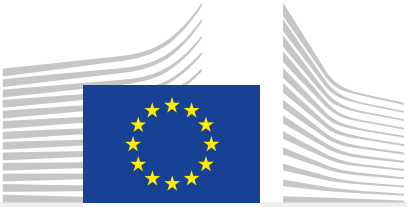

FREQUENTLY ASKED QUESTIONS

for good patient information provision on cross-border healthcare[1]

Health and
Food Safety

Frequently Asked Questions

for good patient information provision on cross-border healthcare[1]

Outgoing patients*

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 will differ depending under which scheme the patient will enjoy 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 their 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 with frequently asked questions (FAQ) can be used by NCPs on their website or as a starting point for personal counselling and informing outgoing 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.

[1] For each word or concept in this FAQ directly followed by an asterisk (*), corresponding definitions and explanations are provided in the accompanying alphabetical glossary.

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① Patients' rights on cross-border healthcare

1.1. Definition and legal framework of cross-border healthcare

What is to be understood under the European right to *cross-border healthcare?**

Under EU law, cross-border healthcare* (often referred to as *treatment abroad*) can be defined as healthcare received outside the patient's home country* but in any other EU*/EEA* country, without the prerequisite of a shared geographical border between both countries.

As an EU*/EEA* citizen you have the right to cross-border healthcare*, that is *the right to access medical diagnosis and medical treatment as well as the prescription, dispensation and provision of medicines and medical devices in any EU*/EEA* country and to enjoy assumption of costs by your home country**. As a result, you will have the right to non-discrimination on the basis of your citizenship with regard to access and prices of healthcare across Europe.

What is the legal framework for cross-border healthcare* under EU law?

Under EU law, there are two possible routes for accessing cross-border healthcare* and enjoying assumption of costs under your social security scheme:

- Social Security Regulations (EC) 883/2004 and 987/2009*
- Directive 2011/24/EU on patients' rights in cross-border healthcare*

Both legal instruments apply coherently to the situation of treatment abroad. As a result, you are free to choose under which route you prefer to practice your rights in cross-border healthcare*.

However, make sure you are well-aware of the different underlying principles of both instruments:

- 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 the country of treatment**.
- 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**.

These different starting points result in differences between the range of covered healthcare services, the conditions to access medical treatment as well as the financial implications under both routes.

What is the Directive 2011/24/EU on patients' rights?

The Directive 2011/24/EU on patients' rights in cross-border healthcare* of 9 March 2011 provides every EU*/EEA* citizen with *new possibilities to access healthcare abroad* and to enjoy assumption of all or part of the medical costs, in addition to the already existing possibilities under the Social Security Regulations (EC) 883/2004 and 987/2009*. Besides,

- Directive 2011/24/EU* makes it *easier to access information* on all relevant aspects of cross-border healthcare*, for example by obliging Member States to install National Contact Points* (NCPs*) for the purpose of clear and easily accessible information provision to patients.
- Directive 2011/24/EU* provides a *minimum set of patients' rights*, meant to strengthen the legal position of mobile patients, to ensure safe and high-quality healthcare abroad and to ensure transparent procedures for complaint and redress in case something goes wrong.
- Directive 2011/24/EU* encourages the *cooperation between countries* (for example by the establishment of European Reference Networks* or e-Health), aiming to offer patients in need of

specialised treatment or patients with rare diseases the possibility to choose from a wider range of healthcare providers and to access specialised treatment abroad more easily.

Under Directive 2011/24/EU* patients are entitled to access healthcare in any EU*/EEA* country and to enjoy assumption of costs as though the treatment was provided in the patient's home country*.

As a result, in case of treatment abroad under Directive 2011/24/EU* you will have to pay for the treatment abroad upfront to the healthcare provider. Subsequently, you are entitled to retrospective reimbursement* by your national health service*/ statutory health insurance provider* upon return home, according to the rules and tariffs applied for domestic treatment provided in your home country*.

Directive 2011/24/EU only applies in case the treatment you have received abroad is covered under the social security scheme in your home country*. When a treatment is not covered by your public health insurance you are also not entitled to reimbursement* when receiving the treatment abroad. When, however, the treatment is indeed included in the range of sickness benefits covered by your social security scheme you are also entitled to reimbursement* when receiving the treatment abroad, regardless of whether the treatment was provided by a public* or private healthcare provider*.

Cross-border healthcare in Switzerland* is not covered under Directive 2011/24/EU*.

What are the Social Security Regulations?

The Social Security Regulations (EC) 883/2004 and 987/2009* include:

- Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems
- Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (also known as the *Implementing Regulation*)

The Social Security Regulations aim to coordinate social security systems and to ensure the protection of EU*/EEA* or Swiss citizens when moving or travelling to another EU*/EEA* country or Switzerland*. The Regulations envisage a broad range of possibilities for accessing treatment outside the patient's home country:

- Medically necessary treatment under the European Health Insurance Card* during a short-term stay abroad, such as holiday, business trip, family visit,.. (also referred to as *unplanned treatment*)
- Seeking healthcare abroad with the prior authorisation* (S2 form*) from the patient's national health service*/ health insurance provider* (also referred to as *planned treatment*)
- Special permanent arrangement for posted workers, frontier workers and pensioners residing outside the country of social security insurance

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

You will be entitled to healthcare provided under the social security system of the country of your visit on the simple display of a certificate of proof of social security insurance in your home country: the European Health Insurance Card* for unplanned treatment and the European S2 form* for planned treatment.

The Social Security Regulations* apply to all healthcare included in the range of sickness benefits covered by the social security scheme of the country of treatment*. As a result, you may receive

treatment beyond the range of services covered by your public health insurance in your home country*.

You will enjoy assumption of costs according to the payment method and tariffs applied in the country of treatment*. As a result, in most cases you will enjoy treatment free of charge (third-party payment*), sometimes combined with a limited amount of co-payment*. When, however, you have to pay the total costs of the treatment upfront, you may file for reimbursement* retrospectively, either with the local social security authority while still being abroad, or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement* tariff of the country of treatment* will apply.

In some cases patients may receive healthcare abroad under a permanent arrangement:
(! Family Members of a frontier worker residing in a country listed in Annex III of Regulation 883/2004 are excluded from the special arrangements set out below)*

- (Posted) workers, including frontier workers*, residing in another country than the country of work activity and social security insurance are entitled to healthcare during a stay in the country of work at the own expense of that country and according to its own legislation, as though the person concerned resided in that country
- Pensioners residing outside the country under whose social security insurance system they are insured, may be entitled to healthcare during a stay back in the country of their social security insurance at the own expense of that country and according to its own legislation, as though the person concerned resided in that country (only applicable when the country of social security insurance has opted for this arrangement and is included in Annex IV Regulation 883/2004*)
- Retired frontier workers stay entitled to treatment in the country where they last pursued their work activity, in so far as this is a continuation of treatment which already started during activity. In some cases a retired frontier worker will remain entitled to healthcare in the country of previous work activity, regardless of continuation of treatment or not, at the own expense of that country and according to its own legislation, as though the person concerned resided in that country. This will be the case when s/he has worked for at least two years as a frontier worker in the last five years preceding the effective date of his/her pension and both the Member State of previous work activity as the country of social security insurance have opted for this and are listed in Annex V Regulation 883/2004*

Do I have other possibilities to receive treatment abroad outside the legal framework of Directive 2011/24/EU and the Social Security Regulations*?

As social security remains within the own competence of Member States, you may also have rights to cross-border healthcare* derived from purely national legislation, as for example under national healthcare projects for border regions.

Inform yourself on all your different options with regard to accessing healthcare abroad with your national health service*/ statutory health insurance provider*.

1.2. Who is entitled to cross-border healthcare? Which countries are covered?

Am I entitled to cross-border healthcare?

Social Security Regulations* apply to:

- Nationals, stateless persons and refugees residing in an EU*/EEA* country or Switzerland who are or have been subject to the social security legislation of one or more of these countries, as well as the members of their families and their survivors

- Non-EU*/EEA* nationals legally residing in an EU*/EEA* country or Switzerland*, with the exception of Non-EU*/EEA* nationals in Denmark, Iceland, Liechtenstein, Norway and Switzerland

Directive 2011/24/EU* applies to:

- Nationals, stateless persons and refugees residing in an EU*/EEA* country who are or have been subject to the social security legislation of one or more of these countries, as well as the members of their families and their survivors
- Non-EU*/EEA* nationals legally residing in an EU*/EEA*, including non-EU*/EEA* nationals in Denmark, Iceland, Liechtenstein, Norway and Switzerland

Which countries can I go to for treatment?

Under the Social Security Regulations (EC) 883/2004 and 987/2009, you can access healthcare in any EU*/EEA* country or Switzerland*.

Under the Directive 2011/24/EU*, you can access healthcare in any EU*/EEA* country. The Directive, however, does not apply to cross-border healthcare in Switzerland.

② Emergency treatment during my stay abroad, such as holiday, family visit, business trip or exchange studies

2.1. Sudden illness or injury during a visit abroad

What if I suddenly fall ill or get injured during my stay abroad?

When you become sick or get injured during your stay abroad, for example resulting from a skiing accident, a car accident or an unfortunate fall, you will be entitled to medically necessary treatment* and enjoy assumption of costs by virtue of your social security insurance/ entitlements to public health services in your home country*.

The most common route to enjoy assumption of your costs is by presenting your European Health Insurance Card* to the treating healthcare provider abroad. Your European Health Insurance Card* is a free card, issued by your national health service*/ statutory health insurance provider* as proof that you are covered under the social security scheme in your home country*.

On the simple display of your European Health Insurance Card*, you will be entitled to medically necessary treatment* under the Social Security Regulations (EC) 883/2004 and 987/2009*: you will be entitled to healthcare *as though you were insured under the social security system of the country of your visit* (and thus as a domestic patient with public health insurance). You will enjoy assumption of costs according to the payment method and tariffs applied in the country of your visit. Consequently, in most cases you will enjoy treatment free of charge (third-party payment*), sometimes combined with a limited amount of co-payment*. When, however, you have to pay the total costs of treatment upfront, you may file for reimbursement* retrospectively, either with the local social security authority while still being abroad, or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement* tariff of the country of treatment* will apply.

Please note that your European Health Insurance Card* is only usable when your are treated in a public hospital or by a public healthcare provider*. Healthcare provided by a private healthcare provider* or in a private hospital is usually not covered, except in some cases where the private healthcare provider or hospital is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation.

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*.

Under Directive 2011/24/EU, you will be entitled to retrospective reimbursement* by your national health service*/ statutory health insurance provider* upon return home, according to the rules and tariffs applied for domestic treatment in your home country*.

However, you should be aware of the fact that Directive 2011/24/EU* only applies in case the treatment you have received abroad is covered under the social security scheme in your home country*. When a treatment is not covered by your public health insurance you are also not entitled to reimbursement* when receiving the treatment abroad. When, however, the treatment is indeed included in the range of sickness benefits covered by your social security scheme you are also entitled to reimbursement* when receiving the treatment abroad, regardless of whether the treatment was provided by a public* or private healthcare provider*.

Please note that cross-border healthcare* in Switzerland* is not covered under Directive 2011/24/EU*.

Contact your national health service*/ statutory health insurance provider* or the National Contact Point* in your home country* for more information.

What is to be understood under *medically necessary treatment*?

Medically necessary treatment* is treatment due to sudden illness or injury during a short-term visit abroad, such as holiday, business trip, family visit or exchange studies, that can't be postponed and that you must obtain in order to avoid being forced to return home before the end of the planned duration of your stay. The treatment may in no case have been the initial reason for your stay abroad.

Medically necessary treatment*, also referred to as unplanned treatment* abroad, is the opposite of the situation where you travel abroad with the explicit purpose of accessing healthcare, also known as planned treatment* 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
- Planned treatment*: the treatment abroad is the reason for your stay abroad.

Only medically necessary treatment* will be covered by your European Health Insurance Card*.

What if I know there is the possibility that I may need treatment during my stay abroad due to my chronic illness or pregnancy?

The European Health Insurance Card* also covers the situation where 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*, such as to give birth or

to receive treatment regarding pregnancy or chronic illness, this will be considered as medically necessary treatment* under the Social Security Regulations (EC) 883/2004 and 987/2009*.

Be aware that 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.

2.2. The European Health Insurance Card

What is the European Health Insurance Card*?

The European Health Insurance Card* (EHIC*) is a free card, issued by your national health service*/ statutory health insurance provider* as proof that you are covered under the social security scheme in your home country* and thus entitled to public healthcare. The EHIC* gives you access to assumption of costs for medically necessary treatment* during a short-term stay in another EU*/EEA* country or Switzerland*, such as a holiday or exchange studies, under the same conditions and costs (free at charge in most countries) as domestic patients with public health insurance under the social security system of that country (i.e. cross-border healthcare* under the Social Security Regulations (EC) 883/2004 and 987/2009*).

- You can apply for the European Health Insurance Card* with your national health service*/ statutory health insurance provider*
- The card is issued free of charge
- Each family member should have their own card

Please note that your European Health Insurance Card* is only usable when your are treated in a public hospital or by a public healthcare provider*. Healthcare provided by a private healthcare provider* or in a private hospital is usually not covered, except in some cases where the private healthcare provider or hospital is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation.

Besides, 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.

For more information on the European Health Insurance Card* and how to use it in the different EU*/EEA* Member States or Switzerland*, please consult your national health service*/ health insurance provider* or National Contact Point* or download the free EHIC*-app of the European Commission (*"European Health Insurance Card Mobile App" – available in 25 languages).*

When can I use my European Health Insurance Card*?

- The European Health Insurance Card* is only usable in case of medically necessary treatment* during a temporary stay (holiday, business trip,..) in another EU*/EEA* country or Switzerland*
- The European Health Insurance Card* only covers healthcare that is provided in a public hospital or by a public healthcare provider*. Healthcare provided by a private healthcare provider* or in a private hospital is usually not covered, except in some cases where the private healthcare provider or hospital is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation.

- Besides, the European Health Insurance Card* will only cover the costs of your medical treatment* when the treatment concerned is included in the range of sickness benefits covered under the social security legislation of the country of your visit.
- Only a valid European Health Insurance Card* will be accepted by the healthcare provider abroad. When you plan to travel abroad, always make sure you order your card well in advance before your departure. When needed, make sure your card is timely renewed.

Please note that 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.

Which treatment will be covered under the European Health Insurance Card*?

The European Health Insurance Card* only covers medically necessary treatment* (unplanned treatment*) that is covered under the social security scheme of the country of your visit and that is provided by a public healthcare provider*.

In general, treatment provided by a private healthcare provider/hospital will not be covered, except in some cases where the private healthcare provider or hospital is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation.

What if I forgot to bring or can't use my European Health Insurance Card*?

If you need urgent treatment, but you forgot to bring your European Health Insurance Card* with you or your card is not accepted by the treating provider abroad, 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.

If your card still is not accepted, 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

In case 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**.

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*.

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*

- Your medical expenses will be reimbursed up to the amount that would have been reimbursed if you had received the treatment at home

Please note that cross-border healthcare* in Switzerland* is not covered under Directive 2011/24/EU*.

2.3. What about the costs of the treatment I have received?

Will I have to pay myself for the treatment abroad or will the costs directly be assumed by my national health service*/ health insurance provider*?

Whether the costs of the treatment will be directly assumed by your national health service*/ health insurance provider* (third-party payment*) or whether you will have to pay all costs upfront yourself and ask for reimbursement* afterwards, depends on whether you have received medically necessary treatment* under the Social Security Regulations (EC) 883/2004 and 987/2009*, using your European Health Insurance Card*, or under Directive 2011/24/EU* for example in case you got treated in a private hospital.

- Under the Social Security Regulations* the payment method will depend on the system in place in the country of treatment*. As you are treated as though you were insured under the social security system of the country of treatment*, you will enjoy the same rights and entitlements regarding the method of payment as a domestic patient with public health insurance. Two possibilities may occur:
  - ❖ The treatment you need is free of charge (which may often be the case), sometimes combined with a limited amount of co-payment*, in which case the costs will be directly settled between the healthcare provider and the social security authority of the country of treatment. The foreign authority will then automatically liaise with your own national health service*/ health insurance provider* at home to obtain refund, without you having to do anything more.
  - ❖ You have to pay all costs of the treatment yourself and have to file for reimbursement* afterwards, either with the local social security authority while still being abroad, or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement* tariff of the country of treatment* will apply.

- Under Directive 2011/24/EU* you will always have to make an advance payment on your treatment. You pay all invoices directly to the healthcare provider/hospital abroad. Upon your return home, you may file for reimbursement* with your national health service*/ statutory health insurance provider*. The latter will apply the same tariff of reimbursement* as for domestic treatment provided in your home country*.

Which amount of coverage will I be entitled to?

The amount of costs that will be assumed depends on whether you have received medically necessary treatment* under the Social Security Regulations (EC) 883/2004 and 987/2009*, using your European Health Insurance Card*, or under Directive 2011/24/EU* for example in case you got treated in a private hospital.

- Under the Social Security Regulations (EC) 883/2004 and 987/2009* your costs will be assumed according to the amount envisaged in the rules and legislation of the country of treatment*.

- Under Directive 2011/24/EU* your costs will be assumed according to the amount envisaged in the rules and legislation of your home country*.

Which costs may be assumed?
As under the Social Security Regulations (EC) 883/2004 and 987/2009* and under Directive 2011/24/EU* you are only entitled to assumption of costs resulting from your social security coverage at home, only the medical costs directly resulting from the treatment you have received will be taken into account. Extra costs, such as costs for travel and stay, sustenance, repatriation, non-prescription pain medication you will generally have to pay for yourself. These costs, however, may be covered under your private travel insurance/private health insurance or supplementary health insurance. Please note that under the Social Security Regulations* , your costs for travel and stay abroad may be covered where national legislation provides for reimbursement of costs for travel and stay which are inseparable from the treatment, in case the treatment would had taken place in your home country.
Where do I get information on how to file for reimbursement?
If you need information on how to file for reimbursement*, including the applicable procedures, the necessary documents and time limits, your national health service*/ health insurance provider* or National Contact Point* at home can be of further assistance.
What if I disagree with the decision of my national health service*/ statutory health insurance provider* regarding my request for obtaining reimbursement?
What if you are unhappy with the amount your national health service*/ health insurance provider* decides to reimburse? Or what if your request for reimbursement* got declined because it exceeded the applicable time limits or because you were not able to present all necessary documents, such as your original receipts? You have the right to appeal any decision of your national health service*/ statutory health insurance provider* regarding the assumption of costs of the medical necessary treatment* you have received abroad. If you are not satisfied with a decision regarding your request for obtaining reimbursement* for your medical costs incurred abroad, you may first ask your national health service*/ statutory health insurance provider* to reconsider their decision. If you can't come to an agreement, you can file a complaint and seek redress according to the procedures in place in your home country*. Be aware that there are certain time-limits in place for initiating procedures to file complaints and seek redress. You must pay attention that such time-limits for filing a complaint or claiming damages do not expire during an attempt to reach an agreement, in order to avoid that you will no longer be able to file complaint or seek redress in the event no agreement is reached. Please contact your national health service*/ statutory health insurance provider* or National Contact Point* for more information on your specific rights and options to file a complaint.

2.4. Do I need private travel insurance or supplementary health insurance?

Do I need private travel insurance or private/supplementary health insurance?
Please note that extra costs for travel and stay, or additional costs for repatriation and rescue services are not covered under the public healthcare scheme. These costs, however, may be covered under a private travel insurance or private/ supplementary health insurance.
Which healthcare services will be covered under my private insurance?
Which services are covered under your private travel insurance/private health insurance or supplementary health insurance depends on your specific coverage. Before you travel abroad, always check your policy to verify which healthcare services are covered.

Please consult your private insurance provider for more information.

2.5. Who to contact in case of emergency?

How do I know who I should contact and which healthcare provider or hospital to go to in case of sudden illness or injury abroad?
The National Contact Point* of the country of your stay can provide you with more information on what to do and who to contact in case you get ill or injured during your stay abroad. **In case of emergency while staying in the EU* or Switzerland, please call 112.** The European emergency number 112 is available everywhere in the EU* and is free of charge. When you require urgent medical attention, please call 112 to have direct access to police assistance, ambulance services or fire and rescue services.

③ Seeking healthcare abroad

3.1. What are my rights and entitlements regarding access to healthcare abroad?

Am I entitled to seek treatment abroad?
When you are entitled to healthcare under the social security scheme of an EU*/EEA* country, you have the right to seek healthcare in any other EU*/EEA* country or Switzerland*, also referred to as planned treatment abroad, and to assumption of costs by your home country*. You have the right to access healthcare, including: • medical diagnosis • medical treatment • the prescription, dispensation and provision of medicines and medical devices 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 routes 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 before travelling abroad. Please note that cross-border healthcare in Switzerland* is not covered under Directive 2011/24/EU*.
What are the differences between seeking treatment abroad under the Social Security Regulations* or under Directive 2011/24/EU*?
Under the *Social Security Regulations (EC) 883/2004 and 987/2009**: • You are entitled to cross-border healthcare in any EU*/EEA*country or Switzerland* • Telemedicine* services are not covered • You always need to obtain prior authorisation* from your national health service*/health insurance provider* before travelling abroad

- You are entitled to assumption of costs as though you were insured under the social security system of the country of treatment*
- The treatment concerned must be included in the range of sickness benefits covered under the social security scheme of the country of treatment* (even in case you would have been entitled to assumption of costs were the treatment provided in your home country*)
- The payment method (treatment will often be free of charge) and reimbursement* tariffs of the country of treatment* apply

Under *Directive 2011/24/EU**:

- You are entitled to cross-border healthcare in any EU*/EEA*country (not in Switzerland*!)
- Long-term treatment*, allocation of and access to rgans* and public vaccination* are not covered
- Normally prior authorisation* from your national health service*/health insurance provider* is not required. However, for certain health services, such as hospital treatment or highly specialised and expensive treatment, you might need prior authorisation* before travelling abroad
- You are entitled to assumption of costs for treatment abroad as though the treatment was provided in your home country*
- The treatment concerned must be included in the range of sickness benefits covered under the social security scheme of your home country* (you are entitled to assumption of costs when your costs would have been assumed were the treatment provided in your home country)
- You always first have to pay the total costs of treatment yourself. Retrospectively, you may file for reimbursement* with your national health service*/ health insurance provider* upon return home. They will apply the same reimbursement* tariff as for treatment provided in your home country*

3.2. What treatment can I seek abroad?

What kind of treatment can I seek abroad?
You are free to access medical diagnosis, medical treatment as well as the prescription, dispensation and provision of medicines and medical devices across Europe. Under the Social Security Regulations*: • Planned treatment in any other EU*/EEA* country or Switzerland* is covered • The treatment you wish to receive must be included in the range of sickness benefits covered under the social security scheme of the country of treatment*. As a result, when explicitly allowed by your national health service*/ health insurance provider* you could receive healthcare outside the range of benefits that are covered in your home country*. Your national health service*/ health insurance provider* is, however, free to decide whether or not to grant prior authorisation* • Only treatment provided by a public healthcare provider or hospital is covered. Healthcare provided by a private healthcare provider or in a private hospital is usually not covered, except in some cases where the private healthcare provider or hospital is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation. • Telemedicine* services are not covered under the Social Security Regulations* Under Directive 2011/24/EU*: • Planned treatment in any other EU*/EEA* country is covered (not Switzerland*) • 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 have been entitled to assumption of costs for the same treatment in your home country*
- Both treatment provided by a public or private healthcare provider/hospital are covered
- Directive 2011/24/EU* also covers telemedicine* services
- Health services including long-term care*, organ transplantation* and public vaccination programmes* are excluded from Directive 2011/24/EU

Is telemedicine also covered?

Telemedicine* refers to the provision of healthcare services from a distance, through the use of ICT, such as teleconsultation, telemonitoring, telesurgery,...

Telemedicine* services may also be covered under Directive 2011/24/EU*. As long as the telemedicine* service is provided by a healthcare provider located in another EU*/EEA* country, Directive 2011/24/EU* may apply.

On the contrary, as the Social Security Regulations (EC) 883/2004 and 987/2009* expressly require the physical movement and presence of a patient abroad, more specifically in the country where the healthcare provider is located, they do not apply in the case of telemedicine*.

In case of telemedicine*, please inform yourself on your rights and entitlements to cross-border healthcare* under Directive 2011/24/EU*.

3.2. Do I need prior authorisation from my national health service*/ statutory health insurance provider*?

What is to be understood under *prior authorisation?**

Prior authorisation* refers to the approval you might need from your national health service* / health insurance provider* before traveling abroad, in order to be guaranteed assumption of costs for your treatment abroad.

Do I always need prior authorisation* from my national health service*/ statutory health insurance provider* before going abroad?

Whether you need prior authorisation* before receiving healthcare abroad, depends on whether you exercise your right to cross-border healthcare* under the Social Security Regulations* or under Directive 2011/24/EU* and on which type of healthcare you wish to receive. As a general rule, you probably will need prior authorisation* when planning to receive hospital treatment abroad, or in case of highly specialised and expensive treatment.

If you wish to receive cross-border healthcare* under the **Social Security Regulations*,** prior authorisation* is always required - both for inpatient* and outpatient* treatment. You will have to submit a request for prior authorisation* with your national health service*/ health insurance provider*. When your request is granted, the latter will issue you with an S2 form*, that you will have to present to your treating healthcare provider abroad as proof of your social security coverage.

Generally under **Directive 2011/24/EU*,** prior authorisation* from your national health service*/ health insurance provider* is not required. However, for some treatments the EU legislator has given the Member States the possibility to install a system of prior authorisation*. In any case, prior authorisation* may only be required in case of:
- 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

If you wish to receive more detailed information on which particular treatment requires prior authorisation*, please contact your national health service*/ health insurance provider* or National Contact Point* at home for more information.

NOTE: when required, never receive treatment abroad without the prior authorisation* of your national health service*/ health insurance provider*. If you have received treatment abroad without the required prior authorisation* from your national health service*/ health insurance provider*, possibility exists that your claims for reimbursement* will be declined. As a result, you may have to bear all medical costs incurred abroad yourself.

Am I free to choose to submit a request for prior authorisation* under either the Social Security Regulations* or under Directive 2011/24/EU*?

When you apply for prior authorisation*, 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.

Where do I get information on how to submit a request for prior authorisation*?

If you need information on how to submit a request for prior authorisation*, including the applicable procedures, the necessary documents and time limits, your national health service*/ health insurance provider* or National Contact Point* at home can be of further assistance. Please always be aware that medical treatment* abroad might be very expensive!

Which institution is responsible for granting prior authorisation*?

Mainly, 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*.

In case you reside in another country than the competent Member State*, you can 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 themselves be competent to grant prior authorisation*, in case you are

- a pensioner 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*.

Please contact the national health service*/ health insurance provider* or the National Contact Point* in the country of your social security insurance for more information.

What if I receive treatment abroad without first obtaining the required prior authorisation*?
If you have received treatment abroad without the required prior authorisation* from your national health service*/ health insurance provider*, possibility exists that your claims for reimbursement* will be declined and that you have to bear all medical costs incurred abroad yourself.
What if I disagree with the decision of my national health service*/ statutory health insurance provider* regarding my request for prior authorisation*?
You have the right to appeal any decision of your national health service*/ statutory health insurance provider* regarding your request for obtaining prior authorisation* for accessing healthcare abroad. If you are not satisfied with the decision of your national health service*/heath insurance provider*, you may first ask them to reconsider their decision. If you can't come to an agreement, you can file a complaint and seek redress according to the procedures in place in your home country*. Be aware that there are certain time-limits in place for initiating procedures to file complaints and seek redress. You must pay attention that such time-limits for filing a complaint or claiming damages do not expire during an attempt to reach an agreement, in order to avoid that you will no longer be able to file complaint or seek redress in the event no agreement is reached. Please contact your national health service*/ statutory health insurance provider* or National Contact Point* for more information on your specific rights and options to file a complaint.

3.3. Do I need a referral before accessing specialised treatment abroad?

Do I need a referral before being able to access the treatment abroad?
When you wish to receive treatment under the *Social Security Regulations (EC) 883/2004 and 987/2009** the requirement of a referral will depend on whether or not a system of referral is in place in the country of treatment*. When this is indeed the case, referral from your GP* at home or a GP* in the country of treatment* may be needed in order to be able to access specialised healthcare in the country concerned. When you, however, seek treatment abroad under *Directive 2011/24/EU** the requirement of a referral will depend on whether or not a system of referral for accessing specialised treatment is in place in your home country*. When such referral is not required to access healthcare in your home country* it will also not be required to obtain a referral from your GP* before accessing specialised treatment abroad. Contact your national health service*/ health insurance provider* and National Contact Point* at home for more information. The National Contact Point* of the country where you wish to receive treatment can provide you with more information on whether or not a system of referral is in place in that country.

3.3. Costs and reimbursement

Will I have to pay myself for the treatment?
Whether the costs of the treatment will be directly assumed by your national health service*/ health insurance provider* (third-party payment*) or whether you will have to pay all costs upfront yourself and ask for reimbursement* afterwards, depends on whether you have received treatment abroad

with a S2 form* (Social Security Regulations (EC) 883/2004 and 987/2009*) or under Directive 2011/24/EU*.

- Under the Social Security Regulations* the payment method will depend on the system in place in the country of treatment*. As you are treated as though you were insured under the social security system of the country of treatment*, you will enjoy the same rights and entitlements regarding the method of payment as a domestic patient with public health insurance. Two possibilities may occur:
    - ❖ The treatment you need is free of charge (which may often be the case), sometimes combined with a limited amount of co-payment*, in which case the costs will be directly settled between the healthcare provider and the social security authority of the country of treatment. The foreign authority will then automatically liaise with your own national health service*/ health insurance provider* at home to obtain refund, without you having to do anything more.
    - ❖ You have to pay all costs of the treatment yourself and have to file for reimbursement* afterwards, either with the local social security authority while still being abroad, or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement* tariff of the country of treatment* will apply.

- Under Directive 2011/24/EU* you will always have to make an advance payment. You pay all invoices directly to the healthcare provider/hospital abroad. Upon your return home, you may file for reimbursement* with your national health service*/ statutory health insurance provider*. The latter will apply the same tariff of reimbursement* as for domestic treatment provided in your home country*.

To which amount of coverage will I be entitled to?

The amount of costs that will be assumed depends on whether you have received planned treatment* abroad under the Social Security Regulations (EC) 883/2004 and 987/2009*, using an S2 form*, or under Directive 2011/24/EU*.

- Under the Social Security Regulations (EC) 883/2004 and 987/2009* your costs will be assumed according to the amount envisaged in the rules and legislation of the country of treatment*.
  However, in some cases you may be entitled to an additional compensation, also called the Vanbraekel supplement* (see *C-368/98 Vanbraekel*). More specifically, when the tariff for the treatment in your home country* is higher than the tariff in the country of treatment*, you are entitled to an additional compensation from your national health service*/ health insurance provider* at home, up to the amount that would have been assumed if that the treatment was provided in your home country* (without exceeding the actual (medical) expenditures you have incurred abroad).

- Under Directive 2011/24/EU* your costs will be assumed according to the amount envisaged in the rules and legislation of your home country*.

Which costs may be assumed?

As under the Social Security Regulations (EC) 883/2004 and 987/2009* and under Directive 2011/24/EU* you are only entitled to assumption of costs resulting from your social security coverage at home, only the medical costs directly resulting from the treatment you have received will be covered. Extra costs, such as costs for travel and stay, sustenance, repatriation, non-prescription pain medication you will have to pay for yourself.

However, please note that under the Social Security Regulations*, your costs for travel and stay abroad may be covered where national legislation provides for reimbursement of costs for travel and

stay which are inseparable from the treatment, in case the treatment would had taken place in your home country*.

Where do I get information on the prices of the treatment I wish to receive?

The National Contact Point* of the country where you wish to receive treatment can provide you with more information on the tariffs for medical care applied in that country. Besides, the foreign healthcare provider you wish to consult is obliged to provide you with clear information on the prices of treatment he or she provides.

Where do I get information on how to file for reimbursement?

If you need information on how to file for reimbursement*, including the applicable procedures, the necessary documents and time limits, your national health service*/ health insurance provider* or National Contact Point* at home can be of further assistance.

What if I disagree with the decision of my national health service*/ statutory health insurance provider* regarding my request for obtaining reimbursement?

What if you are unhappy with the amount your national health service*/ health insurance provider* decides to reimburse? Or what if your request for reimbursement* got declined because it exceeded the applicable time limits or because you were not able to present all necessary documents, such as your original receipts?

You have the right to appeal any decision of your national health service*/ statutory health insurance provider* regarding the assumption of costs of the medical treatment* you have received abroad. If you are not satisfied with a decision regarding your request for obtaining reimbursement* for your medical costs incurred abroad, you may first ask your national health service*/ statutory health insurance provider* to reconsider their decision. If you, however, cannot come to an agreement, you can file a complaint and seek redress according to the procedures in place in your home country*. Be aware that there are certain time-limits in place for initiating procedures to file complaints and seek redress. You must pay attention that such time-limits for filing a complaint or claiming damages do not expire during an attempt to reach an agreement, in order to avoid that you will no longer be able to file complaint or seek redress in the event no agreement is reached.

Please contact your national health service*/ statutory health insurance provider* or National Contact Point* for more information on your specific rights and options to file a complaint.

3.4. Treatment possibilities and healthcare providers abroad

How do I inform myself on treatment possibilities abroad?

Your national health service*/ health insurance provider* or National Contact Point* at home will not be able to provide you with information on treatment possibilities abroad.

As a general rule of thumb, you will have to inform yourself on the treatment possibilities abroad. The National Contact Point* of the country where you wish to receive treatment can provide you with information on the available treatment in that country.

How do I know which healthcare provider to contact abroad?

If you wish to obtain information on healthcare providers or hospitals abroad and on how to contact them, the National Contact Point* of the country where you wish to receive treatment will be able to provide you with more information.

④ Quality and safety

Where do I get information on the quality of treatment in another country?

Your national health service*/ health insurance provider* or National Contact Point* at home will not be able to provide you with information on quality of treatment in another country. When receiving treatment abroad, the quality and safety standards in place in that country will apply.

As a general rule of thumb, you will have to inform yourself on the quality of treatment provided abroad. The National Contact Point* of the country where you wish to receive treatment will be able to provide you with more information.

Where do I get more information on a specific healthcare provider or hospital abroad?

As a general rule of thumb, you will have to inform yourself on the healthcare provider or hospital abroad. It is important that you gather sufficient information on:

- the healthcare provider's authorisation and registration status, that is proof of his or her license to practice medicine
- the healthcare provider's insurance cover for professional liability
- the healthcare provider's entitlement to provide health services covered under the social security scheme

This information can be provided by the National health services*/ health insurance provider* or the National Contact Point* of the country where you wish to receive treatment.

⑤ Medical records and language

Where do I get more information on the language of treatment in another country?

The National Contact Point* in the country where you wish to receive treatment will be able to provide you with more information on the languages of treatment in that country. When treatment is provided in another language, also make sure that you inform yourself on whether or not you will need to arrange for interpretation yourself during your contact with the treating healthcare provider(s) or medical staff abroad.

How do I arrange transfer of my medical records abroad?

Directive 2011/24/EU* provides every patient in cross-border healthcare* the right to access or have at least one copy of all personal data* concerning their health. More specifically, you have the right to access copy of your medical records* containing such information as diagnosis, examination results, assessments by treating healthcare providers and information on any treatment or interventions provided.

Your healthcare provider must grant you access or at least one copy of your medical records in order to enable you to arrange transfer of your records yourself. The healthcare provider may also arrange

to transfer him-or herself your medical records directly to the treating healthcare provider, hospital or health facility abroad.

⑥ Follow-up care

What if I will need follow-up care after receiving treatment abroad?
When you have received treatment abroad and medical follow-up proves to be necessary, you are entitled to suitable follow-up care* in your home country* as if the treatment itself had taken place at home instead of abroad.

⑦ Complaint and redress

What if I am not satisfied with the treatment received abroad or what if something goes wrong?
If you are not satisfied with the treatment received abroad, you are entitled to file a complaint and seek redress. As the treatment is provided abroad, the legislation of the country of treatment will apply. As a result, you will be subject to the procedural rules, time limits, rules on burden of proof and damages scheme as applied in the country of treatment*.
Where do I get more information on my possibilities to file a complaint and seek redress?
Contact the National Contact Point* in the country of treatment* for more information on your options to file a complaint, settle disputes and seek redress in case something goes wrong. Inform yourself on the different procedures in place, which institutions to address, the steps you need to undertake, the applicable time limits as well as anticipated procedural costs.

⑧ Prescription abroad

Can I present my prescriptions prescribed by my treating healthcare provider at home to a pharmacy abroad?
A prescription* for medicine or medical devices prescribed in your country is valid in any EU*/EEA* country. However, to ensure that your prescription* is recognised and well-understood by the pharmacist abroad, inform your prescribing healthcare provider on planning to use the prescription abroad. He or she will prescribe the medication or medical device according to the minimum information requirements for cross-border prescriptions* (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), or in exceptional cases name; pharmaceutical formulation (tablet, solution, etc.); quantity; strength; dosage regime

Please note that the medicine concerned may not be available or authorised for sale in another EU*/EEA* country. If possible always try to buy your prescription medicine in a pharmacy in the country where the prescription is issued.

Will I still be entitled to assumption of costs for the prescribed medicine when buying it abroad?

Upon the display of a valid European Health Insurance Card*, you are entitled to buy prescription* medicine or medical devices according to the same rules and tariffs as public insured patients in the country of your visit. However, this only applies in case the prescription is prescribed in the country concerned due to sudden illness or injury during your stay (people suffering from chronic diseases may also use their European Health Insurance Card* to buy prescription* medicine of medical devices during their stay abroad).

Besides, under Directive 2011/24/EU* you are entitled to claim reimbursement* with your national health service*/health insurance provider*. In this case, you will first have to pay all the costs of the medicine or medical device abroad yourself. You will be reimbursed retrospectively upon your return home, according to the rules and rates applied in your home country*.

⑨ National Contact Points

What are National Contact Points?

In line with Directive 2011/24/EU*, each Member State has installed one or more National Contact Points* for Cross-border Healthcare* (NCPs*). Member State are free to decide how to organise these NCPs. As a result great differences exist. Some NCPs* are aligned with the national health insurance provider or the ministry of health, whereas others are independent bodies.

The main task of NCPs* is to provide patients with clear and accessible information on all aspects of medical treatment* abroad. NCPs* will provide patients with information on different topics depending on whether the patient is a domestic patient wanting to access healthcare abroad (outgoing patient*) or a foreign patient wanting to access healthcare in the country concerned (incoming patient*).

How to contact a National Contact Point?

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 as well as on the website of the European Commission.

⑩ Rare diseases

What are my possibilities to obtain new or alternative treatment abroad that is not available in my home country*?

As national health services* or health insurance providers* 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 treatment 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.

Please note that you merely have the right to request prior authorisation* in this situation. It remains within the discretion of your national health service*/ health insurance provider* to grant prior authorisation or not*.

Besides, both under the Social Security Regulations* and Directive 2011/24/EU* prior authorisation* to access healthcare abroad must be granted when the treatment concerned is covered under the range of sickness benefits in your home country* and cannot be provided there within a time limit that is medically justifiable, given your state of health. That the treatment must be covered in your home country*, does not mean that the treatment procedure abroad must be exactly the same. As long as the treatment itself is covered, you are entitled to receive equal treatment abroad even when the treatment is provided according to new techniques and methods or alternative procedures. However, these techniques should be based on the state of the art and on scientific thinking at international level. Besides, the treatment must be regarded as normal treatment, in the light of the state of national and international science (*see C-157/99 Smits-Peerbooms*).

What are European Reference Networks?

European Reference Networks* (ERNs) help healthcare providers and centres of expertise across Europe to share knowledge on complex or rare diseases and conditions that require highly specialised treatment, and concentrated knowledge and resources.

By the use of virtual IT platforms renowned healthcare providers and specialists discuss and review a patient's diagnosis and treatment, without the patient having to travel abroad and without the need of physical presence of the healthcare providers in the country of location of the patient.

The first ERNs were launched in March 2017. Since then, already 24 networks have been installed, working on various thematic issues, such as bone disorders, childhood cancer, heart diseases, respiratory diseases,...

For more information please consult your National Contact Point* or visit www.europa.eu/youreurope.

Where do I get information on patient organisations in another country?

For more information on patient organisations located abroad, please contact the National Contact Point* of the country on which you wish to receive more information.

⑪ Living abroad

10. 1. When you plan to settle abroad

What about my social security insurance when I plan to settle abroad?
When you plan to settle in another EU*/EEA* country or Switzerland* this may have an impact on your social security cover. The specific consequences for your social security cover will depend on your specific situation, the reasons and the length of your residence abroad. Your national health service*/ health insurance provider* can provide you with more information.

10. 2. Living abroad while being insured under the social security system of another country

Who is entitled to grant prior authorisation for cross-border healthcare when living outside the country of my social security insurance?
The national health service*/ health insurance provider* of the country under whose social security system you are insured (also called the competent Member State*) is responsible for granting prior authorisation*. In case you reside in another country than the competent Member State*, you can 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 themselves be competent to grant prior authorisation*, in case you are • a pensioner 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*. Please contact the national health service*/ health insurance provider* or the National Contact Point* in the country of your social security insurance for more information.
Am I entitled to healthcare during a stay back in the country of my social security insurance?
This will depend on your personal situation. Most of the time you will only be entitled to healthcare in the country of your residence, whether or not on behalf of another country under whose social security legislation you are insured. However, in some cases patients may remain entitled to healthcare in the country of their social security insurance or in the country of previous work: *(! Family Members of a frontier worker residing in a country listed in Annex III of Regulation 883/2004* are excluded from the special arrangements set out below)* • (Posted) workers, including frontier workers*, residing in another country than the country of work activity and social security insurance are entitled to healthcare during a stay in the country of work at the own expense of that country and according to its own legislation, as though the person concerned resided in that country.

- Pensioners residing outside the country under whose social security insurance system they are insured, may be entitled to healthcare during a stay back in the country of their social security insurance at the own expense of that country and according to its own legislation, as though the person concerned resided in that country (only applicable when the country of social security insurance has opted for this arrangement and is included in Annex IV Regulation 883/2004*)
- Retired frontier workers stay entitled to treatment in the country where they last pursued their work activity, in so far as this is a continuation of treatment which already started during activity. In some cases a retired frontier worker will remain entitled to healthcare in the country of previous work activity, regardless of continuation of treatment or not, at the own expense of that country and according to its own legislation, as though the person concerned resided in that country. This will be the case when s/he has worked for at least two years as a frontier worker in the last five years preceding the effective date of his/her pension and both the Member State of previous work activity as the country of social security insurance have opted for this and are listed in Annex V Regulation 883/2004*. In this case the retired frontier worker must file for an S3 form* with the national health service*/health insurance provider* of the country where he or she is subject to social security legislation. The S3 form* must be presented to the social security authority of the country of previous work activity.

Which National Contact Point should I contact for more information? The National Contact Point of the country of my social security coverage or the National Contact Point of my country of residence?

When living abroad, contact the National Contact Point* of the county where the institution is located that is entitled to provide you with prior authorisation*. They will be able to provide you with all necessary information on you rights and entitlements.

Institution competent for issuing prior authorisation:
The national health service*/ health insurance provider* of the country under whose social security system you are insured (also called the competent Member State*) is responsible for granting prior authorisation*. However, by way of derogation, the national health service*/ health insurance provider* of your country of residence will themselves be competent to grant prior authorisation*, in case you are

- a pensioner 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*.