



Social Security and Healthcare - EU Legal Framework

Explanatory Meeting on the Acquis

13 March 2019

These slides accompany the explanation of the acquis to Albania and North Macedonia and can only be used for that purpose. Their content is subject to further development of the acquis and interpretation by the Court of Justice of the European Union

Overview

1) Regulations on social security coordination

- *Unplanned care*
- *Planned care*
- *Residence in other MS*

2) Directive on patients' rights in cross border healthcare

3) Relationship of the two instruments

EU legislative instruments

- Coordination Regulations in place since 1958 (currently **Regulations 883/2004 and 987/2009**)
- Since 2011 **Directive 2011/24** also deals with cross-border healthcare (transposition: 2013)
- Need for dealing with the co-existence of two instruments

Decisions of the Administrative Commission

S1, S2

- Concerning European Health Insurance Card

S3

- Concerning the benefits covered by Articles 19(1) and 27(1) of Reg. 883/2004 and Article 25(A)(3) of Reg. 987/2009

S4

- Concerning refund procedures for the implementation of Articles 35 and 41 of Regulation 883/2004

S5

- On interpretation of the concept of 'benefit in kind

S6

- 'concerning the registration in the Member State of residence under Article 24 of Regulation 987/2009

S7

- Concerning the transition from Reg. 1408/71 and 574/72 to Reg. 883/2004 and 987/2009 and the application of reimbursement procedures

S8

- Concerning the substantial benefits in kind

Regulations – **basic rules**

Sickness

- **CASH benefits** – *intended to replace income*
 - paid by the State where the person is insured
 - exportable
- **Benefits in KIND** – *healthcare, medical treatment, medicines, hospitalisation & direct payments to reimburse the costs*
 - provided by the State where the person resides or stays
 - reimbursable by the competent State

Long-term care

- coordinated according to sickness rules

Regulations - **basic scenarios**

a) Temporary stay outside the State of insurance:

I. Necessary care

– European Health Insurance Card (EHIC)

II. Planned treatment

– requires prior authorisation (S2)

b) Residence outside the State of insurance

- Registration with a form (S1)

Necessary care during a temporary stay



Planned treatment abroad

Coordination of Social Security Systems

S2 

Entitlement to scheduled treatment
EU Regulations 883/04 and 987/04 (*)

INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment abroad. If you present it to the health care institution in the State where the treatment will be provided, you will receive medical treatment under the same conditions as persons insured in that State.
You may be entitled to a supplementary reimbursement according to national reimbursement rates.
Your health care institution will advise you on this. For a list of health care institutions, see <http://ec.europa.eu/social-security-directory/>

1. PERSONAL DETAILS OF THE HOLDER

1.1. Personal Identification Number in the competent Member State	
1.2. Surname	
1.3. Forename	
1.4. Surname at birth (*)	
1.5. Date of birth	
1.6. Current address	
1.6.1 Street, N°	1.6.3 Post code
1.6.2 Town	1.6.4 Country code

2. KIND AND LOCATION OF TREATMENT

2.1. Treatment	
2.2. Location of the treatment	
2.3. Expected period of treatment	
2.3.1 Start date	2.3.2 End date

Necessary care during temporary stay

Article 19 of Reg. 883/2004 and Article 25 of Reg. 987/2009

- Access with **European Health Insurance Card (EHIC)**
- “...during temporary stay”
- right to “...benefits in kind which become necessary on medical grounds during their stay”
- Benefits provided in accordance with the conditions and tariffs of legislation of the MS of stay
- Reimbursed between institutions/patients fee may apply

European Health Insurance Card (EHIC)

**almost 237 million users
throughout the European Union**



EHIC

- Certifies entitlement of the person to receive the necessary health care in another Member State
- Is issued always by the **competent MS**
- Reimbursements between the institutions for the costs generated by the use of EHIC on the basis of actual costs (full cost/co-payment applicable)
 - *See: Article 35 of Regulation 883/2004*
 - *Decision S4 para. 2-4*

Conditions and costs

• *Entitlement to benefits in kind (=healthcare) within the state healthcare system on the same terms as persons covered under the legislation of the Member State of stay:*

- Same treatments
- Same cost
- Same reimbursement conditions



What if the citizen does not have an EHIC?

- *If the citizen is an insured person within the meaning of the EU Regulations, but has no proof of this, there are two options:*
 1. Obtain a Provisional Replacement Certificate ("PRC") to prove status to healthcare provider; OR
 2. Citizen pays upfront and claims reimbursement of cost from either institution in place of stay or competent institution

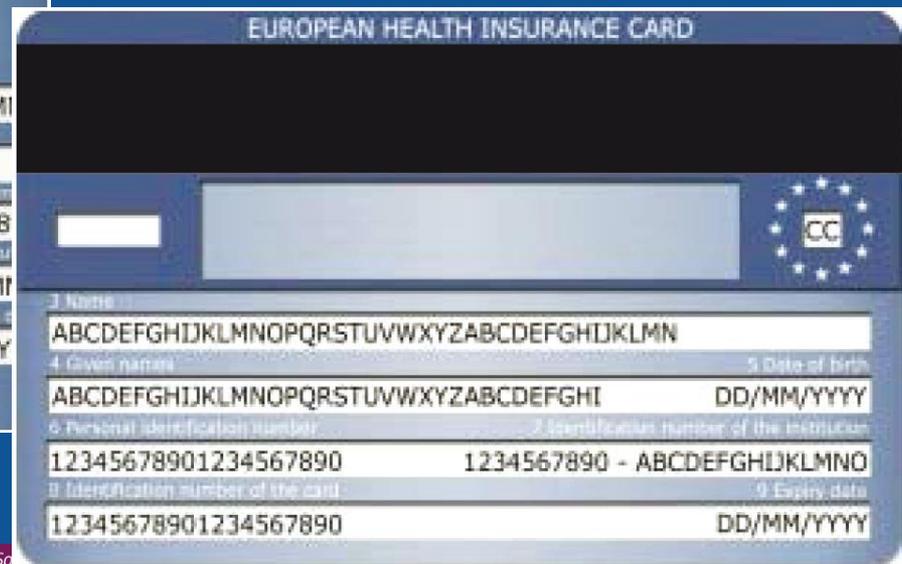
Important – the European Health Insurance Card:

- *is **not an alternative to travel insurance**. It does not cover any private healthcare or costs such as a return flight to your home country or lost/stolen property,*
- *does **not cover** your costs if you are **travelling for the express purpose of obtaining medical treatment**,*
- *does **not guarantee free services**. As each country's healthcare system is different services that cost nothing at home might not be free in another country.*

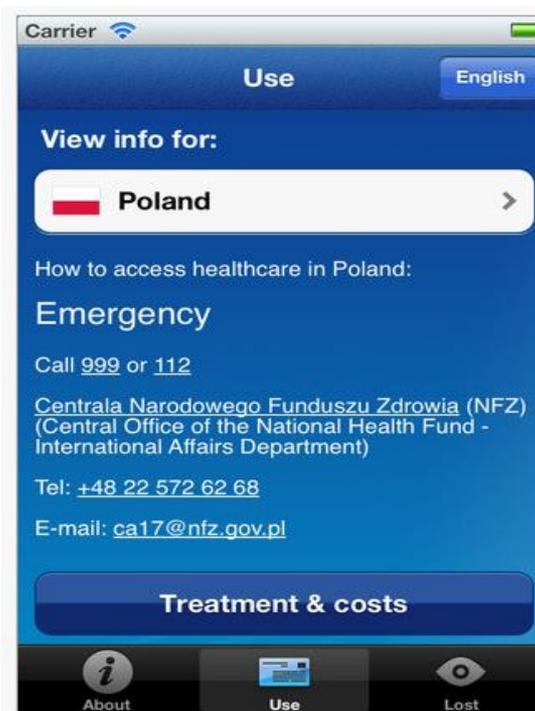
EHIC layout



- *Decisions S1 and S2 of the Administrative Commission
(in principle – eye readable format)*



EHIC App (Android and iPhone)



Residence outside the competent MS

Articles 17-18 Reg. 883/2004 and Article 24 Reg. 987/2009



- Transfer of the residence while insured in competent MS
 - obligation of **registration:**
Portable Document S1
- **Equal rights** in the MS of residence as the person insured there
- **Costs** reimbursed by the institution of the competent MS to the residence MS



Directive 2011/24/EU on patients' rights in cross border healthcare

- Planned and unplanned care – **no formalities** (no S1/EHIC) (but for some treatments, such as hospital, prior authorisation can be required)
- Patients can access healthcare abroad provided by **private providers**
- Directive **does not** apply in the Member State of residence
- Directive **does not** apply to long-term care

Directive – reimbursement rules

- Patients always need to **pay upfront** for the care received
- As a rule, patients get **reimbursed** up to the amount they would be entitled to in their home country



Relationship Regulations – Directive - operating principles

- Regulations and Directive are two separate instruments with their own scopes of application
- Regulations apply first, unless patient wishes otherwise
- Directive gives alternative rights in access to cross-border healthcare to those existing under Regulations:
 - patients have **choice** to access healthcare abroad

Information sources:

<http://ec.europa.eu/social/>

- **Links to legislation, official documents**
- **Practical guide on applicable legislation, Posting guide**
- **“Small Guide” on citizen’s rights**
- **Explanatory notes, AC Decisions**
- **Videos:**

<https://ec.europa.eu/social/main.jsp?catId=857&langId=en&furtherVideos=yes>

Information sources:

- *EHIC:*

<https://ec.europa.eu/social/main.jsp?catId=559>



Questions?

Thank you for your attention