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VALSTYBINĖ LIGONIŲ KASA  
PRIE SVEIKATOS APSAUGOS MINISTERIJOS

# Cross-border Healthcare and Social Security coordination in the EU

*Lina Noreikiene*

*National Health Insurance Fund*

*2024*

# Legal acts regulating cross-border patient mobility:

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## **Regulations on Social Security Coordination:**

- Unplanned necessary cross-border healthcare
- Planned cross-border healthcare upon prior authorisation
- Healthcare provided to the persons who reside in other than MS of insurance

## **Directive 2011/24/EU:**

- Planned cross-border healthcare when patients purposely seek healthcare abroad with or without permission of his insurance company

## **Bilateral/multilateral agreements**

## **National legislation**

# Competence of EU in organizing health and social protection systems of the MS is limited

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According to the Treaty on the Functioning of the EU, EU states have the competence to organize their own social security and health protection systems:

- who has/can be covered by social or health insurance according to its laws,
- how many contributions must be paid to receive benefits,
- what benefits must be paid to the insured,
- under what conditions they must be paid,
- how these benefits are calculated,
- how the network of service providers is organized and maintained
- what health care services or drugs are paid for by the state

Legislation is adopted at the EU level **only when necessary** (e.g. for the operation of the EU common market)

# Models of health systems financing

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Health systems are financed from social insurance contributions; health care services can be received by the insured (Bismarck model)

AT, BE, BG, CZ, EE, FR, DE, GR, HU, LT, LU, PL, RO , SK, SI, NL, CY?



Health care services are available to all residents of the health system financed by general taxes (Beveridge model)

DK, FI, IE, LV, SE, MT, PT, ES, UK, IT, CY?

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What happens with reimbursement of healthcare if a person resides in LT and works in LV and vice versa?

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What are the pension rights to pension if he has worked for several years in several EU MS?

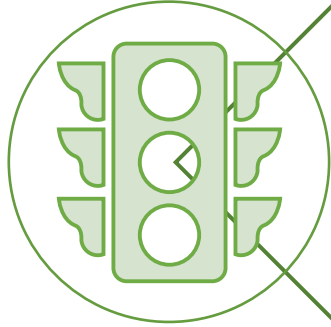
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Where should social security contributions be paid if a person works in one MS and lives in another or works in more than one MS?

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Who pays the hospital bill if person working in two MS receives necessary healthcare while visiting in third MS?

# EU competence in coordinating social security systems



EU social security rules **do not introduce new types of benefits** and **do not withdraw national legislation**



The provisions of EU legislation **establish the general principles** that all national authorities, social security institutions and courts must follow when applying national laws



In this way, it is ensured that the application of different national legislation **does not affect** the insured persons who work, live or visit an EU country where they are not insured

# Application of coordination provisions

## Primary legislation:

- Article 48 of the Treaty on the Functioning of the EU provides a legal basis for coordination

## Secondary legislation:

- Regulation (EC) No 883/2004 (basic regulation - BR)
- Regulation (EC) No 987/2009 (implementing regulation - IR),
- Regulations (EC) No 988/2009, 465/2012 (clarifies BR)
- Regulation (EC) No 1231/10 (extends the application of BR to citizens of 3rd countries)
- Directives

## ECJ decisions

Decisions of the Administrative commission for coordination of social security systems

## Regulations (BR and IR)

Directly  
applicable in all  
MS

Are legally  
binding on  
everyone

Shall prevail if  
they conflict with  
existing national  
legislation

1. Equal treatment



2. Insurance in a single country at a time



**Principles of coordination**



3. Export of benefits



4. Aggregation of insurance periods

## Material scope

- **sickness benefits** (in kind and in cash)
- **maternity benefits** (in kind and in cash) and equivalent paternity benefits
- **long term care benefits** (in kind and in cash)
- invalidity benefits
- old-age benefits
- survivors' benefits
- **benefits in respect of accidents at work and occupational diseases** (in kind and in cash)
- death grants
- unemployment benefits
- pre-retirement benefits
- family benefits

**Excluded** benefits that cannot be qualified as belonging to these branches (for instance: housing allowances; study grants)

## Personal scope

- nationals of a MS
- stateless persons and refugees residing in a MS
- members of family and survivors, irrespective of their nationality
- nationals of 3<sup>rd</sup> countries residing in a MS

## Territorial scope

- EU area
- EFTA countries
- Switzerland
- UK ( after BREXIT with some exceptions in accordance with WA and TCA)

workers; self-employed, civil servants, students and other and economically non active people



# Representation of MS interests in EU institutions

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## The Administrative commission on the coordination of social security systems (AC)

- deals with all administrative questions and questions of interpretation arising from the provisions of regulations and ECJ rulings
- facilitate the uniform application of regulations
- adopts decisions in this regards

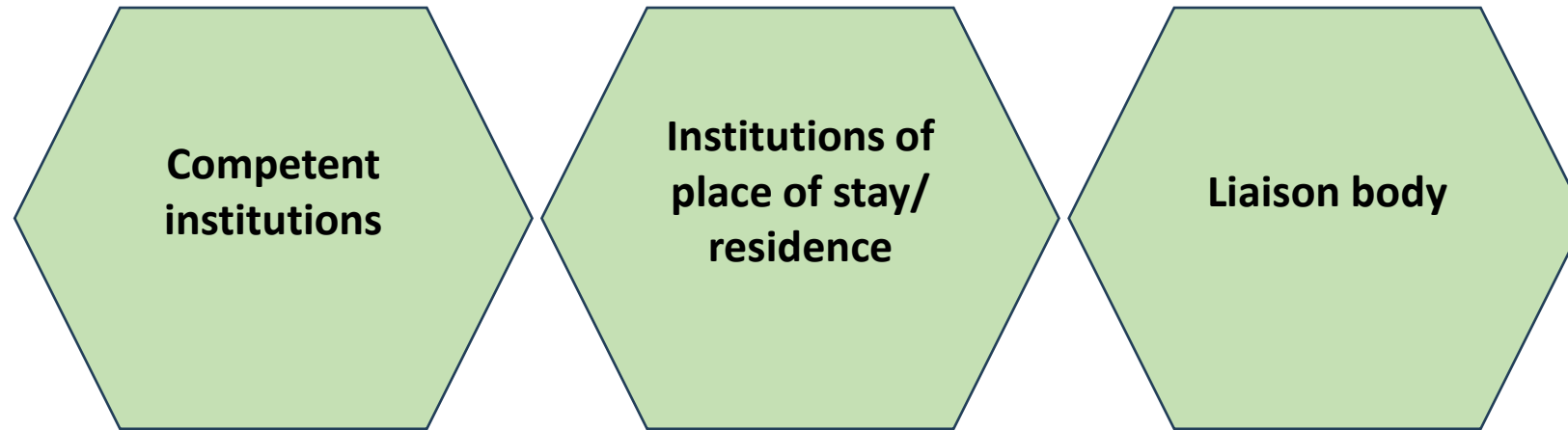
## Technical Commission for Data Processing

- makes proposals to the AC regarding common architecture rules for the operation of data-processing, data exchanges between MS and the protection of personal data

## The Audit Board

- facilitates the settlement of the claims for healthcare between the states
- helps to resolve disputes regarding the fulfilment of debt obligations (the Conciliation panel has been established for this purpose)
- prepares draft decisions related to reimbursement of costs and submits them for approval to the AC
- submits reports to the AC on the annual debt balance of each MS

# Duties of institutions implementing regulations



## Individuals

- shall be provided with the necessary information about their rights

## Institutions

- information necessary to define and determine the rights and obligations of persons subject to BR
- information about measures to be taken to implement the BR and IR
- Information about changes in national legislation that may affect the implementation of these regulations

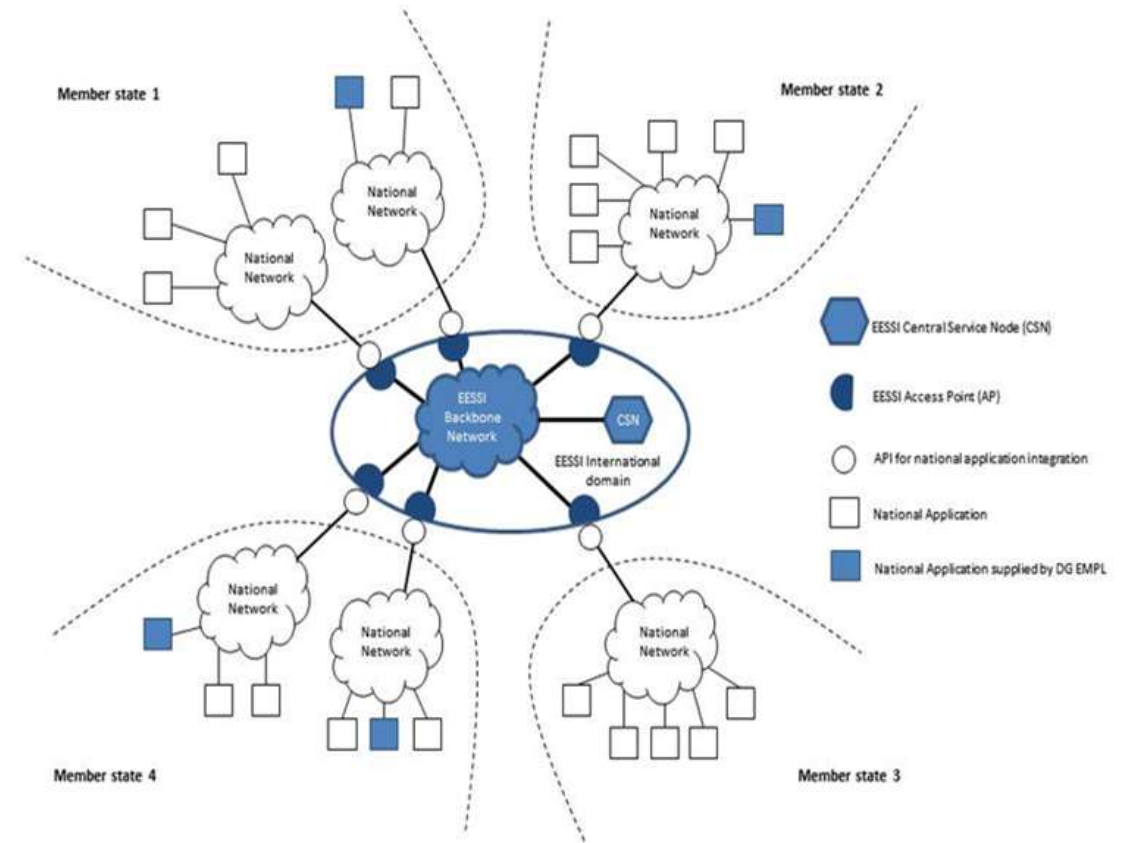
Administrative support provided by institutions to each other **is generally free of charge**

# EESSI - Electronic Exchange of Social Security Information system was put in place to exchange data more rapidly and securely

## Advantages of Electronic data exchange:

- reduces the administrative burden and costs
- makes social security coordination processes faster
- helps institutions share information and work together better through improved data sharing and automation
- minimises risk of errors and social security fraud, including the use of forged documents, thus reinforcing the protection of mobile people

~3.400 institutions  
in 32 participating  
countries were  
using EESSI in 2023



# Principles of BR in the field of health insurance

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A person covered by social health insurance in one MS has the right to receive health care services at the expense of that MS during his stay or residence in another MS

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To exercise their right insured must have a document confirming his entitlement to certain scope of benefits. Different documents give the right to different amounts of benefits

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The costs of healthcare provided based on these documents are paid by the health insurance institution of the country of stay/residence ( institution of the place of stay/residence) in accordance with the procedure and tariffs established by the legislation of MS of treatment

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Competent institution must reimburse the expenditure of institution of place of stay/residence

# Health care costs are reimbursed in **2 ways**: based on actual cost or fixed amounts

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## Claims based on actual expenditure

- **This method is applicable by all EU MS**
- Reimbursement of necessary healthcare, elective treatment, and health care for those living outside the competent MS.

## Claims based on fixed amounts

- Payments are made with **7 countries** (IE, ES, CY, PT, SE, UK and NO) for services provided to pensioners and their family members living in these countries
- **Fixed amount** is a monthly amount per person of a certain age to finance health care for specific calendar year.
- **A fixed amount** is paid for each month, regardless of whether the person received healthcare or not

# Deadlines for settlement of claims based on actual and fixed amounts

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Claims based on actual expenditure shall be **introduced** to the debtor MS **within 12 months** of the end of the calendar half-year during which services were paid by institution of place of stay/residence.

Claims introduced after the deadline could be rejected by the debtor MS

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Invoices must be **paid or contested within 18 months** from the receipt of the claim

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In case of contestation of the invoice or entire claim the creditor MS shall **submit the response/evidence within 12 months**. If the response is not received by the debtor MS within this deadline, the contestation shall be deemed to be accepted by the creditor

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The payment term for disputed invoices is **36 months**

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A creditor can credit both a paid and unpaid invoice

# Comparison of costs for cross-border health care in the EU and LT

## Outstanding claims as at 31 December 2022 & Financial flow 2022 at EU level (billion EUR)

**Situation as at 31-12-2021** 5,68

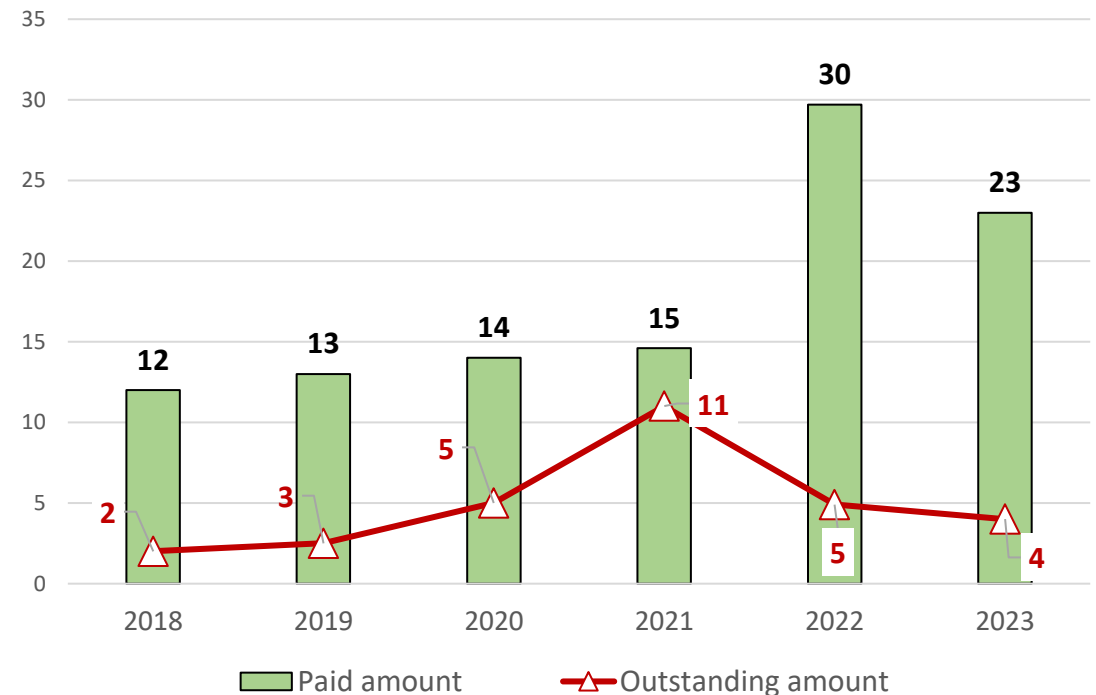
- Claims introduced in 2022 4,56
- Claims written-of in 2022 0,06
- Claims paid in 2022 4,22

**Situation as at 31-12-2022** 5,95 (+4,9%)

- Claims based on actual expenditure 5,15 (+3%)
- Claims based on fixed amounts 0,8 (+19,1%)

Source: European Commission

## LT expenditure and outstanding amount at the end of calendar year (mln. EUR)



# Right to necessary healthcare

## EHIC/REPL:

- a free card that gives the person access to medically necessary, state-provided healthcare during a temporary stay in any of the 27 MS, Iceland, Liechtenstein, Norway and Switzerland or the UK **under the same conditions and at the same cost (free in some countries) as people insured in that country**
- an insured person staying in a MS other than the competent MS is entitled to the benefits in kind which become necessary on medical grounds during their stay, considering the nature of the benefits and the expected length of the stay.
- include benefits provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.
- issued by competent institutions ([national health insurance provider](#))
- does not cover costs if the person travels abroad for obtaining medical treatment

**Document DA1** gives the person access to medically necessary, state-provided healthcare in case of accident at work

Based on EHIC/REPL/DA1 services are provided **just** in the healthcare facilities /(private or public) **belonging to national Healthcare System**





# Examples of the EHIC

EUROPOS SVEIKATOS DRAUDIMO KORTELE

LT

3 Pavardė: PAVARDĖ

4 Vardas: VARDAS

5 Gimimo data: 10/10/1992

6 Asmens tapatybės numeris: 31234567890

7 Institucijos tapatybės numeris: TLK - 188793796

8 Kortelės tapatybės numeris: 0000000010000014689

9 Galiojimo data: 11/11/2015

EURÓPAI EGÉSZSÉGBIZTOSÍTÁSI KÁRTYA

Az Országos Egészségbiztosítási Pénztár által kiadott Európai Egészségbiztosítási Kártyával igénybe vehetők az Európai Gazdasági Térség államaiban való tartózkodás során orvosiilag szükségessé váló egészségügyi szolgáltatások. A kártyát az orvosiellátás igénybevételekor a szolgáltatóknak kell bemutatni.

További felvilágosítás az alábbi telefonszámra: (+36) 1 49 12 345

The European Health Insurance Card issue Fund certifies the entitlement to receive health services during the stay in the Member States. This card has to be submitted to the service providers.

For more information: (+36) 1 49 12 345

NACIONĀLAIS VESELĪBAS DIENESTS

NVD

Karte apliecina tiesības saņemt valsts garantēto neatliekamo vai nopieciama veselības aprūpi citā ES dalībvalstī, kā arī Islandijā, Līhtenšteinā, Norvēģijā un Šveicē uz tādiem pašiem nosacījumiem kā attiecīgās valsts iedzīvotājiem.

Karte paredzēta tikai īslaicīgi uzturoties citā dalībvalstī; veselības aprūpi maksājamo daļu, transportēšanas un repatriācijas izdevumus; veselības aprūpes izdevumus, ja ceļojuma mērķis ir saņemt šo aprūpi; ārstniecības personāla pirmās medicīniskās palīdzības saņemšanas; ārkārt izmantot, ja kartes derīguma termiņa laikā persona zaudē tiesības saņemt šīs budžeta līdzekļiem apmaksātu veselības aprūpes pakalpojumu (nekā apdrošināta citas sociālās drošības sistēmas ietvaros).

Ciņau iela 31 k-3, Rīga, LV-1012, Latvija

LIETUVOS RESPUBLIKA

SVEIKATOS DRAUDIMO KORTELE

Valstybinė ligonių kasa prie Sveikatos apsaugos ministerijos

VLK

www.vlk.lt

5. Kortelės identifikacinis numeris

4. Vardas

3. Pavardė

6. Asmens kodas

Galioja tik su asmens tapatybę patvirtinančiu dokumentu

HELFO

- \* Kortet gjelder for den personen som er navngitt på forsiden (korthaveren).
- \* Kortet bekrefter at korthaveren har rett til helsetjenester som blir nødvendige under opphold i annet EØS-land. Dekningen gis etter reglene i oppholdslandet.
- \* Kortet vises til sykehus, lege eller annen behandler ved fremmøte.
- \* Det kan kreves gyldig legitimasjon ved siden av helsetrygdkortet.
- \* Kortet gjelder ikke når formålet med reisen er å få behandling.
- \* Kortet gjelder ikke hvis korthaveren ikke lenger er medlem av folketrygden, for eksempel på grunn av flytting fra landet eller arbeid i utlandet. Korthaveren kan holdes ansvarlig for misbruk av kortet.

www.helfo.no

Entitlement Unit

23, St. John Street, Valletta VLT 1168, MALTA

Tel: 2299 2345

e-mail: entitlement.mhec@gov.mt

url: http://www.ehic.gov.mt

If found please return to the above address

Hrvatski zavod za zdravstveno osiguranje

Croatian Health Insurance Fund

Europska kartica zdravstvenog osiguranja

Osigurana osoba s ovom karticom ostvaruje pravo na zdravstvene usluge koje su s medicinskog gledišta nužne, uzimajući u obzir prirodu usluga i očekivanu dužinu privremenog boravka u državama članicama EU i to neposredno kod ugovornih doktora i zdravstvenih ustanova.

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TUSKAART

Euroopa ravikindlustuskaart annab õiguse vajaminevat arstiabi ajutisel viibimisel Euroopa riikides sealsete elanikega võrdsetel tingimustel.

Kaart ei anna õigust saada arstiabi, kui mitte teise liikmesriiki eesmärgiga saada ravi.

Kaart ei kehti, kui ravikindlustuskaitse Eeslõppenud.

www.haigekassa.ee

ΠΛΗΡΟΦΟΡΙΕΣ ΓΙΑ ΤΗ ΧΡΗΣΗ ΤΗΣ ΚΑΡΤΑΣ

- Η κάρτα είναι αυστηρά προσωπική και για την ταυτοποίησή σας απαιτείται διαβατήριό ή άλλο εθνικό έγγραφο με φωτογραφία σας.
- Ισχύει για πολλά ταξίδια και μόνο κατά τη διαμονή σας σε χώρα της Ε. Ένωσης, τη Νορβηγία, το Λίχτενστάιν και την Ισλανδία.
- Επισκέπτεστε με αυτήν απευθείας Κρατικά Ιατρικά Ιδρύματα για ιατρικά αναγκαία περίθαλψη, σε σχέση με τη φύση της και τη διάρκεια διαμονής.
- Δεν ισχύει για ιατρικό ταξίδι (π.χ. ταξίδι για προγραμματισμένη θεραπεία για την οποία απαιτείται έγκριση και είναι απαραίτητο το έντυπο E 112).
- Αν χάσετε την κάρτα ή αλλάξουν προσωπικά στοιχεία σας, οφείλετε να ενημερώσετε αμέσως το φορέα που την εξέδωσε.

AGIS zorgverzekering

www.agisweb.nl

Neem voor directe hulpverlening in het buitenland bij ernstige ziekte, ziekenhuisopname of overlijden zo spoedig mogelijk contact op met de Agis Alarmcentrale: +31 20 342 12 12. Bij andere, minder dringende hulpvragen rondom uw gezondheid, kunt u vanuit het buitenland contact opnemen met de Agis Reisdokter: +31 20 342 12 10 (van 8.00 uur tot 19.00 uur Nederlandse tijd).

Deze kaart is eigendom van Agis Zorgverzekeringen

Agis Zorgverzekeringen, Postbus 19, 3800 HA Amersfoort, Tel 0900 86 85 (€ 0,05 p/m)

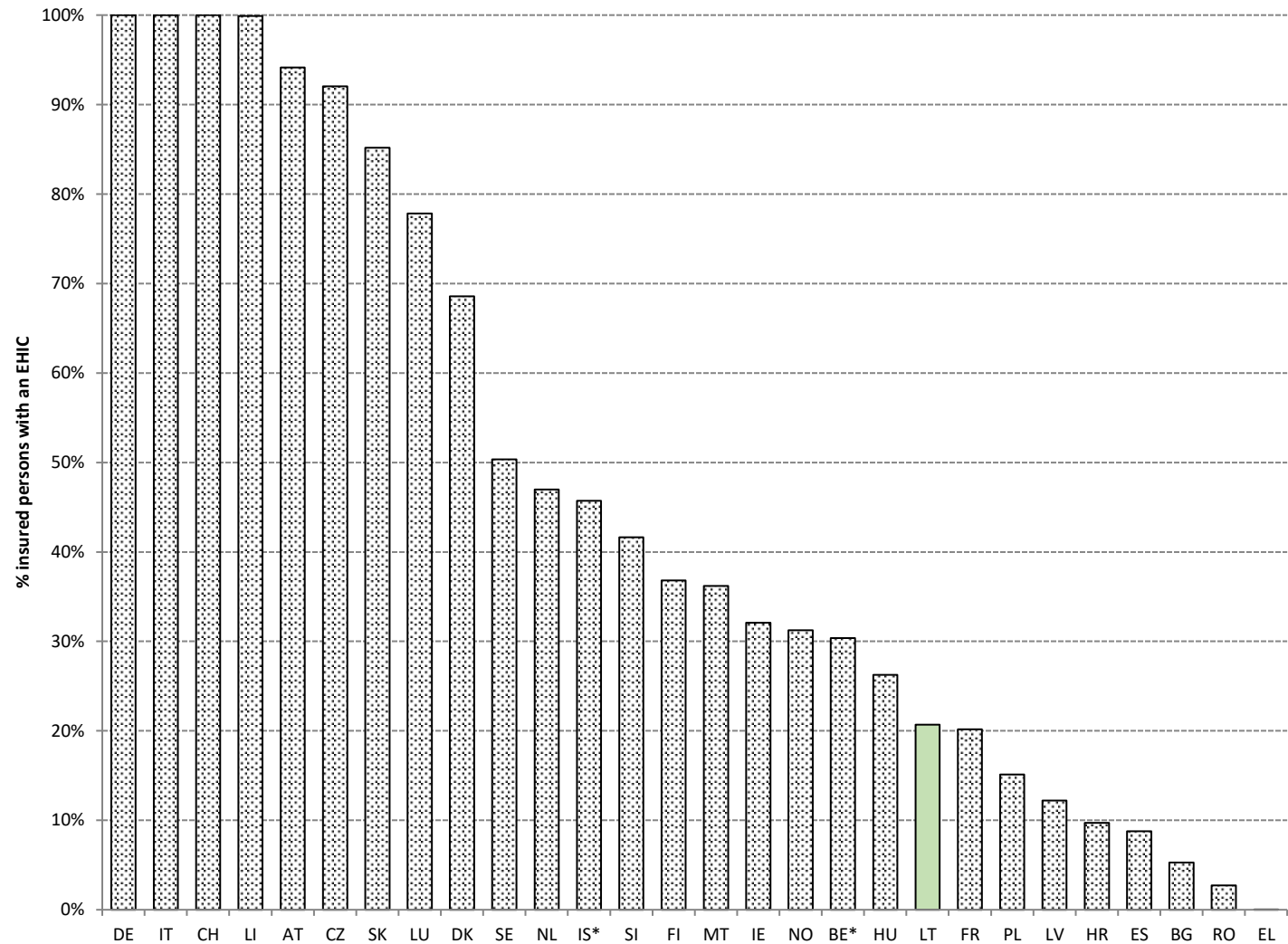
# Statistical facts about EHIC (2022)

242 million EHICs circulated in the EU

46% of the EU/EEA/CH/UK population had an EHIC

~20% of the LT population had EHIC

The proportion of insured persons having EHIC ranged from 3% or less (RO, GR) to 100% (DE, CH, LI, AT and CZ)



# Settlement between MS for necessary benefits in kind

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The costs of the services provided based on valid EHIC are paid by the institution of place of stay in accordance with the conditions and tariffs established in the legislation of MS of treatment

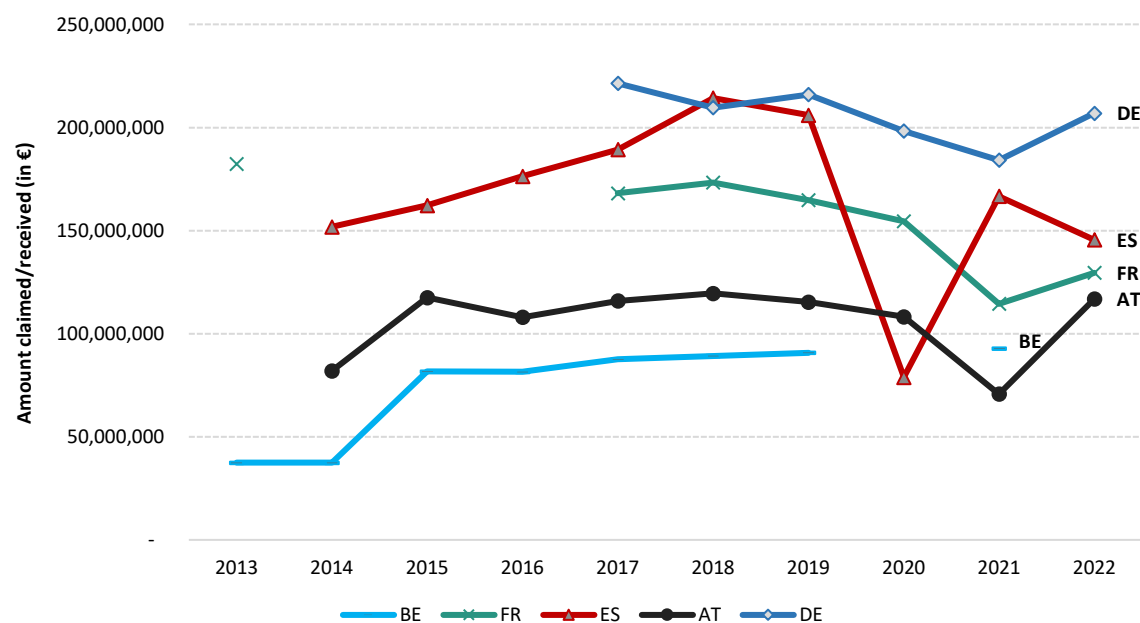
The insured must pay the co-payments or fees ( per bed day, per consultation) determined by the national legislation of MS of treatment

Competent institution reimburses the cost of benefits in kind after receiving an invoice from the Liaison body of the MS of treatment

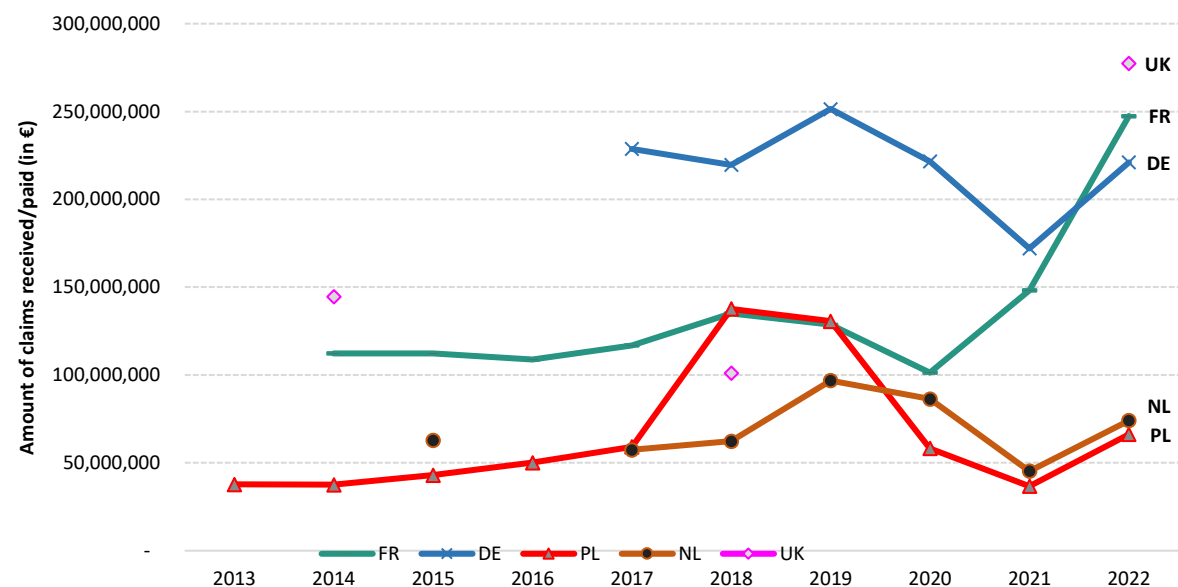
The costs of benefits in kind provided based on valid EHIC must be reimbursed by the competent institution even if the person is no longer insured in that institution

# Statistical facts about expenditure on necessary healthcare (2022)

Amount claimed in € by the main creditor MS (the MS of treatment), 2013-2022



Amount received / paid in € by the main debtor MS (competent MS), 2013-2022. Amount claimed against UK, FR and DE stands for 80,8 % of all EU-27 claims



# Reimbursement of personal expenditure on necessary healthcare (Art 25 IR)

If an insured person has paid for necessary healthcare services in another country, they have the right to be reimbursed. The competent institution will provide reimbursement based on either:

- The reimbursement rates of the MS where the treatment was received, or
- The rates of the insured person's competent MS ( if person agrees with that)

Upon request of the competent institution the institution of place of stay must provide the necessary reimbursement information (about tariff, etc)

If the country where the treatment occurred cannot provide this information, the competent institution can reimburse the person according to its own rules without needing the insured person's agreement

The reimbursed amount cannot exceed the actual costs paid by the insured person



# Planned treatment abroad is organised upon prior authorisation of competent institution

**Authorisation cannot be refused if:**

- Relevant or equally effective treatment is available in competent MS but due to the patient's health condition and / or course of the disease it cannot be provided on time
- All treatment options in Lithuania have been exhausted and the treatment method applied abroad could have an effective impact on the patient's health status, prolong the patient's life and / or reduce the disability

**Art. 20 of BR**

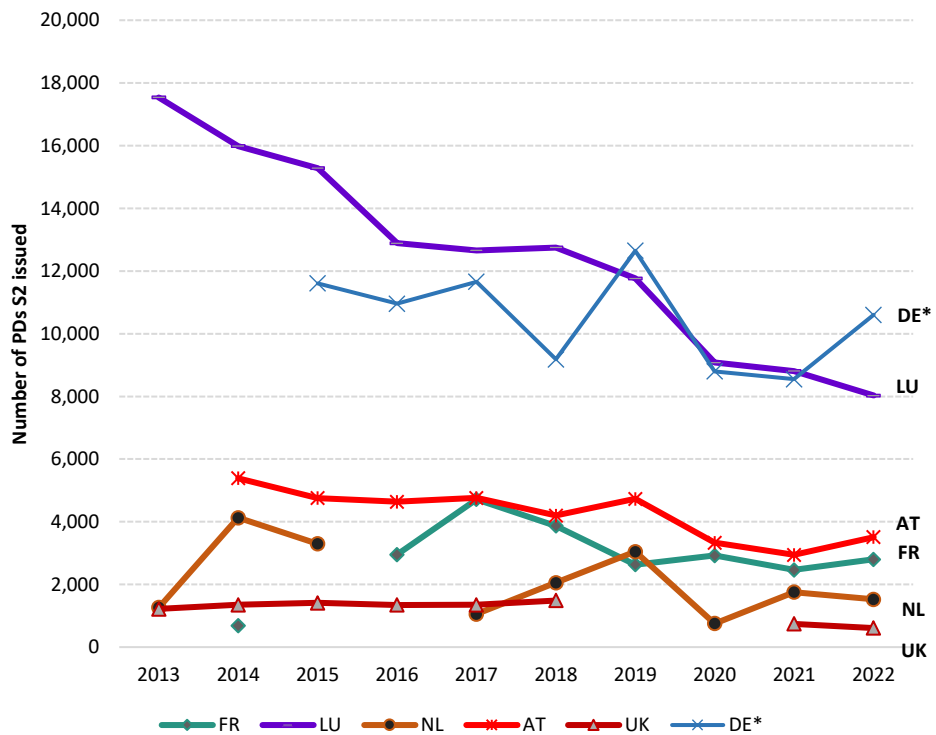
**National regulation**

The image shows a screenshot of a Lithuanian S2 form for planned treatment abroad. The form is titled "S2" and "Tęstinis gydymas užsienyje" (Continued treatment abroad). It contains several sections for patient information and medical details, including fields for name, date of birth, and medical history. The form is partially filled out with red text.

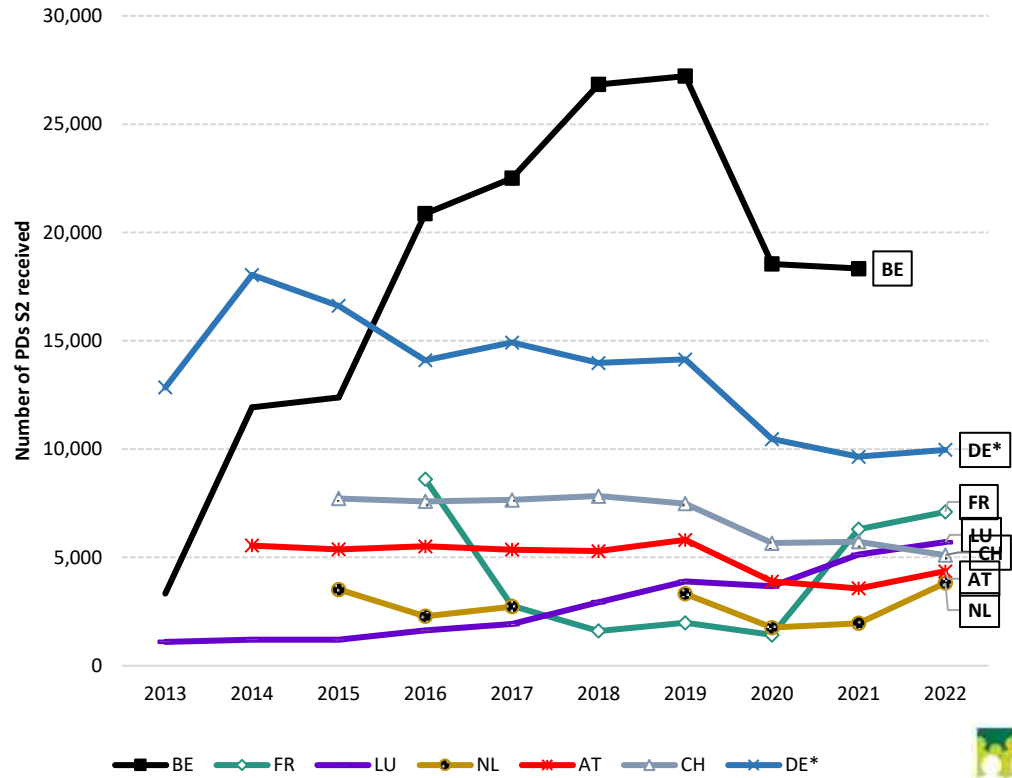
# Statistics about planned treatment (2022)

- Over 500 thousand S2 have been issued across Europe
- 1/3 of all S2 are issued by LU
- 3 out of 4 S2 issued to EU-14 VN
- 7 out of 10 S2 were issued to neighbouring countries

**Main issuing Member States of S2**



**Main receiving Member States of S2**



Source: European Commission



# Residence outside competent MS

Insured persons residing in a MS other than the MS of insurance (i.e., the competent MS) are entitled to sickness benefits in kind provided for under the legislation of the MS of residence.

The healthcare provided in the MS of residence is reimbursed by the competent MS in accordance with the rates of the MS of residence.

This group of persons is also entitled to cash benefits provided by the competent MS (i.e., export of sickness benefits in cash).

Their right to sickness benefits in kind in the MS of residence is certified by PD S1 issued by the competent institution and registered at the institution of place of residence

The image shows a screenshot of a Romanian form titled "Registru de evaluare alocuției" (Residence Evaluation Register) for PD S1. The form is issued by the competent institution. It contains the following sections:

- REGISTRUL DATELOR PERSONALE:** Personal data section with fields for name, surname, date of birth, sex, and identification number.
- REGISTRUL DATELOR ASIGURĂRII:** Insurance status section with fields for insurance status, type of insurance, and dates of insurance.
- REGISTRUL DATELOR ALOCUȚIEI:** Residence details section with fields for address, type of residence, and dates of residence.

The form is in Romanian and includes a header with the logo of the institution and the title "Registru de evaluare alocuției".



# Residence outside competent MS (document S1)

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Document S1 (SED S072) may be issued at the request of insured person or institution of place of residence (S071).

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The institution of the place of residence notifies the competent institution about the registration of the insured and his family members, changes to this registration or its cancellation

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Cancellation of document S1 can be initiated by the competent authority (S016) or the institution of the place of residence (S018)

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Document S1 is valid until the competent institution confirms about its termination.

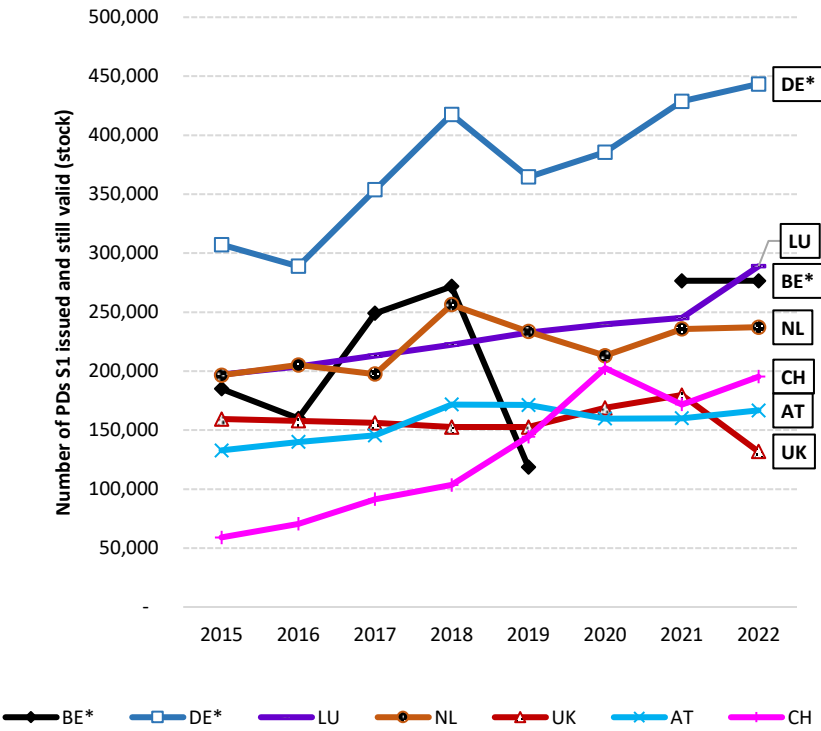
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Retroactive termination of S1 is also possible

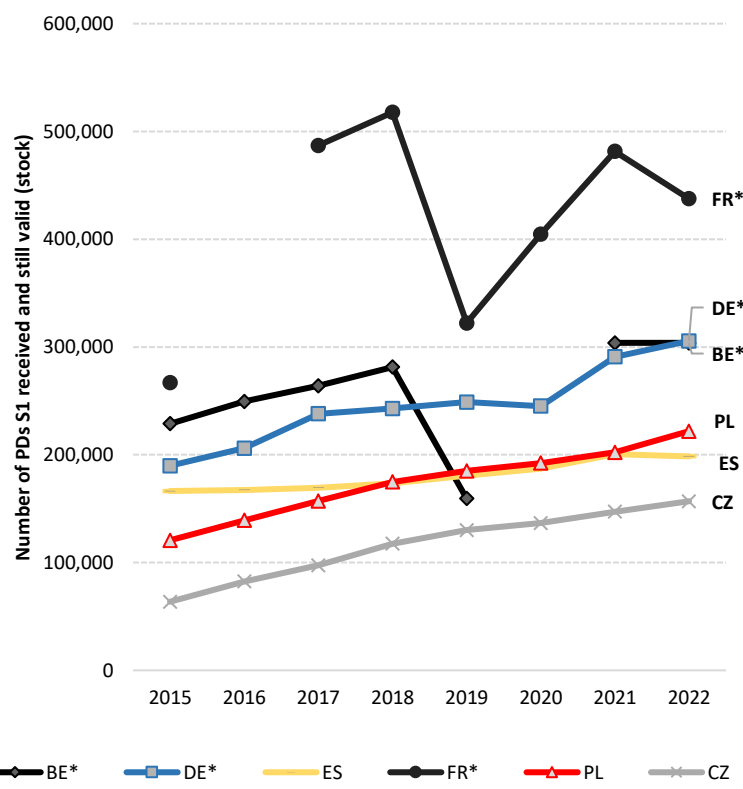
# Statistical data about dynamics of issued S1 (2022)

- ~2.1 million or 0.5% of the European population resided outside the competent MS
- 70% of S1 issued to workers and their family members
- ~30 of S1 issued to pensioners and their family members
- UK issues 98 % of all S1 for pensioners

Main issuing Member States



Main receiving Member States



Source: European Commission



# Lithuanian claims against other EU MS in 2023

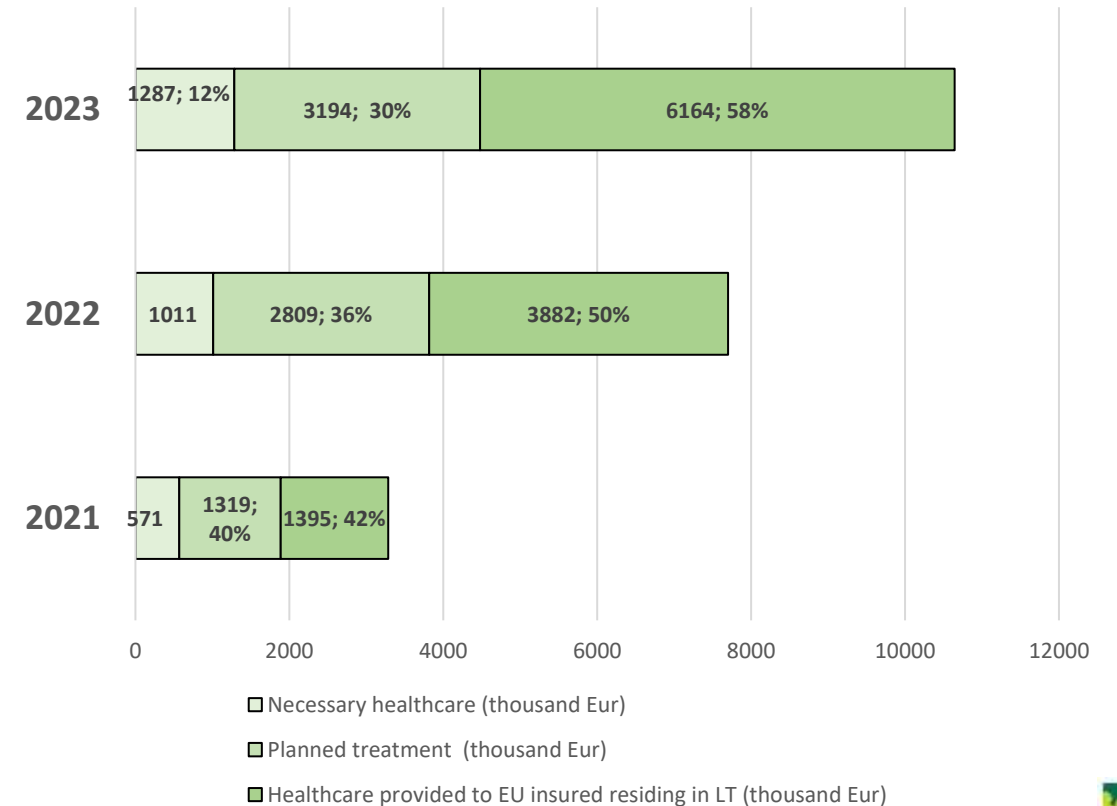
Number of issued invoices, reimbursed amount and average cost of 1 case

Type of healthcare services	Number of invoices	Received amount (thousand EUR)	Average cost of 1 case (EUR)
Necessary healthcare (based on EHIC, REPL, DA1)	4 559	1 287	282
Planned treatment (based on S2)	119	3 194	26 843
Healthcare provided to EU insured residing in LT (based on S1)	20 427	6 164	302

Mostly LT citizens working in other EU MS

LV refers patient to LT for BMT

The largest amount is claimed for healthcare provided to insured of other EU MS living in LT

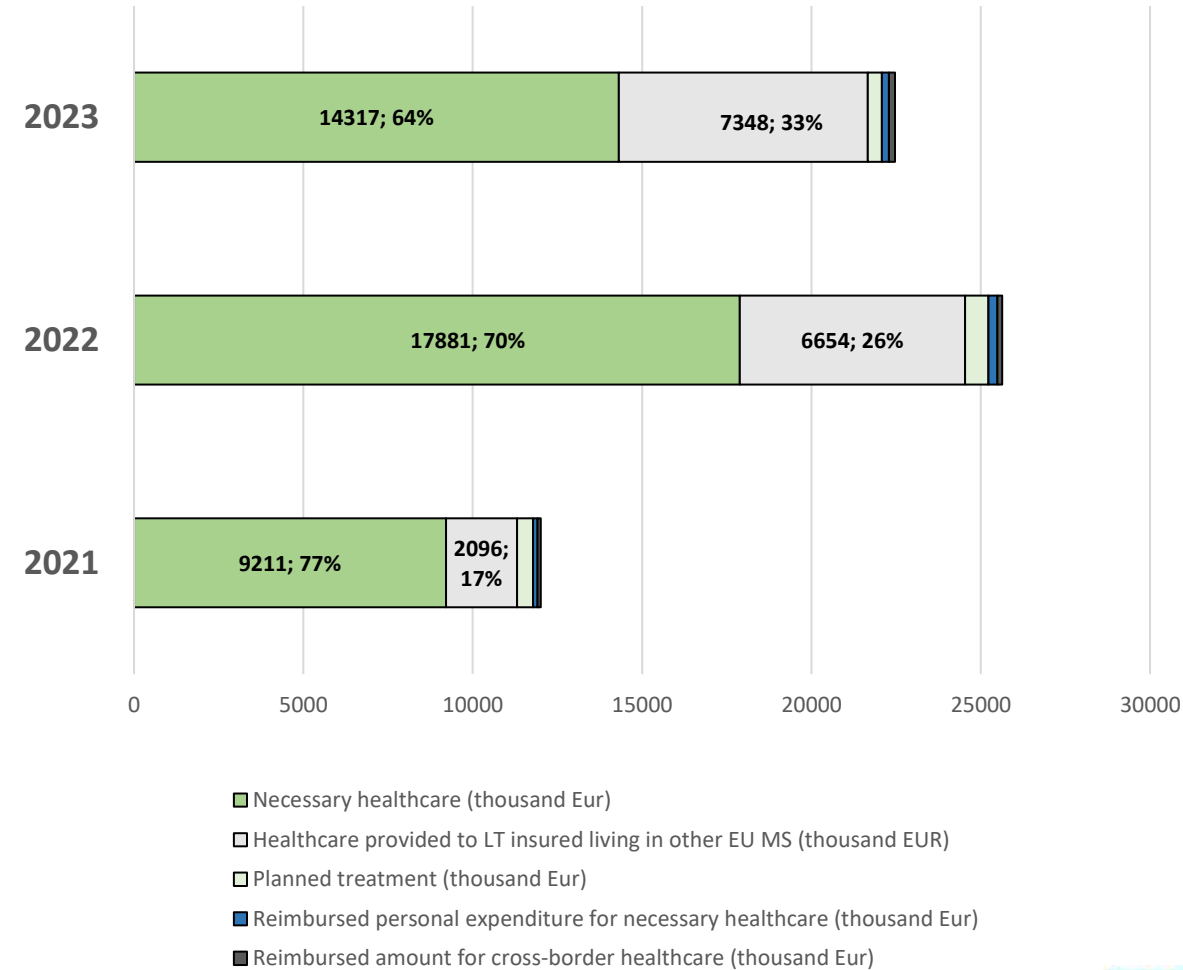


# Claims introduced against Lithuania in 2023

Number of issued invoices, reimbursed amount and average cost of 1 case

Type of healthcare services		Number of invoices/ applications for reimbursement	Amount paid (thousand EUR)	Average cost of 1 case (EUR)
Necessary healthcare	Based on EHIC, REPL, DA1	11 598	14 317	<b>1 234</b>
	Patients paid themselves for necessary healthcare	856	206,5	<b>241</b>
Planned treatment	Based on S2	129	413	<b>3 205</b>
	Patients paid themselves cross-border healthcare	139	184	<b>1324</b>
Healthcare provided to LT insured residing in other EU MS	Based on S1	6933	7348	<b>1060</b>

The largest amount is claimed for necessary healthcare



# Main purposes of Directive 2011/24/EU

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Set out the conditions under which a patient may travel to another EU country to receive medical care and reimbursement

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Create a network of National Contact Points to provide clear, accurate information on cross-border healthcare

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Create EU rules on a minimum list of elements to be included in a medical prescription taken from one MS to another (cross-border prescription)

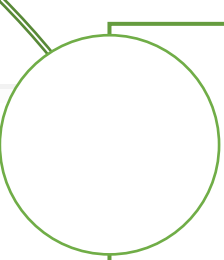
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Encourage further development of [European Reference Networks](#) of medical expertise, broadening cooperation between MS in the field of [health technology assessments](#) and [e-health](#).

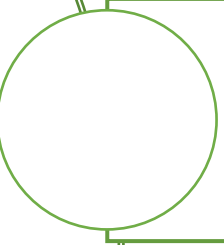


# Provisions of Directive 2011/24/EU regarding reimbursement of healthcare cost

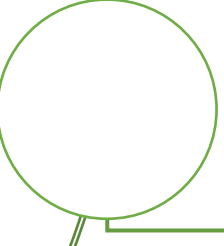
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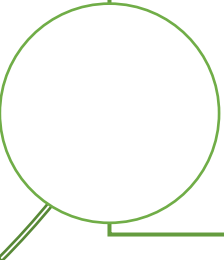
The person has a right to receive healthcare services in any EU/EFTA MS and then apply for reimbursement.



There is no need for prior authorisation except in case of in-patient or highly specialised services for which patients need to receive a permission from their national health insurance institution in advance (CY, CZ, EE, FI, LT and LV do not apply such permission system).



The patient can choose any healthcare facility (public or private). He/she must pay the costs of the services from his/her own resources and apply for the reimbursement



The expenses of the insured person are reimbursed in the scope and upon the procedure applicable for reimbursement in the country where he/she is insured. The reimbursable amount cannot exceed factual expenses of the insured person for cross-border healthcare.

# Differences between BR and Directive 2011/24/EU

## BR and IR

( EU, EFTA countries, UK and CH)

Request for prior authorisation submitted to MS of residence/insurance

Services upon prior authorization received in the National Health System of MS of treatment

Institution of place of stay covers the cost of treatment (payment conditions and tariffs of the treatment MS are applicable)

Competent institution reimburses institution of place of stay

## Directive 2011/24/EU

(EU and EFTA countries)

Request for permission of in-patient/highly specialised services submitted to MS of insurance if that MS applies such a system

Services can be received in any healthcare facility (some services are exempted)

Patient himself covers the cost of treatment (payment conditions and tariffs of the treatment MS are applicable)

Competent institution reimburses the patient (payment conditions and tariffs of the competent MS are applicable)

# Other important provisions of Directive 2011/24/EU

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MS of treatment can apply limitations to the incoming patients flows (DK, EE and RO)

MS are recommended to apply a system for prior notification – informing patients about possible maximum reimbursement amount (DK, EE, PL, GR, IE, MT, PL, SE, NO and LT implemented)

MS are allowed to apply system of permission/prior authorisation for limited type of services:

- inpatient care
- Care requiring highly specialised or cost-intensive medical equipment or infrastructure
- CY, CZ, EE, FI, LT and LV do not apply this system!!!

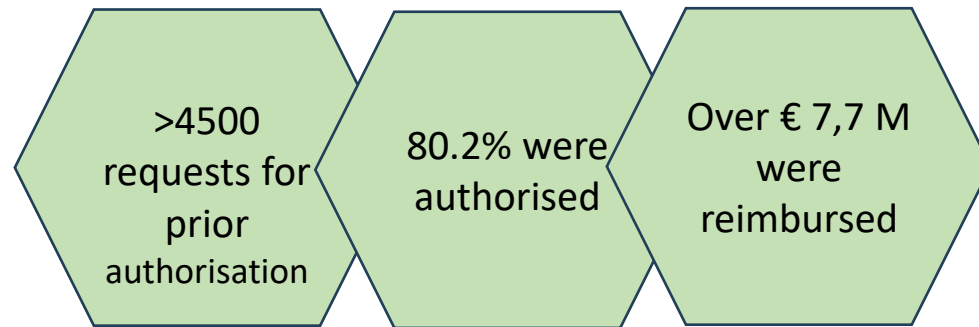
Each MS shall establish National contact point for cross-border healthcare to spread clear, accurate information to patients and partners in other MS



# Statistical data about patient flows under Directive 2011/24/EU (2022)

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## Healthcare subject of prior authorisation



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In 2022, 94% of the authorisation requests were made by patients in DE, LU, and SK

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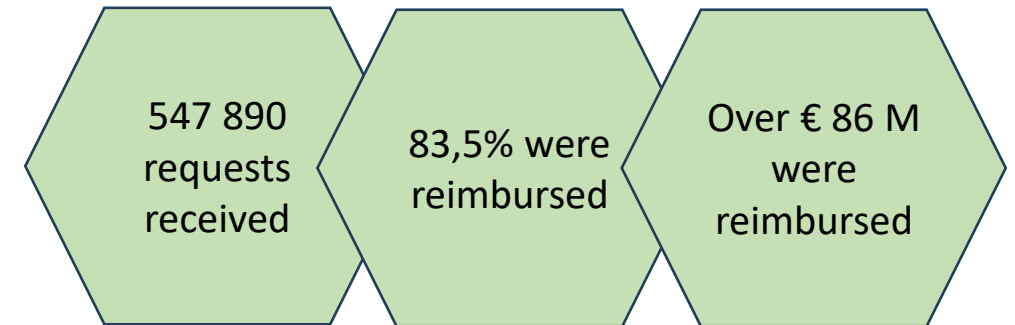
The vast majority of requests were granted

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The main reason for refusal: the same type of healthcare could be provided in the competent MS within a justifiable time limit

Source: European Commission

## Healthcare not subject of prior authorisation



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In 2022, 84 % of the total requests for reimbursement came from FR and DE

# Useful links

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- [BR 883/2004](#)
- [IR 987/2009](#)
- [S1 concerning the European Health Insurance Card](#)
- [S2 concerning the technical specifications of the European Health Insurance Card](#)
- [S3 defining the benefits covered by Articles 19\(1\) and 27\(1\) of Regulation \(EC\) No 883/2004](#)
- [S5 fixed amounts](#)
- [S6 registration in the MS of residence](#)
- [S8 concerning the granting of substantial benefits in kind](#)
- [S11 concerning refund procedures](#)
- [H4 Audit Board](#)
- [H5 cooperation on combating fraud and error](#)
- [E7 EESSI](#)
- [Recommendation S1 concerning financial aspects of cross-border living organ donations](#)

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**Thank you for your attention!**