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**RULES ON SICKNESS
INSURANCE FOR OFFICIALS
OF THE EUROPEAN COMMUNITIES**

EUROPEAN COMMUNITIES

**Joint Sickness
Insurance Scheme**

**RULES ON SICKNESS
INSURANCE FOR OFFICIALS
OF THE EUROPEAN COMMUNITIES**

1 January 1991

CHAPTER I

GENERAL PROVISIONS

Article 1 Object

A Sickness Insurance Scheme common to the institutions of the European Communities is hereby set up. Within the limits and under the conditions set forth in these Rules and the Annexes thereto the Scheme will guarantee to persons covered by it the reimbursement of expenses incurred as a result of illness, accident or confinement and the payment of an allowance towards funeral expenses.

The Scheme shall apply to its members and persons covered by their insurance.

Article 2 Members

The following shall be members:

1. Officials of the Communities, without prejudice to the provisions of Article 4(1) to (4) of these Rules;
2. Persons referred to in Article 72(1a), (2) and (2a) of the Staff Regulations, under the conditions set out therein;
3. Former officials to whom Article 41 or Article 50 of the Staff Regulations has been applied, under the conditions set out in Annex IV to the Staff Regulations;

4. Persons entitled to a survivor's pension following the death of one of the persons referred to in point 3, under the conditions laid down in Article 4(5) of these Rules;

5. Former officials whose service has been terminated pursuant to Article 4(1) of Regulation (EEC, Euratom, ECSC) No 259/68 during the period of entitlement to the allowance provided for in Articles 5 and 7 of that Regulation, under the conditions laid down in Article 5(6) of the said Regulation;

6. Former officials whose service has been terminated pursuant to Article 2(1) of Regulation (Euratom, ECSC, EEC) No 2530/72, under the conditions laid down in Article 3(6) of that Regulation;

7. Former officials whose service has been terminated pursuant to Article 2(1) of Regulation (ECSC, EEC, Euratom) No 1543/73, under the conditions laid down in Article 3(6) of that Regulation;

8. Former officials whose service has been terminated pursuant to Article 1(1) of Regulation (ECSC, EEC, Euratom) No 2150/82, under the conditions laid down in Article 2(6) of that Regulation;

9. Temporary staff of the Communities, subject to Article 4(6) and Article 7 of these Rules;

10. Former temporary staff entitled to an invalidity pension, persons entitled to a survivor's pension following the death of a member of the temporary staff and former temporary staff referred to in the third and final subparagraphs of Article 28 and in Article 28a(5) of the Conditions of Employment of Other Servants of the Communities;

11. The President, Vice-Présidents and Members of the Commission of the European Communities, the President, Judges, Advocates-General and Registrar of the Court of Justice of the European Communities, the President, Members and Registrar of the Court of First Instance of the European Communities and the President and Members of the Court of Auditors of the European Communities;

12. Former Presidents, Vice-Présidents and Members of the High Authority of the European Coal and steel Community, of the Commissions of the European Economic Community and the European Atomic Energy Community and the Commission of the European Communities, former Presidents, Judges, Advocates-General and Registrars of the Court of Justice of the European Coal and Steel Community and of the European Communities, former Presidents, Members and Registrars of the Court of First Instance of the European Communities and former Presidents and Members of the Court of Auditors of the European Communities entitled to the transitional allowance provided for in the Regulation determining their emoluments, subject to Article 4(7) of these Rules;

13. Former Presidents, Vice-Présidents and Members of the High Authority of the European Coal and Steel Community, of the Commissions of the European Economic Community and the European Atomic Energy Community, and of the Commission of the European Communities, former Presidents, Judges, Advocates-general and Registrars of the Court of Justice of the European Coal and Steel Community and of the European Communities, former Presidents, Members and Registrars of the Court of First Instance of the European Communities and former Presidents and Members of the Court of Auditors of the European Communities entitled to a retirement or invalidity pension, subject to Article 4(8) of these Rules;

14. Persons entitled to a survivor's pension following the death of one of the persons referred to under 11, 12 and 13, subject to Article 4(5) of these Rules;

15. Staff of the European Centre for the Development of Vocational Training and the persons referred to in Article 38(2), (3) and (4) of Regulation (ECSC, EEC, Euratom) No 1859/76, under the conditions laid down therein;

16. Staff of the European Foundation for the Improvement of Living and Working Conditions and the persons referred to in Article 38(2), (3) and (4) of Regulation (ECSC, EEC, Euratom) No 1860/76, under the conditions laid down therein;

17. Former officials whose service has been terminated under Article 1(1) of Regulation (ECSC, EEC, Euratom) No 1679/85, under the conditions laid down in Article 3(6) of that Regulation;

18. Former officials whose service has been terminated under Article 1(1) of Regulation (ECSC, EEC, Euratom) No 3518/85, under the conditions laid down in Article 4(6) of that Regulation;

19. Former members of the temporary staff whose service has been terminated pursuant to Article 1 of Regulation (Euratom, ECSC, EEC) No 2274/87, under the conditions laid down in Article 4(6) of the said Regulation;

20. Former officials whose service has been terminated pursuant to Article 1 of Regulation (EEC) No 1857/89, under the conditions laid down in Article 3(6) of the said Regulation.

Article 3

Persons covered by members' insurance

The persons covered by a member's insurance shall be:

1. The spouse, unless he or she is a member of the Scheme, provided that:

he or she is not gainfully employed; or

if he or she is gainfully employed or in receipt of income deriving from previous gainful employment, he or she is covered against the same risks by any other legal provisions or rules and his or her annual income from such employment before tax does not exceed the basic annual salary of an official in the first step of Grade C5, subject to the weighting for the country in which the spouse receives his or her direct or deferred income from gainful employment;

2. Dependent children of the member within the meaning of Article 2 of Annex VII to the Staff Regulations or within the meaning of Article 7 of Annex IV to Regulations (ECSC, EEC, Euratom) No 1859/76 and No 1860/76;

3. Persons treated as dependent children of the member pursuant to Article 2(4) of Annex VII to the Staff Regulations or to Article 7(4) of Annex IV to Regulations (ECSC, EEC, Euratom) No 1859/76 and No 1860/76, provided that such persons cannot obtain cover under any other sickness insurance scheme provided for by law or regulation;

4. The divorced spouse of a member, provided that he or she was insured at the date of the divorce pursuant to the provisions in point 1, a child who ceases to be a member's dependent or a person who ceases to be treated as a dependent child within

the meaning of point 3, if he or she can provide evidence that he or she cannot be covered by any other sickness insurance scheme provided for by law or regulation, subject to Article 4(9) of these Rules.

Article 4 **Special conditions of cover**

1. An official on unpaid secondment under Article 39(e) of the Staff Regulations shall continue to be covered by the Scheme until he is required to resign, provided he pays all the contributions calculated by reference to the updated basic salary carried by his grade and step specified in Article 39(d) of the Staff Regulations.
2. An official on unpaid leave on personal grounds under Article 40 of the Staff Regulations who is not covered by the insurance of another member of the Scheme shall continue to be covered only if he provides evidence that he cannot be covered by any other public scheme of insurance and bears half the cost of the contributions required to cover the risks insured against for the first year of the leave on personal grounds and the full cost during the remainder of such leave; the contributions shall be calculated by reference to the updated basic salary carried by the official's grade and step.
3. An official on leave for military service under Article 42 of the Staff Regulations shall not be covered by the Scheme; however, persons covered by his insurance shall continue to be covered by the Scheme as provided below:

(a) in the case referred to in the second subparagraph of Article 42 of the Staff Regulations, without the official having to pay contributions;

(b) in the case referred to in the third subparagraph of Article 42 provided the official pays his contribution calculated by reference to the updated basic salary carried by his grade and step.

4. The contribution of an official who forfeits his remuneration under Article 60 or Article 88 of the Staff Regulations shall be calculated by reference to the updated basic salary carried by his grade and step.

5. A person entitled to a survivor's pension following the death of one of the persons referred to in Article 2, points 3, 11, 12 and 13 shall be covered by the Scheme provided he pays his contribution calculated by reference to his basic pension, and cannot obtain cover against the same risks under any other public scheme of sickness insurance.

6. A member of the temporary staff who has been called to serve in the armed forces but whose employment has not been terminated in accordance with Article 48 of the Conditions of Employment of Other Servants of the Communities shall not be covered by the Scheme; however, persons covered by his insurance shall continue to be covered by changes in the Scheme provided the staff member pays his contribution, calculated by reference to the updated basic salary carried by his grade and step.

7. The persons referred to in Article 2, point 12, of these Rules shall be covered by the Scheme while they are entitled to the transitional allowance provided for in the Regulation determining their emoluments, provided they pay their contribution, calculated by reference to their basic allowance, and cannot obtain cover against the same risks under any other public scheme of sickness insurance.

8. The persons referred to in Article 2, point 13, of these Rules shall be covered by the Scheme, provided they pay their contribution, calculated by reference to their basic pension, and cannot obtain cover against the same risks under any other public scheme of sickness insurance.

9. The persons referred to in Article 3, point 4, of these Rules shall continue to benefit for a maximum of one year from the cover provided by this Scheme under the insurance of the member through whom they were entitled to reimbursement; this cover shall not give rise to the levy of a contribution. This one-year period shall commence on the date of the decree absolute of divorce or of the loss of status of dependent child or of person treated as a dependent child.

Article 5 **Compulsory membership of another sickness insurance scheme**

Where an official or member of the temporary staff is employed in a country in which he is required by the law of that country to join a compulsory scheme of sickness insurance, the contributions due under that scheme shall be paid in full from the budget of the institution to which the person concerned belongs. In this event, Article 6 of these Rules shall apply.

Article 6 **Application of Article 72(4) of the Staff Regulations**

1. Where a member or a person covered by his insurance may claim reimbursement of expenses incurred under any other compulsory sickness insurance, the member shall:

- (a) notify the office responsible for settling claims;
- (b) in the first instance apply, or have the person concerned apply, for reimbursement under the other scheme;
- (c) attach to any application for reimbursement made under this Scheme a statement, together with supporting documents, of reimbursements which the member or the person covered by his insurance has obtained under the other scheme.

2. Where the total which a member or a person covered by his insurance would receive by way of reimbursement exceeds the sum of the reimbursements provided for under this Scheme, the difference shall be deducted from the amount to be reimbursed under this Scheme, with the exception of reimbursements obtained under a private supplementary sickness insurance scheme covering that part of the expenditure which is not reimbursable by this Scheme.

Article 7 **Non-reimbursement of certain expenses**

1. Where, as a result of the medical examination on recruitment, it is decided, in accordance with the second subparagraph of Article 28 of the Conditions of Employment of Other Servants, that a member of the temporary staff shall not be entitled

to reimbursement of certain expenses, the result of the medical examination shall be forwarded to the medical officer of the office responsible for settling claims; he shall inform the office of any treatment in respect of which expenses incurred shall not be reimbursable.

Upon expiry of a period of two years from the date on which the member of the temporary staff was engaged, the authority empowered to conclude contracts of employment on behalf of the institution to which the person concerned belongs may remove the restriction imposed if it is the opinion of the medical officer of the institution that the sickness or invalidity has not reappeared or given rise to unusual sequelae in the course of the said period.

Article 8 Special reimbursements

1. When the expenses incurred are for treatment of the member or of a person covered by his insurance in a country where the cost of medical treatment is particularly high and the portion of expenses not reimbursed by the Scheme places a heavy financial burden on the member, special reimbursement may be granted, on the basis of the opinion of the medical officer of the office responsible for settling claims, who shall assess the cost of medical treatment, either by decision of the appointing authority of the institution to which the member belongs or by decision of that office if the requisite powers have been delegated to it by the said authority.

The provisions in the first subparagraph shall not apply to persons covered by the supplementary sickness insurance scheme provided for in Article 24 of Annex X to the Staff Regulations.

2. When the non-reimbursed portion of the expenses covered by the scales annexed to these Rules which are incurred by a member in respect of himself and in respect of persons covered by his insurance exceeds during any twelve-month period half the average basic monthly salary or pension or, in the case of the members referred to in Article 2, points 3, 5, 6, 7, 8, 12, 17, 18, 19 and 20 of these Rules, half the average allowance received during the said period, the special reimbursement provided for in Article 72(3) of the Staff Regulations shall be determined as follows:

The non-reimbursed portion of the above expenses which is in excess of half the average basic monthly salary, pension or allowance shall be reimbursed at the following rates:

90% in the case of a member by whose insurance no other person is covered;

100% in other cases.

3. In the case of the members referred to in Article 4(1)(2)(3)(4) and (6) of these Rules who are no longer entitled to remuneration, the special reimbursement shall be calculated on the basis of half the last basic monthly salary received; in the case of the members referred to in Article 2, points 3, 5, 6 and 7 of these Rules who are no longer entitled to an allowance, the special reimbursement shall be calculated on the basis of half the last monthly allowance' received.

4. Where the member so requests, the weighting for his place of employment or place of residence in the case of persons in receipt of a pension or allowance shall be applied to the basic monthly salary, pension or allowance referred to in paragraphs 1, 2 and 3.

5. Decisions on requests for special reimbursement shall be taken, by:

either the appointing authority of the applicant's institution, on the basis of an opinion delivered by the office responsible for settling claims in accordance with general criteria adopted by the Management Committee after consulting the Medical Council for determining whether the expenses incurred are excessive;

or the office responsible for settling claims, on the basis of the same criteria, where it has been empowered by the appointing authority to do so.

Article 9

Free choice of practitioner and hospital or clinic

1. Persons covered by this Scheme shall be free to choose their practitioners and hospitals or clinics.

2. The institutions shall, wherever possible, endeavour to negotiate with the representatives of the medical profession and/or the competent authorities, associations and establishments agreements specifying the rates for both medical treatment and hospitalisation applicable to persons covered by this Scheme, account being taken of local conditions and-, where appropriate, the scales! already in force.

Article 10

Allowance towards funeral expenses

The following persons shall be entitled to an allowance towards funeral expenses, as provided for in Annex 1:

- (a) in the event of the death of a person covered by his insurance or of a still birth: the member;
- (b) in the event of the death of a member: the spouse, the children or, where there are no such persons, any other person who proves that he has borne the funeral expenses.

Article 11 Procedures

1. Application for prior authorization

Where, pursuant to these Rules, reimbursement of expenses is subject to prior authorization, the decision shall be taken by the appointing authority or by the office responsible for settling claims designated by the appointing authority in accordance with the following procedure:

- (a) the application for prior authorization, together with a prescription and/or an estimate made out by the attending practitioner, shall be submitted by the member to the office responsible for settling claims, which shall refer the matter to the medical officer if need be. In the latter case, the medical officer shall transmit his Opinion to the office responsible for settling claims within two weeks;
- (b) the office responsible for settling claims shall take a decision on the application if it has been appointed to do so or shall transmit its decision and, where applicable, that of the medical officer to the appointing authority for a decision. The member shall be informed of the decision forthwith;

(c) applications for reimbursement of expenditure on treatment for which prior authorization is required shall not be considered unless the authorization was requested before the treatment began. An exception may be made in medically justified emergencies deemed to be such by the medical officer of the office responsible for settling claims.

2. Application for reimbursement

Application shall be made by members to the office responsible for settling claims on standard forms accompanied by the originals of the supporting documents; in the case of application for the supplementary reimbursement referred to in Article 6 of these Rules, a copy of the original receipted bill must be attached.

3. However, subject to the provisions of Article 3(4) of these Rules, the divorced former spouse may submit applications for prior authorization and reimbursement of expenses directly for him/herself and the children in his/her custody; the conditions laid down in paragraphs 1 and 2 of this Article shall apply.

Article 12 **Subrogation of rights**

Where an accident or illness is caused by a third party, the rights of action of the person concerned or of those entitled under him against the third party shall, within the limits of their obligations under these Rules, vest in the Communities, in accordance with Article 85a of the Staff Regulations.

Article 13 Loss of entitlement

1. Where the member has not applied for reimbursement of expenses incurred by him or by a person covered by his insurance during the year following the calendar half-year in which treatment was administered, he shall cease to be entitled to reimbursement save where force majeure is duly established.

2. Application for the special reimbursement referred to in Article 8(2) shall be made within twelve months of the date on which the expenses last incurred in respect of treatment within the twelve-month period in question were reimbursed.

Article 14 Recovery of undue payment

Any sum overpaid shall be recovered if the recipient was aware that there was no due reason for the payment or if the fact of the overpayments was patently such that he could not have been unaware of it.

Article 15 Fraud

Notwithstanding Article 14 of these Rules, a member who fraudulently obtains or attempts to obtain benefits for himself or for a person covered by his insurance shall automatically cease to be entitled to such benefits and shall be liable to disciplinary action.

Article 16 Appeals

1. Any person to whom these Rules apply shall be entitled to resort to the appeal procedure provided for in Articles 90 and 91 of the Staff Regulations or, in the case of the members referred to in Article 2, points 15 and 16 of these Rules, in Articles 43 and 44 of Regulations (ECSC, EEC, Euratom) No 1859/76 and No 1860/76.

Before taking a decision regarding a complaint submitted under Article 90(2) of the Staff Regulations, or Article 43(2) of Regulations (ECSC, EEC, Euratom) No 1859/76 and No 1860/76, the appointing authority or, as the case may be, the Administrative Board shall consult the Management Committee.

The Management Committee may instruct its Chairman to make further investigations. Where the point at issue is of a medical nature, the Management Committee may seek expert medical advice before giving its Opinion. The cost of the expert opinion shall be borne by the Scheme.

The Management Committee must give its Opinion within two months of the request being received. The Opinion shall be transmitted simultaneously to the appointing authority and to the person concerned.

Should the Management Committee fail to deliver an Opinion within the period prescribed above, the appointing authority or, as the case may be, the Administrative Board may take its decision.

CHAPTER II ORGANIZATION OF THE SCHEME

Article 17 Organs

The Scheme shall operate through a Management Committee, a Central Office, offices responsible for settling claims and a Medical Council.

Article 18 Management Committee

1. The Management Committee shall be composed of the following eighteen full members:
four representatives of the Commission, appointed by the appointing authority;
one representative of each of the other institutions, appointed in each case by the relevant appointing authority;
four representatives of the staff of the Commission, appointed by its Central Staff Committee ;
one representative of the staff of each of the other institutions, appointed in each case by the relevant Staff Committee.
2. Eighteen alternative members shall be appointed in the same manner as provided for in paragraph 1.
3. The term of office of the full and alternate members shall be two years. It shall be renewable.
4. Each member, or in his absence an alternate member, shall be entitled to vote.
5. The Management Committee shall adopt its rules of procedure by a two-thirds majority of the members who are entitled to vote.

The rules of procedure shall include provisions concerning:

- the election of the Chairman;
- the organization, convening and frequency of the meetings;
- the appointment, if need be, of a Committee to prepare its meetings.

6. The Management Committee shall:

- (a) ensure that these Rules are applied consistently and put to the institutions any relevant suggestion or recommendation;
- (b) examine the financial position of this scheme and put to the institutions any relevant suggestion or recommendation;
- (c) make a detailed annual report on the financial position of this Scheme and forward it to the institutions and their Staff Committees before 1 July;
- (d) where necessary, propose or recommend to the administrations of the institutions any provisions required for applying these Rules and any measure required for the satisfactory operation of this Scheme, and make proposals as to the amount of the fund required for day-to-day transactions by the offices responsible for settling claims;
- (e) deliver Opinions as provided for in these Rules;
- (f) deliver its Opinion, where appropriate, on any matter arising directly or indirectly from the application of the provisions of the Staff Regulations concerning sickness insurance;
- (g) deliver its Opinion on the level of contributions and benefits, in particular where there is an appreciable change in the cost of medical treatment.

7. The proceedings of the Management Committee shall be secret.

Article 19 Central Office

1. The Central Office shall be attached to the Commission.

2. It shall:

- (a) coordinate and monitor the work of the offices responsible for settling claims;
- (b) ensure that the rules concerning the payment of benefits are consistently applied;
- (c) provide secretarial services for the Management Committee;
- (d) carry out any statistical survey or analysis required for the satisfactory operation of this Scheme so as to give the Management Committee an accurate view of the extent, distribution and trend of the risks insured against and enable it to deliver Opinions as provided for in Article 18(6)(g) of these Rules.

Article 20 Offices responsible for settling claims

1. Offices responsible for settling claims shall be opened or closed down by the Commission wherever it considers this to be necessary, taking into account in particular the places where officials are employed.

An office responsible for settling claims may be opened or closed down in any other institution only with the consent of that institution and after the Management Committee has been consulted.

2. Medical and dental officers shall be attached to each office responsible for settling claims and shall perform the tasks specified in these Rules.

The function of medical officer attached to offices responsible for settling claims is incompatible with that of medical officer of an institution.

3. Each office responsible for settling claims shall:

- (a) accept and process applications for reimbursement of expenses submitted by members registered with it and make the relevant payments;
- (b) as provided for in these Rules and where matters of a medical nature connected with the payment of benefits are raised by the Management Committee or by the Central Office, consult the medical officer, who may, if need be, consult the medical officer of the institution concerned;
- (c) examine applications for prior authorization and take the necessary action;
- (d) deliver opinions as provided for in these Rules;
- (e) provide secretarial services for the medical officers.

4. The staff assigned to the offices responsible for settling claims and the Central Office shall be bound by medical secrecy with regard to the expenses and/or documents which come to their attention in the exercise of their duties. They shall continue to be so bound after the termination of their service with the offices concerned.

Article 21 Registration

1. Persons covered by this Scheme shall be registered with the Central Office and with one of the offices responsible for settling claims.

2. Persons covered by this Scheme who reside in a country in which an office responsible for settling claims has been opened shall normally be registered with that office.

Persons covered by this Scheme who reside in a country in which no office responsible for settling claims has been opened shall be registered with an office designated by the Central Office.

Article 22 Medical Council

The Management Committee shall be assisted by a Medical Council composed of a medical officer from each institution and the medical officers from each office responsible for settling claims.

The Medical Council may be consulted by the Management Committee or the Central Office concerning any matter of a medical nature which arises in connection with this Scheme. It shall meet at the request of the Management Committee, of the Central Office or of the medical officers of the offices responsible for settling claims and shall deliver its Opinion within such time as may be specified.

CHAPTER III

FINANCIAL PROVISIONS

Article 23 **Contributions**

1. The institutions and the bodies concerned shall each month, not later than eight days after the payment of remunerations and pensions, or allowances in the case of members referred to in Article 2, points 3, 5, 6, 7, 8, 12, 17, 18, 19 and 20, pay to the Commission their own contributions and those of the members.

2. The contribution of the institutions and bodies concerned and the members' contributions shall be 3.40% and 1.70% respectively of the basic salaries set out in Article 66 of the Staff Regulations or of the basic pensions or allowances referred to in paragraph 1.

Article 24 **Authorization and checking**

Payments to be made by the offices responsible for settling claims shall be authorized and checked by the Commission in accordance with the provisions of the Financial Regulation applicable to the general budget of the European Communities.

Article 25 **Special account**

The Commission shall record in a special non-budgetary account entitled "Sickness Insurance Scheme of the European Communities":

contributions paid, showing the total received for each institution in subsidiary accounts; total payments made, showing in the said accounts the amounts paid in respect of each type of treatment, in conformity with an accounting schedule prepared by the Commission after consulting the Management Committee.

Article 26

Quarterly figures

1. Not later than thirty days after the end of each quarter the Commission shall compile in respect of each institution statistics showing running totals of income and expenditure for the quarter and for the preceding financial year or years compiled from information supplied by the Management Committee.

2. The quarterly figures, showing the accounting position for each of the offices responsible for settling claims, shall be transmitted by the Commission to the Management Committee and to the other institutions not later than six weeks after the end of each quarter.

Article 27

Financial balance

The cost of benefits provided under this Scheme must be balanced by contributions from institutions and members over a three-year period.

Article 28

Deficit

1. Where the accounting position shows, in respect of all the institutions taken together, a deficit which leaves the Scheme out of balance financially, it shall be covered out of the surpluses referred to in Article 29 of these Rules

2. Should the surpluses be insufficient to cover the deficit, the Management Committee shall immediately refer the matter to the institutions, which shall, after consulting the Staff Regulations Committee, determine what measures are to be taken to balance the accounts.

Article 29 Surpluses

1. Where the accounting position of the offices responsible for settling claims shows a surplus, the Commission may enter the surplus in a special non-budgetary account entitled "Surpluses of the Sickness Insurance Scheme of the European Communities".

The surpluses shall be available to cover any increase in the risks covered.

2. After consulting the Management Committee, the Commission shall invest the surpluses on the best terms available, subject to the cash requirements of the offices responsible for settling claims.

Every six months the Commission shall inform the other institutions and the Management Committee of the total amounts invested and the terms of the investments.

Interest received on the investments shall be credited to the special account referred to in **Article 25**.

3. Where the surpluses arising over a period of three years reach 20% of the arithmetic mean of the running total of expenditure during that period, the institutions shall, after consulting the Management Committee and the Staff Regulations Committee, consider whether the institutions and members' contributions should be reduced.

4. The total surpluses of the offices responsible for settling claims shall be entered on the liabilities side of the Commission's financial statement under the heading "Sickness Insurance Scheme of the European Communities".

CHAPTER IV

FINAL PROVISIONS

Article 30 **Amendment**

1. These Rules may be amended in accordance with Article 72(1) of the Staff Regulations upon a proposal from an institution or a Staff Committee.

2. The Management Committee shall deliver an Opinion on any proposal to amend the Rules.

Article 31

The Rules on Sickness Insurance for Officials of the European Communities, as last amended on 1 June 1984, are hereby repealed.

Article 32

These Rules shall enter into force on the first day of the month following that in which the agreement between the institutions provided for in Article 72(1) of the Staff Regulations is recorded by the President of the Court of Justice of the European Communities.

They shall apply from 1 January 1986. (1)

(1) Articles 2, 3, 4, 8 and 23, points III, IV, VI, IX, X, XI, XII, XIV and XV of Annex I, and the new Annex IV, amended or added on 5 December 1990, apply with effect from 1 January 1991.

RULES GOVERNING THE REIMBURSEMENT OF MEDICAL EXPENSES

Medical expenses shall be reimbursed subject to the limits and conditions hereinafter specified.

I. SURGERY VISITS AND HOME CALLS

Fees for surgery visits and home calls shall be [reimbursed at the rate of 85%, subject to a maximum limit of:

1. General practitioners

(a) Visit to the doctor's consulting room	BFR	682
(b) Call at the patient's home	BFR	710
(c) Calls at night, on Sundays and on public holidays, emergency calls, as defined by local custom	BFR 1	143

2. Specialists

(a) Visit to the doctor's consulting room	BFR 1	072
(b) Call at the patient's home	BFR 1	470
(c) Calls at night, on Sundays and on public holidays, emergency calls, as defined by local custom	BFR 1	565

3. Psychological examination carried out as part of medical treatment	BFR 4	045
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Where doctors are authorized to make charges, in addition to their fees, for the distance they have to travel to patient's homes, or where a person covered by this Scheme is obliged to call in a doctor living outside his place of employment or residence or the place where he is staying, travelling expenses shall be reimbursed up to 85%, the limit being 20 km for the round trip.

II. SURGICAL OPERATIONS

These expenses shall be reimbursed at the rate of 85%, the maximum reimbursement for each operation being;

BFR 11 390 for category AA
BFR 22 780 for category AB
BFR 26 180 for category B
BFR 75 616 for category C
BFR 99 080 for the category D

Annex 2 contains a classified list of surgical operations.

Any surgical operation not mentioned in this list shall be treated in the same way as operations listed which, in the opinion of the medical officer of the office responsible for settling claims, are of a comparable nature.

Plastic surgery shall be subject to prior authorization by the office responsible for settling claims, after the medical officer has given his opinion.

Plastic surgery which is considered to be purely cosmetic shall not be reimbursed.

Surgical expenses shall include surgical fees only; 85% of the expenses incurred for anaesthesia, the use of the operating theatre or plaster room, dressings and other expenses in respect of any general care pertaining to surgical operations in any category shall be reimbursed at the rate of 85% and within the limit specified for each item.

In the case of a very major surgical operation, the expenses incurred shall be reimbursed at the rate of 85%, after the medical officer of the office responsible for settling claims has been consulted.

III. HOSPITALISATION

1. The costs of a stay in hospital shall, in the case of a surgical operation or medical treatment, be reimbursed at the rate of 85%, subject to a maximum limit of BFR 4 127 and BFR 3 459 per day, respectively.

The costs of a stay shall comprise the costs of board and service, plus taxes.

2. The surgical operation expenses, as specified in Section II, the expenses incurred for the use of the operating theatre, plaster room, dressings and other expenses in respect of any general care pertaining to the surgical operation, medical fees for visits and calls, laboratory analyses and tests. X-rays, medicines and other diagnostic or therapeutic services shall be reimbursed separately, in accordance with the provisions for the reimbursement of each of these categories of expenditure. If at a hospital centre the all-in charge for a day in hospital comprises the cost of the stay as defined in the second subparagraph of paragraph 1 and all or part of the expenses listed above, reimbursement shall be at the rate of 85%.

3. Where, in view of his age and the nature of his illness, a person covered by the scheme requires special family assistance and is accompanied in hospital on the practitioner's prescription by a member of his family, the cost of the latter's stay may, by way of exception and after consultation of the medical officer of the office responsible for settling claims, be reimbursed at the rate of 85%, subject to a maximum limit of BFR 1 535 per day.

4. A stay in an establishment which does not possess medical, technical and logistical infrastructure to cater for a number of disciplines as well as medical and paramedical personnel in a ratio of at least one to every ten in-patients, shall not be regarded as hospitalisation.

The costs of a stay in a hospital or clinic and/or convalescent establishment as described in the preceding subparagraph which is approved by the competent authorities and possesses the medical and paramedical infrastructure to assist the elderly and/or disabled shall be reimbursed at the rate of 85%, subject to a maximum limit of BFR 815 per day, after a favourable opinion has been obtained from the medical officer on the basis of a detailed periodic report from the practitioner explaining why the stay in question is necessary, *a*

Costs in excess of BFR 960 per day shall not be taken into account for the purpose of the calculation referred to in Article 8 or in the event of Section IV of this Annex applying.

Medical expenses in the strict sense incurred in the establishment in question shall be invoiced and reimbursed separately under the conditions laid down in the Rules.

IV. SPECIAL CASES

1. In cases of tuberculosis, poliomyelitis, cancer, mental illness and other illnesses recognized by the appointing authority as of comparable seriousness, expenses shall be reimbursed at the rate of 100%.

However, reimbursements in any one of such cases under Section VI.1, second paragraph, Section XI.1(a), Section XII.E and F, Annex III.A and B(2) and (3), and Annex IV.B(2) may not exceed an amount equal to twice the maximum amount provided for therein.

Reimbursements under Section III.3, Section VI.3, Section VIII, first and fourth paragraphs, Section X, Section XI.1(b), Section XII.B and Annex III.B(1) may not exceed the maximum amounts provided for in the Rules.

Applications for the recognition referred to in the first paragraph shall be made to the office responsible for settling claims; they shall be accompanied by a report from the practitioner treating the person concerned.

The appointing authority or the office responsible for settling claims if the requisite powers have been delegated to it by the said authority shall take its decision after consulting the office's medical officer, whose opinion shall be based on general criteria drawn up by the Medical Council.

Reimbursement at the rate of 100% shall not apply in cases of occupational disease or accident resulting in the application of Article 73 of the Staff Regulations.

2. Expenses for early detection screening tests, provided they have been organized or carried out by centres approved by the Commission, shall be reimbursed at the rate of 100%.

V. PHARMACEUTICAL PRODUCTS

The cost of pharmaceutical products prescribed by the practitioner shall be reimbursed at the rate of 85%. Where products are prescribed on a "repeat" basis and obtained within six months of the date of issue of the prescription reimbursement shall again be at the rate of 85% . .

Mineral waters, tonic wines and beverages, infant foods, haircare products, cosmetics, special diet foods, hygiene products, irrigators, thermometers, tisanes, aromatherapeutic products and similar products and instruments shall not be considered as pharmaceutical products.

However, if the pathological condition of an infant or child requires special dietetic measures involving the member in additional expense, such expense shall be reimbursed as laid down in the first paragraph provided that it relates to the purchase of special diet foods which in this instance can be regarded as a medicinal preparation essential to survival.

VI. DENTAL TREATMENT. DENTAL PROSTHESES and ORTHODONTIC TREATMENT

1. The cost of dental treatment (fillings, extractions, apectomy, gingivectomy, scaling and polishing and X-rays) shall be reimbursed as specified in the scale shown in Annex III.A. The cost of any dental treatment not listed in the scale shown in Annex III.A shall be reimbursed at the rate of 80%, after the medical officer has been consulted.

The cost of periodontal treatment shall be reimbursed at the rate of 80%, subject to a maximum limit of BFR 12 000 per sextant, provided prior authorization has been granted after consultation of the dental officer.

2. The cost of dental prostheses shall be reimbursed as specified in the scale shown in Annex III.B.

3. The cost of orthodontic treatment shall be reimbursed at the rate of 80%, subject to a maximum limit of BFR 79 500 per dependent child, provided prior authorization has been granted, where necessary after consultation of the dental officer of the office responsible for settling claims, on the basis of an estimate prepared by the dental practitioner. This amount shall cover all the treatment, carried out on an individual patient.

The maximum age at the commencement of treatment shall be 18 years.

The cost of a second course of treatment may be reimbursed by way of exception, provided authorization has been granted after consultation of the medical or dental officer on the basis of an estimate and a detailed report prepared by the dental practitioner explaining why the treatment is absolutely essential.

VII. RADIOLOGY, ANALYSES, LABORATORY TESTS AND OTHER FORMS OF DIAGNOSIS

Expenses under this heading shall be reimbursed at the rate of 85%.

VIII. CONFINEMENTS

In the case of normal confinements, the fees for the doctor and midwife and for anaesthesia, shall be reimbursed at the rate of 100%, subject to a maximum limit of BFR 26 800.

The fees for a labour room and a physiotherapist and all other expenses relating to services directly connected with the confinement shall be reimbursed separately at the rate of 100%.

In case of a twin birth, the maximum reimbursement shall be increased by 50%. In the case of a difficult confinement requiring special obstetrical treatment or surgical operation or prolonged stay in hospital for post-partum ailments, the costs referred to above shall be reimbursed, after the medical officer of the office responsible for settling claims has been consulted, where necessary, at up to 100% in accordance with the scales for surgical operations, hospital medical treatment and special treatment.

For all confinements, the cost of the stay in hospital shall be reimbursed as provided for in Section III, subject to a maximum limit of BFR 4 556 per day; except where complications arise, the cost of a stay of more than ten days in hospital shall not be reimbursed.

For home confinements, this Scheme shall reimburse the nursing fees for ten days at the rate of 100%; where complications arise, the period for which reimbursement is made shall be extended.

The phrase "difficult confinement requiring special obstetrical treatment" covers all confinements which are not in the medical sense normal confinements.

IX. PHYSIOTHERAPY, KINESITHERAPY AND SIMILAR TREATMENTS: MEDICAL APPLIANCES

1. The cost of treatment listed in Annex IV.A and B which is prescribed by a medical practitioner (in the case of psychotherapy and similar treatment, by a psychiatrist, neuropsychiatrist or neurologist) shall be reimbursed at the rate of 80% provided that the treatment is carried out by a professionally qualified practitioner. The maximum number of sessions for which costs may be reimbursed in any twelve-month period is also specified in Annex IV. By way of exception and on production of a duly substantiated medical certificate, costs may be reimbursed for a higher number of sessions.

Reimbursement in respect of treatment listed in Annex IV.B is also subject to prior authorization granted after consultation of the medical officer.

2. The cost of appliances for medical treatment shall be reimbursed at the rate of 80% after prior authorization.

X. TREATMENT BY MEDICAL AUXILIARIES AND NURSING

1. The fees for treatment by medical auxiliaries shall be reimbursed at the rate of 80% on condition that it is prescribed by the practitioner and provided by a person legally authorized to exercise the profession.

2. (a) The cost of post-operative nursing attendance in a hospital or clinic which is prescribed by the practitioner shall be reimbursed at the rate of 80%, subject to a maximum limit of BFR 2 415 for each day or night or BFR 3 459 for each 24-hour period of attendance, provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims.

(b) The cost of necessary nursing attendance at home after hospitalisation which is prescribed by the practitioner shall be reimbursed at the rate of 80%, subject to a maximum limit of BFR 2 415 for each day or night for a period not exceeding 45 days, provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims. In cases of absolute necessity, duly substantiated by the practitioner, this period may be extended by up to 45 days, provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims; the same maximum limit for each day or night shall apply. The maximum reimbursement for each 24-hour period of attendance shall be BFR 3000.

(c) The cost of nursing attendance at home which is prescribed by the practitioner, who must state why such attendance is required, shall be reimbursed at the rate of 80%, subject to a maximum limit of BFR 2 415 for each 24-hour period of attendance, for a period not exceeding 90 days,

provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims.

(d) The periods specified in (b) and (c) may be extended by up to 12 months, during which a monthly payment may be made in respect of nursing attendance which is prescribed by the practitioner, who must state why such attendance is necessary, provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims; such extension may be renewed. The monthly payment shall be at the rate of 80% of the costs incurred, subject to a maximum limit equal to the basic salary of an official in the first step of grade C5 at the time when the relevant decision is taken, less an amount equal to 10% of the member's basic salary or pension or allowance in the cases referred to in Article 2, points 3, 5, 6, 7, 8, 12, 17, 18, 19 and 20 of these Rules.

(e) The nursing attendance must be provided by a person legally authorized to practise as a nurse.

(f) No reimbursement shall be made in respect of the nurse's travel expenses, board and lodging, or any other ancillary costs.

XI.CURES

1. The cost of accommodation, excluding board, for a cure at a health resort prescribed by the practitioner which is recognized as strictly necessary by the medical officer of the office responsible for settling claims, for which prior authorization has been granted and which is carried out under medical supervision, shall be reimbursed at the rate of 80%, subject to the limits set out below:

(a) convalescence, for a maximum period of twenty-eight days per annum: maximum reimbursement of BFR 1 176 per day; in the case of a relapse or a new illness the authorization may be renewed.

(b) cure at a spa: for a maximum period of twenty-one days per annum: maximum reimbursement of BFR 815 per day; under no circumstances can the cost of accommodation for such a cure be regarded as the cost of a stay in a clinic or hospital;

(c) cure for delicate children: maximum reimbursement of BFR 1 176 per day; save in exceptional cases, reimbursement shall apply up to the age of sixteen years and for a maximum period of six weeks per annum.

Except in the case of cures under (a), application for prior authorization must be submitted to the office responsible for settling claims at least six weeks before the anticipated date of commencement of the cure.

Applications must be accompanied by the medical prescription and a detailed medical report to the medical officer of the office responsible for settling claims explaining why the cure is necessary.

Applications for reimbursement of the costs of accommodation excluding board, treatment and medical supervision incurred on a cure must be supported by a medical report, giving details of the treatments followed and the results observed, drawn up at the end of the cure for the medical officer of the office responsible for settling claims.

2. The cost of treatment and medical supervision incurred on cures shall be reimbursed at the rates and subject to the maximum limits specified for each item.

XII. PROSTHESES ON MEDICAL PRESCRIPTION

A. Spectacle lenses

1. The cost of corrective lenses obtained on a medical prescription shall be reimbursed at the rate of 85%. The cost of one pair of non-corrective tint A (12% coloration) lenses, excluding lenses solely for protection against the sun, shall also be reimbursed at the rate of 85%.

2. In the case of renewal, the reimbursement referred to in 1. shall not be granted unless eighteen months have elapsed since the last time lenses were obtained (twelve months in the case of children up to eighteen years of age), except where a variation in the conditions of sight is medically attested.

B. Spectacle frames

1. The cost of one frame per pair of corrective lenses and one frame for non-corrective tint A (12% coloration) lenses shall be reimbursed at the rate of 85% up to a maximum of BFR 2 560 per frame.

2. In the event of renewal, the reimbursement referred to in point 1 above shall not be granted unless thirty-six months (twelve months in the case of children up to eighteen years of age) have elapsed since the last time a frame was obtained.

3. The cost of repairing frames shall be reimbursed on the same conditions as apply to the renewal of frames; the amount reimbursed for repairs shall be deducted from the maximum reimbursement applicable if a new frame is obtained during the same period.

C. Contact lenses

1. The cost of contact lenses shall be reimbursed at the rate of 85% where they are prescribed by an ophthalmologist.

2. In the case of renewal, reimbursement at the rate of 85% shall not be granted unless twenty-four months have elapsed since the last time a pair of contact lenses was obtained, except where a variation in the conditions of sight is medically attested.

D. Artificial eyes

The cost of artificial eyes shall be reimbursed at the rate of 85%.

E. Hearing aids

1. The cost of a hearing aid prescribed by an oto-rhino-laryngologist, and the cost of repairing such an aid, shall be reimbursed at the rate of 85%, subject to a maximum limit of BFR 37 250.

2. In the case of renewal, reimbursement as specified in 1 shall not be granted unless a period of five years has elapsed, except where there is a variation in the audiometric conditions and renewal has been prescribed by an oto-rhino-laryngologist.

3. The cost of batteries for hearing aids shall be reimbursed at the rate of 85%.

F. Orthopaedic appliances, bandages and other prostheses

The cost of acquiring or hiring articles listed below which have been prescribed by a doctor, likewise the cost of repairing articles listed under 3 and 4, shall be reimbursed at the rate of 85%:

1. Orthopaedic footwear made to measure and orthopaedic soles (two pairs every twelve months), subject to a maximum amount reimbursable of BFR 14 510 per pair of shoes.
2. Elastic bandages, elastic stockings for varicose veins (three pairs every twelve months) others: e.g. maternity belts, knee bandages, ankle supports, lumbar girdles.
3. Artificial limbs and segments thereof, crutches and walking sticks.
4. Wheelchairs and similar auxiliary appliances, provided that an estimate has been submitted.

However, prior authorization, granted after consultation of the medical officer of the office responsible for settling claims, shall be required for the acquisition of orthopaedic shoes and of the articles mentioned in point 4; the application for prior authorization for orthopaedic shoes must be accompanied by an estimate.

XIII. TRANSPORT COSTS AND TRAVELLING EXPENSES

1. The cost of transporting the patient may be reimbursed at the rate of 80% of the actual cost, after the medical officer of the office responsible for settling claims has been consulted, where necessary, provided such transport was undertaken as a matter of urgency or absolute necessity.

2. Travelling expenses incurred in respect of treatment outside the place of employment or residence shall be reimbursed only in exceptional circumstances upon prior authorization granted after the medical officer of the office responsible for settling claims has been consulted.

XIV. FUNERAL EXPENSES

Funeral expenses shall be reimbursed as provided for in Article 10 of the Rules, up to a maximum of BFR 94 000 on production of supporting documents.

Expenses exceeding BFR 94 000 shall not be taken into account for the purposes of the calculation provided for in Article 8 of the Rules.

XV. COMMON PROVISIONS GOVERNING REIMBURSEMENT

1. The following provisions shall apply to reimbursement of the medical expenses referred to in sections I to XIII.

2. Expenses in respect of items not mentioned in the Annexes to the Rules may be reimbursed at the rate of 80% after consultation of the medical officer of the office responsible for settling claims. Maximum limits may, however, be set in each case after the Management Committee has been consulted.

3. Expenses in respect of treatment considered non-functional or unnecessary by the office responsible for settling claims after consultation of the medical officer shall not be reimbursed.

That part of expenses considered excessive by the office responsible for settling claims after consultation of the medical officer shall not be reimbursed.

4. Fees for visits to leading specialists considered necessary by the medical officer of the office responsible for settling claims shall be reimbursed at the rate of 85%, subject to a maximum limit of three times the limit set for visits to specialists.

The fee for the first emergency home call made by a leading specialist shall be reimbursed at the rate of 85%.

Fees for subsequent calls shall be reimbursed at the rate of 85%, subject to a maximum limit three times the limit -set for home calls by specialists, provided prior authorization has been granted after consultation of the medical officer of the office responsible for settling claims.

LIST OF SURGICAL OPERATIONS (by category)

CATEGORY AA (maximum reimbursement: BFR 11 390)

AA.1. Surgery

1. Incision of superficial abscess, furuncle (boil) or subcutaneous paronychia (whitlow)
2. Incision of several abscesses or furuncles
3. Incision with drainage of an osseous paronychia or the surrounding tissues
4. Incision of a deep abscess
5. Incision of an abscess in the pouch of Douglas
6. Incision of a purulent inflammation of soft parts or excision (removal) of a carbuncle
7. Removal of a palpable superficial foreign body lying under the skin or under a mucous membrane
8. Excision of a small tumour situated in or under the skin or a mucous membrane or biopsy of such a superficially situated tumour (e.g. in lips, skin, mucous membrane)
9. Excision of a large tumour (e.g. ganglion, neuroma, lymph gland, aponeurotic tumour) without opening a cavity
10. Treatment by means of injections to correct varicose veins or haemorrhoids; ligation of haemorrhoids

11. Surgical operation on a joint of the fingers, carpus (wrist), toes or tarsus (ankles)
12. Osteotomy of a small bone or trephine biopsy of a bone
13. Taking of a bone graft
14. Setting of a fracture of the nose
15. Setting of a fracture of a face bone
16. Setting of a fracture of the clavicle (collar bone)
17. setting of a fracture of the scapula (shoulder-blade) or sternum (breast bone)
18. Setting of a fracture of the upper arm
19. Setting of a fracture of the forearm
20. Setting of a simple fracture of the pelvis
21. Setting of a fracture of a finger, toe, metacarpus, metatarsus, carpus (wrist) or tarsus (ankle)
22. Setting of a fracture of the patella (kneecap)
23. Setting of a fracture of the lower leg (tibia and/or fibula)
24. Removal of the material for pinning and/or ringing a bone
25. Reduction of a dislocation of the lower jaw
26. Reduction of a dislocation of the clavicle (collar bone) or the patella (knee-cap)
27. Reduction of a dislocation of the elbow or the knee

28. Reduction of a dislocation of the thumb
29. Reduction of a dislocation of a finger or toe
30. Disarticulation of a finger or toe
31. Partial or total amputation of a finger or toe
32. Amputation of a metacarpal or metatarsal
133. Tracheotomy
34. Correction or attempted correction of a strangulated hernia.
35. Operation for an anal or rectal fissure
36. Operation for a rectal fistula
37. Correction of a rectal prolapse
38. Removal via the anus of a foreign body from the rectum
39. Operation for phimosis
40. Dilation of the urethra
41. Operation for a urethral polyp
42. Bloodless extraction of a foreign body from the urethra
43. Puncture of the bladder
44. Vasectomy

AA.2. Ophthalmology

1. Removal of a foreign body from the conjunctiva, the cornea or the sciera

2. Removal of a tumour from an eyelid, the conjunctiva or the sciera
3. Enucleation of a chalazion
4. Opening of a lachrymal canal
5. Treatment for stenosis of a lachrymal canal
6. Operation for inflammation of the lachrymal sac
7. Removal of a lachrymal sac
8. Operation on a lachrymal gland
9. Operation for a strictured or enlarged palpebral fissure
10. Operation for an ectropion or an entropion
11. Laser treatment

AA.3. Otorhinolaryngology (ear, nose and throat operations)

1. Removal of a foreign body
2. Simple removal of easily operated polyps or other nasal tumours
3. Opening of a maxillary sinus
4. Adenoidectomy
5. Bloodless extraction of a foreign body from the larynx
6. Bloodless removal of a polyp or other tumour from the larynx
7. Laryngeal biopsy

8. Operation of the external auditory canal
9. Extraction of a foreign body from the external auditory canal or from the middle ear
10. Removal of a polyp or other tumour from the external auditory canal or from the middle ear
11. Trans-tympanic drain

AA.4.Gynaecology

1. Correction of a retroverted uterus
2. Removal of a polyp from the cervix uteri
3. Biopsy of the cervix uteri
4. Operation for a partial perineal rupture
5. Surgical operation on the external female genital organs (e.g. removal of a vaginal cyst or a Bartholin's gland)

CATEGORY AB **(maximum reimbursement: BFR 22 780)**

AB.1. Surgery

1. Sanguineous removal of an embedded foreign body from the soft parts or from a bone
2. Tongue biopsy in deep tissues (adipose tissue, fascia and muscle) or in organs without opening a cavity
3. simple skin grafting or simple flap grafting
4. Reduction of a dislocation of a hand or foot
5. Operation for a simple harelip

6. Wedge-shaped excision at the tongue
7. Operation for a salivary fistula or operative removal of a salivary calculus
8. Operation for rectal polyps
9. Operation for a coccygeal fistula
10. Resection of the coccyx
11. Incision of a perinephretic abscess
12. Operation for a urethral fistula
13. Bloodless surgical operation on the bladder (e.g. to remove a foreign body or a small tumour)
14. Removal of osteo-synthesis material
15. Varicocele, hydrocele
16. Epididymectomy
17. Operation for cryptorchidism or ectopia testis
18. Simple laparoscopy
19. Operation for a breast tumour
20. Chemical nucleolysis of prolapsed intervertébral disc
21. Operation on the carpal tunnel

AB.2. Ophthalmology

1. Plastic surgery on an eyelid partially adhering to the eyeball

2. Operation for a pterygium
3. Suture of a lesion of the cornea or the sciera
4. Iridotomy
5. Treatment for a prolapse of the iris or the ciliary body
6. Aspiration of a vitreous body

AB.3. Otorhinolaryngology (ear, nose and throat operations)

1. Tonsillectomy
2. Plastic surgery by a flap method to close a retroauricular fistula or a fistula of the maxillary sinus
3. Plastic surgery on the outer ear

AB.4. Gynaecology

1. Curettage of the uterus
2. Uterotubal insufflation and/or injection of contrast media for hysterosalpingography
3. Plastic surgery on the cervix uteri
4. Amputation of the cervix uteri

CATEGORY B (maximum reimbursement: BFR 26 180)

B.I. Surgery

1. Difficult skin graft or difficult graft by a flap method

2. Bone graft
3. Operation for an aneurysm
4. Arterial embolectomy
5. Lumbar sympathectomy
6. Thoracic sympathectomy
7. Radial surgery for Dupuytren's contracture
8. Resection of a maxillary joint or a joint of the hand or foot
9. Arthroplasty of a maxillary joint or a joint of the hand or foot
10. Surgical operation on a maxillary joint
11. Removal of a foreign body from a shoulder, elbow or knee joint
12. Meniscectomy
13. Operation for habitual dislocation of the shoulder or knee
14. Osteotomy of a small bone with implantation of a tendon
15. Reduction of vertebral fracture
16. Open reduction of a fractured clavicle (collar bone)
17. Reduction of a fractured femur
18. Reduction and ringing of a fractured patella (kneecap)
19. Open reduction of a fracture of the upper arm, forearm or the lower leg (tibia and/or fibula)

20. Open reduction of a wrist or ankle fracture
21. Operation for pseudarthrosis
22. Operation for the resetting of a wrongly knit fracture
23. Reduction of a hip dislocation
24. Reduction of a vertebral dislocation
25. Disarticulation of the upper arm
26. Disarticulation of the thigh
27. Disarticulation of the forearm or the lower leg (tibia and/or fibula)
28. Disarticulation of the hand or foot
29. Simple amputation of the upper arm
30. Simple amputation at the thigh
31. Simple amputation at the forearm or the lower leg (tibia and/or fibula)
32. Reduction of a fracture of both bones of the forearm
33. Simple amputation through a metacarpal or metatarsal
34. Opening of the cranium with puncture of the brain
35. Reconstruction of the nose
36. Operation on a complicated harelip
37. Partial resection of the tongue
38. Laryngotomy

39. Partial resection of the larynx
40. Simple mastectomy
41. Exploratory laparotomy or laparoscopy with intervention
42. Appendectomy
43. Opening of an abscess in the abdominal cavity
44. Opening of a subphrenic abscess
45. Operation for an inguinal or femoral hernia
46. Operation for a simple umbilical hernia or a linea alba hernia
47. Eventration operation
48. Opening of a stenosis of the rectum
49. Operation for a prolapse of the rectum by opening of the abdominal cavity
50. Operation for incompetence of the anal sphincter by means of myoplasty
51. Electroresection of the prostate or neck of the bladder (endoscopic prostatectomy)
52. Exploratory lombotomy
53. Decapsulation of a kidney
54. Nephrostomy
55. Renal drainage
56. Nephropexy
57. Suprapubic opening of the bladder
58. Operation for an injury to the bladder

59. Opening of the ischiorectal fossa
60. Sanguineous extraction of a foreign body from the urethra
61. Perineal urethrostomy
62. Suture of the urethra
63. Plastic surgery on the urethra
64. Lithotripsy and evacuation of a vesical calculus under visual control per treatment
65. Endovesical removal of a large tumour of the bladder per treatment
66. Partial cystectomy
67. Extraction of a urethral calculus by lasso catheter
68. Implantation of an artificial cardiac pacemaker
69. Nerve suture
70. Operation for a rectal prolapse
71. Operation for haemorrhoids
72. Sanguineous removal of varicose veins
73. Operations listed in category A, if they are combined or complicated

B.2. Ophthalmology

1. Removal of a foreign body from the eye socket
2. Removal of a tumour from the eye socket
3. Removal of a tumour from the cornea

4. Toti's lachrymal sac operation
5. Operation for the correction of ptosis (drooping of "the upper eyelid)
6. Plastic surgery on a partially conserved eyelid
7. Plastic surgery on an eyelid completely adhering to the eyeball
8. Operation on the muscles of the eyeball to correct a squint
9. Plastic surgery on the cornea
10. Operation for a corneal abnormality
11. Operation for disease or injury of the crystalline lens
12. Cyclodialysis, iridectomy or fenestration or operation for glaucoma
13. Operation to prevent detachment of the retina
14. Enucleation of the eyeball
15. Excision of the optic nerve
16. Operations listed in category A, if they are combined or complicated

B.3. Otorhinolaryngology (ear, nose and throat operations)

1. Endonasal resection of an osseous choanal obstruction
2. Endonasal trephination or excavation of nasal sinus

3. Radical operation on a maxillary or frontal sinus
4. Removal of a nasopharyngeal fibroma
5. West's endonasal operation on a lachrymal sac
6. Bronchoscopy or oesophagoscopy with extraction of a foreign body from the trachea or its ramifications, or from the oesophagus
7. Trephining of the mastoid
8. Operation for a tumour of the middle ear
9. Tympanoplasty
10. Submucous resection of the nasal septum
11. Operations listed in category A, if they are combined or complicated

B.4. Gynaecology

1. Hysteropexy
2. Operation for complete rupture of the perineum
3. Colporrhaphy, with or without perineorrhaphy
4. Operation for genital prolapse
5. Vaginal removal of a uterine fibroma
6. Vaginal or abdominal myomectomy
7. Removal of part of the adnexa
8. Operation for incontinence of urine in women
9. Caesarean

10. Difficult confinement (vacuum extractor or forceps)
11. Operations listed in category A, if they are combined or complicated

CATEGORY C
(maximum reimbursement: BFR 75 616)

C.I. Surgery

1. Operation for an arterial abnormality
2. Resection of a shoulder, elbow, knee or hip joint
3. Arthroplasty of a shoulder, elbow or knee joint
4. Arthroplasty of the acetabulum
5. Surgical operation on a hip joint
6. Repair of the knee ligaments
7. Operation for a fracture of the neck of the femur
8. Amputation of the shoulder girdle through the joint
9. Operation for fractured skull
10. Unilateral or total resection of a jawbone
11. Plastic surgery on the soft palate
12. Complete resection of the tongue
13. Removal of a salivary gland

14. Plastic surgery on the larynx with displacement of the vocal cords
15. Partial or total thyroidectomy
16. Mastectomy with excavation of the auxiliary glands
17. Opening of the pericardium without heart operation
18. Gastrectomy
19. Surgical operation on the gall-bladder or the bile ducts
20. Surgical operation on an organ of the abdominal cavity by laparotomy (e.g. gastroenterostomy, intestinal anastomosis, removal of part of the intestines, removal of the tail of the pancreas, splenectomy)
21. Operation for a strangulated hernia with removal of a part of the intestines
22. Operation for a large or complicated umbilical or linea alba hernia
23. Eventration operation with plastic surgery
24. Removal via the anus of the rectum
25. Surgical operation on the ureter
26. Operation for a diaphragmatic hernia
27. Removal of the prostate and the seminal vesicles by the abdominal route
28. Opening of the pelvis of the kidney and removal of calculi

29. Nephrectomy
30. Resection of a pole of a kidney or section of the isthmus of a "horseshoe" kidney
31. Plastic surgery on the pelvis of a kidney
32. Partial resection of the bladder with transplantation of a ureter
33. Plastic surgery for incontinence of urine
34. Operation for a slipped disc
35. Transluminal dilatation of the coronary or other arteries
36. Destruction of urinary calculi (lithotripsy) by means of extracorporal shock waves
37. Operations listed in category B, if they are combined or complicated

C.2. Ophthalmology

1. Plastic surgery for a completely destroyed eyelid
2. Corneal graft
3. Cataract operation
4. Operation for displacement of the crystalline lens
5. Operation for detachment of the retina
6. Coagulation or photocoagulation of a tumor of the retina or the choroid
7. Reconstruction of the lachrymal duct

8. Operations listed in category B, if they are combined or complicated

C.3 Otorhinolaryngology (ear, nose and throat operations)

1. Radical operation on several sinuses on the same side
2. Petromastoid excavation
3. Fenestration or operation on the auditory ossicles of the middle ear
4. Operations listed in category B, if they are combined or complicated

C.4. Gynaecology

1. Total hysterectomy with or without removal of uterine adnexa
2. Removal of the uterine adnexa
3. Vaginal or abdominal total or subtotal hysterectomy without removal of the ovaries or Fallopian tubes
4. Operations listed in category B, if they are combined or complicated

CATEGORY D **(maximum reimbursement: BFR 99 080)**

D.I. Surgery

1. Total prosthesis of the hip

2. Opening of the skull with surgical operation on the central nervous system
3. Removal of a tumour of the spinal canal
4. Surgical operation on the spinal cord
5. Unilateral resection of the jawbone and excavation of the lymphatic ducts
6. Opening of the pericardium with surgical operation on the heart, including bypass, heart transplant
7. Pericardectomy
8. Surgical operation on the great vessels of the thorax
9. Removal of a mediastinal tumour
10. Endothoracic operation on the oesophagus
11. Resection of the head of the pancreas or removal of the pancreas
12. Gastrectomy and partial removal of an adjacent organ
13. Portocaval shunt or similar operation
14. Abdominoperineal removal of the rectum
15. Pneumonectomy
16. Total laryngectomy
17. Surgical operation on the liver
18. Operations listed in category C, if they are combined or complicated

D.2. Ophthalmology

1. Operations listed in category C, if they are combined or complicated

D.3. Otorhinolaryngology (ear, nose and throat operations)

1. Petromastoid excavation and opening of the neurocranium
2. Trephining of the sella turcica
3. Operations listed in category C, if they are combined or complicated

D.4. Gynaecology

1. Operation for a vesicovaginal or rectovaginal fistula
2. Plastic surgery for total absence of the vagina
3. Operations listed in category C, if they are combined or complicated

SCALE OF REIMBURSEMENT FOR DENTAL TREATMENT AND PROSTHESES

A. Dental treatment

The cost of the treatments listed below shall be reimbursed at the rate of 80% , subject to the following maximum reimbursement:

Normal filling	BFR 1 200
Filling with devitalization of one root	BFR 1 600
Filling with devitalization of more than one root	BFR 2 400
Normal extraction	BFR 800
Surgical extraction	BFR 1 600
Extraction of impacted tooth	BFR 2 900
Appectomy	BFR 2 400
Gingivectomy	BFR 1 600
Full scaling and polishing	BFR 640
X-ray of a single tooth	BFR 512
General X-ray	BFR 1 600

Treatment not listed above shall be reimbursed at the rate of 80% after consultation of the dental officer.

B. Dental prostheses

1. Fixed prostheses

The cost of fixed prostheses for which prior authorization has been granted on submission of an estimate shall be reimbursed at the rate of 80%, subject to the following maximum reimbursement:

Maximum reimbursement per tooth

Gold crown, resin jacket	BFR	7 500
Resin bridge tooth element	BFR	7 500
Gold inlay, cast dummy	BFR	7 500
Pivot crown	BFR	7 500
Richmond crown or crown of porcelain and metal. Veneer or bridge device of porcelain and metal	BFR	7 500
Gold and porcelain bridge tooth element	BFR	7 500
Spring attachment	BFR	7 500
Hinge	BFR	3 900

2. Removable prostheses

Full set of dentures, upper or lower (fourteen teeth, resin plate)	BFR	27 195
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Partial dentures with synthetic resin plastic plate

base plate	BFR	6 040
per tooth	BFR	1 885
per clasp	BFR	1 355
Supplement per metal plate (stainless steel) (upper or lower)	BFR	5 130
Supplement for suction system (Lausap, Fixomatic, Vacuum, Matic, etc.)	BFR	5 130
Metal prosthesis (chrome cobalt) plate and clasp	BFR	12 585
per tooth	BFR	4 210

3. Repairs

to the resin plate	BFR 2 420
addition of one tooth, or clasp on resin plate	BFR 2 715
rebasing (upper or lower) (40% of full set of dentures)	BFR 10 810
remounting (upper or lower) (75% of full set of dentures)	BFR 20 400

4. Notes on the application of the scale of reimbursement for dental prostheses :

(a) Subject to the conditions laid down in the above scale, the cost of temporary prostheses shall be reimbursed to a maximum of 50% of the limit set for the same permanent prosthesis made of resin.

(b) Costs of repair, rebasing, remounting and renewal of prostheses in respect of which reimbursement has already been made by the Sickness Insurance Scheme can be reimbursed only after prior authorization, except in the case of repairs the urgency of which has been duly established.

(c) If the costs of impressions and fitting of removable prostheses are separately invoiced, they will be reimbursed in accordance with Section VI(1) of Annex I.

THERAPEUTIC TREATMENT

The therapeutic treatments in respect of which costs may be reimbursed are listed below. The maximum number of sessions reimbursable over any twelve-month period is specified for each type of treatment.

After reimbursement the medical prescription shall be kept in the member's medical file.

A. Treatment in respect of which a medical prescription dated less than six months prior to the date of the first session of treatment is required

Type of treatment	Maximum number of sessions reimbursable over any twelve-month period
1.	
Kinesitherapy)
Therapeutic massage)
Remedial gymnastics)
Pro- and post-natal exercises)
Mobilization)
Occupational therapy)
Mechanotherapy)
Traction)
Mud baths)
Hydromassage)
Hydrotherapy)
any combination of the above)
	60

2.			
	Physiotherapy)	
	Electrotherapy)	
	Diadynamic currents)	
	Microwave therapy)	60
	Ionization)	
	Short-wave therapy)	
	Special forms of electrotherapy)	
	Any combination of the above)	
3.			
	Aerosol therapy)	
	Inhalation)	
	Insufflation)	30
	Irrigation)	
	Nebulization or spray treatment)	
	Any combination of the above)	
4.			
	Infra-red radiation)	40
	Ultrasound therapy)	
5.			
	Radium therapy)	
	Radio therapy)	Un-
	Rontgen therapy)	limited
6)			
	Acupuncture performed by a doctor)	
	Maximum amount reimbursed: BFR 900)	30

