

INFO SENIOR



DG HR Newsletter

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Table of contents

PMO Contact will become Staff Contact	1
Financial adviser/debt mediator available in Brussels	2
Direct billing	2
Contact the PMO.4 Pensions Service	7
'Support group for widows and widowers' at AIACE - Belgian section	7
Afiliatys	8
AIACE International annual conference	8
Combining a Community pension with a national pension	8

PMO Contact will become Staff Contact



From 15 May 2019, STAFF Contact will replace PMO Contact. From that date, all information regarding your rights will be available on My IntraComm. You will also be able to ask questions via this portal. Before asking a question, please first read the information published on My IntraComm. If you do not find an answer to your question, then you can contact the PMO services.

How can I ask a question?

Enter My Remote (<https://myremote.ec.europa.eu>), a secure area where you can find everything you need using your certified EU Login account - see the article **What is 'EU Login'** which was published in Info Senior No 21. Open **My IntraComm** → **Retirees Portal**, and then click on the **'Staff Matters'** tab. Choose the topic of your question from the subject index which appears. You can also enter the key word(s) corresponding to your search in the search tool, which will lead you to the relevant page.

However, if you do not find an answer to your question, click on the 'Contact us' button. Fill in the electronic form and submit it. Your question will be dealt with by the department concerned. You will receive a notification informing you of its progress.

There are also other ways of contacting the PMO services - see the **HR-PMO Contacts sheet** sent to you with this Info Senior No 22.

Financial adviser/debt mediator available in Brussels



Retired staff who are finding it particularly hard to manage their finances (debt accumulation, accumulation of lines of credit, threat of eviction or electricity/water cut-off, etc.) can consult a financial adviser for free at the Commission in Brussels. Our professional adviser can examine your personal situation and household budget and offer you advice and guidance.

He can then draw up a plan to discharge your debts in consultation with you and your creditors ('out of court'). Our adviser can also launch a procedure before a justice of the peace concerning consumer credit in order to set up a payment plan and thus oblige the creditor to accept partial payment from the debtor who is recognised as being 'unfortunate and as having acted in good faith' (Article 1244 of the Civil Code and Article 38 of the Consumer Credit Act).

As a last resort, if the disposable portion of the household budget cannot cover the reimbursement of the debts within a reasonable period of time, our financial adviser may prepare an application for collective debt settlement to be submitted to the Labour Court.

The last two options are only available in Belgium. This service is available in French and English.

Do not wait for an attachment on your pension or an enforcement order to be issued before contacting us!

- i** For more information or to request an appointment: [HR-BXL-AIDE- PENSIONNES@ec.europa.eu](mailto:HR-BXL-AIDE-PENSIONNES@ec.europa.eu)
Telephone: **+32 (0)2 295 90 98**
- i** Website of the Belgian Ministry of Economic Affairs: Annotated Code of Consumer Credit
<http://www.consumercredit.be/article-38-la-proc%C3%A9dure-en-facilit%C3%A9s-de-paiement.html> [available only in French and Dutch]
- i** Website of the Belgian Ministry of Justice: Civil Code
http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=1804032133&table_name=loi [available only in French and Dutch]
- i** Website of the Belgian Ministry of Economic Affairs: collective debt settlement procedure
<https://economie.fgov.be/fr/themes/services-financiers/endettement/reglement-collectif-de-dettes> [available only in French and Dutch]
- i** Contact Centre: open on working days between 9.00 and 17.00: 0800 120 33 (freephone)
Email: info.eco@economie.fgov.be

Direct billing



A distinction should be made between direct billing and prior authorisation. For certain types of treatment or medical care, you are required to apply for prior authorisation before beginning the treatment.

This procedure allows JSIS to verify – before you begin treatment or purchase a product – if you are eligible for reimbursement, and to inform you about it. The decision of the JSIS is based on the assessment of your file by medical or dental officers, and on the JSIS rules.

Direct billing is a type of advance to which you are entitled if you are facing significant medical expenses.

It is a facility offered to members and is therefore not an automatic entitlement; it does not mean that your expenses will be fully reimbursed.

Please note also that acceptance of direct billing by the JSIS does not guarantee that the amounts charged by the healthcare provider will be covered. Direct billing is a commitment made by the JSIS to pay the invoices.

In the event of direct billing, the percentage (80 %, 85 %, 100 %) of expenses reimbursed by the JSIS follows the same rules that apply in the case of standard reimbursement, taking any ceilings and excessive costs into account.

With standard reimbursement, you pay the invoice, then the JSIS draws up an account sheet and reimburses you at the applicable rate.

In the case of direct billing, the JSIS pays the full amount of the invoice to the hospital or to another treatment provider (e.g. pharmacy). The JSIS will highlight the share covered by them and the remaining share to be borne by you in the account sheet. The amount you have to repay to the JSIS is given under: 'Outstanding advance on reimbursement of medical expenses'.

In some cases, your share of the costs may be high. We therefore recommend that you take out supplementary hospitalisation insurance.

I - Who is eligible for direct billing?

As long as the eligibility criteria are met, you can submit a request for direct billing for:

- JSIS beneficiaries with primary cover;
- beneficiaries with complementary cover if you provide proof that your primary scheme will not grant any reimbursement for the treatments concerned.

Please note that hospitals/clinics may ask patients to prove that they are beneficiaries/members of the JSIS by showing their staff card from the EU institutions and bodies or the JSIS certificate of cover. These documents do not in themselves constitute 'direct billing'.

II - Is retroactive direct billing possible in an emergency?

The request for direct billing must be sent to the JSIS in advance and in good time - approximately 15 days before the date of treatment. If you are hospitalised the same day, or in other circumstances beyond your control, direct billing must be requested as soon as possible or within a maximum of ten days. The request will be dealt with as quickly as possible. In the event of an excessive delay, the request must be justified so that the authorising officer can make a decision.

III - Which treatments are eligible for direct billing?

Direct billing may be granted in the following cases:

- in the event of hospitalisation (even for one day) for the following purposes only:
 - treatment for medical conditions or surgery, or giving birth;
 - rehabilitation or functional re-education following a medical condition or surgical operation resulting in invalidity;
 - treatment for psychiatric conditions;
 - palliative care;
- intensive outpatient care in connection with a serious illness;
- expensive medicines that must be bought regularly, repeated use of a standard or light ambulance (i.e. over many months and with the same company) or expensive tests, if the monthly cost for the treatments exceeds 20 % of your pension (i.e. as the person who is entitled to the JSIS cover).

Please note that direct billing is never granted for outpatient care, even if it takes place in a hospital. This applies to dentistry in particular and to direct billing for hospital care, if the care is provided in an establishment which is not officially recognised by the Member State as a hospital or clinic.

IV - How to request direct billing

Via JSIS online

Direct billing can be requested via JSIS online, to which you can connect using your EU Login password.

Click on the button '*Create a direct billing request*' and follow the instructions on the screen.

JSIS online allows you to submit your request at any time of the day. Once the request has been processed, you will be informed via JSIS online whether:

- your request has been accepted: you will receive a copy of the direct billing letter which the JSIS will also have sent to the healthcare provider;
- further information is required: you will receive a copy of the letter requesting further information, stating the type of information required (e.g. detailed estimate);
- your request has not been accepted: you will receive a copy of the letter refusing direct billing.

To avoid any confusion or unnecessary delay, once you have made an online request, do not also send it by post and/or via PMO CONTACT (STAFF Contact as of 15 May 2019).

By post/fax

- If you do not have access to JSIS online, you can use the traditional paper method by following the steps below:
- Fill in the direct billing request form. Fill in all sections of the form (i.e. Pension No, admission date, reason for the care, and name and fax/email of the hospital).
- Tick the box corresponding to your situation: hospitalisation, intensive outpatient care (for those suffering from a serious illness), or recurring medical fees if the monthly cost exceeds 20 % of your salary or pension.
- **Indicate the reason for the hospitalisation**
- Give the contact details of the hospital or healthcare provider; this information is essential so that the JSIS can send them the direct billing request.
- **Sign and date the form** - on both sides - so that it is valid.
- Send the form to your Settlements Office at the address given on the form.

Once your request has been processed, you will be informed by post whether:

- your request has been accepted: you will receive a copy of the direct billing letter which the JSIS will also have sent to the healthcare provider;
- further information is required: you will receive a copy of the letter requesting further information, stating the type of information required (e.g. detailed estimate);
- your request has not been accepted: you will receive a copy of the letter refusing direct billing.

What should I attach to the request?

You must attach the documents in your possession (prescription, report, estimate) to the request; this will enable your request to be processed more quickly, as the JSIS will not need to ask for additional information which slows down the process.

In addition, an estimate (cost of the treatment and the stay) is compulsory for hospitals with which the JSIS does not have an agreement. This estimate will also allow you to estimate the cost and therefore the share to be borne by you, where applicable, and thus avoid any unpleasant financial surprises.

V - What should I do with additional invoices and/or advances?

When direct billing is granted by the JSIS, it undertakes to pay the invoice. Invoices relating to the direct billing are therefore addressed directly to the JSIS by the healthcare provider. If you receive an invoice for hospitalisation or a treatment covered by a direct billing letter, it must not be paid under any circumstances; you are also responsible for reminding the healthcare provider that the invoices must be sent to the JSIS.

Once direct billing is accepted, you cannot be asked to pay any advances.

VI - The account sheet

Your Settlements Office will send you an account sheet.

The direct billing covers the total amount of the invoices. However, a share may remain to be borne by you, depending on the rates of reimbursement and ceilings; some services are not reimbursed by the JSIS (e.g. thermometers, water, etc.).

This sum is automatically deducted from later reimbursements or from your pension or from any other sums owed to you. As a rule, this advance must be settled at the latest three years from the date on which the advance was granted (Article 30(3) of the Joint Rules).

If you have no ongoing reimbursement requests, or if you wish to voluntarily pay these additional costs, you can pay the amount directly into the European Commission's bank account:

- **BNP PARIBAS FORTIS**

IBAN: BE70 0016 7694 8225

BIC/SWIFT: GEBABEBB

Put 'RCAM/AVA' and your personnel number as a reference.

VII – Estimate of the cost to be borne by you

Your share of the costs may be very high, especially if you are hospitalised. It is useful, although not obligatory, to know the fees charged before going ahead with the planned treatment. In this way you can avoid any unpleasant financial surprises.

There are two possible scenarios:

- Hospitals with which the JSIS does not have an agreement:
A detailed estimate (costs of stay, treatment, anaesthetic, etc.) is compulsory for these hospitals.
- Hospitals with which the JSIS does have an agreement:
An estimate is not compulsory, but is recommended. If you choose to be treated and/or hospitalised in a hospital which has signed an agreement with the JSIS, you are not obliged to provide an estimate of costs. However, the JSIS recommends that members request the price of the room and where possible a detailed estimate of the hospitalisation. The hospital will thus have to be more transparent about its fees. This estimate will enable you to estimate the cost and therefore the part to be borne by you.

VIII - Two alternatives to direct billing - for non-EU countries and/or countries where healthcare is expensive

For countries where healthcare is expensive (Switzerland, USA, Norway) and for some Member States (UK, Greece, Spain, Portugal, etc.) where the JSIS has noticed that a large number of hospitals and clinics charge higher prices if the invoices are paid by the JSIS, the JSIS asks you to consider the following alternatives:

- You pay the invoices and immediately request reimbursement. We currently process reimbursement requests within a few working days.
 - An advance is offered to you and you pay the invoices. The following conditions must be met in order to obtain an advance:
 - > your basic pension is equal to or less than the basic salary of an official in grade AST2/1
- and -> your expected medical costs for the month exceed 20 % of your basic pension.

However, you may still be granted an advance following a derogation from the authorising officer, even if the conditions referred to above are not fulfilled.

In this case, you should fill in the request for an advance and send it to your Settlements Office, at the address given on the form. An estimate for the hospitalisation is of course required so that the JSIS can assess the situation and determine the amount of the advance.

Once the reimbursement is requested, the amount of the advance is deducted from the amount owed to the member. N.B.: you have three months from receipt of the advance to submit a request for the reimbursement of your expenses. If you do not respect this time limit, then the advance will be automatically recovered.

These two alternatives have the following advantages:

- (1) the member receives the invoice and can check that the treatments listed correspond to the treatments actually received, and that the prices reflect what had been agreed on with the hospital;
- (2) it is more difficult for hospitals to inflate the amounts invoiced;
- (3) the amount to be borne by you (i.e. the debt owed to the JSIS) is lower.

IX - What happens if hospitals do not accept direct billing?

In this case, the JSIS offers an advance (see the explanation above).

In France, more specifically in the Paris and Nice areas, you are likely to find yourself in this situation if your Settlements Office is in Ispra or Luxembourg. That is why, in a spirit of goodwill and duty of care, the JSIS has introduced an ad hoc (temporary) procedure of transferring your file to the Brussels Settlements Office so that the Brussels Front Office can issue the direct billing letter.

X - Dispute with the healthcare provider

If you enter into a medical or financial dispute with the healthcare provider, you are responsible for settling it yourself. The JSIS services cannot intervene in this regard.

XI - Agreements

The Joint Sickness Insurance Scheme (JSIS) has entered into agreements with several clinics and hospitals in order to set:

- (i) the maximum fees charged by doctors and the costs of staying in these establishments;
- (ii) the price of certain medical services.

Proof of your JSIS membership (primary or complementary cover) is required to take advantage of these agreements;

this can be your health insurance card, staff card, certificate of cover, special identity card or the direct billing letter in the event of hospitalisation.

N.B.: These agreements do not affect the procedures (prior authorisation, direct billing, etc.) or the rates of reimbursement provided for by the JSIS rules (the ceilings remain the same). The rate of reimbursement obtained may therefore be less than 80 or 85 %, despite the existence of an agreement. You are free to choose to use any centres or doctors, whether they have an agreement with the JSIS or not.

Examples of hospitals with which an agreement has been entered into:

Belgium

- Cliniques universitaires St Luc in Brussels
- Erasme
- HUDERF (Queen Fabiola Children's University Hospital)
- IRIS SUD: Etterbeek-Ixelles - Baron Lambert - Molière-Longchamp - Joseph Bracops
- Jules Bordet
- UZ Brussel and
- CHU St Pierre (Brussels) – César de Paepe

Luxembourg

- Fédération des Hôpitaux Luxembourgeois (FHL - covers all hospitals in Luxembourg). A table with the prices together with an explanatory note is available to members on My Intracomm: **Staff Matters > Health > Reimbursement (JSIS) > Special rules > Agreements**

Germany

- Gesundheits-Zentrum Saarschleife (Mettlach-Orschholz, Saarland)
- Fachklinik Johannesbad (Bad-Füssing, Bavaria)
- Rehaklinik Raupennest (Altenberg, Saxony)

Spain

The JSIS has signed special agreements with certain regions:

- GALICIA - agreement signed with SERGAS
- MADRID - agreement signed with SERMAS
- ANDALUSIA - agreement signed with SAS
- CATALONIA - agreement signed with CATSALUT
- BASQUE COUNTRY - agreement signed with OSAKIDETZA

In order to take advantage of these agreements and access these public health centres, your official residence must be registered in the region.

XII – Other questions

If you still have questions, you will probably find the answers you need on the **Staff Matters Portal of My Intracomm**. If not, do not hesitate to contact the JSIS.

i <https://myintracomm.ec.europa.eu/retired> > **Staff Matters > Health > Reimbursement (JSIS) > Direct billing**

i Direct billing: Telephone assistance:

- Brussels: telephone **+32 2 29 59856** - from Monday to Friday between 9.00 and 12.30.
- Ispra: telephone **+ 39 0332 78 99 66** - from Monday to Friday between 9.00 and 12.30 and 14.00 and 16.00. - Luxembourg: telephone **+ 352 4301 36103** or **+ 352 4301 36406** – from Monday to Friday between 9.00 and 12.30.

i Direct billing: Telephone assistance for **EMERGENCIES**:

- Brussels: telephone **+ 32 2 29 59701** - from Monday to Friday between 14.00 and 16.00 - **Only for urgent requests (hospitalisation the same day)**
- Ispra: telephone **+ 39 0332 78 99 66** - from Monday to Friday between 9.00 and 12.30 and 14.00 and 16.00.
- Luxembourg: telephone **+ 352 4301 36406** or **+ 352 4301 36103** – from Monday to Friday between 14.00 and 17.00.

i <https://myintracomm.ec.europa.eu/staff/>

PMO Contact can be reached by telephone on **+32 2 29 97777** from Monday to Friday between 9.30 and 12.30.

Contact the PMO.4 Pensions Service

With a view to continually improving the services it provides, the PMO's Pensions Unit (PMO.4) has set up **two new functional mailboxes** (which replace the managers' personal mailboxes):

PMO-PENSIONS@ec.europa.eu for retirement/invalidity pensions

PMO-SURVIE@ec.europa.eu for recipients of a survivor's/orphan's pension.



By communicating with the PMO by email, you specifically and freely agree to information relating to your situation, and which may contain your personal data, being sent to you by email. The PMO would like to point out that this communication method is not secure. The PMO will use unencrypted email to communicate with you and cannot be held responsible for any harmful consequences resulting from your decision to use email as a means of communication.

Moreover, since 1 October 2018, PMO.4 has provided retirees with a **new single telephone number (+ 32 (0)2297 88 00)** which is manned on working days from Monday to Friday between 9.30 and 12.30. This 'Pensions Contact' service handles queries from retired staff about pensions. Pensions Contact is also available to widows/widowers and orphans. The new number and the functional mailboxes are listed on the pension slips.

'Support group for widows and widowers' at AIACE - Belgian section



As part of their day-to-day work, the volunteers of AIACE Belgium receive a list of colleagues who have died every month, at a regular and unavoidable rate. Many of these deaths leave behind a lonely and grieving widow, widower or partner. While the administrative support offered by AIACE Belgium is of course useful, it has become clear that what is missing is an opportunity to talk, with the aim of helping people dealing with the (recent or not) death of a loved one as much as possible, in particular their spouse or partner. The Belgian section of AIACE has therefore set up a 'support group' to enable widows and widowers to share their experiences, express how they have dealt with - or are trying to deal with - this bereavement and cope with their grief and, if necessary, to help them deal with unpleasant but unavoidable administrative procedures. Anyone interested is invited to AIACE's premises on rue de Genève 1, where a space has been reserved that is bright and welcoming.

This initiative does not have any religious or philosophical ramifications, nor does it claim to be group therapy. It simply aims to lend a sympathetic ear to those who wish to talk, guaranteeing full discretion and giving them the freedom to share their own experiences or simply to listen to those of others.

Three meetings have already been held to date, and the next ones will be held on 23 May, 13 June and 4 July from 14.00 to 16.00.

Participants, who are free to attend the group as many times as they wish, have confirmed that, even if the group cannot help them avoid this difficult time, the meetings have provided some comfort in a sympathetic setting respectful of their grief.

- i SOURCE:** Raffaella Longoni, President of AIACE - Belgian section
- i** AIACE Belgium - Rue de Genève, 1, office 01/05, 1140, Brussels.
Open from Monday to Friday from 9.30 to 12.30. **+32 2 295 38 42**
Email: aiace-be@ec.europa.eu
<https://www.aiace-be.eu/>

Afiliatys

Are you a member of Afiliatys? If you change your email address and wish to continue receiving the monthly newsletters from Afiliatys, don't forget to inform us of your new contact details (info@afiliatys.eu).

i If you have any questions, you can contact Afiliatys on Tuesdays and Thursdays between 9.00 and 15.00 by telephone (+32 2 298 50 00) or by sending an email to: info@afiliatys.eu
<http://www.afiliatys.eu/en/index.cfm>



AIACE International annual conference

AIACE International will hold its annual conference in Lisbon from 18 to 22 May 2019. All information and the registration form can be found online at <https://aiace-europa-assises.eu/> or by contacting the Secretariat (aiaceint@ec.europa.eu; telephone +32 2 295 29 60).

There is still time to register!



Combining a Community pension with a national pension

In Info Senior No 21 (January-March 2019), the SEPS/SFPE published a notice on the possibility of obtaining a national pension for the years worked in a Member State for which the pension rights had not been transferred to the Community scheme.

A dozen retirees responded to this notice.

However, it seems that some of these retirees believed that the Wojciechowski judgment (C.408/10) of the Court of Justice of the European Union of 10 September 2015 gave them the right to immediately transfer their non-transferred pension rights to the Community scheme, thus increasing their current Community pension.

A few things should be clarified here:

The rights to a national pension can only be transferred to the Community scheme once the official has completed ten years working for a European institution. They must be transferred within six months following the completion of the ten years.

The only thing that EU retirees can obtain therefore is a national pension for the years worked in a Member State for which the pension rights have not been transferred. Retirees have the right to request this pension from the national authorities, even if they have reached pensionable age. Under the Wojciechowski judgment, they can also re-submit their pension request if it was refused in the past.

Mr Hendrik Smets, Vice-President responsible for legal matters, is at the disposal of retirees to help them in their dealings with the national authorities.

Contact email address: info@sfpe-seps.be or hendriksmets@yahoo.fr

i SFPE - 175 rue de la Loi, Office JL 02 40 CG39, BE-1048 Brussels (by appointment)
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