

The coordination of healthcare in Europe

Rights of insured persons and their family members under Regulations (EC) No 883/2004 and (EC) No 987/2009

Social Europe



European Commission

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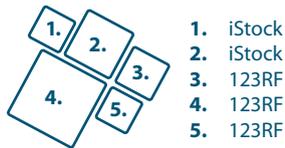
European Commission

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Unit B.4

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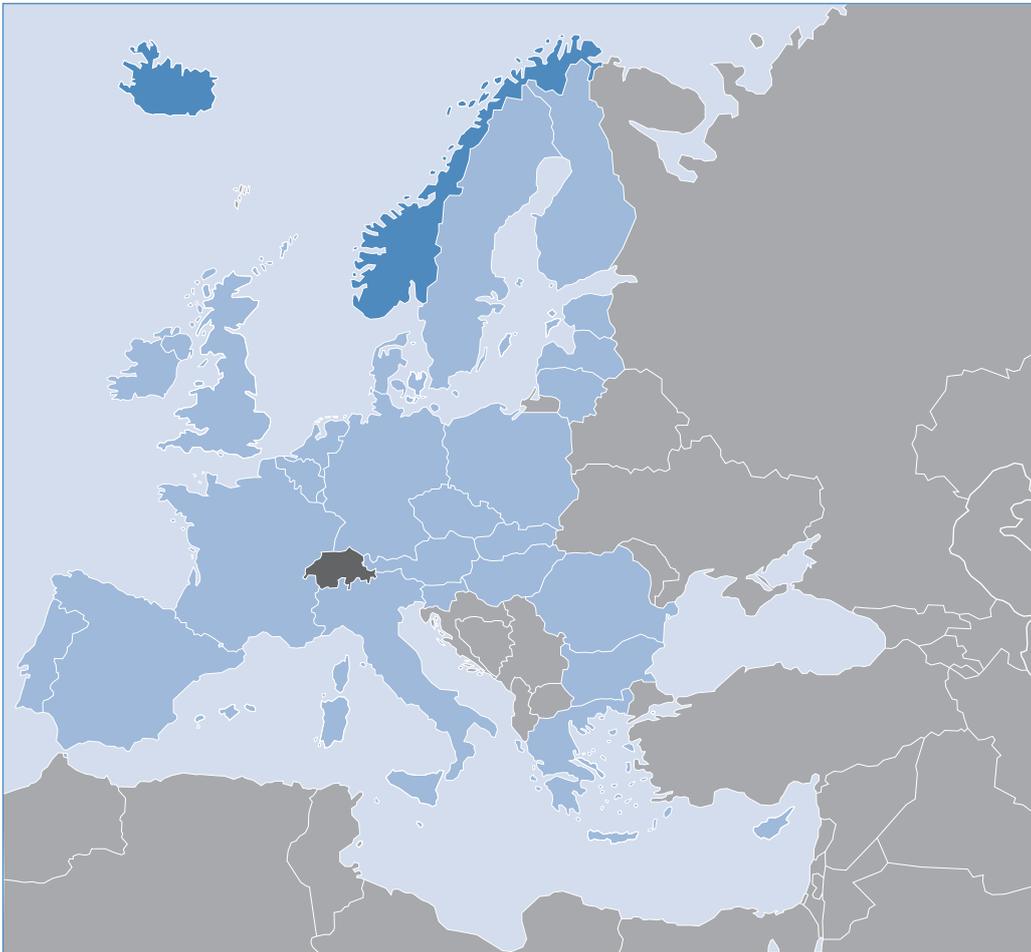
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In which countries do these provisions apply?

The EU provisions on social security coordination apply in all of the countries belonging to the European Union (EU), the European Economic Area (EEA) and Switzerland.



- European Union (EU): Belgium, Bulgaria, the Czech Republic, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden and the United Kingdom
- European Economic Area (EEA): EU-27 plus Iceland, Liechtenstein and Norway
- Switzerland

Remark

Wherever the term 'Member State' is used in this guide, it generally refers to all the abovementioned States. However, new Regulations (EC) No 883/2004 and (EC) No 987/2009 will apply to EEA countries and Switzerland only once the agreements with the EEA and Switzerland are amended. Until then, Regulations (EEC) No 1408/71 and (EEC) No 574/72 continue to apply with regard to those countries.

Introduction

Why this guide? The purpose of this guide is to provide the EU Member State institutions that will be applying the EU rules on social security coordination with an accurate, schematic overview of the provisions on the rights to healthcare benefits in kind of people moving within the EU.

This is a short easy-to-read guide, but detailed enough to provide information on each typical situation provided for by Regulation (EC) No 883/2004 (BR) and Regulation (EC) No 987/2009 (IR). It also sets out the extent of the rights of the beneficiaries, the conditions to be met, the procedures to follow and the evidence to be provided as well as the arrangements between Member States for reimbursement of benefits provided in one State on behalf of another.

To make these situations easier to visualise, an overall diagram has been provided for each typical situation depicting the flow of administrative documentation, of benefits provided and of reimbursement between States. A glossary defining the main concepts used is provided at the end of this guide.

In particular, users should note that this guide only refers to the provisions of the abovementioned regulations and does not take account of additional provisions of the directive on cross-border healthcare recently adopted to codify EU Court of Justice jurisprudence based on internal market rules on the free movement of goods and services.

References to the regulations

For brevity, the letters BR refer to Regulation (EC) No 883/2004 (basic regulation) and the letters IR refer to Regulation (EC) No 987/2009 (implementing regulation).

How to read the diagrams



Member State A and its actions



Member State B and its actions



Member State C and its actions



Formalities: circulation of documents between institutions



Transfer of official documents and reimbursements between institutions (for simplicity, liaison bodies are not included and are replaced with a reference to ad hoc circuits)

The coordination of healthcare in Europe

Rights of insured persons and their family members under Regulations (EC) No 883/2004 and (EC) No 987/2009

1. Insured persons and their family members

1.1. Residence

1.1.1. Residence in the competent Member State

Insured persons ⁽¹⁾ and their family members residing in the competent Member State are entitled to all healthcare (benefits in kind) provided for under the legislation of that State.

These benefits are provided by the competent institution in accordance with the statutory conditions, procedures and rates applied by this institution.

The benefits are provided at the expense of the competent State.

1.1.2. Residence in a Member State other than the competent Member State ⁽²⁾

Insured persons and their family members residing in a Member State other than the competent Member State are entitled to all healthcare (benefits in kind) provided for under the legislation of the Member State in which they reside.

These benefits are provided by the institution of the place of residence in accordance with the statutory conditions, procedures and rates applied by this institution, as if the beneficiaries were insured under this legislation.

Procedures and evidence

Insured persons and/or their family members must register with the institution of their place of residence using the S1 form 'Registering for healthcare cover' setting out their rights. This form is issued by the competent institution at the request of the insured person or the institution of the place of residence (IR, Article 24(1)).

This document remains valid until the competent institution informs the institution of the place of residence of its cancellation. The institution of the place of residence notifies the competent institution of any registration processed by it and of any change to or cancellation of the said registration (IR, Article 24(2)).

The above scheme applies in full and in the same way to:

- » family members not residing in the competent State although the insured person resides in that State;
- » insured persons who do not reside in the competent State but whose family members do;
- » all persons concerned in their State of residence other than the competent State when the persons are dispersed differently or over more than two Member States.

Benefits provided by the institution of the place of residence are reimbursed by the competent institution.

Reimbursement between Member States

Benefits provided on behalf of the competent institution (BR, Article 17(1)) give rise to full reimbursement (BR, Article 35(1)). Reimbursement is determined and carried out in accordance with the procedure set out in the implementing regulation (IR, Title IV, Chapter I, Articles 62–69) either:

- on the basis of documentary proof of actual expenditure (IR, Article 62); or
- for family members who do not reside in the same Member State as the insured person only, on the basis of fixed amounts for Member States whose legal or administrative structures are such that reimbursement on the basis of actual expenditure is not appropriate (BR, Article 35(2), and IR, Articles 63–65).

Member States or their competent authorities may provide for other methods of reimbursement or waive all reimbursement between the institutions under their jurisdiction (BR, Article 35(3), and IR, Articles 66–69).

⁽¹⁾ This chapter sets out the rules that apply to insured persons other than pensioners.

⁽²⁾ BR, Article 17.

Diagram 1: Worker and family members residing in a Member State other than the competent Member State

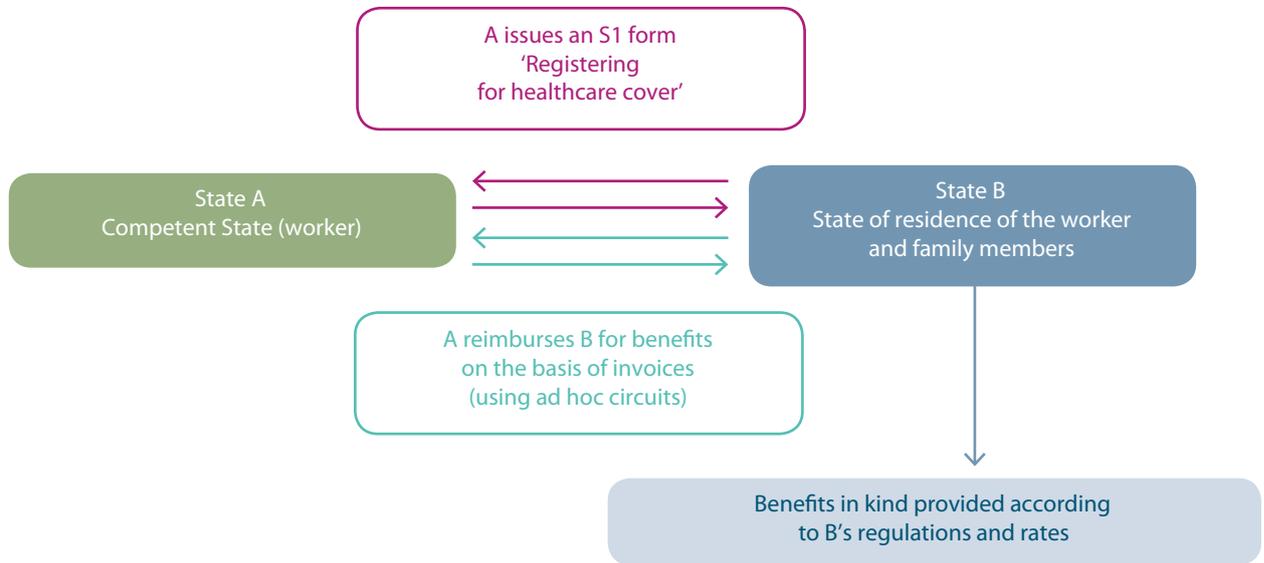
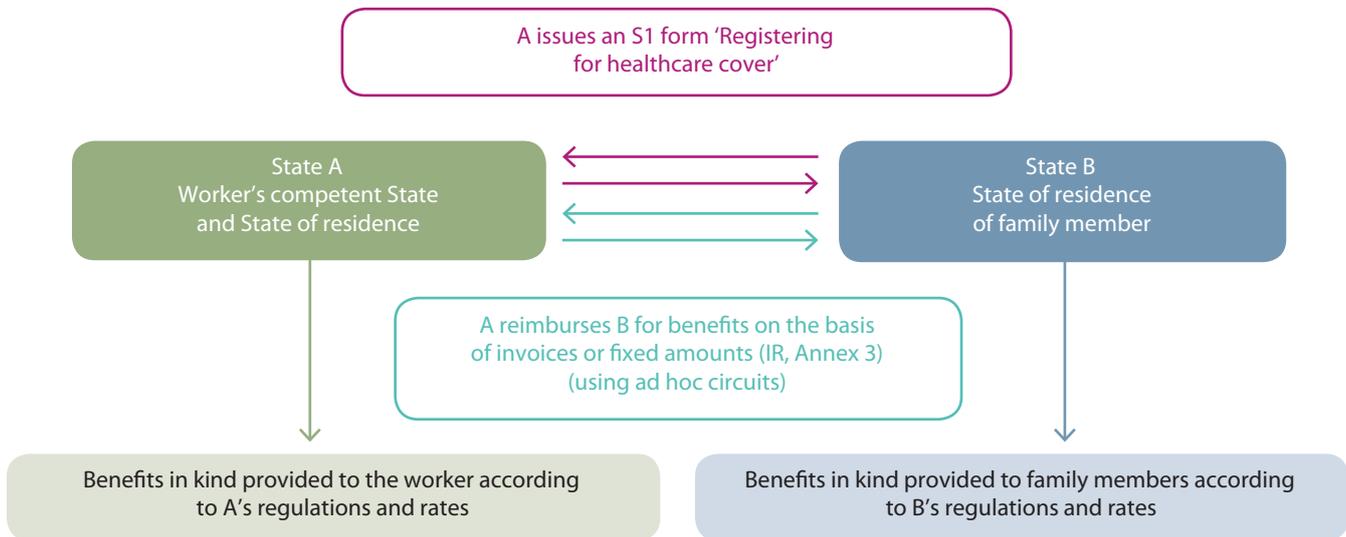


Diagram 2: Worker residing in the competent State and family members residing in another Member State



A secondary identical diagram can be deduced from this diagram: worker residing in State B and family members residing in competent State A; however, in this case, reimbursements paid by A to B are made solely on the basis of invoices.

1.1.3. Residence in a Member State (pension claimants) ⁽³⁾

Insured persons ⁽⁴⁾ who, during the examination of their claim for a pension, cease to be entitled to benefits in kind under the legislation of the last competent Member State remain entitled to benefits in kind under the legislation of the Member State in which they reside. For this purpose, they must satisfy the insurance conditions of the legislation of the Member State which would become competent if a pension were granted (see Chapter 2). These provisions also apply to family members of pension claimants.

These benefits are provided by the institution of the place of residence in accordance with the statutory conditions, procedures and rates applied by this institution, as if the beneficiaries were insured under this legislation.

Procedures and evidence

Insured persons and/or their family members must register with the institution of their place of residence using the S1 form 'Registering for healthcare cover' setting out their rights. This form is issued by the competent institution at the request of the insured person or the institution of the place of residence (IR, Article 24(1) by way of referral to (3)).

This document remains valid until the competent institution informs the institution of the place of residence of its cancellation. The institution of the place of residence notifies the competent institution of any registration processed by it and of any change or cancellation of the said registration (IR, Article 24(2) by way of referral to (3)).

The above scheme applies in full and in the same way to:

- » family members not residing in the competent State although the insured person resides in that State;
- » insured persons who do not reside in the competent State but whose family members do;
- » all persons concerned in their State of residence other than the competent State, when the persons are dispersed differently or over more than two Member States.

Benefits provided by the institution of the place of residence are reimbursed by the competent institution.

⁽³⁾ BR, Article 22.

⁽⁴⁾ For the Member States referred to in Annex 2 (Germany and Spain), the provisions of BR, Title III, Chapter 1, Articles 17–35 related to benefits in kind shall apply to persons entitled to benefits in kind solely on the basis of a special scheme for civil servants only to the extent specified therein (IR, Article 32(2)).

Reimbursement between Member States

The benefits in kind are chargeable to the institution of the Member State which would become competent under BR, Articles 23 to 25 (Article 22(2)), if a pension were awarded. They give rise to full reimbursement (Article 35(1)), determined and carried out in accordance with the procedure set out in the implementing regulation on the basis of documentary proof of actual expenditure (IR, Article 62).

Member States or their competent authorities may provide for other methods of reimbursement or waive all reimbursement between the institutions under their jurisdiction (BR, Article 35(3), and IR, Articles 66–69).

1.2. Stay

1.2.1. Stay outside the competent Member State ⁽⁵⁾

Insured persons and their family members staying in a Member State other than the competent Member State are entitled to benefits in kind which become necessary on medical grounds during their stay, taking into account the nature of the benefits and the expected length of the stay ⁽⁶⁾.

The State of stay provides these benefits taking into account their nature and the length of the stay. The aim is that the person concerned is not compelled to return to his Member State to receive treatment before the expected end of his stay.

These benefits are provided by the institution of the place of stay in accordance with the statutory conditions, procedures and rates applied by this institution, as if the beneficiaries were insured under this legislation.

To benefit from these provisions, the persons concerned must submit an individual document detailing their rights, known as the European Health Insurance Card (or EHIC), directly to the treatment provider in the State of stay. The card is issued by the competent institution. If the persons concerned do not have a card, the institution of the place of stay may apply for one from the competent institution or may obtain a provisional replacement certificate (or PRC).

The insured person may claim reimbursement for any costs borne directly from the institution of the place of stay if the legislation applied by this institution allows reimbursement of these costs to an insured person. In this case, the institution of the place of stay will apply its reimbursement rates ⁽⁷⁾.

⁽⁵⁾ BR, Article 19.

⁽⁶⁾ AC Decision S3 (benefits covered by BR, Article 19(1)) (<http://ec.europa.eu/social/main.jsp?langId=en&catId=868>).

⁽⁷⁾ IR, Article 25(4).

The insured person may also apply directly to the competent institution for reimbursement ⁽⁸⁾. In this case, the competent institution makes the reimbursement in accordance with the rates applied by the institution of the place of stay as forwarded by the latter to the former upon request. By way of derogation and with the consent of the insured person, the competent institution may carry out the reimbursement according to its own rates ⁽⁹⁾. The consent of the person concerned is not necessary if the legislation applied by the State of stay does not provide for reimbursement in this case.

Whichever option is retained, the amount reimbursed may not exceed the total cost of the care borne by the insured person ⁽¹⁰⁾. If this amount is substantial, the competent institution may pay the insured person an appropriate advance as soon as that person submits the application for reimbursement to the said institution ⁽¹¹⁾.

The benefits provided by the institution of the place of stay are reimbursed by the competent institution in accordance with the procedures and arrangements set out in the IR (Title IV, Chapter I, Articles 62–69).

Procedures and evidence

The Administrative Commission for the Coordination of Social Security Systems draws up a list of benefits in kind which, in order to be provided during a stay in another Member State, require for practical reasons a prior agreement between the person concerned and the institution providing the treatment (BR, Article 19(2) by way of referral) ⁽¹²⁾.

Insured persons must submit their European Health Insurance Card (EHIC) to the treatment provider of the State of stay. This card is a document issued by the competent institution which states that under BR, Article 19, these persons have the same the rights to benefits as insured persons under the legislation of the State of stay. If the insured person does not have this document, the institution of the place of stay, on request or where needed, contacts the competent institution to obtain a provisional replacement certificate (PRC) (IR, Article 25(1) and 25(2)) ⁽¹³⁾.

The above scheme applies in the same way where the persons concerned live in a Member State other than the competent State and stay in a third Member State. In particular, it is the competent State and not the State of residence which:

- » issues the European Health Insurance Card and the replacement certificate where necessary;
- » carries out the reimbursements applied for;
- » bears the final cost of benefits provided by the institution of the place of stay.

Reimbursement between Member States

Benefits provided on behalf of the competent institution (BR, Article 19(1)) give rise to full reimbursement (BR, Article 35(1)). Reimbursement is determined and carried out according to the procedure set out in the implementing regulation on the basis of documentary proof of actual expenditure (IR, Article 62).

Member States or their competent authorities may provide for other methods of reimbursement or waive all reimbursement between the institutions under their jurisdiction (BR, Article 35(3), and IR, Articles 66–69).

1.2.2. Stay in the competent Member State ⁽¹⁴⁾

Insured persons ⁽¹⁵⁾ and their family members who reside in a Member State other than the competent Member State and who are temporarily staying in the competent State are entitled to all benefits in kind provided for under the legislation of the latter State.

These benefits are provided by the competent institution in accordance with the statutory conditions, procedures and rates applied by this institution, and at its expense, as if the beneficiaries resided in the competent Member State.

This scheme applies in particular to family members of cross-border workers. However, these family members are only entitled to limited benefits in Denmark, Ireland, Finland, Sweden and the United Kingdom and, until 1 May 2014, in Estonia, Spain, Italy, Lithuania, Hungary and the Netherlands ⁽¹⁶⁾.

⁽⁸⁾ IR, Article 25(5).

⁽⁹⁾ IR, Articles 25(6) and 25(7).

⁽¹⁰⁾ IR, Article 25(8).

⁽¹¹⁾ IR, Article 25(9).

⁽¹²⁾ See also AC Decision S3 (benefits covered by BR, Article 19(2)) (<http://ec.europa.eu/social/main.jsp?langId=en&catId=868>).

⁽¹³⁾ See also, AC decisions S1 and S2 (EHIC and PRC) (<http://ec.europa.eu/social/main.jsp?langId=en&catId=868>).

⁽¹⁴⁾ BR, Article 18.

⁽¹⁵⁾ See footnote 4.

⁽¹⁶⁾ These States are listed in BR, Annex III.

Diagram 3: Worker and family members residing in the competent State — stays in other Member States

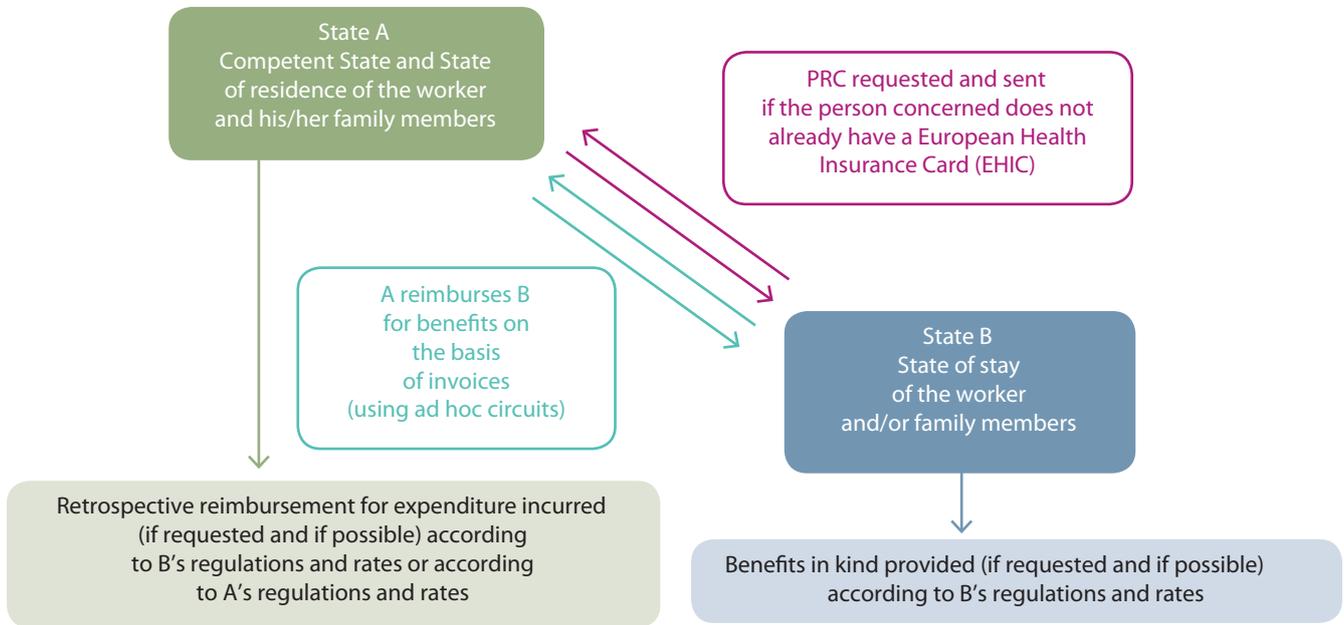


Diagram 4: Worker and family members residing in a Member State other than the competent State — stays in other Member States

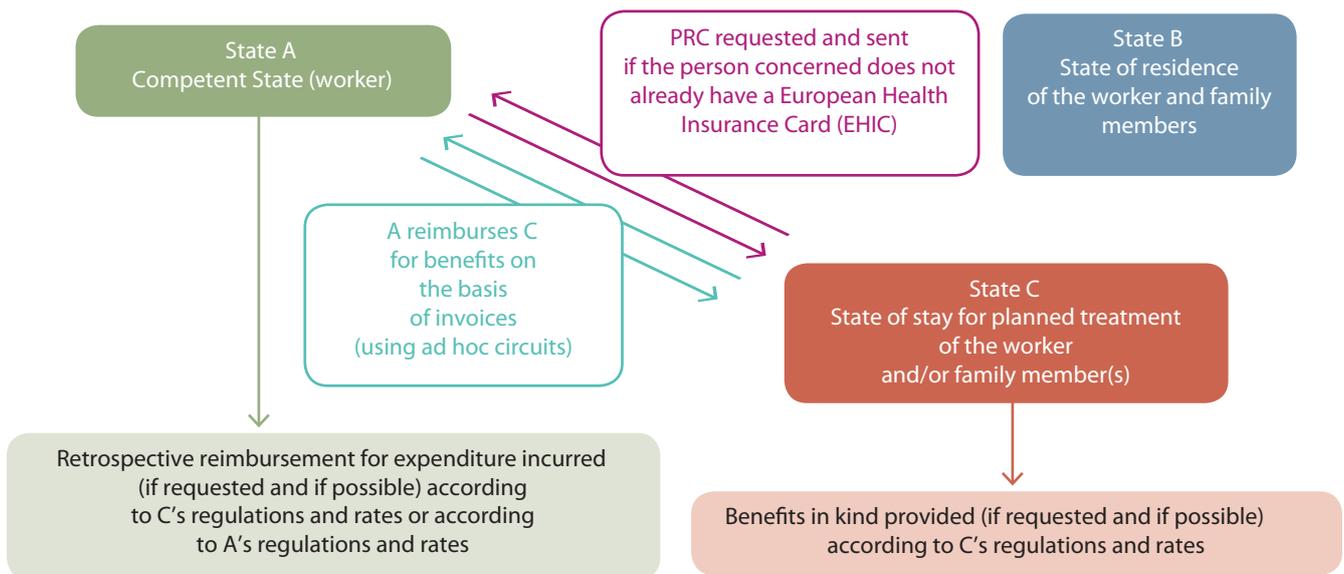
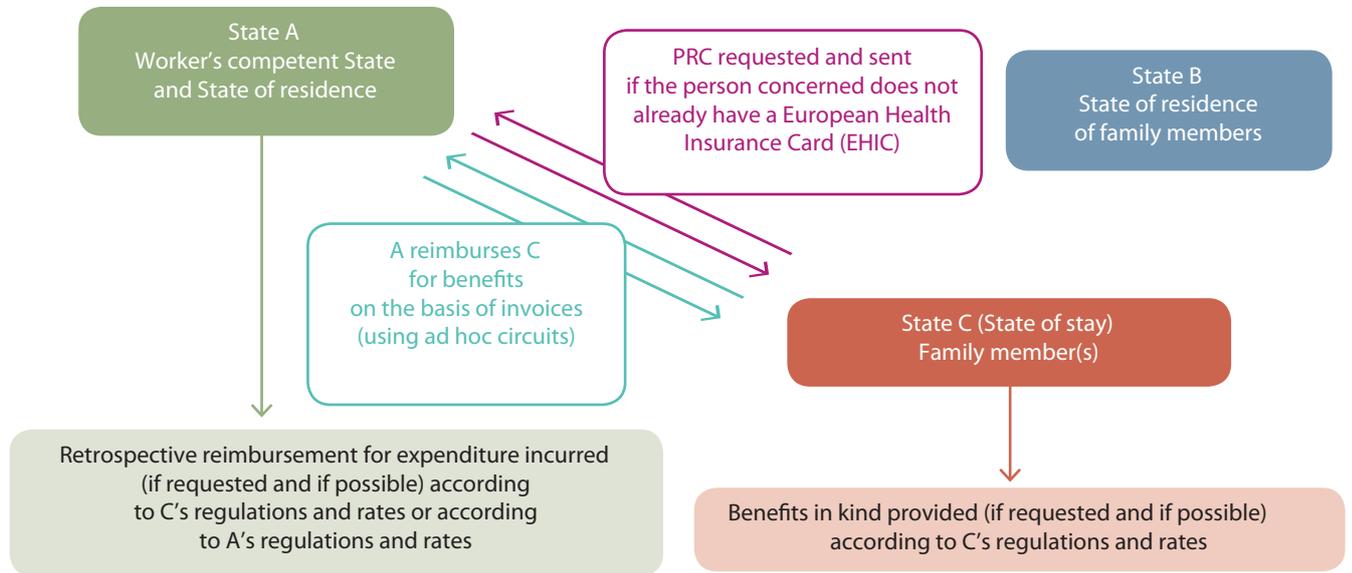
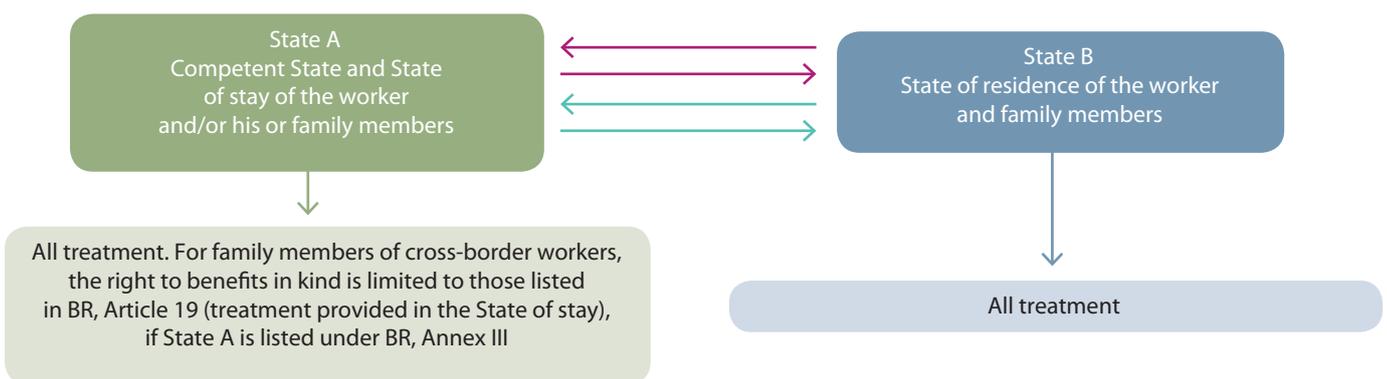


Diagram 5: Worker residing in the competent State and family members residing in another Member State — stays in other Member States



A secondary identical diagram can be drawn up in where the worker stays in State C or in another State D. Similarly, the basic diagram could be reversed as follows: worker residing in B and family members in A, without changing the roles of the competent State and State(s) of stay.

Diagram 6: Worker and family members residing in a Member State other than the competent State — stays in the competent State



This diagram is the same for workers who reside in A and whose family members reside in B, for workers residing in B and whose family members reside in A or for workers and their family members residing in two or more States other than A.

1.2.3. Stay to receive planned healthcare ⁽¹⁷⁾

1.2.3.1. Persons residing in the competent Member State

Insured persons and their family members who stay in another Member State to receive treatment appropriate to their condition are entitled to the corresponding benefits in kind, provided that they have received prior authorisation from the competent institution.

These benefits are provided by the institution of the place of stay in accordance with the statutory conditions, procedures and rates applied by this institution, as if the beneficiaries were insured under this legislation.

To receive benefits in kind, the persons concerned must submit an S2 form 'Entitlement to scheduled treatment' drawn up by the competent institution and which states that authorisation has been granted. Authorisation must be requested from the competent institution prior to treatment.

Authorisation may not be declined where the following two conditions are met:

- » the planned treatment is listed under benefits provided for under the legislation of the competent State; and
- » the treatment cannot be provided to the person concerned on the territory of the competent State within a time limit which is medically justifiable, taking into account his/her current state of health and the probable course of his/her illness.

The insured person may claim reimbursement for any costs borne directly from the institution of the place of stay if the legislation applied by this institution allows reimbursement of these costs to an insured person. In this case, the institution of the place of stay will apply its reimbursement rates ⁽¹⁸⁾.

The insured person may also apply directly to the competent institution for reimbursement. The reimbursement is made in accordance with the rates applied by the institution of the place of stay, forwarded by it at the request of the competent institution. By way of derogation and with the consent of the insured person, the competent institution may carry out the reimbursement according to its own rates ⁽¹⁹⁾. The consent of the person concerned is not necessary if the legislation applied by the State of stay does not provide for reimbursement in this case.

In addition, the competent institution grants a supplementary reimbursement at the request of the insured person where:

- » the insured person pays part of the cost of treatment; and
- » this amount and the total cost of treatment chargeable to or reimbursed by the institution of the place of stay is lower than the cost chargeable to or reimbursed by the competent institution if the same treatment had been provided on its territory.

This reimbursement is equal to the difference between the amount paid or the reimbursement applied by the competent institution and that applied by the institution of the place of stay ⁽²⁰⁾.

Whichever option is retained, the amount reimbursed may not exceed the total cost of the care borne by the insured person. If this amount is substantial, the competent institution may pay the insured person an appropriate advance as soon as that person submits the application for reimbursement to the said institution.

The benefits provided by the institution of the place of stay are reimbursed by the competent institution in accordance with the procedures and arrangements set out in the implementing regulation (Title IV, Chapter I, Articles 62–69).

Procedures and evidence

The insured person submits an S2 form 'Entitlement to scheduled treatment' to the institution of the place of stay, issued by the competent institution. In this case, 'competent institution' refers to the institution that pays for the planned treatment. In the cases provided for in BR, Article 20(4) and Article 27(5), where the benefits in kind provided in the Member State of residence are reimbursed on the basis of fixed amounts, the competent institution designates the institution of the place of residence (Article 26(1)).

At any time during the procedure for granting authorisation, the competent institution has the right to have the insured person examined by a doctor of its choice in the State of stay or of residence (Article 26(4)).

Without prejudice to any decision regarding authorisation, the institution of the place of stay shall inform the competent institution if it appears medically appropriate to supplement the treatment covered by the existing authorisation (Article 26(5)).

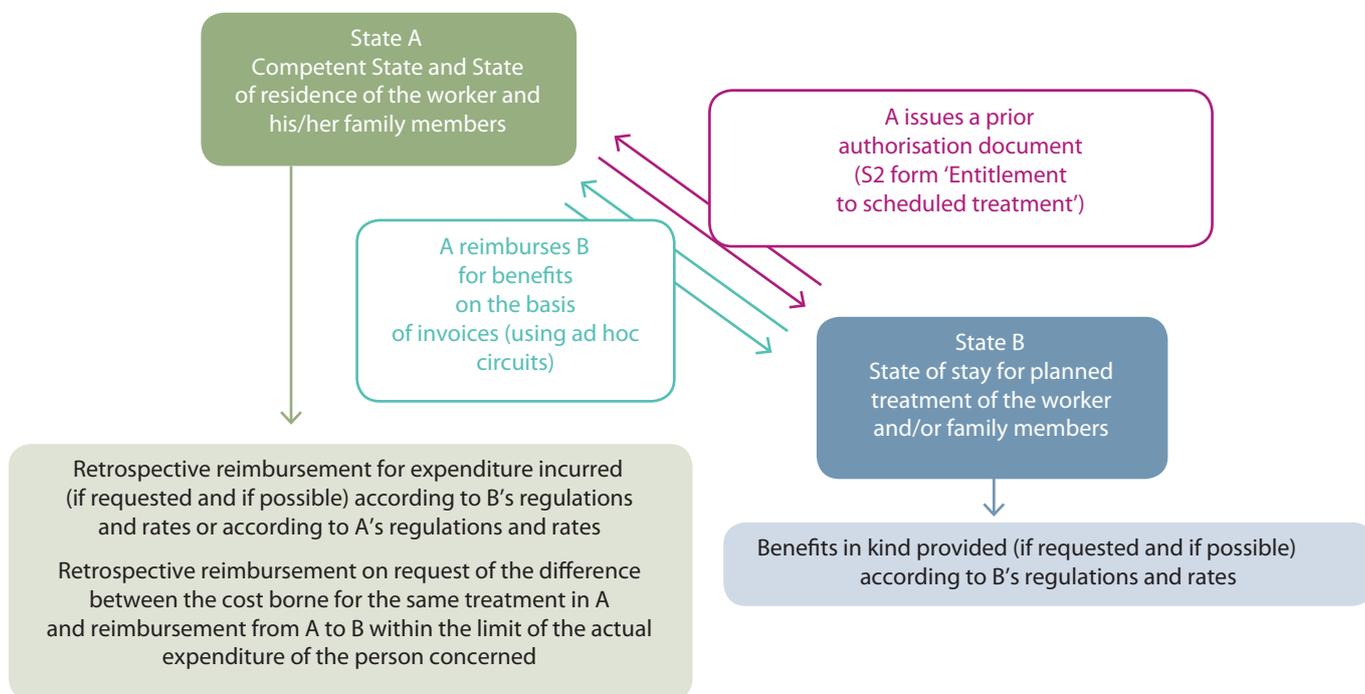
⁽¹⁷⁾ See footnote 4.

⁽¹⁸⁾ IR, Article 25(4) by way of referral to Article 26(6).

⁽¹⁹⁾ IR, Article 25(5) by way of referral to Article 26(6).

⁽²⁰⁾ IR, Article 26(7).

Diagram 7: Worker and family members residing in the competent Member State — stays in other Member States in order to receive treatment



1.2.3.2. Persons not residing in the competent Member State

Where the insured person or a member of his/her family who travels to receive treatment resides in a Member State other than the competent State, the above scheme applies with the following adaptations.

General rule

The application for prior authorisation must be lodged with the institution of the place of residence, which forwards it to the competent institution. The institution of the place of residence informs the competent institution if the conditions under which authorisation may not be declined ⁽²¹⁾ are met or not in the Member State of residence.

The competent institution may not decline the authorisation requested if the above conditions are met in both the state of residence, as determined by the institution of the place of residence, and in the competent State. If the competent institution does not reply within the time limits set out in the legislation it applies, it is deemed to have granted the authorisation.

However, where the institution of the place of residence finds that the condition of the person concerned requires urgent vital treatment and that the conditions under which authorisation may not be declined are met in the Member State of residence, it shall grant the authorisation requested on behalf of the competent institution and notify the latter.

State of residence listed under IR, Annex 3

In the case of a family member of an insured person residing in a Member State listed under IR, Annex 3 'Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts', the institution of the place of residence is deemed to be the competent institution for the purpose of applying the above scheme (issuing of authorisation in all circumstances, reimbursement or reimbursement of the difference to the insured person for costs borne, retrospective reimbursement for benefits in kind provided by the institution of the place of stay). States reimbursed by the competent State on the basis of fixed amounts for treatment provided in the State of residence are listed under Annex 3: Ireland, Spain, Italy, Malta, the Netherlands, Portugal, Finland, Sweden and the United Kingdom.

⁽²¹⁾ The planned treatment is listed under the benefits provided for by the legislation of the Member State of residence and cannot be provided to the person concerned on the national territory within a medically justifiable time limit, taking into account his/her current state of health and the probable course of his/her illness.

Procedures and evidence

Insured persons who do not reside in the competent State must apply for authorisation from the institution of the place of residence. This institution forwards the authorisation to the competent institution without delay, certifying that the conditions of BR, Article 20(2), second sentence, are or are not met in the Member State of residence. The competent institution may decline to issue the authorisation requested only if, in accordance with the determination of the institution of the place of residence, the conditions of BR, Article 20(2), second sentence, are not met in the Member State of residence or if the same treatment can be provided in the competent State within a medically justifiable time limit. The competent institution notifies its decision to the institution of the place of residence. If the competent institution does not reply within the time limits set out in the legislation it applies, it is deemed to have granted the authorisation (Article 26(2)).

Where an insured person not residing in the competent State requires urgent vital treatment and the authorisation cannot be declined, in accordance with BR, Article 20(2), second sentence, the authorisation is granted by the institution of the place of residence on behalf of the competent institution and notified by the former to the latter without delay. The competent institution accepts the observations and therapeutic options relating to the necessity for urgent vital treatment as determined by doctors approved by the institution of the place of residence issuing the authorisation (Article 26(3)).

Reimbursement between Member States

Benefits provided on behalf of the competent institution (BR, Article 20(2)) give rise to full reimbursement (BR, Article 35(1)). This reimbursement is determined and carried out according to the procedure set out in the IR, on the basis of documentary proof of actual expenditure. Member States or their competent authorities may provide for other methods of reimbursement or waive all reimbursement between the institutions under their jurisdiction (BR, Article 35(3)).

If the family members of an insured person reside in a Member State other than the Member State in which the insured person resides, and this Member State has opted for reimbursement on the basis of fixed amounts, the cost of the benefits in kind referred to in BR, Article 20(2), shall be borne by the institution of the place of residence of the family members. In this case, for the purposes of BR, Article 20(1), the institution of the place of residence of the members of the family shall be considered to be the competent institution (BR, Article 20(4)).

See the procedures set out in IR, Title IV, Chapter I: Section 1 'Reimbursement on the basis of actual expenditure' (Article 62) and Section 3 'Common provisions' (Articles 66–69).

Diagram 8: Worker and family members residing in a Member State other than the competent State — stays in other Member States to receive treatment

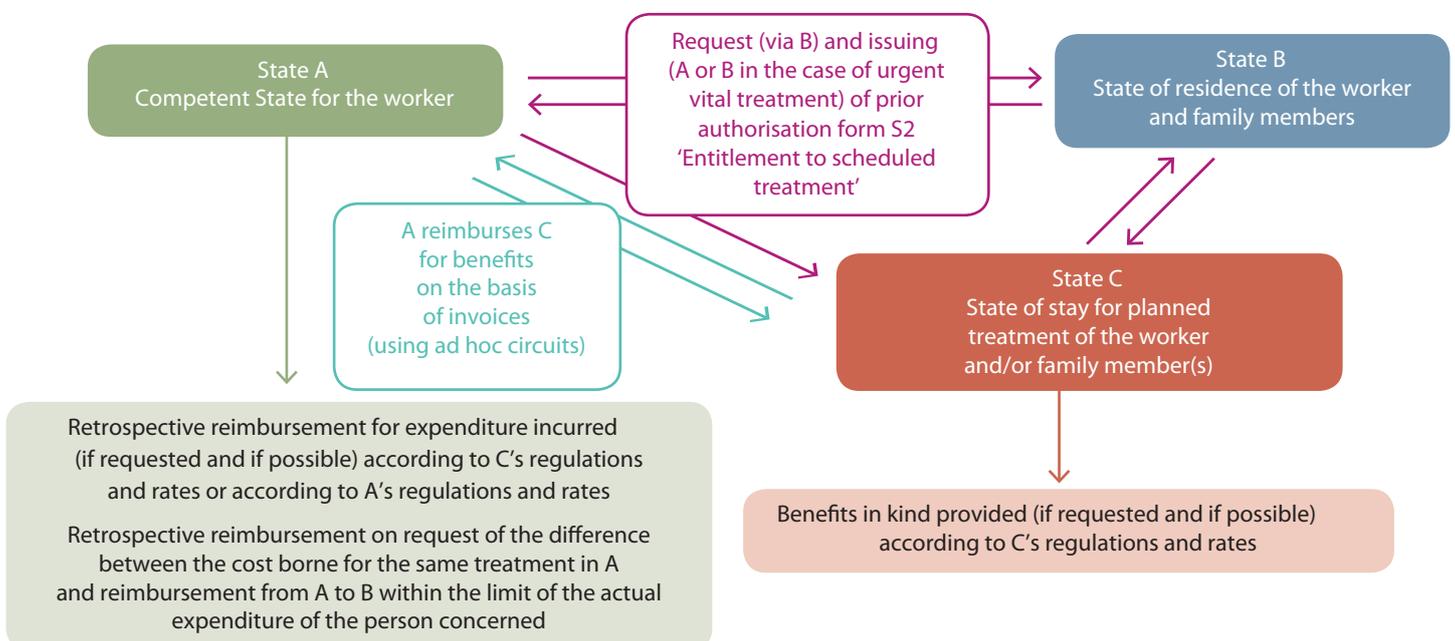
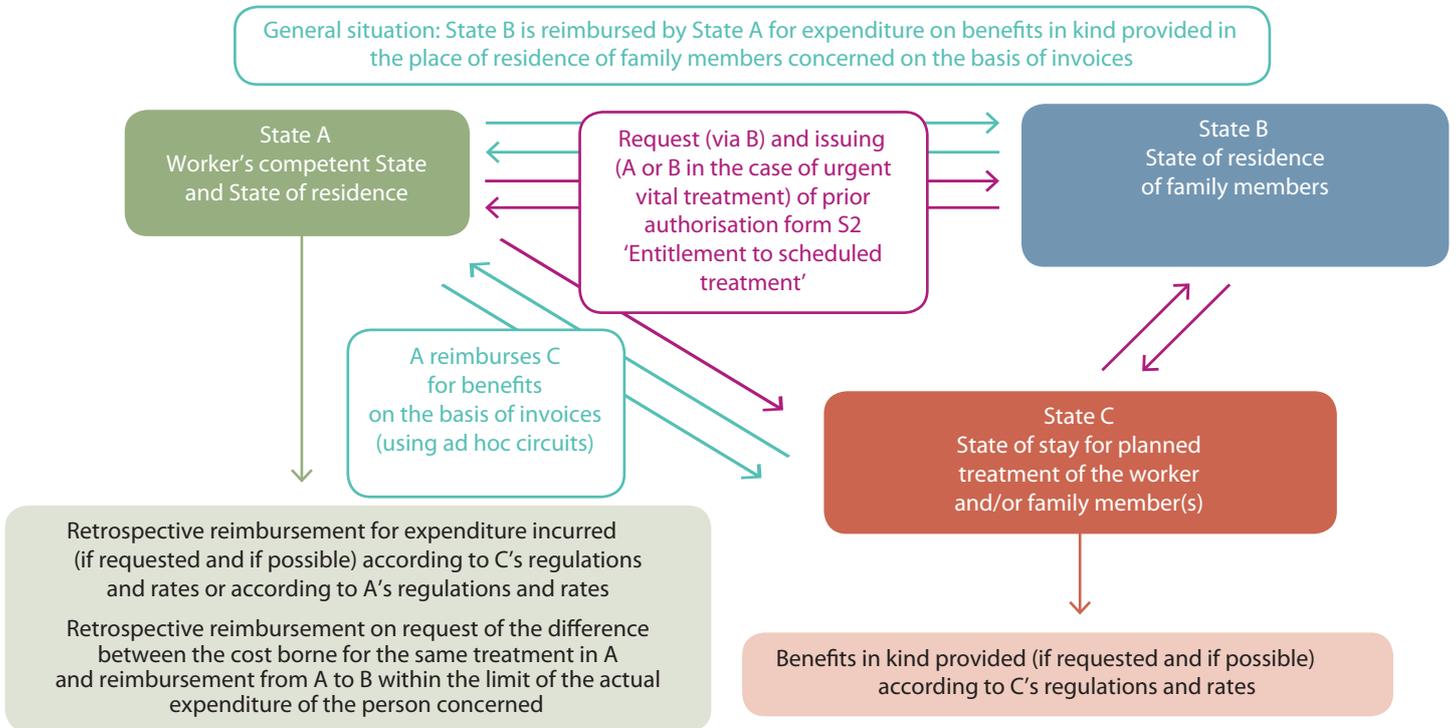
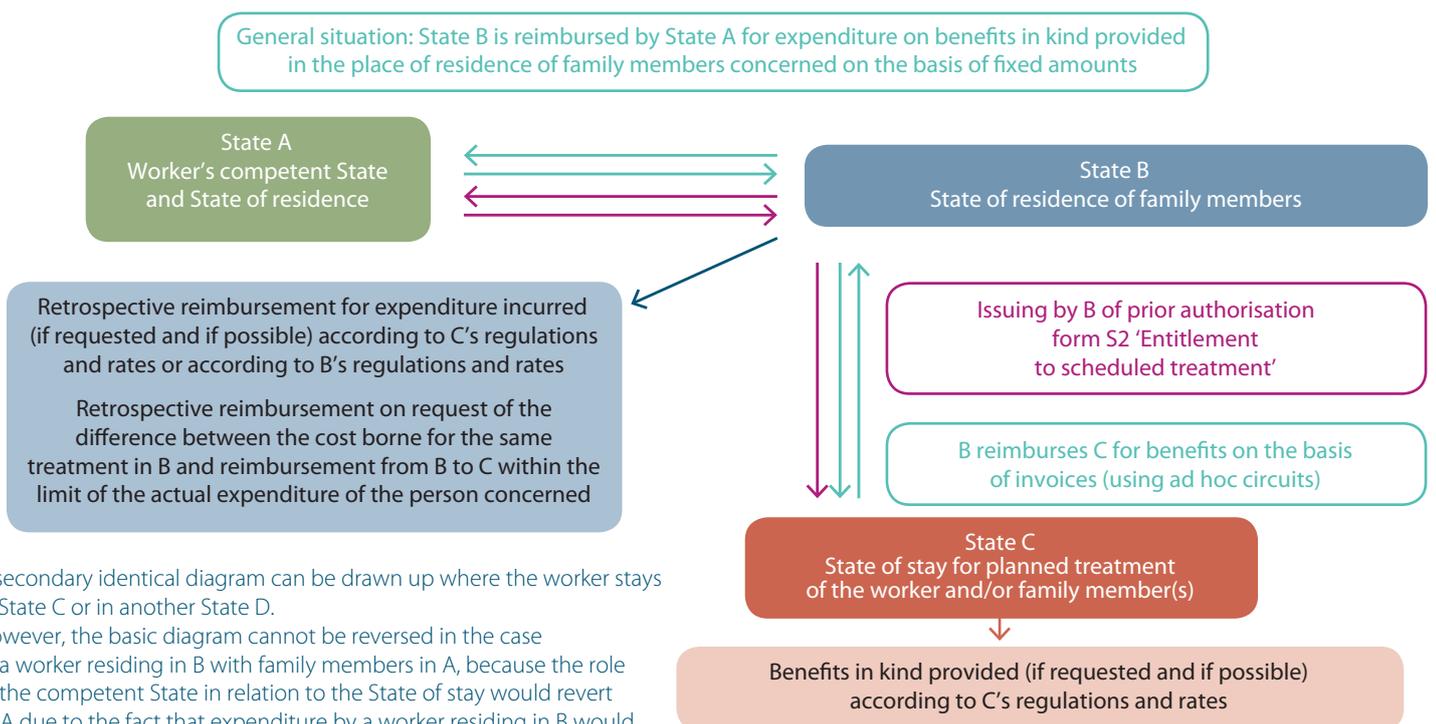


Diagram 9.1: Worker residing in the competent State and family members residing in another Member State (reimbursement on the basis of invoices) — stays in other States to receive treatment



A secondary identical diagram can be drawn up where the worker stays in State C or in another State D. Similarly, the basic diagram could be reversed as follows: worker residing in B and family members in A, without changing the roles of the competent State and State(s) of stay.

Diagram 9.2: Worker residing in the competent State and family members residing in another Member State (reimbursement based on fixed amounts) — stays in other States to receive treatment



A secondary identical diagram can be drawn up where the worker stays in State C or in another State D.

However, the basic diagram cannot be reversed in the case of a worker residing in B with family members in A, because the role of the competent State in relation to the State of stay would revert to A due to the fact that expenditure by a worker residing in B would be reimbursed by A based on invoices.

2. Pensioners and family members

The rules for determining the applicable legislation under BR, Title II, Articles 11–16 also apply to pensioners and their family members. In general, these rules designate their State of residence as their competent State but without prejudice to other provisions of the regulation guaranteeing them benefits under the legislation of other Member States.

Which is the competent State?

For the right to benefits in kind (healthcare), the competent State, which bears the cost of the benefits ⁽²²⁾, is:

- » the Member State of residence, if the person concerned is in receipt of a pension from that State entitling him/her to benefits in kind (even where the person concerned is in receipt of pensions from one or more Member States);
- » the Member State responsible for paying the pension entitling the person concerned to benefits in kind if s/he resides there, if the person concerned is not in receipt of a pension in his/her State of residence (even where s/he is in receipt of benefits in kind in this State by virtue solely of his/her residence);
- » the Member State responsible for paying a pension entitling the person concerned to benefits in kind if s/he resides there, to whose legislation the pensioner was subject for the longest period, if s/he is in receipt of pensions from several Member States other than the Member State where s/he resides.

2.1. Residence

2.1.1. Residence in the competent Member State ⁽²³⁾

Pensioners ⁽²⁴⁾ and their family members residing in the competent Member State as defined above are entitled to all benefits in kind provided for under the legislation of that State.

These benefits are provided by the competent institution (in this case, the institution of the place of residence) in accordance with the statutory conditions, procedures and rates applied by this institution (where applicable, according to the nature of the scheme of the competent State).

The persons concerned are not required to discharge any particular formality for this. The benefits provided remain payable by the competent State.

⁽²²⁾ Without prejudice to BR, Article 5, point (a), a Member State may become responsible for the costs of benefits in accordance with BR, Articles 23–30, only when the insured person is in receipt of a pension under the legislation of this Member State (IR, Article 22(2)).

⁽²³⁾ BR, Article 23.

⁽²⁴⁾ See footnote 4.

2.1.2. Residence in a Member State other than the competent Member State ⁽²⁵⁾

Pensioners and their family members ⁽²⁶⁾ residing in a Member State other than the competent Member State are entitled to all benefits in kind provided for under the legislation of the Member State in which they reside.

These benefits are provided by the institution of the place of residence in accordance with the statutory conditions, procedures and rates applied by this institution (where applicable, according to the nature of the scheme of this State), as if the pension entitling the recipient to benefits in kind was paid by that State.

The benefits provided by the institution of the place of residence are reimbursed by the competent institution in accordance with the procedures and arrangements set out in IR, Title IV, Chapter I, Articles 62–69.

The above scheme applies in full and in the same way to:

- » family members not residing in the competent State although the insured person resides in that State;
- » insured persons who do not reside in the competent State but whose family members do;
- » to all persons concerned in their State of residence other than the competent State, when the persons are dispersed differently or over more than two Member States.

Procedures and evidence

To benefit from these provisions, the persons concerned must register with the institution of their place of residence using the S1 form 'Registering for healthcare cover' setting out their rights (IR, Article 24(1) by way of referral to (3)). This form is issued by the competent institution at the request of the insured person or the institution of the place of residence.

This document remains valid until the competent institution informs the institution of the place of residence of its cancellation. The institution of the place of residence notifies the competent institution of any registration processed by it and of any change or cancellation of the said registration (IR, Article 24(2) by way of referral to (3)).

⁽²⁵⁾ BR, Articles 24, 25 and 26.

⁽²⁶⁾ See footnote 4.

Reimbursement between Member States

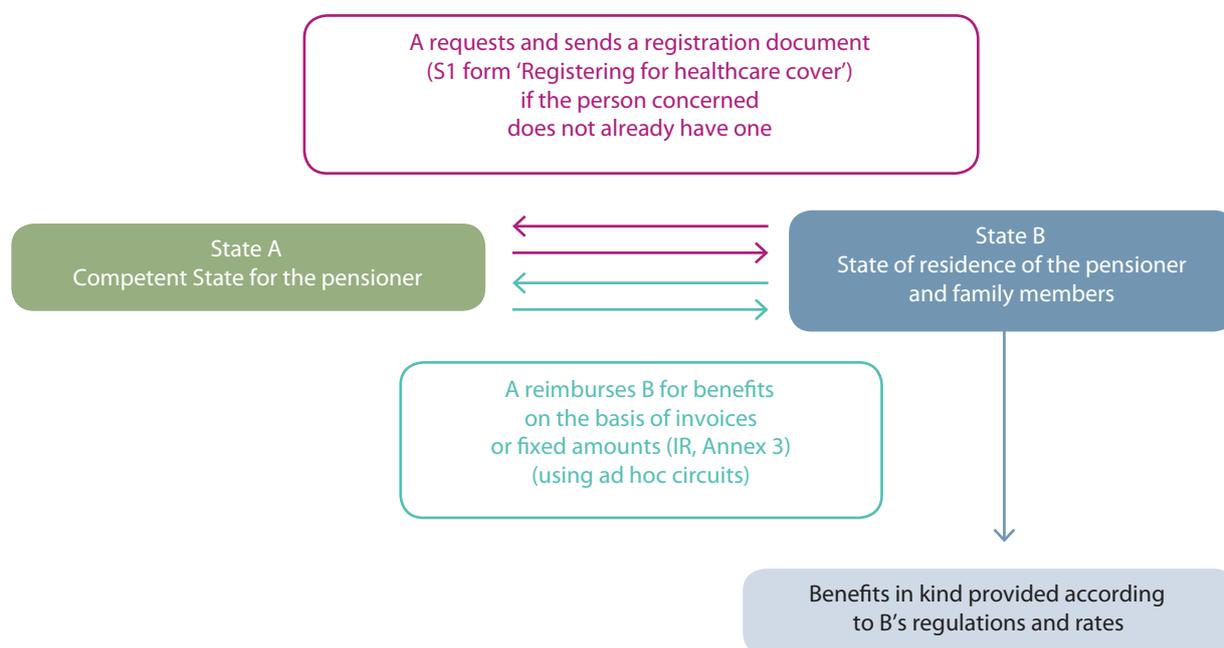
The institution that bears the cost of the benefits in kind is determined on the basis of BR, Articles 23–30.

Family members: the costs are borne by the competent institution responsible for the costs of the benefits in kind provided to the pensioner in his Member State of residence (Article 26).

The benefits give rise to full reimbursement (BR, Article 35(1)). This reimbursement is determined and carried out according to the procedure set out in the IR, either on production of documentary proof of actual expenditure, or on the basis of fixed amounts for Member States whose legal or administrative structures are such that the use of reimbursement on the basis of actual expenditure is not appropriate (BR, Article 35(2)). Member States or their competent authorities may provide for other methods of reimbursement or waive all reimbursement between the institutions under their jurisdiction (BR, Article 35(3)).

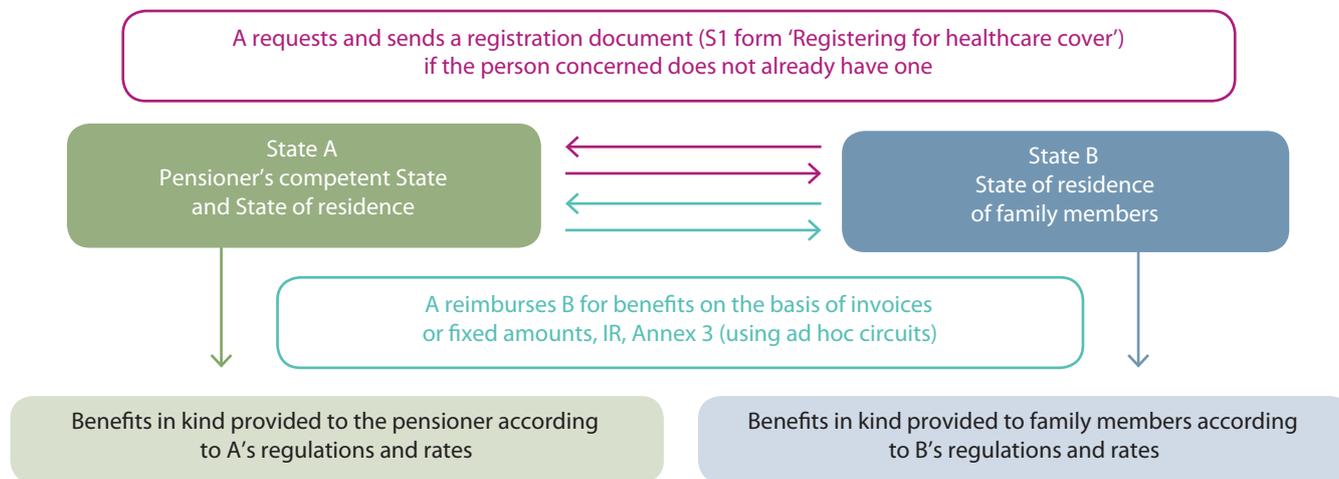
See the procedure set out in IR, Title IV, Chapter I: Section 1 'Reimbursement on the basis of actual expenditure' (Article 62) or Section 2 'Reimbursement on the basis of fixed amounts' (Articles 63–65) and Section 3 'Common provisions' (Articles 66–69).

Diagram 10: Pensioner and family members residing in a Member State other than the competent Member State



This diagram is similar to Diagram 1 for workers. The competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind (longer period of service if in receipt of pensions from several States) but does not qualify for a pension in the State of residence or qualifies for benefits in kind based solely on his/her residence.

Diagram 11: Pensioner residing in the competent State and family members residing in another Member State



This diagram is similar to Diagram 2 for workers, where the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

A secondary identical diagram can be deduced from this diagram: 'Pensioner residing in State B and family members residing in competent State A'.

2.2. Stay

2.2.1. Stay outside the competent Member State ⁽²⁷⁾

Pensioners and their family members ⁽²⁸⁾ who stay in a Member State other than the competent Member State are entitled to benefits in kind which become necessary on medical grounds during their stay ⁽²⁹⁾. The aim is that the person concerned is not compelled to return to his/her Member State to receive treatment before the expected end of his/her stay.

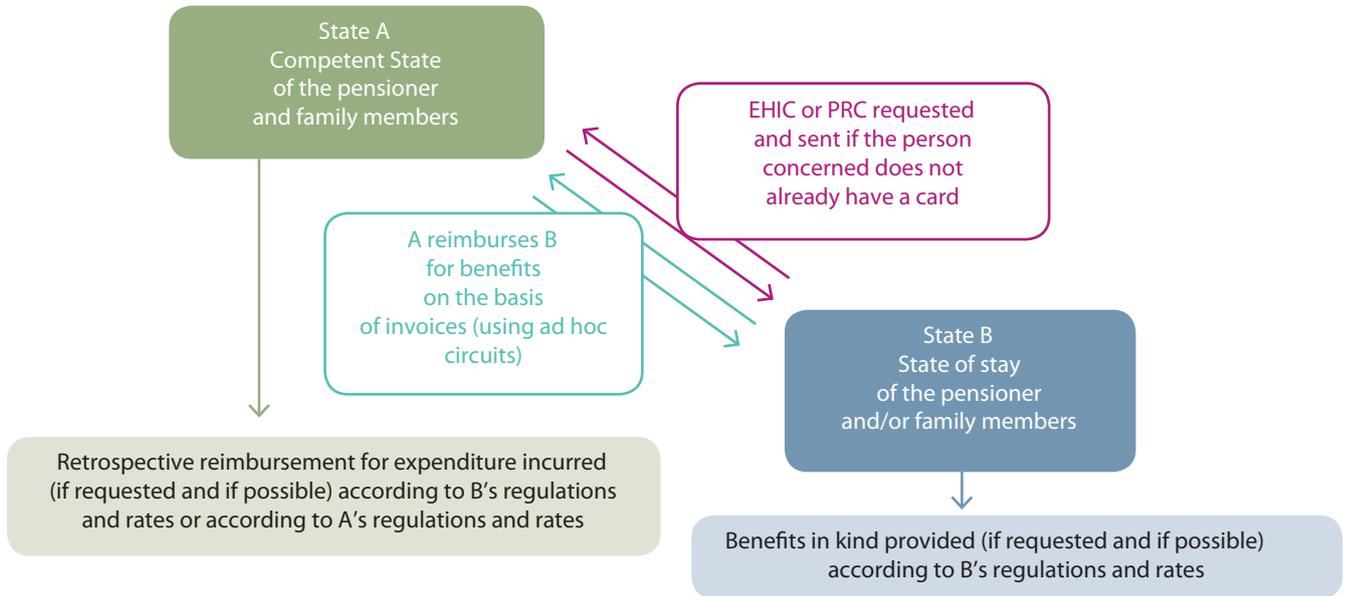
The same rules and procedures as those outlined in subsection 1.2.1 for other insured persons apply to pensioners.

⁽²⁷⁾ BR, Article 27(1).

⁽²⁸⁾ See footnote 4.

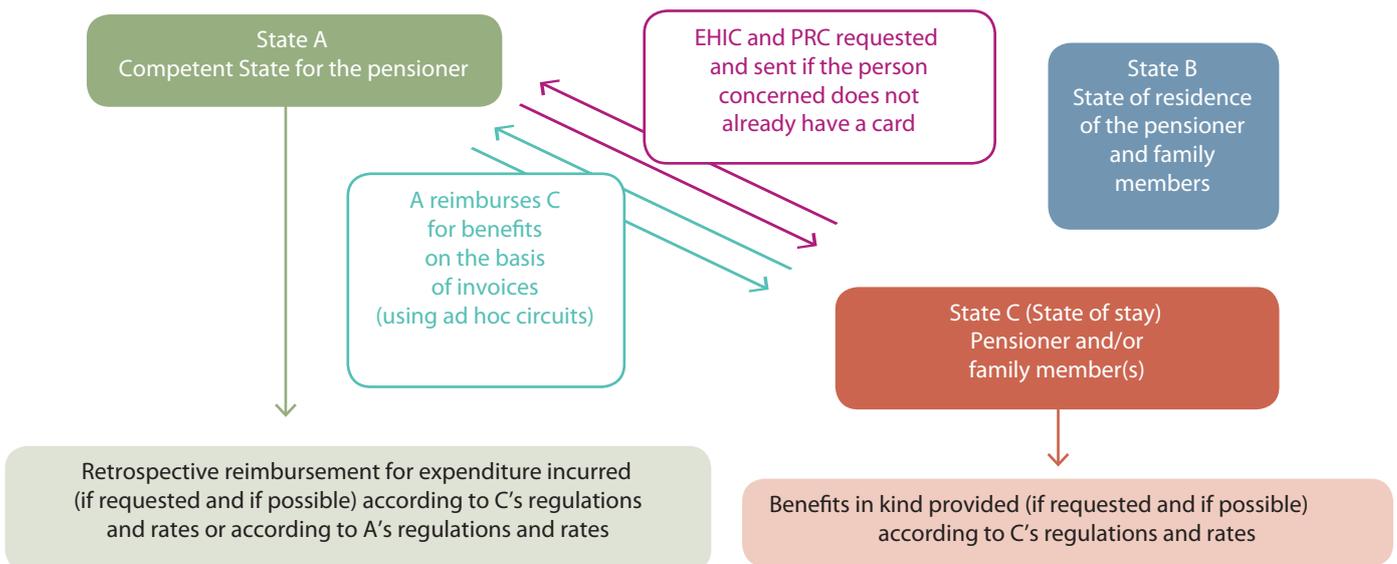
⁽²⁹⁾ Article 19(1) by way of referral.

Diagram 12: Pensioner and family members residing in the competent State — stays in other Member States



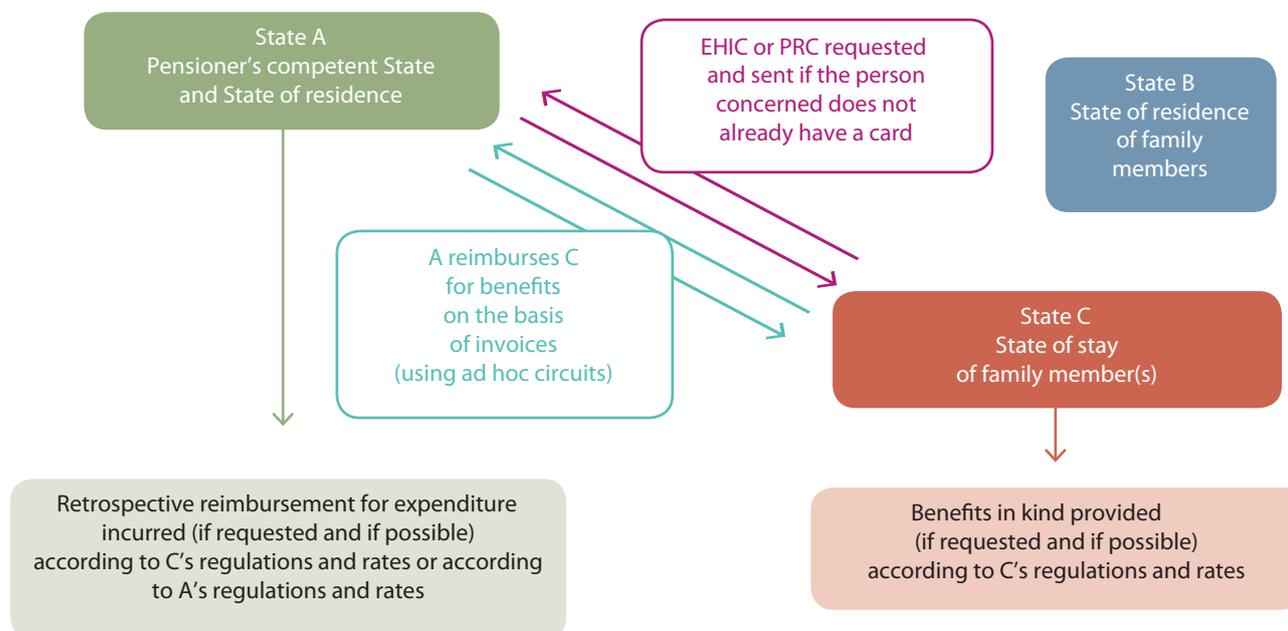
This diagram is similar to Diagram 3 for workers, where the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

Diagram 13: Pensioner and family members residing in a Member State other than the competent State — stays in other Member States



This diagram is similar to Diagram 4 for workers where the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind (longer period of service if in receipt of pensions from several States) but does not qualify for a pension in the State of residence or qualifies for benefits in kind based solely on his/her residence.

Diagram 14: Pensioner residing in the competent State and family members residing in another Member State — stays in other States



A secondary identical diagram can be drawn up where the pensioner stays in State C or in another State D. Similarly, the basic diagram could be reversed as follows: pensioner residing in B and family members in A, without changing the roles of the competent State and State(s) of stay. Furthermore, the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

2.2.2. Stay in the competent Member State ⁽³⁰⁾

Pensioners and their family members ⁽³¹⁾ who reside in a Member State other than the competent Member State and who are staying in the competent Member State ⁽³²⁾ are entitled to all benefits in kind provided for under the legislation of the latter State, provided that this State is listed in BR, Annex IV. This is the case for Belgium, Bulgaria, the Czech Republic, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia and Sweden.

These benefits are provided by the competent institution in accordance with the statutory procedure, arrangements and rates applied by this institution (where applicable, according to the nature of the scheme of this State) and at its expense, as if the beneficiaries resided in the competent Member State.

Where the competent State is not listed under Annex IV, the persons concerned qualify solely for the more limited entitlement to benefit scheme outlined in subsection 2.2.1 above.

Reimbursement between Member States

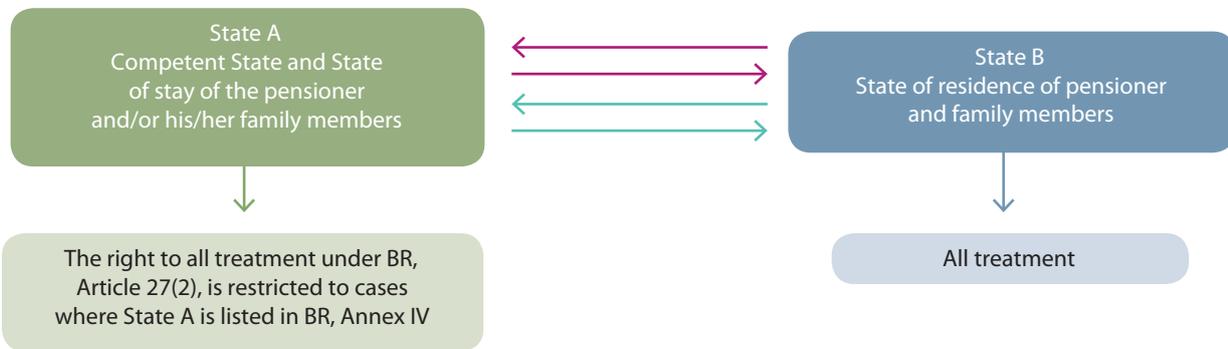
The cost of benefits in kind is borne by the competent institution responsible for the cost of benefits in kind provided to the pensioner in his/her State of residence (BR, Article 27(4)).

⁽³⁰⁾ BR, Article 27(2).

⁽³¹⁾ See footnote 4.

⁽³²⁾ Without prejudice to BR, Article 5, point (a), a Member State may become responsible for the costs of benefits in accordance with BR, Articles 23–30 only when the insured person is in receipt of a pension under the legislation of this Member State (IR, Article 22(2)).

Diagram 15: Pensioner and family members residing in a Member State other than the competent State — stays in the competent State



This diagram is the same for workers who reside in A and whose family members reside in B, for workers residing in B and whose family members reside in A or for workers and their family members residing in two or more States other than A.

2.2.3. Stay to receive planned healthcare

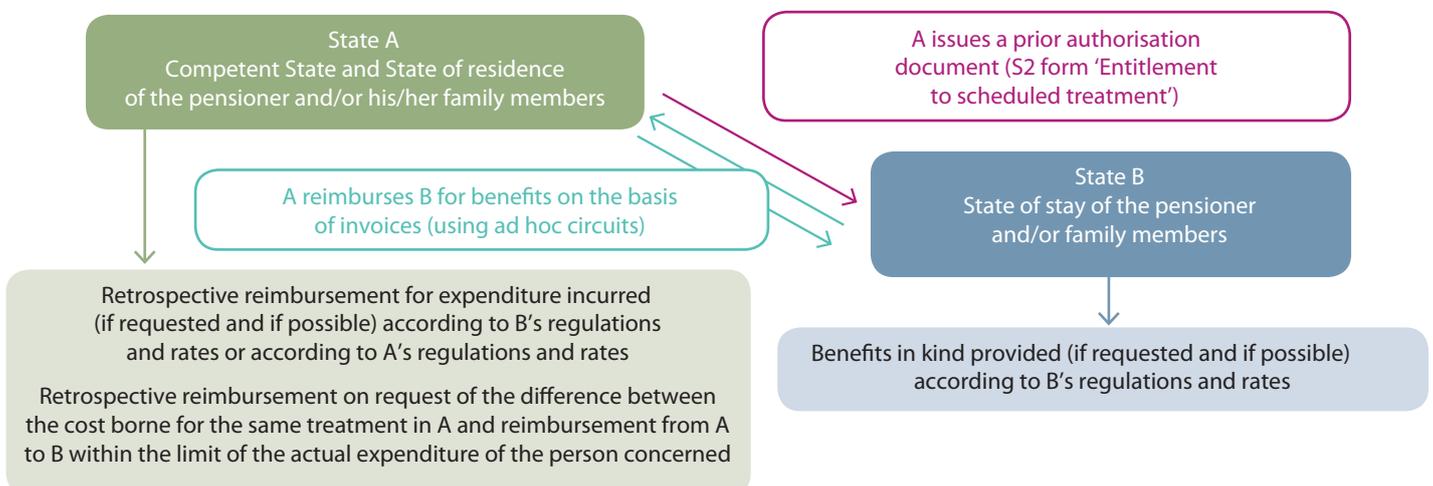
2.2.3.1. Persons residing in the competent Member State

Pensioners and their family members who stay in another Member State to receive treatment appropriate to their condition are entitled to the corresponding benefits in kind, provided that they have received prior authorisation from the competent institution. The same rules as those outlined in point 1.2.3.1 for other insured persons apply to pensioners.

2.2.3.2. Persons not residing in the competent Member State

Where the pensioner or a member of his/her family who travels to receive treatment resides in a Member State other than the competent State, the above scheme applies with the adaptations set out in point 1.2.3.2.

Diagram 16: Pensioner and family members residing in the competent Member State — stays in other Member States in order to receive treatment



This diagram is similar to Diagram 7 for workers, where the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

Diagram 17.1: Pensioner and family members residing in a Member State other than the competent State (reimbursement on the basis of invoices) — stays in other Member States to receive treatment

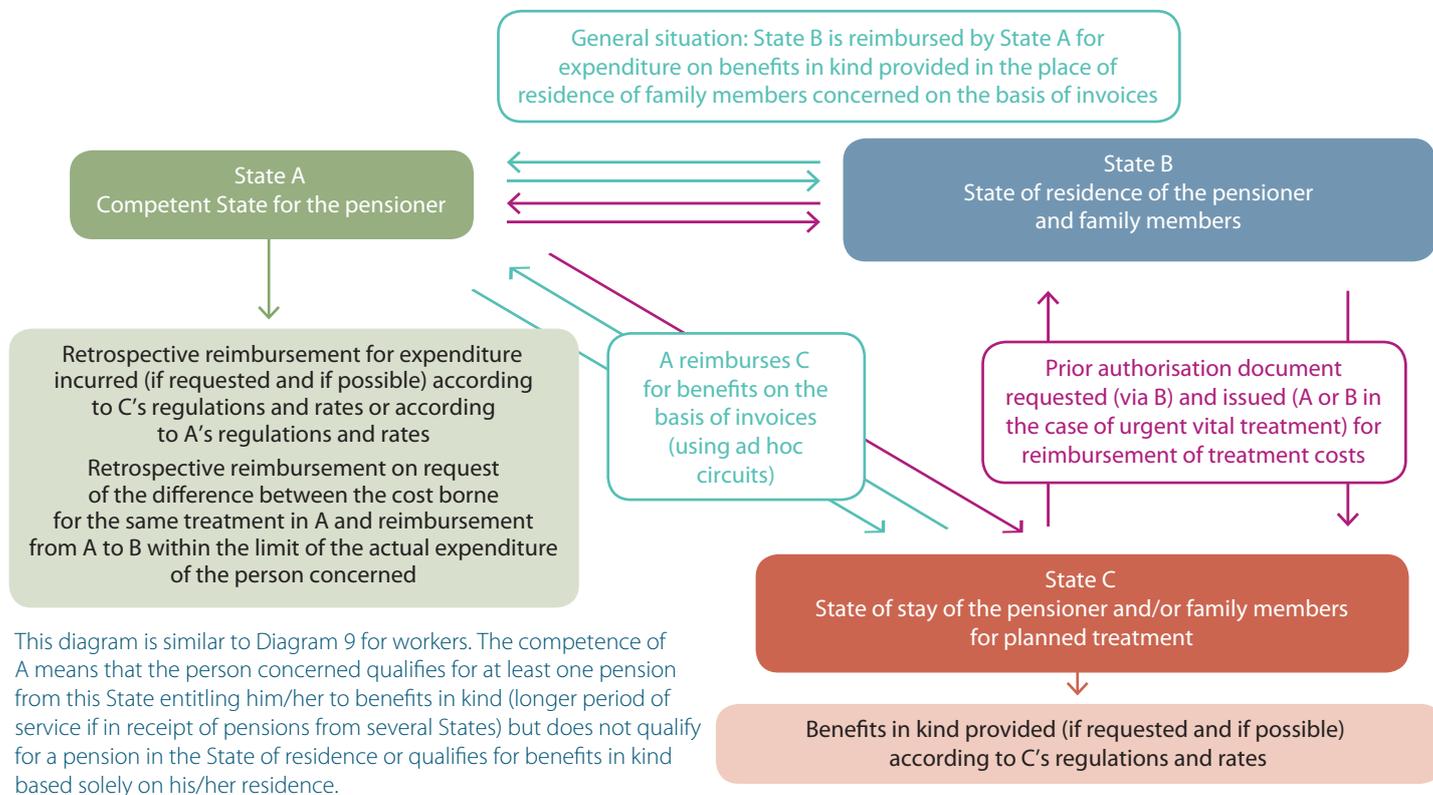


Diagram 17.2: Pensioner and family members residing in a Member State other than the competent State (reimbursement on the basis of fixed amounts) — stays in other Member States to receive treatment

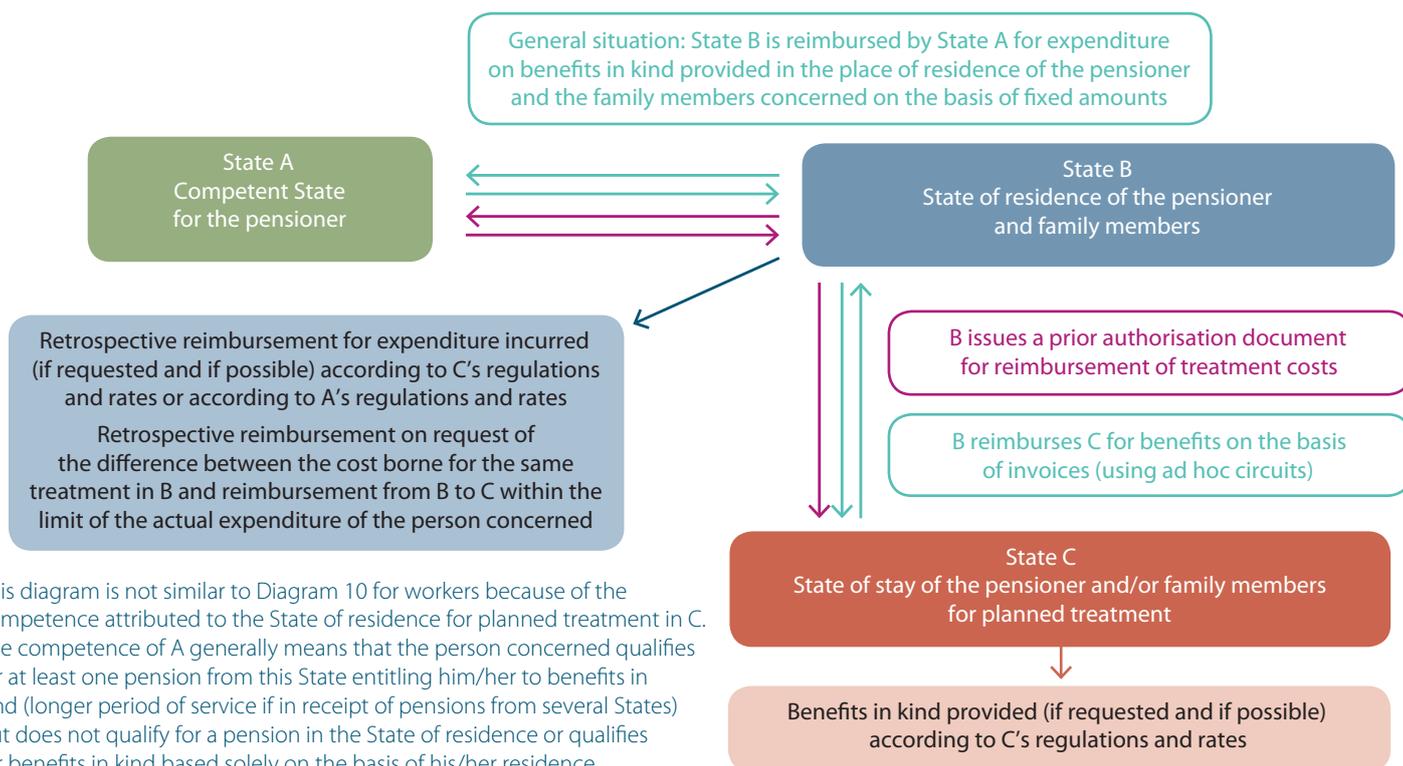
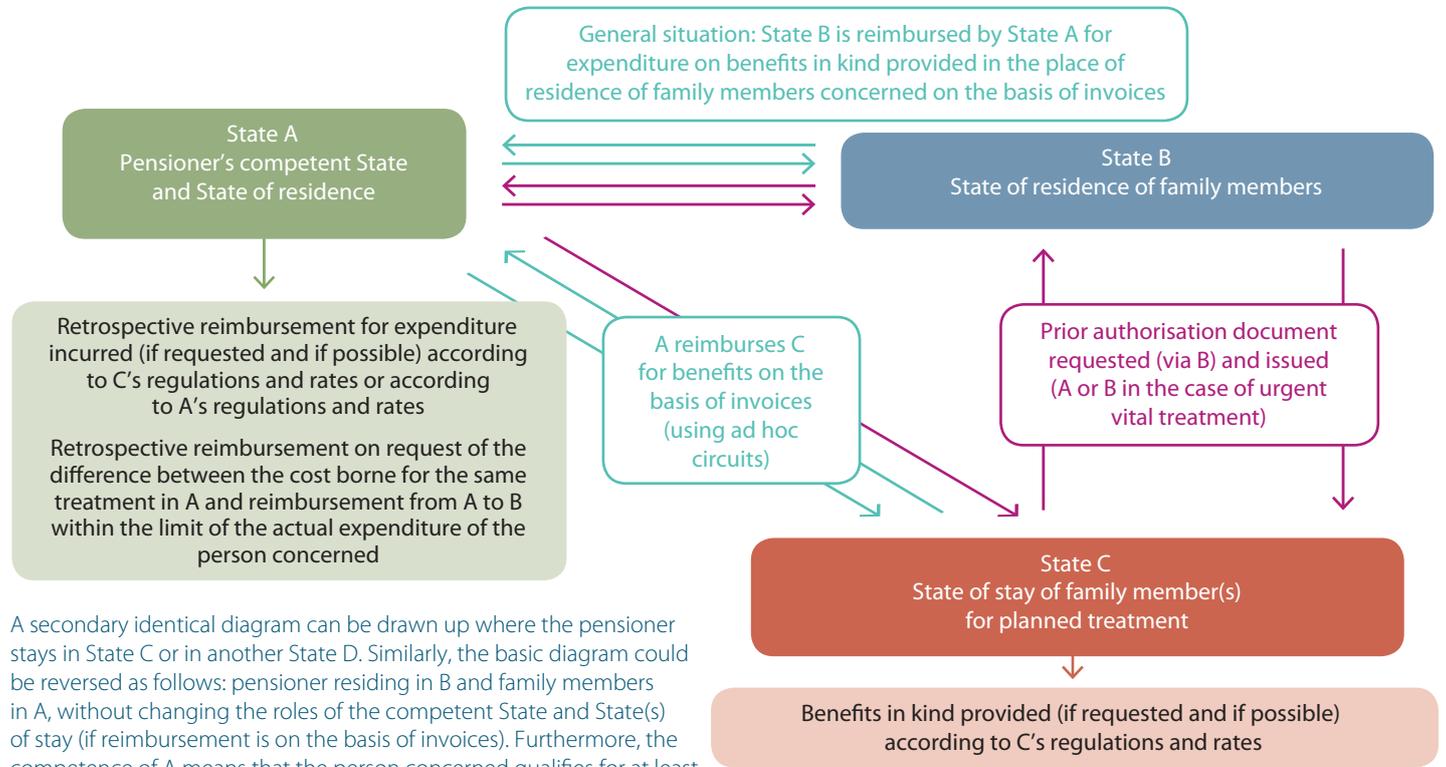
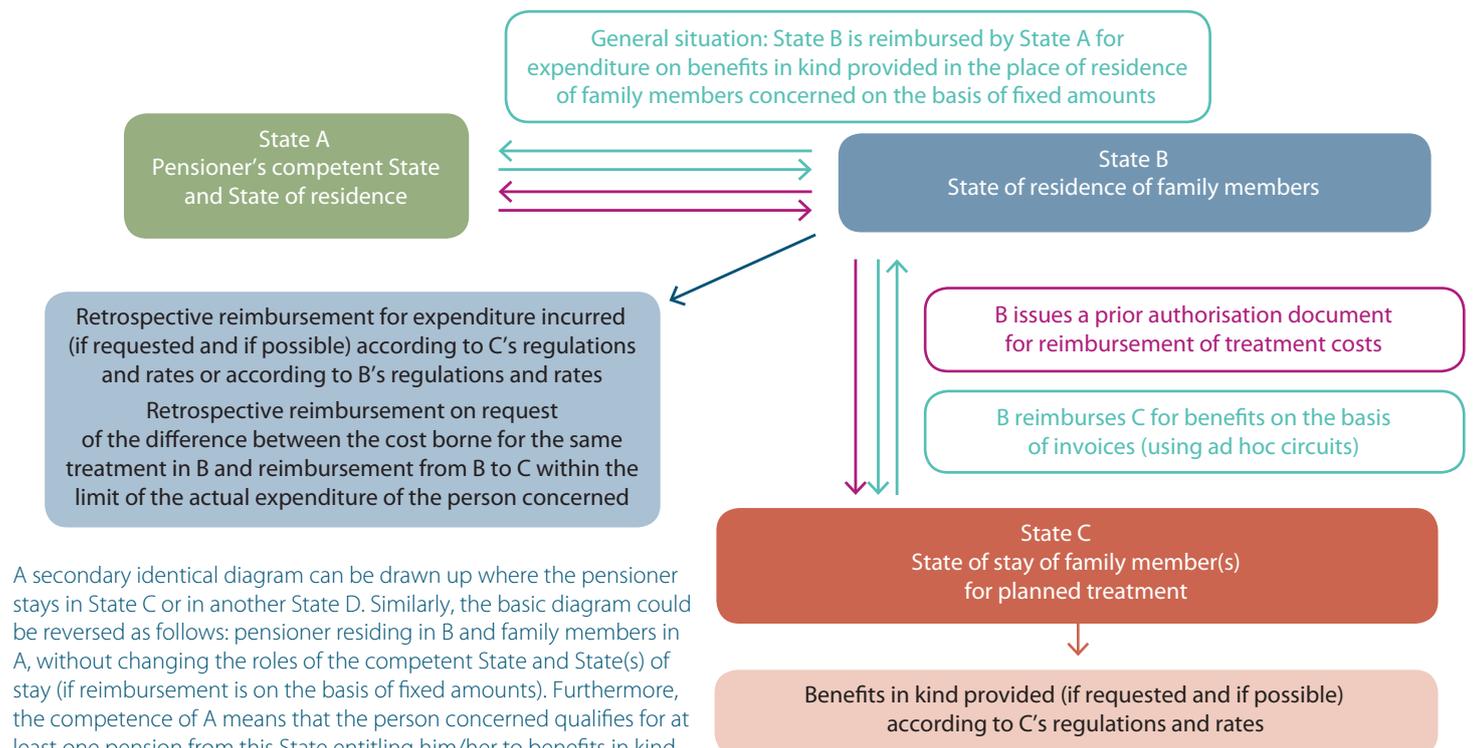


Diagram 18.1: Pensioner residing in the competent State and family members residing in another Member State (reimbursement on the basis of invoices) — stays in other States to receive treatment



A secondary identical diagram can be drawn up where the pensioner stays in State C or in another State D. Similarly, the basic diagram could be reversed as follows: pensioner residing in B and family members in A, without changing the roles of the competent State and State(s) of stay (if reimbursement is on the basis of invoices). Furthermore, the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

Diagram 18.2: Pensioner residing in the competent State and family members residing in another Member State (reimbursement on the basis of fixed amounts) — stays in other States to receive treatment



A secondary identical diagram can be drawn up where the pensioner stays in State C or in another State D. Similarly, the basic diagram could be reversed as follows: pensioner residing in B and family members in A, without changing the roles of the competent State and State(s) of stay (if reimbursement is on the basis of fixed amounts). Furthermore, the competence of A means that the person concerned qualifies for at least one pension from this State entitling him/her to benefits in kind.

2.2.4. Stay in the Member State of previous activity (former cross-border workers) ⁽³³⁾

There are two specific additional schemes for former cross-border workers and their family members where the general schemes outlined under subsections 2.2.1, 2.2.2 and 2.2.3 above do not apply or where these general schemes are less favourable for the persons concerned.

1. Continuation of treatment

Cross-border workers who retire because of age or disability are entitled to benefits in kind in the Member State where they last pursued their activity as an employed or self-employed person to continue treatment which began in the same Member State.

The term 'continuation of treatment' means the continued investigation, diagnosis and treatment of an illness.

This scheme does not apply to family members of persons concerned if the Member State where the cross-border worker last pursued his/her activity is listed in BR, Annex III. This is the case for Denmark, Ireland, Finland, Sweden, the United Kingdom and, until 1 May 2014, Estonia, Spain, Italy, Lithuania, Hungary and the Netherlands.

2. Recent activity as a cross-border worker

Pensioners who have been employed or who were self-employed as cross-border workers for at least two years over the course of the five years preceding the effective date of their pension shall benefit from all benefits in kind provided by the legislation of that State, in the event they stay there.

This scheme shall apply provided that this State and the competent State are both listed in BR, Annex V. This is the case for Belgium, Germany, Spain, France, Luxembourg, Austria and Portugal.

This scheme shall not apply to family members of the individuals concerned if the Member State in which the qualifying periods of occupation were achieved is listed in BR, Annex III. This is the case for Denmark, Ireland, Finland, Sweden and the United Kingdom and, until 1 May 2014, in Estonia, Spain, Italy, Lithuania, Hungary and the Netherlands.

In both cases, these benefits are provided by the institution of the place of stay in accordance with the statutory conditions, procedures and rates applied by that institution, as if the individuals concerned were insured according to this legislation.

If the State of stay is not or is no longer the competent State, then in order to benefit from these provisions, the individuals concerned must provide the institution of stay with an S3 form 'Medical treatment for former cross-border worker in former country of work', issued by the competent institution and certifying their rights.

The benefits provided by the institution of stay are subject to reimbursement by the competent institution, if it differs from the former, in accordance with the procedures and arrangements stipulated in IR, Title IV, Chapter I, Articles 62–69.

Procedure and justification

If the Member State in which the former cross-border worker last worked is no longer a competent Member State and the former cross-border worker or a family member went there in order to obtain benefits in kind in accordance with BR, Article 28, it shall submit a document to the institution of the place of stay (S3 form 'Medical treatment for former cross-border worker in former country of work'), issued by the competent institution and certifying their rights (IR, Article 29).

Reimbursement between Member States

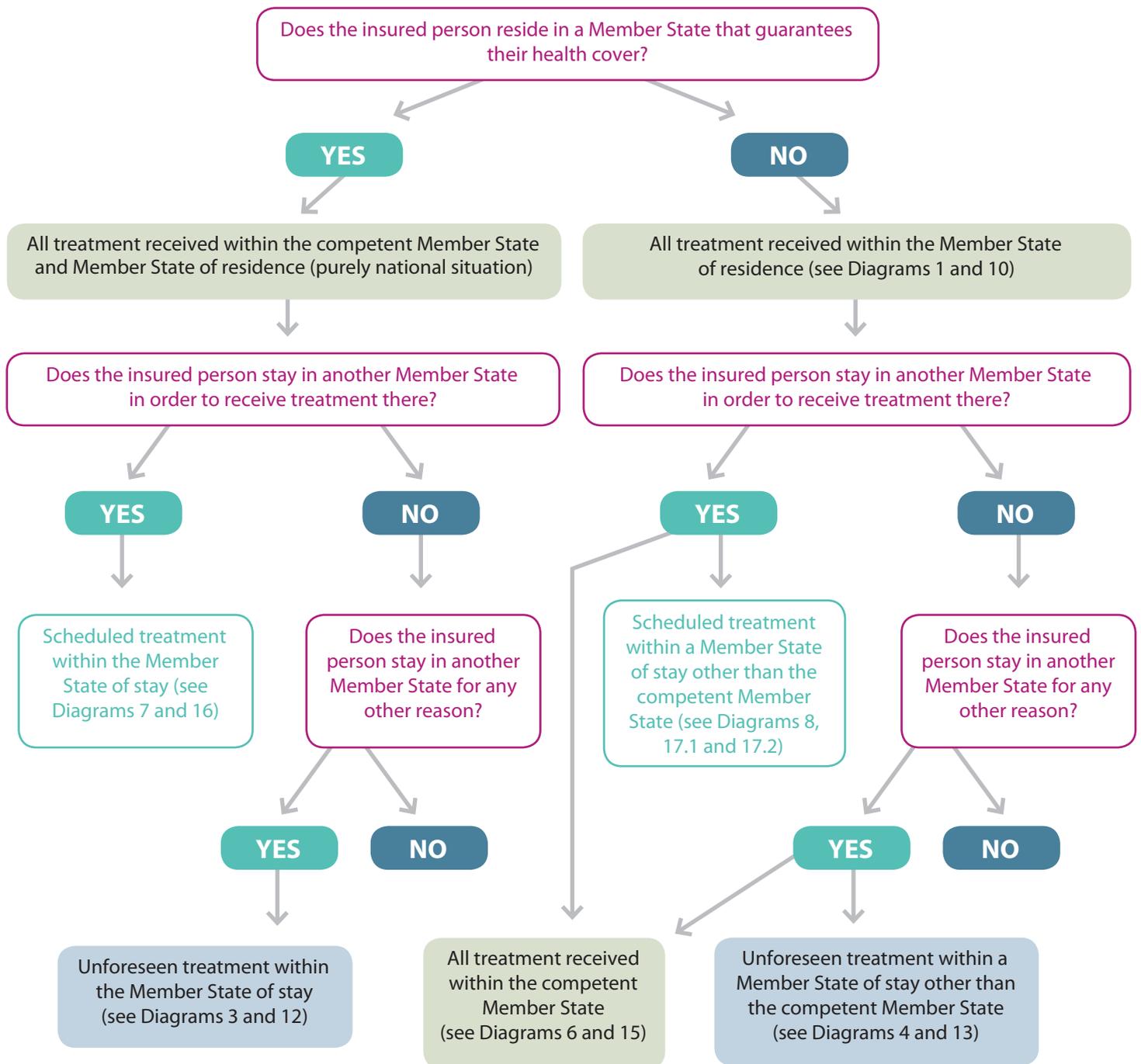
The cost of benefits in kind that are provided shall lie with the competent institution responsible for the cost of benefits in kind that are provided to the pensioner or his survivors in their respective Member State of residence (BR, Article 28(5)).

If the institution of the place of stay and the competent institution are different, the benefits provided by the former shall give rise to a full reimbursement (BR Article 35(1)). This reimbursement is determined and calculated according to the terms stipulated in the IR on the basis of evidence of actual expenditure. The Member States or their competent authorities may provide for other methods of reimbursement or waive reimbursement between the institutions under their jurisdiction (BR, Article 35(3)).

See the terms set out in IR, Title IV, Chapter I, Section 1 'Reimbursement of benefits based on actual expenditure' (Article 62) and Section 3 'Common provisions' (Articles 66 to 69).

⁽³³⁾ BR, Article 28(1) and (2).

Diagram summarising the different ways in which healthcare costs may be provided under Regulation (EC) No 883/2004



Glossary

A

Administrative Commission for the Coordination of Social Security

The Administrative Commission for the Coordination of Social Security systems consists of a government representative from each EU country and a representative from the European Commission. It is responsible for handling administrative matters and matters of interpretation arising from the provisions of the regulations on the coordination of social security, as well as encouraging and strengthening cooperation between EU countries. The composition, function and tasks of the Administrative Commission are set out in BR, Articles 71 and 72.

B

BR — Regulation (EC) No 883/2004 or basic regulation

Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, as amended by Regulation (EC) No 988/2009. A consolidated version of these regulations was published in the *Official Journal of the European Union*. Along with Implementing Regulation (EC) No 987/2009, this legislative package is qualified as modernised coordination of social security systems.

C

Competent State

The competent State is designated according to the rules for determining the applicable legislation under BR, Title II.

Competent institution

The competent institution is the institution to which the individual concerned is affiliated at the time of applying for benefits, or the institution from which the individual concerned is or would be entitled to benefits if s/he or his/her family members resided in the Member State where this institution is located (BR, Article 1(q)). This concept is different to that of the institution of the place of residence or that of the institution of the place of stay (BR, Article 1(r)). The competent institution is the one that bears the final cost of benefits provided to the person concerned in his/her State of residence, which is either the same as the competent State or different from the latter.

Cross-border worker

Cross-border workers, named 'frontier workers' in the regulations, are persons who carry out an employed or self-employed occupation in a Member State and reside in another Member State to which they typically return on a daily basis or at least once a week. The State of stay refers to the State where the per-

son in question is temporarily staying (without establishing their normal residence there). See provisions regarding Annex III (BR, Article 87(10a) and (10b)).

F

Family member

With respect to healthcare (BR, Title III, Chapter 1), family members are persons that are recognised as such by the laws of the State of residence of the person concerned. In the absence of any such definition, family members include spouses, minors and children dependent on adults. See definition of the terms 'insured person' and 'member of the family' (BR, Article 1(c) and (i)).

H

Healthcare (benefits in kind)

The term healthcare covers all benefits in kind provided for under the legislation of a Member State which are intended to supply, make available, pay directly or reimburse the cost of medical care and products and services ancillary to that care. This includes long-term care benefits in kind (BR, Article 1(va)(i)).

I

Insured person

See definition of the term 'insured person' (BR, Article 1(c)).

IR — Regulation (EC) No 987/2009 or implementing regulation

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.

S

State of residence

The term 'residence' means the place where a person habitually resides (BR, Article 1(j), see also IR, Article 11).

State of stay

Generally, the State of stay refers to the State where the person in question is temporarily staying (without establishing their normal residence there). With respect to stays to benefit from healthcare, the State of stay refers to the State where the person in question is temporarily staying to receive planned treatment (without establishing their normal residence there) (BR, Article 1(k)).

S1



Registering for health care cover

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your and your family members' certificate of entitlement to sickness, maternity, and equivalent paternity benefits in kind (i.e. health care, medical treatment etc.) in your State of residence. Family members are only covered if they fulfil the conditions laid down in the legislation of the State of residence.

The certificate must be handed over as soon as possible to the health care institution in the place of residence (**).

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 Address in the State of residence

1.6.1 Street, N°

1.6.3 Post code

1.6.2 Town

1.6.4 Country code

1.7 Status

1.7.1 Insured person

1.7.2 Family member of insured person

1.7.3 Pensioner

1.7.4 Family member of pensioner

1.7.5 Pension claimant

2. LONG-TERM CARE BENEFITS IN CASH

2.1 The holder receives long-term care benefits in cash

(*) Regulations (EC) No 883/2004, articles 17, 22, 24, 25, 26 and 34, and 987/2009 articles 24 and 28.

(**) For Spain, Sweden and Portugal, the certificate must be handed over to, respectively, the head provincial offices of social security National Institute (INSS), the social insurance institution and the social security institution of the place of residence.

(***) Information given to the institution by the holder when this is not known by the institution.

S1



Registering for health care cover

3. PERSONAL DETAILS OF THE INSURED PERSON

(to be filled if the holder has a right to health care because of another person's insurance)

3.1 Personal Identification Number in the competent Member State	
3.2 Surname	
3.3 Forenames	
3.4 Surname at birth (*)	
3.5 Date of birth	
3.6 Address of the insured person if different from that in 1.6	
3.6.1 Street, N°	3.6.3 Post code
3.6.2 Town	3.6.4 Country code

4. INSURANCE COVERAGE FROM/TO:

4.1 Starting date	4.2 Ending date
-------------------	-----------------

5. INSTITUTION COMPLETING THE FORM

5.1 Name	
5.2 Street, N°	
5.3 Town	
5.4 Post code	5.5 Country code
5.6 Institution ID	
5.7 Office fax N°	
5.8 Office phone N°	
5.9 E-mail	
5.10 Date	
5.11 Signature	

STAMP

(*) Information given to the institution by the holder when this is not known by the institution.

S2



Entitlement to scheduled treatment

EU Regulations 883/04 and 987/09 (*)

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 Forenames

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

(*) Regulations (EC) No 883/2004, articles 20, 27 and 36, and 987/2009, article 26 and 33.

(**) Information given to the institution by the holder when this is not known by the institution.

S2



Entitlement to scheduled treatment

3. INSTITUTION COMPLETING THE FORM

3.1 Name

3.2 Street, N°

3.3 Town

3.4 Post code

3.5 Country code

3.6 Institution ID

3.7 Office fax N°

3.8 Office phone N°

3.9 E-mail

3.10 Date

3.11 Signature

STAMP

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S3



Medical treatment for former cross-border worker in former country of work

EU Regulations 883/04 and 987/09 (*)

INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment in your former State of work. If you present it to the health care institution at the place of stay, you will receive medical treatment under the same conditions as persons insured in that State. 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 Forenames	
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
1.7 Personal Identification Number in the former Member State of work	
1.8 Status	
<input type="checkbox"/> 1.8.1 Former cross-border worker	<input type="checkbox"/> 1.8.2 Family member of former cross-border worker

2. TREATMENT DETAILS

The person referred to above is entitled to

2.1 continuation of treatment that began in former State of work, i.e. (***)
2.1.1 nature of treatment / illness

2.2 treatment in the former State of work (***)

(*) Regulations (EC) No 883/2004, article 28, and 987/2009, article 29.

(**) Information given to the institution by the holder when this is not known by the institution.

(***) Please indicate the former Member State of work.

S3



Medical treatment for former cross-border worker in former country of work

3. INSTITUTION COMPLETING THE FORM

3.1 Name

3.2 Street, N°

3.3 Town

3.4 Post code

3.5 Country code

3.6 Institution ID

3.7 Office fax N°

3.8 Office phone N°

3.9 E-mail

3.10 Date

3.11 Signature

STAMP

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For more information

The coordination of social security in Europe on the website of the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission:

<http://ec.europa.eu/social/main.jsp?catId=26&langId=en>

Here you will find all of the official documents and links to texts published in the *Official Journal of the European Union*.

Further information on the European Health Insurance Card can be found at:

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The EESSI Public Directory of European Social Security Institutions:

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The website of the trESS network of experts:

<http://www.tress-network.org>

European Commission

**The coordination of healthcare in Europe — Rights of insured persons
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The EU has common rules to protect its citizens' social security rights when moving within Europe. These do not replace the national social systems with a European one: each country of the European Union lays down the conditions under which social security benefits are granted, as well as the amount of such benefits and the period for which they are granted. However, when doing so, they must comply with EU law, in particular with Regulation (EC) No 883/2004 on the coordination of social security systems. This guide gives competent national institutions an overview of the EU coordination provisions in the field of healthcare. It covers the rights of insured persons and their family members, including those of pensioners and their families. Provisions are detailed for both residence and stay, either in the country of insurance or in another country of the European Union.

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