



European
Commission

PLANNED AND UNPLANNED TREATMENT ABROAD

Two legal frameworks and their application

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As a resident in the EU, Iceland, Liechtenstein, or Norway (EU/EEA) with healthcare coverage, you have the right to medical treatment in any other EU/EEA country. Your country of residence will cover part or all of your medical costs.

Contact your country's National Contact Point to find out about your patient rights and get all the information on the documents and the procedures to be followed.

For more information, see [Frequently Asked Questions](#) for outgoing patients. Information about rules for social security coordination with the UK can be found [here](#).



NATIONAL CONTACT POINTS

- ▶ Available to answer all your cross-border healthcare questions.
- ▶ All Member States have at least one National Contact Point for cross-border healthcare.
- ▶ Your National Contact Point can provide information regarding eligibility, requirements, and procedures for planned and unplanned treatment abroad as well as information on reimbursement and appeals.

The Social Security Regulations (EC) Nos [883/2004](#) and [987/2009](#) govern access to **public or contracted private healthcare providers for both planned and unplanned treatment abroad**. By following this process, you can receive treatment on equal grounds with local patients (free in some countries). If they must pay for the treatment, you might be asked to pay as well and then be reimbursed according to the rules and tariffs of the country of treatment. For planned treatments, prior authorisation (an S2 form) from your national insurance provider or health administration is required. Unplanned necessary treatment can be accessed using the European Health Insurance Card (EHIC).






[Directive 2011/24/EU](#) broadens the options for **planned and unplanned treatment abroad** allowing access to **any private or public healthcare provider**. However, you will usually pay all costs up front and then apply for **reimbursement** based on your home country's fee and reimbursement schedule. Avoid unexpected costs – ask your NCP about reimbursement schedules.

PLANNED HEALTHCARE ABROAD

Planned healthcare in the EU/EEA regards:

- ▶ specific travel for medical treatment and/or consultation, or
- ▶ non-necessary healthcare services during a holiday that could wait until a patient returns home.

There are **two ways** to access planned healthcare abroad.

	With an S2 Form	Without an S2 Form
 Governing legislation	Regulations (EC) Nos 883/2004 and 987/2009 that coordinate social security systems	Directive 2011/24/EU on patients' rights in cross-border healthcare
 Coverage	Public or contracted private healthcare providers in EU/EEA and Switzerland. Different rules in place for the UK	Any public or private healthcare providers in EU/EEA (excluding Switzerland)
 Payment	Mostly covered directly by national health insurance providers. Payment might be requested if this is the normal practice for patients in the treatment country.	Patient pays, full payment upfront according to the tariffs of the treatment country
 Reimbursement	Full reimbursement according to the rules and tariffs of the treatment country	Reimbursement is only possible if the treatment is covered in the home country. Patients can apply for reimbursement (full or partial) according to the home country's coverage plan (tariffs, procedures, etc.) when they return home.
 Prior authorisation	Required before treatment	May be required before treatment, depending on the country and the treatment. Always confirm that with your National Contact Point.

See 'Section 1.2. Who is entitled to cross-border healthcare? Which countries are covered?' in the [Frequently Asked Questions for outgoing patients](#) for more information on exceptions, or contact your [National Contact Point](#). Check these [Frequently Asked Questions \(FAQs\)](#) for more information on organising planned healthcare abroad.








UNPLANNED HEALTHCARE ABROAD

Unplanned healthcare can be necessary if:

- ▶ there is an unforeseen illness or injury that requires immediate medical care and would force the patient to return home if not treated, or
- ▶ the patient is pregnant or has a chronic illness, but the purpose of the trip was not aimed at seeking medical treatment abroad.

While on a holiday, business trip, or studying in an EU/EEA country or Switzerland, patients are covered for unplanned necessary medical care through **two schemes**.

	With the European Health Insurance Card (EHIC)	Without the EHIC
 Governing legislation	Regulations (EC) Nos 883/2004 and 987/2009 that coordinate social security systems	Directive 2011/24/EU on patients' rights in cross-border healthcare
 Coverage	Public or contracted private healthcare providers in EU/EEA and Switzerland. Different rules in place for the UK	Any public or private healthcare providers in EU/EEA (excluding Switzerland)
 Payment	Mostly covered directly by national health insurance providers. Payment might be requested if this is the normal practice for patients in the treatment country.	Patient pays, full payment upfront according to the tariffs of the treatment country
 Reimbursement	Full reimbursement according to the rules and tariffs of the treatment country	Patients can apply for reimbursement (full or partial) according to the home country's coverage plan (tariffs, procedures, etc.) when they return home Reimbursement is only possible if the treatment is covered in the home country.
 Prior authorisation	Required before treatment	May be required before treatment, depending on the country and the treatment. Always confirm that with your National Contact Point.

See 'Section 1.2. Who is entitled to cross-border healthcare? Which countries are covered?' in the [Frequently Asked Questions for outgoing patients](#) for more information on exceptions, or contact your [National Contact Point](#). Check these [Frequently Asked Questions \(FAQs\)](#) for more information on using the EHIC for unplanned healthcare abroad.

