled on the programme you will be automatically recalled when you are due for the next check-up.





Health Screening

If there is no approved centre in the beneficiary's region of residence, the Settlements Office may, pending the conclusion of framework contracts through a new invitation to tender procedure, authorise him/her to take the relevant screening tests at medical centres or other hospitals in his/her place of employment or residence.

In that case, an authorisation for direct billing may be issued in order to obtain direct payment.

- the beneficiary is eligible, depending on the regularity of the tests
- he/she chooses a single medical centre or hospital that conducts all the tests to be reimbursed under the preventive medicine programme.





Health Screening

For top-up cover beneficiaries the direct billing procedure cannot be granted.

They will receive the autorisation for a check-up in the hospital/medical center choosen, they must pay the invoice and send it to the Settlement Office in Brussels for the **reimbursement at 100%**.

Address to send the invoices:

Joint Sickness Insurance Scheme
Financial sector
Rue de la Science 27 03/23
B-1049 BRUSSELS





Changes in situation

Please inform your Administration as well as your Settlements Office, as soon as possible of any changes in your family situation, so that we can inform you in good time of any changes in your rights.





Changes in situation

Please inform us if any of the following changes:

- marriage, separation, divorce, birth, death, partnership/dissolution of partnership
- any change in your spouse's/partner's employment status
- if your children stop/start studying





Change of bank data

Please inform your Administration as soon as possible if you change bank account or if you change your private address.





Change of bank data

Please leave your old account open for at least 2-3 months while the necessary changes and validation take place (until you receive first pension payment)





Cover after retirement

The cover is the same as now (for sickness only) in the following cases:

Departure at normal retirement age

- Disability allowances
- Survivors' pensions





Cover after retirement

If you leave before normal age of retirement you may remain covered on retirement as long as you are not in gainful employment elsewhere.

Contact the Membership Team in your Settlements Office for more details.





Family cover: **Spouse/Partner**

- For your partner to be covered, you must either be **married** or in a **recognised partnership**
- He/she can benefit from either primary or complementary top-up insurance under the JSIS, depending on their employment status





Partnerships

- Complete application form and send the originals to your Membership Team (they will be returned to you)
- Decision in writing will be issued
- You must inform your Administration and Settlements Office on dissolution of your partnership





Family cover: **Spouse/Partner**

Complementary top-up cover = after the primary scheme has reimbursed we reimburse the difference, up to our own rates of reimbursement and ceilings.

Eg: Total price for medicines: 100 SEK

National system reimburses 45 SEK

Our rate = 85%,

Calculation = $100 * 85\% = 85 - 45 = 40$ SEK





Family cover: **Spouse/Partner**

My spouse/partner is not in gainful employment and has no income deriving from previous gainful employment (no unemployment benefit, no pension, etc)

Your spouse/partner benefits from primary cover, as well as your dependent children





Family cover: **Spouse/Partner**

My spouse/partner is in gainful employment or has income deriving from previous gainful employment (unemployment benefit, pension, etc)

Your spouse/partner cannot benefit from JSIS primary cover but can benefit from complementary top-up cover if his/her income is under the ceiling and if s/he is covered against all risks in their own rights.





Family cover: **Spouse/Partner**

My spouse/partner has very low income

S/he may remain covered by the JSIS on a primary basis if the cost of paying his/her own sickness contributions to a national scheme represents 20% or more of his/her annual taxable income





Family cover: **Spouse/Partner**

377.309,07 SEK annual taxable income earned in Sweden.

Latest tax document, must be sent annually to your Settlements Office by the end of June as proof of income (see Administrative Notice N° 41-2009 / 03.06.2009).





Family cover: **Spouse/Partner**

My spouse/partner's income is over the ceiling

S/he cannot be covered at all by the JSIS





Family cover: **Spouse/Partner**

My spouse/partner stops working, gives his/here demission, loos the work:

- no pension
- no unemployment allowance

We can cover his/here immediately on the primary cover.





Family cover: **Spouse/Partner**

My spouse/partner has income deriving from previous gainful employment (unemployment allowance, pension, etc or s/he is still working with a salary drop: the cover can be revised only in the usual way: on 1st July next year, never retroactively. Please send the proof of the income to your Membership Team. We do not need the original, you can send it by email or fax.

Please send it once only.

Please never send it with your claim for the reimbursement.





Family cover: **Spouse/Partner**

My spouse/partner is a member of the JSIS in his/her own right

You and your spouse/partner must always introduce separate claims. Your children's claims can only be introduced by the parent receiving the family allowances (except if separated/divorced).





Family cover

- Please note that you are obliged to notify any change in your family situation as soon as possible to your Administration and Settlements Office.
- Any change in your spouse's employment status affects not only his/her sickness entitlement, but also that of your dependent children. Please follow the instructions from our website.





Family cover: **Children**

- Children covered (primary or complementary cover) if you are receiving dependent child allowance (automatic up to age 18)
- Maximum age = 26 insofar as child remains dependent according to terms of Staff Regulations (Art.2 of Annex VII)





Family cover: **Children**

NB. When the allowances stop, sickness cover stops at the same time

A 12-month extension is possible under Art. 72§1(b) (beginning from the end of the allowances) if your child is not working – contact the Membership Team





Family cover: **Children**

Article 72§4 says that you must claim reimbursements first from a national system if you are entitled to do so. If your spouse is covered by a national system and the children can be covered free of charge through his/her system, then your children must be covered through that system first. They then automatically benefit from our complementary top-up cover.





Family cover: **Children**

Children's cover is not affected by divorce or separation. As long as the Institution is paying a dependent child allowance, the child can benefit from either primary or complementary top-up cover under the JSIS





Family cover: **Divorce**

- If you get divorced or end a partnership, your spouse/partner's cover stops on the date of the transcription (Decree Absolute)
- If s/he has zero income, your spouse/partner can still be covered for 12 more months (Article 72§1(b)). Contact the Membership Team





Family cover: **Divorce**

In the case of a serious illness or pregnancy, an ex-spouse/ex-partner can still be covered after the 12-month extension but only for the expenses linked to the serious illness or pregnancy and only if the all the following conditions are fulfilled:





Family cover: divorce

Ex-spouse can still be covered after the 12-month extension if:

- Has a serious illness recognised before end of cover
- Is not in gainful employment
- Cannot be covered by national scheme for costs in question
- Undergoes medical check-up





Family cover: **Divorce**

In case of legal separation, divorce or dissolution of partnership, in order to facilitate your claims, it is possible for your spouse/ex-spouse/partner to introduce his/her own claims to the JSIS, for him/herself and/or for your children.





Family cover: **Divorce**

- We attribute a personnel number which is for use only with the JSIS.
- Before the divorce, we need your written approval for this or we do so on the basis of a legal ruling. After the divorce we no longer need your approval. Please contact the Membership Team.





Family cover: **Other**

Other family members can be covered, on 2 conditions:

- if you are in receipt of an allowance for a family member to be treated as a dependent child
- if that person is not covered for sickness insurance by virtue of any legal provision or regulation in their country of residence (written proof must be provided)





Proof of membership

If you need proof of insurance for you or your family members, you can ask for a certificate (PMO–CONTACT 32 2 299 77 77) or print one yourself from our website (as long as you are in activity)

<https://webgate.ec.europa.eu/eassmal/index.do>





What happens after I die?

Your widow/widower continues to use your personnel number until his/her own new pension number becomes operational (three months later).





What happens after I die?

Your widow/widower should then always use his/her own pension number in all dealings with us. He/she is now considered to a member of the JSIS, instead of a spouse.





What happens after I die?

Orphans who still have one parent covered by the JSIS are still considered to be dependent children, not members in their own right.





What happens after I die?

Your widow/widower should always use his/her own number for the children's medical claims.





What happens after I die?

Orphans who no longer have a parent covered by the JSIS can choose whether or not they wish to be a member. S/he should then use his/her own number for all medical claims.





Funeral expenses

- If the death takes place abroad, the repatriation of the body is not reimbursable under the sickness insurance rules
- If you die, your dependents are entitled to survivors' pensions (which includes sickness insurance)





Funeral expenses

- If a member of your family covered by the JSIS dies, a flat-rate allowance of €2.350 will be paid into your bank account on presentation of a copy of the death certificate
- If you die the flat-rate allowance of €2.350 will be paid to the person who proved they paid your funeral expenses.
- Parity coefficient = 1





Funeral expenses

Contact: Mrs Marta BIERNAUX

phone: +32-2-29-55456

address: Rue de la Science 27 02/38

B-1049 BRUSSELS

E-mail: Marta.BIERNAUX@ec.europa.eu





Helpful Hints

- Always put your personnel number on **all** documents (claims, e-mails, letters, etc) - please check it, don't guess it!
- If possible please wait until you have around 750 SEK of expenses before submitting a claim.
- Before phoning us, have your personnel number to hand.





Helpful Hints

- Make copies of your claims before submitting them
- Please send in claims on a regular basis - avoid July and December if possible
- Please don't use staples





Information

All queries for PMO :

“PMO CONTACT”

Phone: +32-2-29-97777

Open every working day from 9.00 to 17.00

E-mail: PMO CONTACT

PMO-CONTACT@ec.europa.eu





Complaints

- Most efficient: start with phone call/ email to PMO Contact,
- Or sending copy of account sheet with error requesting Settlements Office to re-examine
- Contest refusal of prior authorisation or other decision with new medical elements
- If Settlements Office confirms; result not satisfactory: Possibility to introduce an official complaint in compliance with article 90§2 of Staff Regulations within 3 months.





Useful links / Contacts

- Settlements Office in Brussels :
Mrs Isabel Torné, Head of the Settlements Office
Rue de la Science 27 02/53
Fax: +32-2-29-58431
- Membership Team,
Mrs Helen James
E-mail: PMO-RCAM-BRU-AFFIL@ec.europa.eu
Phone: +32-2-29-58037
Fax: +32-2-295.2039
Rue de la Science 27 01/36
B- 1049 BRUSSELS





Hospitalisation

To obtain a letter of direct billing :

Tel: +32-2-29.59856

(Leave a message on the answering machine)

Fax: +32-2-29.59701

E-mail : PMO-Prise-en-charge@ec.europa.eu

Rue de la Science 27 03/04

B-1049 BRUSSELS

September 2009

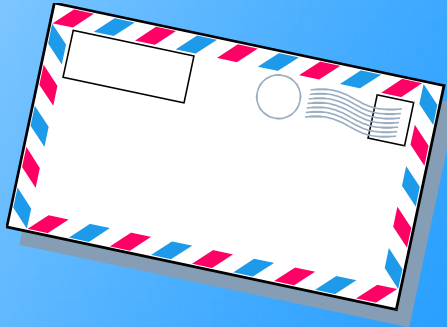
AIACE SWEDEN

127





Address of Brussels Settlements Office



European Commission
JSIS Settlements Office
Rue de la Science 27 00/5
B - 1049 BRUSSELS

September 2009

AIACE SWEDEN

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Useful links / Contacts

Secretary of Medical and Dental Officers:
Rue de la Science 27 02/36
B-1049 Brussels

Phone: +32-2-29-50231/65413

Fax: +32-2-29-95351

E-mail: PMO-CAISSE-MALADIE-MEDECIENS@ec.europa.eu
PMO-DENTISTES-CONSEIL@ec.europa.eu





Information

Please use the website on
IntraComm as much as possible:

From inside the Commission:

http://www.cc.cec/pers_admin/sick_insur/index_en.html

From other Institutions / Agencies:

http://intracomm.cec.eu-admin.net/pers_admin/sick_insur/index_en.html

From home or whilst on mission (login + internet password)

https://intracomm.ec.europa.eu/pers_admin/sick_insur/index_en.html

Access to the Intranet of the Commission:

Ask for your private code at Phone: +32-2-29-93190





Intra Comm

Pers Admin - The Personnel & Administration website - Microsoft Internet Explorer

FR French (Belgium) Drawing Pad

Address: http://www.cc.cec/pers_admin/index_en.html

IMPORTANT: Disclaimer, Confidentiality Notice and rules on Privacy Protection

FR **Pers Admin**
what's new | search | contact | help

>> IntraComm > Pers Admin

Human Resources Issues

- Career management
- Revision CDR and promotion
- Appraisal, promotions
- Staff ethics and conduct
- Pay and allowances
- Pension, Termination of service
- Training BXL - LUX
- Working conditions
- Equal opportunities
- Other items...

Info for...

- Newcomers
- Managers - CCA
- Retired staff
- Temporary Agents
- Contract Agents
- Human Resource networks
- Other networks
- And others...

What if...

- ... I am pregnant
- ... I am settling in a new country
- ... I have changed address
- ... I am leaving
- ... I am getting married
- Other items...

Working Life

- Meetings BXL - LUX
- Office equipment and services BXL - LUX
- Buildings/transport BXL - LUX
- Security
- Other sites (e.g. Strasbourg)
- Other items...

Well-being

- Health, Sickness and accident insurance
- Family and personal issues BXL - LUX
- Social/psychological support BXL - LUX
- Harassment
- Sports and social clubs BXL - LUX
- Restaurants BXL - LUX

Index A - Z

Feeling lost?
Do not worry, just e-mail us and we'll be glad to help you!

Adminfo - Quick information and advice on life at the Commission and in Brussels

Vice-President Kallas' website
Simplification of administrative procedures

Done Local intranet





Sickness and Accident Insurance website

Sickness & Accident Insurance - Microsoft Internet Explorer provided by FR French (Belgium)

Address: http://www.cc.cec/pers_admin/sick_insur/index_en.html

IMPORTANT: Disclaimer, Confidentiality Notice and rules on Privacy Protection

FR **Pers Admin**
[what's new](#) : [search](#) : [contact](#) : [help](#)

>> IntraComm > Pers Admin > Sickness insurance

Sickness & Accident Insurance

The aim of this section is to provide you with information about the Joint Sickness Insurance Scheme (JSIS) and the accident insurance. You will find answers to the following kind of questions:

- Am I covered?
- What medical treatment can I claim?
- How do I claim reimbursement?
- Whom do I contact for a query about an account sheet or where do I send my claims?
- What if I have an accident or an occupational disease?
- Where do I find information about agreements with hospitals or dentists or the relevant documents about the sickness insurance?
- Flemish Social Care Insurance
- Privacy Statements (de - en - fr)

NEWS:

- **SICKNESS INSURANCE REFORM Entry into force on 01/07/2007:**
 - Joint Rules of Sickness Insurance: fr (English version will follow)
 - New General Implementing Provisions for the reimbursement of medical expenses: de - en - fr
 - New equality coefficients
 - New forms for
 - direct billing: en - fr (other languages will follow)

Forms online

Local intranet

