

Manual for patients

Patient's right to accessing healthcare in any EU*/EEA* country¹

Cross-border Healthcare*

Did you know that under EU law you have the right to consult a healthcare provider, hospital or pharmacist in any EU/EEA* country or Switzerland* and to enjoy assumption of medical costs by your national health service*/ health insurance provider* in your home country*?*

Under **Directive 2011/24/EU on patients' rights in cross-border healthcare*** every EU*/EEA* citizen benefits from *new possibilities to access healthcare abroad* and 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 the purpose of clear and easily accessible information, National Contact Points for Cross-border Healthcare (NCPs) have been installed in each EU*/EEA* country.

To ensure safe and high-quality healthcare abroad, Directive 2011/24/EU provides a *minimum set of patients' rights*, meant to strengthen the legal position of mobile patients and to ensure transparent procedures for complaint and redress in case something goes wrong.

Finally, by encouraging *cooperation between countries* (for example by the establishment of European Reference Networks*) patients in need of specialised treatment or patients with rare diseases are offered the possibility to choose from a wider range of healthcare providers and to easier access alternative or specialised treatment abroad.

Look in this manual to find out more....

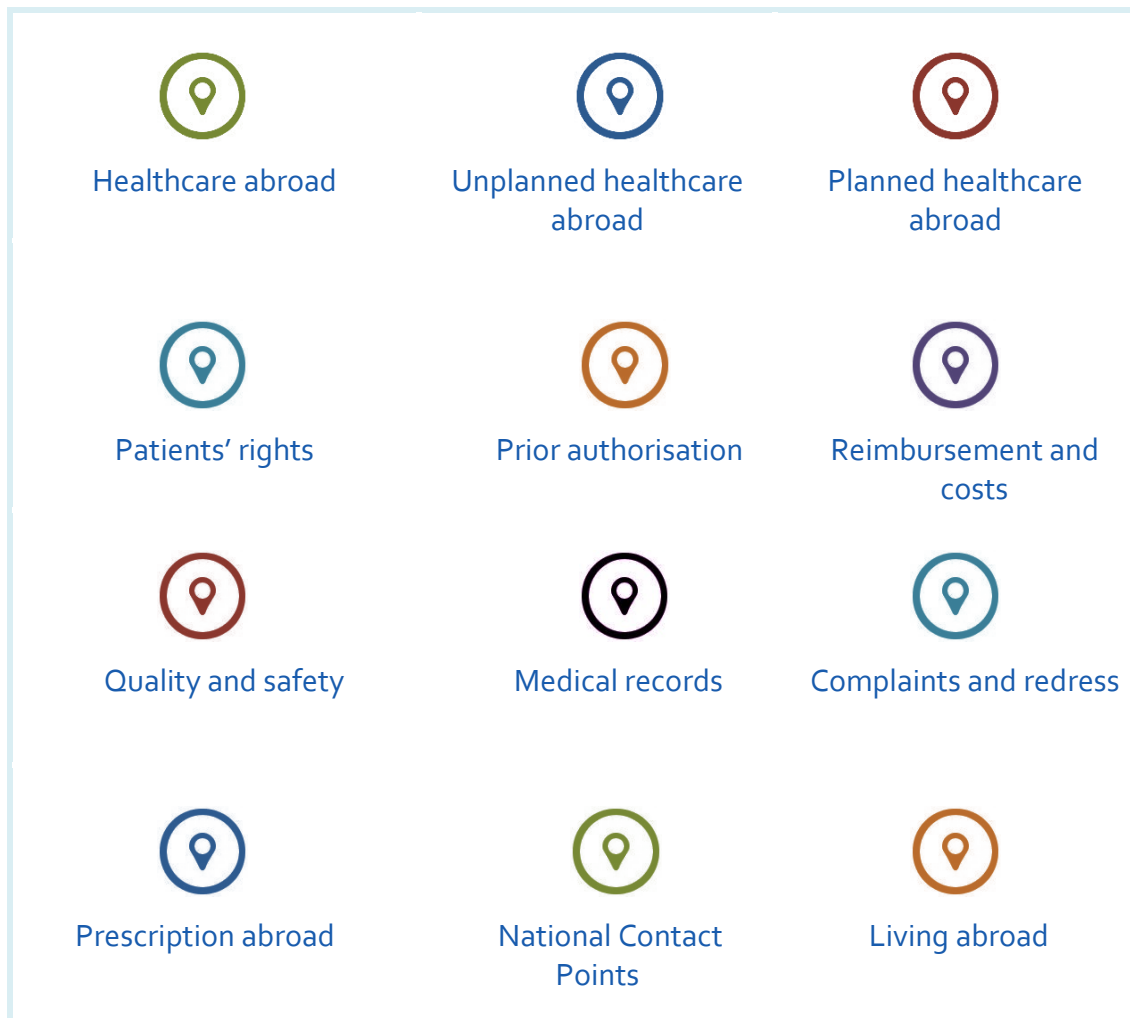
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¹ For each concept in this manual directly followed by an asterisk (*), corresponding definitions and explanations are provided in the accompanying alphabetical glossary.



Patients' right to accessing healthcare in any other EU*/EEA* country



① Healthcare abroad

Did you know that as an EU*/EEA* citizen you have the **right to access medical diagnosis, medical treatment, or prescription in any other EU*/EEA* country or Switzerland*** (also called cross-border healthcare)?

When accessing health services abroad, you are free to arrange and pay for the treatment privately or under private health insurance*. However, under EU law you may also be entitled to **assumption of costs incurred abroad on behalf of your social security system**.

Two possible ways:

Two different routes exist for accessing healthcare abroad and enjoying assumption of costs by your national health service*/ health insurance provider* under EU law:

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

Be aware that the range of covered healthcare services, the conditions to access medical treatment* as well as the financial implications will differ under both routes.

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

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***.

Two different situations:

Two different situations of cross-border healthcare* are envisaged:

Unplanned medical treatment* abroad

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

Planned medical treatment* abroad

When you are covered/insured under the national health service* or statutory health insurance* scheme of an EU*/EEA* country, you have the right to access healthcare in any EU*/EEA* country or Switzerland*, such as **consultation with a renowned specialist, hospital treatment or specialised treatment for a specific condition**. In this case the healthcare is the purpose of your stay abroad.



② Unplanned healthcare abroad

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

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

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

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

You should be aware 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 your supplementary or private health insurance or travel insurance.

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

On showing your **European Health Insurance Card*** (EHIC*), under the **Social Security Regulations (EC) 883/2004 and 987/2009*** you are entitled to:

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

European Health Insurance Card (EHIC)

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



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

What treatment is covered by the European Health Insurance Card?

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

PLEASE NOTE - Healthcare providers abroad

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

The **unplanned treatment** must be **unforeseen** and may in no case have been the initial reason for your stay abroad. Unplanned treatment may be described as:

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

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

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

PLEASE NOTE - The healthcare provider abroad finally decides on the kind of treatment he provides (with respect to your right to informed consent)

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

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



Chronic illness or pregnancy

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

Make sure that for chronic illness requiring specialised equipment or staff, you make prior arrangement with the hospital or health facility abroad, to ensure availability and continuation of treatment.

! Restrictions on the use of the European Health Insurance Card:

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

Who can benefit from the European Health Insurance Card?

- **EU*/EEA* nationals** covered/insured under the national health service* or statutory health insurance* scheme of an EU*/EEA* country
- **Non-EU*/-EEA* nationals** legally residing in an EU*/EEA* country, who are covered/insured under the national health service* or national health insurance* scheme of that country. *However, 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**.*

Applying for the European Health Insurance Card

- You can apply for the European Health Insurance Card* **with the national health service*/health insurance provider*** which is responsible for assuming your healthcare costs in your country of residence. In some cases the service of ordering your card is offered online.



- The European Health Insurance Card* is individual. **Each separate family member** should have their own card.
- The European Health Insurance Card* is issued **free of charge**.
- When you plan to travel abroad, always make sure you **order your card well in advance** before your departure. When needed, make sure your card is timely renewed.

Reimbursement and cost

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

You will receive treatment **on the same terms and at the same price as patients covered under the national health service*/ statutory health insurance* in the country of your stay** (see section 6).

Like local patients, you either don't have to pay for the treatment or you only pay the costs of co-payment*. When you have to pay all costs upfront, you may be reimbursed retrospectively.

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

If you are treated without a valid European Health Insurance Card* or you can't use your card, for example because you are treated in a private hospital, you will be treated as a **private patient**. In this case, you either pay for the treatment privately or you may be able to file for reimbursement under **Directive 2011/24/EU*** (see section 2.2.).

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

For more information on the European Health Insurance Card

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

Further information?

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



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

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

Key principles of Directive 2011/24/EU*:

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

Under the Directive you are entitled to assumption of costs at 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 statutory health system*. As long as the treatment **would have been covered in case it was provided in your home country***, you are also entitled to assumption of costs when receiving it in another EU*/EEA* country, regardless of whether the treatment is provided by a public or private healthcare provider. Directive 2011/24/EU, however, does not apply for cross-border treatment received in **Switzerland***.

You will be reimbursed retrospectively **up to the amount that would have been assumed if the treatment was provided at home.** (see section 6).



③ Planned healthcare abroad

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

In many cases in order to be entitled to assumption of costs of the treatment abroad, **prior authorisation*** from your national health service*/ health insurance provider* in the country under whose social security system you are insured will be required before travelling abroad (see section 5).

! ATTENTION – Switzerland*

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

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

General principle of planned treatment abroad under the Social Security Regulations

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

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

Prior authorisation* (S2 form*)

In order to be entitled to reimbursement under the Social Security Regulations (EC) 883/2004 and 987/2009* you will always need prior approval from your national health service*/ statutory health insurance* provider in the country under whose social security system you are insured (*an exception exists for people residing outside that country, see section 12.2*), which is called **prior authorisation***. Prior authorisation is granted on issuance of the European **S2 form*** (old E112 form). For more information on prior authorisation and which treatment will be covered, please consult section 5.



Reimbursement* and costs

You will enjoy assumption of costs for the treatment abroad according to the **tariffs and the payment procedure** in force in the **country of treatment***. To find out more about your rights to assumption of medical costs, please see section 6.

Restrictions to the applicability of the Social Security Regulations

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

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

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

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

Under **Directive 2011/24/EU* on patients' rights in cross-border healthcare** you are entitled to assumption of costs for treatment abroad **as though the treatment was provided in your home country**.

You initially pay all medical costs upfront*. Upon your return home you may file for reimbursement with your national health service*/ health insurance provider*. They will reimburse you according to the domestic **tariffs applied for the same treatment at home** (see section 6 on reimbursement and costs).

Range of covered treatment

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

- You are only entitled to **treatment included in the range of covered sickness benefits** available under the social security legislation of **your country of residence**. In other words, you will only be entitled to reimbursement* when you would be entitled to assumption of costs for the same treatment in your home country*
- You are free to choose between either a public* or private healthcare provider* in the country of treatment*. Contrary to the Social Security Regulations (EC) 883/2004 and



987/2009*, also treatment provided by a **private healthcare provider* or in a private hospital will be covered.**

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

You should be aware that following healthcare services are **excluded from Directive 2011/24/EU***: Long-term care*, organ transplantation* and Public vaccination programmes*

Prior authorisation

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

However, for some treatments the EU legislator has given the Member States the possibility to install a system of **prior authorisation***. Member States decide, at their discretion, which specific treatments they subject to prior authorisation*, resulting in a different set of rules in each Member State. However, EU law has set some ground rules for prior authorisation (please see section 5 on prior authorisation).

Reimbursement and costs

If you seek treatment abroad under the Directive 2011/24/EU* route you must pay all medical costs **upfront***. Subsequently, you may file for reimbursement with your national health service*/ health insurance provider* at home. They will reimburse you according to the domestic **tariffs applied in case the treatment would not have been provided abroad** (please see section 6 on reimbursement and costs).

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

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

- Cross-border healthcare in Switzerland*
- Long-term care*, organ transplantation* and public vaccination programmes*
- Treatment that is not covered under the national health service*/ statutory health insurance* in your home country



3.3. Advantages and disadvantages of planned treatment under the Social Security Regulations or Directive 2011/24/EU

Social Security Regulations	Directive 2011/24/EU*
<p>Advantages</p> <ul style="list-style-type: none"> You will be treated as a patient with public health insurance In some cases you may receive healthcare outside the range of benefits that are covered in your home country* The financial risk that the level of costs abroad exceeds the level of costs of the treatment at home is borne by your national health service*/ health insurance provider* In most case, the treatment will be free and will you will only have to pay possible co-payment* Your costs for travel and stay will be covered when assumed in case the treatment would have taken place in your home country* By application of the Vanbraekel supplement* In case of planned treatment*, you may be entitled to refund of all or part of the costs of co-payment* When the costs are settled directly between the healthcare provider and the national health service*/ health insurance provider* (third-party payment*), no costs will incur for translations of invoices 	<p>Advantages:</p> <ul style="list-style-type: none"> For a wide range of treatment there is no obligation to obtain prior-authorisation* When prior authorisation* is required, your national health service*/ health insurance provider* may only decline your request based on limited grounds of refusal You are free to consult private healthcare providers* or go to private hospitals In case of higher rates of reimbursement* in your home country*, you may enjoy treatment at a lower cost In case no prior authorisation* is required, you may be able to access medical treatment* more quickly
<p>Disadvantages:</p> <ul style="list-style-type: none"> Prior authorisation* (S2 form*) from the national health service*/ health insurance provider* is required for all types of cross-border healthcare* The Regulations generally do not apply to private hospitals and private healthcare providers*, unless they are contracted/ affiliated with the statutory health system. When you are not in the possession of a valid EHIC* or S2 form*, you will not be entitled to assumption of costs 	<p>Disadvantages:</p> <ul style="list-style-type: none"> You will have to bear yourself the financial risk that the level of costs abroad exceeds the level of costs of the treatment at home You will have to pay all costs upfront* and claim for reimbursement* afterwards You will only be entitled to reimbursement* when the treatment is covered in your home country* Before travelling abroad, there may be some uncertainty on which costs you will have to bear yourself and which costs you may be able to recover The medical costs may exceed the amount assumed by your own national health service* / health insurance provider* You may incur costs for translation of invoices requested by your national health service*/ health insurance provider*



④ Patients' rights

4.1. Your right on information and informed consent

One of the key objectives of **Directive 2011/24/EU on patients' rights in cross-border healthcare*** is to provide mobile patients with better information on their rights. Contact your **National Contact Point** for more information on your rights and entitlements in cross-border healthcare (see section 11).

In order to entitle you to make use of your rights in relation to treatment abroad, the **healthcare provider** in the Member State of treatment is obliged to provide you with following information:

- Information on the proposed treatment, including information on the treatment procedure, the anticipated outcome, possible detriments, risks of treatment and follow-up care*
- Information on different treatment alternatives
- Information on quality and safety standards in place in the country of treatment
- Information on prices of treatment and anticipated costs
- Information on the healthcare provider's authorisation and registration status, that is proof of his license to practice medicine
- Information on the healthcare provider's insurance cover for professional liability

You have the right to **informed consent**. Before making any decision or agreement, it is of great importance that you understand the content of the information to a sufficient degree. You should never agree on any treatment or medical intervention when you feel like you did not understand all or part of the information that was provided, neither when you feel like needing more information in order to make the right decision with regard to your care.

Also make sure to provide the healthcare provider yourself with all necessary information and data on your state of health and medical history. Such information will be essential to provide you with safe and high-quality care. You should be aware that inadequate information may lead to inappropriate and potentially harmful treatment (also consult section 4.4. on your right to access your medical records).

To make sure that you and the healthcare provider abroad are on the same page, it is important to take possible language barriers into consideration. When you and the healthcare provider do not speak the same language make sure to arrange for interpretation and translated documents. Most of the time you yourself will be responsible to arrange **translation**.

4.2. Your right on choice of healthcare provider

You have the **right on free choice of healthcare provider or hospital** in any EU*/EEA* country or Switzerland*. You may travel abroad to receive treatment of a renowned



specialist. In case of concerns or when you change your mind, you are entitled to refuse any treatment or medical interventions.

Be aware that in case of specialised treatment, you might need a **referral** from your general practitioner (GP) at home or a GP in the Member State of treatment. Contact your national health service*/ health insurance provider* for more information.

Before choosing a healthcare provider, make sure you gather sufficient information on:

- The healthcare provider's license to practice medicine
- The healthcare provider's social security status, that is information on whether the healthcare provider is entitled to provide services covered under the social security system: is it a public or private healthcare provider?
- The quality and safety standards to which the healthcare provider is subject

Information on the healthcare provider can be gathered from the National Contact Point of the country of treatment, as well as from the national health service*/ health insurance provider* of that country.

Be aware that you are not entitled to any care you desire. It is upon the healthcare provider to decide which treatment or interventions are best suited based on medical grounds, taking into account your current state of health and medical history.

The National Contact Point* in the country of treatment can provide you with more information on healthcare providers, hospitals and health facilities located in that country.

4.3. Your right to accessibility of hospitals for patients with disabilities

Under the UN Convention on the Rights of Persons with Disabilities* Member States are obliged to **enable persons with disabilities access, on an equal basis with others, to public facilities**, including information and communication technologies and systems, such as the internet. For that purpose Member States are obliged to take any measures to identify and eliminate any obstacles and barriers to accessibility. All publicly accessible areas of the hospital or health facility abroad should be easily accessible by persons with disabilities, such as for example the reception area, parking area, corridors, sanitation, elevators and eating facilities.

Before travelling abroad, you are entitled to inform yourself on the accessibility of the hospital or health facility abroad as well as on the extra services they provide to ensure access and use of facilities for persons with disabilities. For more information, please contact the National Contact Point* in the country of treatment*.

4.4. Your right to access copy of your medical records

You have the right to demand from the healthcare provider abroad to document your **medical records***. Even more it is of great importance that you always request the healthcare provider abroad to do so. Documenting your medical records*, may be



important for arranging suitable follow-up care* as well as for appealing in case you are not satisfied with the healthcare provided.

Besides, you have the **right to access or have at least one copy** of all personal data* concerning your 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 specific rights to access your medical records* will depend on the legislation of the country of treatment. Contact the National Contact Point in the country of treatment for more information.

You should be aware that if you need transfer of the medical records to your healthcare provider at home, you may be obliged to arrange for translation.

4.5. Your right to follow-up care

When you have received treatment abroad and medical follow-up proves to be necessary, you are entitled to **suitable follow-up care* of equal quality in your home country**. The follow-up care* will be provided as if the treatment or intervention itself* was also provided in your home country instead of abroad.

Make sure you arrange transfer or a copy of the medical records kept by the treating healthcare providers abroad to present to your healthcare providers back home. This way suitable follow-up care may be arranged. You should arrange for translated documents if necessary.

Also make sure that the prescribing healthcare provider is informed on your plans to present any prescriptions* for medicines or medical devices to a pharmacist back home. This way the prescribing healthcare provider can make sure to issue the prescription conform the guidelines for cross-border use. (see section 10 on prescriptions abroad).

4.6. Your right to appeal decisions regarding prior authorisation and reimbursement

You are entitled to **appeal any decision of your national health service*/ health insurance provider*** regarding your process of accessing healthcare abroad.

If you are not satisfied with a decision of your national health service*/ health insurance provider* regarding your request for prior authorisation, you have the right to appeal. The same applies to decisions regarding reimbursement for costs incurred abroad.

Your specific rights and entitlements to appeal will depend on the applicable legislation in your home country. Contact your National Contact Point at home for more information on where to direct your appeal, your procedural options, anticipated time limits for a decision as well as possible administrative costs.



4.7. Your right to file complaint and seek redress

If you are not satisfied with the treatment received abroad, you are **entitled to file a complaint and seek redress**.

As the treatment abroad is provided under the medical legislation scheme of the country of treatment*, the legislation and insurance scheme of that country will apply in the event of treatment injuries. Complaints and redress will be handled under the patient's insurance system in place in the country of treatment*.

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. Inform yourself on the different administrative, civil and criminal procedures in place, the steps you need to undertake, the time limit as well as anticipated procedural costs.

4.8. Your right to privacy

You are entitled to **protection of your personal data*** collected and documented by your treating healthcare providers or hospital abroad, by the foreign national health service*/ health insurance provider* or any other instance collecting, processing or using your data. The data protection legislation of the country of treatment will apply.

Under Directive 95/46/EU* EU Member States are obliged to offer a minimum level of data protection. Nevertheless, the concrete content of national legislation on data protection varies between Member States. This, however, will change under new EU legislation.

The **General Data Protection Regulation*** is the new EU legal instrument for the protection of personal data which is due to take effect on 25 March 2018. This Regulation contains new safeguards to ensure your personal data* are not misused or misappropriated. Under the Regulation you will enjoy the same level of protection in each EU* Member State.

Inform yourself on your rights and entitlements regarding protection of your personal data* documented abroad.

4.9. Your right to equal prices of treatment

Under Directive 2011/24/EU healthcare providers are obliged to apply the **same scale of fees** for healthcare provided to patients travelling from abroad, as for domestic patients in a comparable medical situation. Your treating healthcare provider abroad is not entitled to charge additional costs solely based on the fact that you are a patient travelling from another EU*/EEA* country.

Make sure that before travelling abroad, you collect information on healthcare provider's fees and costs of care in the country of treatment*.



4.10. Your right to patients' right in the country of treatment

When seeking healthcare abroad, you will be entitled to the same patients' rights as domestic patients, including:

- Patients' rights to treatment
- Patients' rights to refusal of treatment
- Patients' rights to information and informed consent
- Patients' rights to privacy
- Patients' rights to access medical records*
- Patients' rights to quality treatment and patient safety
- Patients' rights to file a complaint and seek redress
-

Contact the National Contact Point* of the country of treatment* for more information on the patients' rights in place.



⑤ Prior authorisation for planned treatment

5.1. Prior authorisation under the Social Security Regulations (EC) 987/2009

When you wish to access medical treatment* abroad under the Social Security Regulations*, **prior authorisation*** from your national health service*/health insurance provider* in the country under whose social security system you are insured (*an exception exists for people residing outside that country, see section 12.2*) will be needed for any type of treatment, both inpatient and outpatient.

Prior authorisation is granted on issuance of a European **S2 form*** (old E112 form). This document must be presented as proof of prior authorisation* and must be submitted before travelling abroad for treatment.

Your national health service*/ health insurance provider* normally is free to decide whether or not prior authorisation* is granted. Your request may be refused on various grounds. For example, your national health service*/ health insurance provider* may refuse issuance of an S2 form* due to the fact that the treatment is not among the sickness benefits covered under the national health service*/ statutory health insurance* scheme of your home country*.

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

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

PLEASE NOTE - Rare diseases

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

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

In case of rare disease, also inform yourself on the existence of [European Reference Networks* \(ERNs\)](#), which are virtual networks involving specialised healthcare providers across Europe. For more information, please consult www.europa.eu/youreurope



5.2. Prior authorisation under Directive 2011/24/EU

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

Prior authorisation may only be required for certain categories of healthcare

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

A request for prior authorisation may only be refused, in case

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

Prior authorisation may not be declined when

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

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



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

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

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

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



⑥ Reimbursement and costs

6. 1. Reimbursement and costs under the Social Security Regulations (EC) 883/2004 and 987/2009

Tariffs applied in the country of treatment

On the display of a valid European Health Insurance Card* (unplanned treatment*) or S2 form* (planned treatment), you will receive treatment **at the same terms and at the same price as patients covered under the national health service*/ statutory health insurance* in the country of your stay.**

As a result, the reimbursement tariff of the country of treatment* will apply.

Payment method applied in the country of treatment

Also the method of payment will depend on the legislation of the country of treatment.

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

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

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

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

Co-payment

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



However, in case of planned treatment* you may be able to assume all or part of the costs of co-payment*. The so-called **Vanbraekel supplement*** will have to be paid by your national health service*/ health insurance provider* when the costs incurred by the latter for the treatment abroad are lower than the costs that it would have had to assume in case the same treatment was provided on its own territory.

More specifically, when the tariff in your home country is higher than the tariff in the country of treatment, you will be reimbursed up to the amount that would have been assumed given that the treatment was provided at home (without exceeding the actual expenditures you have incurred abroad).

Make sure you submit a request for additional reimbursement under the Vanbraekel supplement* when applicable.

Extra costs for travel and stay

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

Please contact your national health service*/ health insurance provider* or National Contact Point* for more information on the amount of costs that will be assumed and on which costs you will finally have to bear yourself.

6. 2. Reimbursement and costs under Directive 2011/24/EU

Tariffs applied in the home country

You will be entitled to reimbursement according to the domestic **tariffs applied in case the treatment would not have been provided abroad but in the own Member State**. As a result, the tariff of your country of residence will apply.

Upfront payment

You initially pay all medical costs yourself. Subsequently, you may submit a request for claim for reimbursement* with your national health service*/ health insurance provider* upon return home. The latter will reimburse you retrospectively according to the rules and rates applied by its own social security system. The amount to which you are entitled to cannot be higher than the actual costs you have paid for your treatment abroad.

In order to approve your request for reimbursement, your national health service*/ health insurance provider* may require to present all sorts of documents of proof of the exact treatment you have received and the costs you have made. Make sure you check which necessary documents to collect beforehand. Besides, the national health service*/ health



insurance provider* may require the documents to be translated into the home language. You may possibly have to pay yourself for any **translation costs**.

Co-payment

You should be aware that you will only be reimbursed up to the tariff applied in your home country, which may be less than you paid for the treatment abroad. This may cause you to bear a big part of the medical costs yourself. However also the opposite may occur: the applicable tariffs in your home country* may be higher than the tariffs applied in the country of treatment*. In case of the latter, it may be possible that you will be fully refunded for your medical costs incurred abroad. Thus, the exact amount of costs you will finally have to bear yourself will fully depend on the reimbursement scheme applied in your home country*.

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

Before travelling abroad, always consult with your national health service*/ health insurance provider* to collate information on the anticipated costs and reimbursement rates. Try to set out which costs you may expect to finally bear yourself.

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

⑦ Quality and safety

You are entitled to **safe and high-quality treatment** in any EU*/EEA* country or Switzerland*.

Inform yourself on the safety and quality standards that are in place in the country of treatment and on which healthcare providers are subject to these standards. Make sure you gather sufficient information on the healthcare system where you wish to obtain treatment. The National Contact Point* of the country of treatment* will provide you with all necessary information regarding these topics.

In any case, consult with your GP* before making any commitments to seek treatment abroad. As your GP is best informed on your current state of health and medical records, s/he may help you to make the best decision regarding your plans to have treatment abroad. You may also benefit from consultation with other actors, such as specialised healthcare providers, patient organisations or even acquaintances of which you know have experience with cross-border healthcare. The more information you are able to collect, the better.

Besides, make sure you inform yourself and make suitable arrangements, such as:

- Inform yourself on the treatment, including information on treatment alternatives, the treatment procedure, the anticipated outcome, possible detriments and risks
- Inform yourself on the healthcare provider, hospital or health facility you wish to go to
- Inform yourself on what to do and who to contact in case something goes wrong
- Arrange interpretation when necessary
- Arrange transfer and translation of medical records
- Arrange follow-up care

In case you are not satisfied with the received treatment or intervention, you are entitled to complain and seek redress according to the legislation of the country of treatment (please consult section 9.2).

⑧ Medical records

8. 1. Right to documentation of medical records

You have the right to demand from the healthcare provider abroad to document your **medical records***. Even more it is of great importance that you always request the healthcare provider abroad to do so.

Documenting your medical records*, may be important for

- arranging suitable follow-up care*
- presenting proof of the medical treatment abroad, needed to claim reimbursement
- seeking redress in case you are not satisfied with the provided care

You should be aware of your right to **protection of your personal data*** collected and documented by your treating healthcare providers or hospital abroad, by the foreign national health service*/ health insurance provider* or any other instance collecting, processing or using your data (see section 4.8 on patients' rights to privacy).

8. 2. Right to access copy of your medical records

You have the **right to access copy** to all personal data concerning your 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 specific rights to access your medical records* will depend on the legislation of the country of treatment. Contact the National Contact Point in the country of treatment for more information.

8. 3. Right to transfer of medical records

You should be aware of the dangers resulting from receiving treatment or medical intervention without the necessary **transfer of your medical records*** to the healthcare provider abroad. In order to avoid wrong and harmful treatment, it is of great importance that the treating healthcare provider has copy of your medical records*, enabling him/her to gain insights in your current state of health and medical history, and to make a medical decision in your best interests.

You are entitled to access or have at least one copy of your medical records. Your healthcare provider must provide you with access or a copy, or must at least arrange him- or herself the transfer of your medical records directly to the treating healthcare provider, hospital or health facility abroad. In any case, never receive treatment without the healthcare provider was able to consult your medical records, including information on your medical history, previous diagnosis, treatment and intervention.



Also after receiving treatment abroad, you should make sure to arrange transfer or a copy of the medical records kept by the treating healthcare providers abroad to present to your healthcare providers back home. This way suitable follow-up care may be arranged.

8. 4. Patients' responsibilities regarding translation

When the cross-border healthcare* is provided by a healthcare provider that does not speak the same language, **make sure to arrange for translation** of your current medical records. The same applies for the medical records documented by the treating healthcare provider at home. In some cases you will have to arrange translation before presenting the foreign medical records to your healthcare providers at home, enabling them to arrange appropriate follow-up care and future monitoring of your health status.

Besides, in many cases your national health service*/ health insurance provider* at home, will require proof of the healthcare provided abroad before granting any reimbursement, including for example documentation on the provided treatment or intervention. When presenting this documents to your national health service*/ heal insurance provider* in the context of your request for reimbursement, you may also have to present these documents in the official language of your home country.

⑨ Complaints and redress

9.1. Your right to appeal decisions regarding prior authorisation and reimbursement

You are entitled to **appeal any decision of your national health service*/ health insurance provider*** regarding your process of accessing healthcare abroad.

If you are not satisfied with a decision of your national health service*/ health insurance provider* regarding your request for prior authorisation, you have the right to appeal. The same applies to decisions regarding reimbursement for costs incurred abroad.

Your specific rights and entitlements to appeal will depend on the applicable legislation in your home country. Contact your National Contact Point at home for more information on where to direct your appeal, your procedural options, anticipated time limits for a decision as well as possible administrative costs.

9.2. Your right to file complaint and seek redress

If you are not satisfied with the treatment received abroad, you are **entitled to file a complaint and seek redress**.

As the treatment abroad is provided under the medical legislation scheme of the country of treatment*, the legislation and insurance scheme of that country will apply in the event of treatment injuries. Your actions for complaints and redress, including any legal actions will be handled in accordance with the law of the country of treatment*.

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. Inform yourself on the different administrative, civil and criminal procedures in place, the steps you need to undertake, the time limit as well as anticipated procedural costs.

10 Prescription abroad

10.1 Presenting a prescription to the pharmacy abroad/ prescriptions issued abroad

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

However, to ensure that your prescription* is recognised and well-understood by the pharmacist abroad, inform your prescribing healthcare provider on planning to use the prescription abroad. He or she will prescribe the medication or medical devices 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

Besides, always be aware that the medicine concerned may not be available or authorised for sale in another EU*/EEA* country. As this is regulated under national legislation, all depend on the applicable legislation in the country where the medicines or medical devices are dispensed. As a result, for example also the dosage regime imposed by the pharmacy abroad may differ. Therefore, if possible always try to present your prescriptions in the country where they are dispensed.

10.2 Reimbursement and costs

European Health Insurance Card

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

Prior authorisation -S2 form

If you received planned treatment abroad with the **prior authorisation (S2 form*)** of your national health service*/ health insurance provider* and you received a prescription from your treating healthcare provider in the country of treatment, you are entitled to present



the prescription to a local pharmacist and enjoy the same rules and tariffs as patients covered/insured under the national health service*/ statutory health insurance* of the country of your visit. As a result, the medicine or medical device will be assumed and reimbursed in accordance with the social security legislation of the country of treatment (see section 6.1 on reimbursement and costs under the Social Security Regulations).

If you do not have a European Health Insurance Card or your prescription is prescribed in your home country

If you do not have a European Health Insurance Card* or your prescription is prescribed abroad, you will have to pay for the medicine/medical devices upfront*.

In this case you may submit a request for reimbursement with your own national health service*/ health insurance provider* upon your return home. You will be reimbursed according to the **rules and rates of your home country will apply** (see section 6.2 on reimbursement and costs under Directive 2011/24/EU).



11 National Contact Points

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

The main task of NCPs is to provide patients with clear and accessible information on all aspects of accessing medical treatment* abroad.

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

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

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

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

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

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

For the NCP contact details per Member State, please consult the website of your National Contact Point at home or visit: www.ec.europa.eu/health



12 Living abroad

12.1. What if you 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.

Under the Social Security Regulations (EC) 883/2004 and 987/2009 your rights and entitlements on social security are safeguarded when moving abroad. Which country will be responsible for your social security and health insurance coverage will depend on your economic status and your place of residence. It is important to know under whose social security system you are insured, as this will be the country where you have to arrange public health insurance, pay your contributions/taxation and under whose expense you are entitled to sickness benefits.

Overview of the different situations envisaged:

1. Frontier workers and their family members
2. Employees and self-employees posted on a short assignment (< 24 months)
3. Students, researchers or trainees abroad
4. Living and working in another country
5. Working in one country, while living in another
6. Pensioners settling abroad

1. Frontier workers and their family members

As a **frontier worker***, - that is a person pursuing an activity as an employed or self-employed person in one country and who resides in another country to which s/he returns on a daily basis or at least once a week-, you and your family members are **entitled to healthcare in both countries**. (*Attention: some countries have excluded family members of a frontier worker* from this special arrangement (see further)*)

You will have to submit a request for a European **S1 form*** with your national health service*/ health insurance provider*. With this document you will be entitled to health in your country of residence, on behalf of your country of work (also called the competent country*).

Provide the host-country's national health service*/ health insurance provider* with the S1 form* on your arrival.

Family Members of a frontier worker residing in a Member States listed in Annex III of Regulation 883/2004 are only entitled to healthcare in their country of residence. When they wish to receive healthcare in the country of work activity (i.e. competent Member State), the general rules for unplanned and planned cross-border healthcare under the Social Security Regulations and Directive 2011/24/EU apply.*



[2. Employees and self-employees posted on a short assignment \(< 24 months\)](#)

Workers who pursue an activity as an employed person in an EU*/EEA* country or Switzerland* and who are **posted in another Member State** to perform work on behalf of their employer, continue to be subject to the social security legislation of the first Member State when the assignment does not exceed **24 months**.

The same applies for self-employed workers who normally pursue an activity in a EU*/EEA* country or Switzerland* and who go to pursue a similar activity in another Member State, provided that the activity does not exceed 24 months.

You will have to submit a request for a European **S1 form*** with your national health service*/ health insurance provider*. With this document you will be entitled to health in your country of residence, on behalf of your country of work (also called the competent country*).

Provide the host-country's national health service*/ health insurance provider* with the S1 form* on your arrival.

[3. Students, researchers and trainees abroad](#)

When you are a **student, researcher or trainee abroad** and you are not employed in your host country, you are entitled to healthcare in your host country under a valid European Health Insurance Card* (for medically necessary treatment*) or S2 form (for planned healthcare), or under Directive 2011/24/EU (see section 1 on healthcare abroad).

When, however, you are employed in your host country, you will need to arrange social security cover there. From then on you will be entitled to treatment provided/ covered under the national health service*/ statutory health insurance provider* of that country. Contact the local healthcare authority for more information

[4. Living and working in another country](#)

When you plan to **settle and work in another EU*/EEA* country or Switzerland***, you and your family members will no longer be covered under the social security system of your former home country, and thus you will no longer be entitled to healthcare there.

You will have to arrange social security cover in your new country of work activity. From then on you will be entitled to treatment provided/ covered under the national health service*/ statutory health insurance provider* of that country. Contact the local healthcare authority for more information.

[5. Working in one country, while living in another](#)

When **working in one EU*/EEA* country or Switzerland*** and **living in another**, you will be insured and covered under the social security system of your country of work. You and your family members will be entitled to healthcare in your country of residence, on behalf



of the country of work (also called the competent Member State*), as though you were insured under the social security legislation of that country.

Under an **S1 form***, you will be entitled to healthcare under the national health service*/statutory health insurance* scheme in your country of residence. The competent Member State* will compensate the healthcare authority of your home country for your health expenses.

! Attention: when you plan to settle in another EU*/EEA* country or Switzerland* but you remain working in your former home country* (the competent Member State*), you and your family members will stay entitled to healthcare provided during a temporary stay back in the competent Member State*, at its own expenses and under the legislation it applies.

Contact your healthcare authority for more information.

6. Pensioners settling abroad

When you are a **pensioner settling in another EU*/EEA* country or Switzerland***, your social security cover will depend on the following:

- When you are entitled to pension under the social security legislation of two or more Member States, including your country of residence, you will be covered under the social security scheme of the latter
- When you are entitled to pension under the social security legislation of one or more Member States, other than the country of residence you will be covered under the social security scheme of the country to whose legislation you have been subject for the longest period of time, or in case of equal periods, the country to whose legislation you were last subject (the competent Member State*). In this case you will be entitled to healthcare under the national health service*/statutory health insurance* scheme in your country of residence, at the expense of the competent Member State*. You will have to request for an **S1 form***.

Healthcare in the country where you used to work:

! In some cases you will remain entitled to **healthcare provided during a temporary stay** back in the competent Member State or Member State of previous work activity.

More specifically, this will be the case for **pensioners and their family members** when the competent Member State* is listed in Annex IV Regulation (EC) 883/2004* and has opted to grant more beneficial rights to temporary returning pensioners.

Besides, a special arrangement applies for **retired frontier workers***. Every retired frontier worker is entitled to treatment in the Member State where s/he last pursued his/her activity as an employee or self-employee, in so far as this is a **continuation of treatment** which was started in that country. Request for an **S3 form*** in the Member State under whose social security scheme you are covered.



In some cases a retired frontier worker will remain entitled to healthcare provided during a temporary stay back in the Member State of previous work activity, regardless of continuation of treatment or not. 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 and the competent Member State* are listed in Annex V Regulation (EC) 883/2004*. Request for an **S3 form*** in the Member State under whose social security scheme you are covered.

! Attention: the special entitlements of retired frontier workers* to healthcare during a temporary stay back in the competent Member State*, apply *mutatis mutandis* to the family members of the frontier worker, unless the competent Member State* is listed in Annex III of Regulation 883/2004*. In this case, the family members of the frontier worker will only be entitled to treatment in their country of residence on the display of a valid European Health Insurance Card* (in case of medically necessary treatment*) or S2 form* (planned treatment), or under the Directive 2011/24/EU route (see section 1 on healthcare abroad).

12.2. Cross-border healthcare when living abroad: which institution will be responsible for prior authorisation and reimbursement?

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

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

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

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

