Dentistry

IMPORTANT

Internal document provided by the sickness insurance scheme to its members for information.

This document refers to pages available on the "My Intracomm" website (copy of the website dated 01/09/2016):

https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/Pages/index.aspx

The three documents mentioned in the various chapters, namely dental estimate, estimate for orthodontic treatment and bill for dental treatment, are available at the end of this brochure.

Preventive dental treatment

What are the rules on reimbursement?

Preventive dental treatment (consultations, descaling, fillings, root canal treatment, panoramic X-rays and all other costs of treatment and surgery) is reimbursed at the rate of 80 % with a ceiling of €750 per calendar year (from 1 January to 31 December inclusive), per insured person.

The extraction of wisdom teeth carried out in a dental practice is also reimbursed and is included under this ceiling; however, extractions carried out under anaesthetic in a hospital are reimbursed with a ceiling of €735 for the first tooth and €388 for each of the remaining three teeth.

Radiological examinations made in a dental practice are reimbursed at a rate of 80 % and included in the ceiling for preventive dental care; those however done in a hospital are reimbursed at a rate of 85% and are not included in the €750 ceiling.

Please remember that tooth whitening or any other treatment for purely aesthetic purposes are not reimbursed by the JSIS.

SUMMARY			
Dental practice		**Hospital**	
Treatment	**Rate of reimbursement**	**Treatment**	**Rate of reimbursement**
Consultations, descaling and polishing, filling, root canal treatment + all other dental treatment /surgery	80 % included in the ceiling of 750 € per calendar year (from 1 January to 31 December inclusive)/per insured person	Consultations, descaling and polishing, filling, root canal treatment + all other dental treatment /surgery	80 % included in the ceiling of 750 € per calendar year (from 1 January to 31 December inclusive)/per insured person
Radiological examinations	80 % included in the ceiling of 750 € per calendar year (from 1 January to 31 December inclusive)/per insured person	Radiological examination	85 %
The extraction of a wisdom tooth	80 % included in the ceiling of 750 € per calendar year (from 1 January to 31 December inclusive)/per insured person	The extraction of a wisdom tooth	85 % with a ceiling of 735 € for the first tooth and 388 € for each of the remaining three teeth
Purely aesthetic purposes	0 %	Purely aesthetic purposes	0 %

Do I have to request a medical authorisation?

No, a dental estimate is not required.

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

- the patient's full name
- the date, details and cost of each medical treatment carried out by the dentist
- the dentist's name and official references.

Please note receipts/invoices may have the following names:

"Attestation de soins donnés" (BE), "Reçu d'honoraires/CERFA" (FR)", "Rechnung" (DE), "Fattura con bollo" (IT), "Mémoire d'honoraires" (LUX), "Regning Tandlægehjælp" (DK), …

In some countries, the treatment provider is not able to issue this type of document. Therefore, after analysing your file, the JSIS may accept the reimbursement provided that you submitted the form provided for this purpose:

Bill for dental treatment (copy page 31): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv -mt -nl - pl - pt - ro - sk - sl - sv

If a member of your family is covered by a national system **and** benefits from complementary cover under the JSIS, attention must be paid with regard to the additional supporting documents which have to be attached when you submit your reimbursement claim; in fact, in order that the JSIS officer can proceed with the processing of your expenses, you need to attach:

1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the dentist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

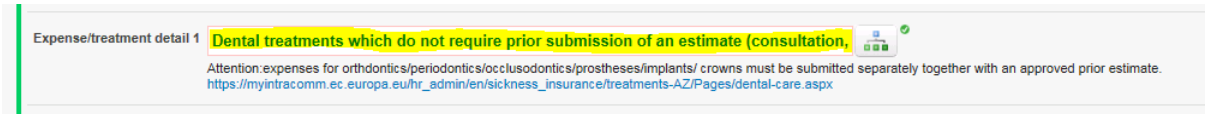
2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

The JSIS reserves the right, when checking your reimbursement file, to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- When the dentist issues the receipt/invoice, check that the amount paid, the tooth number and the date of the dental treatment are indicated and entered separately for each dental treatment.

- When you enter your costs in **JSIS online**, please click on/select ***'Dental treatments which do not require prior submission of an estimate'***; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!



Legal basis

Chapter 5 – Dental care, treatment and prostheses

1. Preventive care and treatment

The costs of preventive dental and oral hygiene care, x-rays, treatment and surgery are reimbursed at the rate of 80%, with a ceiling of €750 per calendar year per insured person, on condition that the treatment is provided by practitioners registered by the competent national authorities.

In the case of a serious illness such as cancer, insulin-dependent diabetes, valvulopathy (a remote consequence of dental infections) which affects or has repercussions for the buccal cavity, expenses will be reimbursed at the rate of 100%, subject to the joint approval of the Medical Officer and the Dental Officer, up to a ceiling of €1 500. This ceiling will also apply in the case of problems in treating hyperactive children or pregnant women.

The amount covers the following treatment:

- consultation
- intra-oral x-ray;
- panoramic x-ray and teleradiography performed in the dentist's surgery (*);
- fluoride treatment;
- sealing pits and fissures;
- scaling and polishing;
- fillings (**);
- reconstruction, core build-up (with screw or tenon), resin inlays and facets;
- devitalisation and root filling;
- normal extraction, incision of abscess, esquillectomy;
- surgical extraction, impacted tooth, apectomy, root amputation, frenectomy(1);
- local or loco-regional anaesthetic.

After consultation with the Dental Officer, treatment that is not included on this list may be reimbursed at the rate of 80%, or 100% in the case of serious illness, up to the amount of the annual ceiling.

(*) The same examinations and maxillofacial scans performed in a hospital are reimbursed at the rate of 85%.

(**) The costs of systematically removing all silver amalgam fillings and replacing them will not be reimbursed unless the fillings are damaged or are a recurrent source of problems.

1 The extraction of an impacted wisdom tooth carried out in hospital under general or local anaesthetic will be reimbursed subject to the limits and conditions laid down for surgical operations in category A2. If an additional extraction is performed during the same procedure, the reimbursement per tooth will be limited to half of the reimbursable amount for category A2 surgical operations.

Orthodontic treatment

What are the rules on reimbursement?

The costs for orthodontic treatment are reimbursed at a rate of 80 % with a ceiling of €3 300 for the entire treatment provided that it has started before the child's 18th birthday.

The JSIS does not provide this type of reimbursement for adults except in exceptional circumstances for patients suffering from severe medical conditions.

The orthodontic treatment costs included in this ceiling are:

- Orthodontic consultations
- Cephalometric analysis
- Assessment models
- Appliances and retainers (upper/lower), "braces".

N.B. : Radiological examinations are reimbursed within the ceiling for preventive dental treatment (€750 per calendar year, per insured person) if they are carried out in a dental practice, and are reimbursed at a rate of 85 % if carried out in a hospital.

Do I have to request a medical authorisation?

Yes, a dental estimate, along with the assessment models and X-rays, must be submitted and **approved** in advance; you just need to have the form filled in by your orthodontist and create a new request in the 'Medical authorisation' section of JSIS online.

Estimate for orthodontic treatment (copy page 30): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it -lt -lv - mt - nl - pl -pt - ro - sk - sl - sv

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

- the patient's full name
- the date, details and cost of each medical treatment carried out by the orthodontist
- the orthodontist's name and official references

Please note, receipts/invoices may have the following names:

"Attestation de soins donnés" (BE), "Reçu d'honoraires/CERFA" (FR)", "Rechnung" (DE), "Fattura con bollo" (IT), "Mémoire d'honoraires" (LUX), "Regning Tandlægehjælp" (DK), …

If a member of your family is covered by a national system **and** benefits from complementary cover under the JSIS, attention must be paid with regard to the additional supporting documents which have to be attached when you submit your reimbursement claim; in fact, in order that the JSIS officer can proceed with the processing of your expenses, you need to attach:

1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the orthodontist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

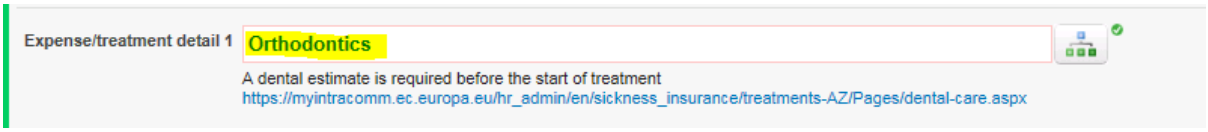
The JSIS reserves the right, when checking your reimbursement file, to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- In order to process your dental estimate more quickly, we recommend that you ask your orthodontist to send to you the dental X-rays by email so that you can easily upload them to JSIS online when you submit your request for medical authorisation.

- When the dentist issues the receipt/invoice, check that the amount paid and the date of the dental treatment are indicated and entered separately.

- When you enter your costs in **JSIS online**, please click/select ***'Orthodontics'***; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!



Legal basis

Chapter 5 – Dental care, treatment and prostheses

3. Orthodontic treatment

The costs of orthodontic treatment (dentofacial orthopaedics) are reimbursed at the rate of 80%, with a ceiling of €3 300 for the overall treatment (including cephalometric analysis, study models, photos, costs of retention), on condition that prior authorisation for the treatment has been obtained from the Settlements Office, on presentation of an estimate and after consultation of the Dental Officer. The costs of x-rays will be reimbursed separately, in accordance with point 1 above.

Orthodontic treatment must start before the patient's 18th birthday, except in the case of serious disease of the buccal cavity, maxillofacial surgery, maxillofacial trauma or serious problems of the temporomandibular joint diagnosed by x-ray and clinical examination.

Authorisation may be granted for a second course of treatment under the same conditions as above, in the following cases:

- if the patient moves to another country and has to use another practitioner who is unable to continue the current treatment using the same therapeutic technique; authorisation will only be granted if documentary evidence of the patient's change of place of residence is provided and if the new treatment immediately follows the previous one;
- if the patient's practitioner dies or closes down the practice;
- agenesis of 5 or more teeth in the upper jaw or 5 or more teeth in the lower jaw (excluding wisdom teeth);
- major maxillofacial surgery with osteosynthesis (trauma or tumours);
- serious problems of the temporomandibular joint.

Serious illness

In the case of a serious illness affecting or having repercussions on the buccal cavity, expenses associated with the treatment provided for in points 2 to 6 will be reimbursed at the rate of 100% subject to the joint approval of the Medical Officer and the Dental Officer, up to an amount of twice the ceiling provided for each treatment.

Special provisions

In the case of treatment requiring prior authorisation, the JSIS's official estimates should be used, except in emergencies or cases of *force majeure.* Except where national regulations make this impossible, bills must follow the same model as the estimates. Both bills and estimates must show the separate amounts for each treatment and the number of the teeth treated.

The estimates for orthodontic or periodontal treatment, fixed prostheses and implants must be accompanied by x-rays and/or study models. The Dental Officer may carry out or arrange for a physical examination of the patient if he or she considers this necessary.

The treatment specified in the estimates must be started within 12 months of the date on which it was authorised. This period may be extended by way of an exception, after consultation of the Dental Officer.

The costs of treatment for purely aesthetic purposes (such as tooth whitening, systematic replacement of silver amalgam fillings, veneers on intact incisors, tooth jewellery) are not reimbursed.

Dental prostheses (e.g. crown, bridge, inlay, complete denture, etc.)

What are the rules on reimbursement?

The costs of dental prostheses are reimbursed at a rate of 80 % within the limit of the maximum amounts provided for by the rules.

These reimbursement ceilings may be renewed every six years.

N.B.: The reimbursement of radiological examinations and all other treatment/surgery during the implant treatment is included in the ceiling for preventive dental care.

What are the different ceilings in force?

Fixed prostheses

- Gold or ceramic inlay, inlay core: €250
- Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet: €250
- Attachment (Dolder bar, per pillar): €250
- Temporary crown or pontic tooth (*): €30

  * For temporary crowns and repairs on a metal base (chrome-cobalt) the ceilings are double (only if approved on the basis of a dental estimate).

Repair of fixed prostheses

- Removal or replacement of fixed elements (per element): €50
- Repair of crowns or elements of bridgework (with the exception of temporary crowns and elements), per element: €90

Removable prostheses

- Resin base plate, removable retainer for treating apnoea (**) (excluding retainers for purely aesthetic purposes which are not reimbursed): €200

  ** Not to be confused with the occlusal splint/night guard for treating bruxism as provided for under the tab 'Occlusodontics'.
- Tooth or clasp on resin plate: €50
- Complete upper or lower denture: €800
- Temporary resin base plate: €90
- Temporary tooth or clasp on resin plate: €30
- Metal plate (with clasps): €400
- Tooth on metal plate (up to a maximum of 10): €100

Repair of removable prostheses

- Repair of a resin plate, addition of one tooth or clasp on resin or metal plate (*): €60
  * For temporary crowns and repairs on a metal base (chrome-cobalt) the ceilings are double (only if approved on the basis of a dental estimate).
- Rebasing (partial or full/resin or metal plate): €150

Do I have to request a medical authorisation?

Yes, a dental estimate, along with the treatment plan and dental X-rays, must be submitted and **approved** in advance; you just need to fill out the form supplied by your dentist and create a new request in the 'Medical authorisation' section of JSIS online.

Dental estimate (copy page 29): bg- cs- da - de - el - en - es- et - fi - fr - hr - hu - it - lt - lv-mt -nl - pl - pt - ro - sk- sl -sv

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

- the patient's full name
- the date, details and cost of each medical treatment carried out by the dentist
- the dentist's name and official references

Please note, receipts/invoices may have the following names:

"Attestation de soins donnés" (BE), "Reçu d'honoraires/CERFA" (FR)", "Rechnung" (DE), "Fattura con bollo" (IT), "Mémoire d'honoraires" (LUX), "Regning Tandlægehjælp" (DK), …

If the national system of the country where the treatment takes place does not provide for reimbursement of the prosthesis in question, the JSIS may, after analysing your file, agree to the reimbursement provided you have submitted the form intended for this purpose:

Bill for dental treatment (copy page 31): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv -mt -nl - pl - pt - ro - sk - sl - sv

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1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the dentist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

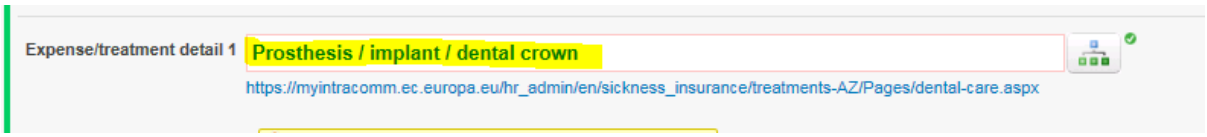
The JSIS reserves the right, when checking your reimbursement file, to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- In order to process your dental estimate more quickly, we recommend that you ask your dentist to send you the dental X-rays by email so that you can easily upload them to JSIS online when you submit your request for medical authorisation.

- When the dentist issues the receipt/invoice, check that the amount paid, the tooth number and the date of the dental treatment are indicated and entered separately.

- When you enter your costs in **JSIS online**, please click/select ***'Prosthesis/implant/dental crown'***; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!



Legal basis

Chapter 5 – Dental care, treatment and prostheses

5. Dental prostheses

The costs of dental prostheses for which prior authorisation has been obtained after presentation of an estimate and consultation of the Dental Officer will be reimbursed at the rate of 80%, up to the limit of the maximum reimbursable amounts laid down in the following table. In emergencies, when an estimate could not be produced, only the costs of the temporary prostheses will be reimbursed.

Type of treatment	Ceiling (€)
1. a) Fixed prostheses	
Gold or ceramic inlay, inlay core	250
Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet	250
Attachment (Dolder bar: by pillar)	250
Temporary crown or pontic tooth (*)	30
b) Repair of fixed prostheses	
Removal or replacement of fixed elements (by element)	50
Repair of crowns or elements of bridgework (with the exception of temporary crowns and elements) by element	90
2. a) Removable prostheses	
Resin base plate, occlusal splint/night guard (excluding bleaching guard)	200
Tooth or clasp on resin plate	50
Complete upper or lower denture	800

Temporary resin base plate	90
Temporary tooth or clasp on resin plate	30
Metal plate (with clasps)	400
Tooth on metal plate (up to maximum of 10)	100

b) **Repair of removable prostheses**

Repair of resin plate, addition (replacement) of one tooth or clasp on resin or metal plate(*)	60
Rebasing (partial or full/resin or metal plate)	150

(*) For temporary crowns and repairs on metal base (chrome - cobalt) the ceilings are doubled.

Authorisation to replace removable or fixed prostheses that have already been the subject of reimbursement by the Scheme will be granted only after a period of 6 years has elapsed. The reimbursement will be made in accordance with the conditions laid down above.

However, in exceptional circumstances, for example in the event of trauma or serious illness (such as cancer of the jaw) affecting or having repercussions on the buccal cavity and making it impossible to wear the existing dental prosthesis, the replacement periods may be reduced, after consulting the Dental Officer, on presentation of detailed medical grounds and an estimate.

6. Implantology

6.1. Prior authorisation by the Settlements Office is required for implant treatment and may be obtained on presentation of an estimate and after consultation of the Dental Officer.

6.2. Reimbursement is limited to 4 implants in the upper jaw and 4 in the lower jaw, i.e. a maximum of 8 implants per insured person throughout the person's lifetime.

6.3. The costs of implants are reimbursed at the rate of 80%, with a ceiling of €550 per implant. The costs of implants consist of:

- the preliminary study, excluding the x-rays that are reimbursed separately;
- the synthetic bone graft;
- the material implanted: implant, abutment, membrane and disposable sterile material;
- local anaesthetics administered by the practitioner;
- the surgical procedure to place the intra-osseous implant;
- uncovering the implant several months after osteo-integration.

6.4. In the case of implants carried out in hospital, which are also subject to prior authorisation, the costs of accommodation, general anaesthetic and other ancillary costs will be reimbursed under the conditions laid down for each heading, with the exception of the practitioner's fees and the treatment referred to in 6.3 above.

After prior authorisation, the costs relating to autogenous bone grafts - which must be carried out by a maxillofacial surgeon - will be reimbursed at the rate of 85%, up to the ceiling for surgical operations in category B.1. The costs of accommodation and other ancillary costs will be

reimbursed under the conditions laid down for each heading.

Serious illness

In the case of a serious illness affecting or having repercussions on the buccal cavity, expenses associated with the treatment provided for in points 2 to 6 will be reimbursed at the rate of 100% subject to the joint approval of the Medical Officer and the Dental Officer, up to an amount of twice the ceiling provided for each treatment.

Special provisions

In the case of treatment requiring prior authorisation, the JSIS's official estimates should be used, except in emergencies or cases of *force majeure*. Except where national regulations make this impossible, bills must follow the same model as the estimates. Both bills and estimates must show the separate amounts for each treatment and the number of the teeth treated.

The estimates for orthodontic or periodontal treatment, fixed prostheses and implants must be accompanied by x-rays and/or study models. The Dental Officer may carry out or arrange for a physical examination of the patient if he or she considers this necessary.

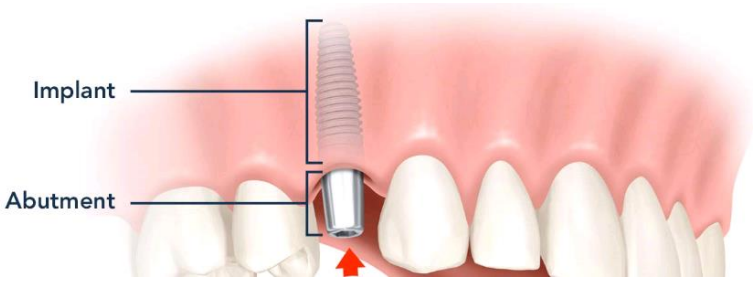
The treatment specified in the estimates must be started within 12 months of the date on which it was authorised. This period may be extended by way of an exception, after consultation of the Dental Officer.

The costs of treatment for purely aesthetic purposes (such as tooth whitening, systematic replacement of silver amalgam fillings, veneers on intact incisors, tooth jewellery) are not reimbursed.

Implant treatment

Definition

A dental implant is an artificial root fitted into the bone of the gums in order to accommodate a dental prosthesis.



What are the rules on reimbursement?

Costs relating to implant treatment are reimbursed at a rate of 80 % with a ceiling of €550 per implant. Reimbursement is limited to four implants for the lower jaw and four implants for the upper jaw, i.e. a total of eight implants per insured person throughout the person's lifetime.

Which dental treatments are included within the reimbursement ceiling for one implant?

- Preliminary study (models, analyses)
- Synthetic bone graft, sinus lift
- Material implanted: the implant with membrane, the surgical guide and the equipment used
- The healing abutment as well as the definitive abutment
- Local anaesthetics administered by the dentist
- Surgery to fit the implant
- Dental costs incurred following several months of osseointegration (check-ups, uncovering, etc.)

N.B.:

- The reimbursement of radiological examinations and all other treatment/surgery during the implant treatment is included in the ceiling for preventive dental care.

- A crown attached to the implant is reimbursed at a rate of 80 % with a ceiling of €250. Please note that, whether the crown is fitted as part of implant treatment or in connection with another type of treatment, the reimbursement is limited to €250 and is renewable every six years, provided a new dental estimate has been submitted and approved.

Do I have to request a medical authorisation?

Yes, a dental estimate, along with the treatment plan and dental X-rays, must be submitted and **approved** in advance; you just need to fill out the form supplied by your dentist and create a new request in the 'Medical authorisation' section of JSIS online.

Dental estimate (copy page 29): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv - mt - nl - pl - pt - ro - sk - sl - sv

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

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- the dentist's name and official references

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If the national system of the country where the treatment takes place does not provide for reimbursement of the prosthesis in question, the JSIS may, after analysing your file, agree to the reimbursement provided you have submitted the form intended for this purpose:

Bill for dental treatment (copy page 31): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv -mt -nl - pl - pt - ro - sk - sl - sv

If a member of your family is covered by a national system **and** benefits from complementary cover under the JSIS, attention must be paid with regard to the

additional supporting documents which have to be attached when you submit your reimbursement claim; in fact, in order that the JSIS officer can proceed with the processing of your expenses, you need to attach:

1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the dentist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

The JSIS reserves the right when checking your reimbursement file to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- In order to process your dental estimate more quickly, we recommend that you ask your dentist to send you the dental X-rays by email so that you can easily upload them to JSIS online when you submit your request for medical authorisation.

- When the dentist issues the receipt/invoice, check that the amount paid, the tooth number and the date of the dental treatment are indicated and entered separately.

- When you enter your costs in **JSIS online**, please click/select ***'Prosthesis/implant/dental crown'***; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!

Legal basis

Chapter 5 – Dental care, treatment and prostheses

6. Implantology

6.5. Prior authorisation by the Settlements Office is required for implant treatment and may be obtained on presentation of an estimate and after consultation of the Dental Officer.

6.6. Reimbursement is limited to 4 implants in the upper jaw and 4 in the lower jaw, i.e. a maximum of 8 implants per insured person throughout the person's lifetime.

6.7. The costs of implants are reimbursed at the rate of 80%, with a ceiling of €550 per implant. The costs of implants consist of:

- the preliminary study, excluding the x-rays that are reimbursed separately;
- the synthetic bone graft;
- the material implanted: implant, abutment, membrane and disposable sterile material;
- local anaesthetics administered by the practitioner;
- the surgical procedure to place the intra-osseous implant;
- uncovering the implant several months after osteo-integration.

6.8. In the case of implants carried out in hospital, which are also subject to prior authorisation, the costs of accommodation, general anaesthetic and other ancillary costs will be reimbursed under the conditions laid down for each heading, with the exception of the practitioner's fees and the treatment referred to in 6.3 above.

After prior authorisation, the costs relating to autogenous bone grafts - which must be carried out by a maxillofacial surgeon - will be reimbursed at the rate of 85%, up to the ceiling for surgical operations in category B.1. The costs of accommodation and other ancillary costs will be reimbursed under the conditions laid down for each heading.

Serious illness

In the case of a serious illness affecting or having repercussions on the buccal cavity, expenses associated with the treatment provided for in points 2 to 6 will be reimbursed at the rate of 100% subject to the joint approval of the Medical Officer and the Dental Officer, up to an amount of twice the ceiling provided for each treatment.

Special provisions

In the case of treatment requiring prior authorisation, the JSIS's official estimates should be used, except in emergencies or cases of *force majeure.* Except where national regulations make this impossible, bills must follow the same model as the estimates. Both bills and estimates must show the separate amounts for each treatment and the number of the teeth treated.

The estimates for orthodontic or periodontal treatment, fixed prostheses and implants must be accompanied by x-rays and/or study models. The Dental Officer may carry out or arrange for a physical examination of the patient if he or she considers this necessary.

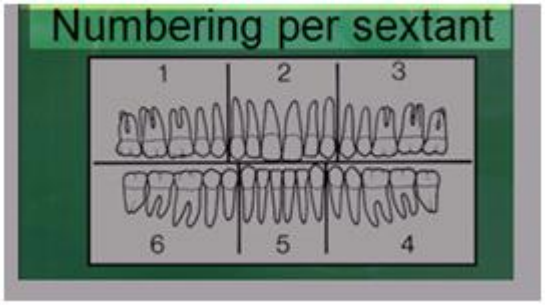
The treatment specified in the estimates must be started within 12 months of the date on which it was authorised. This period may be extended by way of an exception, after consultation of the Dental Officer.

The costs of treatment for purely aesthetic purposes (such as tooth whitening, systematic replacement of silver amalgam fillings, veneers on intact incisors, tooth jewellery) are not reimbursed.

Periodontal treatment

What are the rules on reimbursement?

The costs of periodontal treatment are reimbursed at a rate of 80 % with a ceiling of €350 per sextant (area of the mouth), i.e. a total of €2 100 for the entire mouth, for a period of ten years from the start of the treatment. After this ten-year period, the JSIS will no longer reimburse any costs during a period of six years, even if the treatment must be continued or the ceiling has not been reached.



The costs included under this ceiling are:

- Periodontal consultations
- Root planing
- Surgery
- The instructions relating to follow-up treatment

N.B.: Costs relating to radiological examinations, consultations and periodontal examinations (DPSI = Dutch Periodontal Screening Index) carried out by a dentist or periodontist to assess whether to begin a treatment, are reimbursed at a rate of 80 % and included under the ceiling for preventive dental treatment (€750 per calendar year, per insured person). Radiological examinations carried out in a hospital are reimbursed at the rate of 85 %.

Do not confuse standard descaling (preventive dental treatment) with periodontal treatment: these are two different treatments and are reimbursed under two different ceilings.

Please remember that tooth whitening or any other treatment for purely aesthetic purposes is not reimbursed by the JSIS.

Do I have to request a medical authorisation?

Yes, a dental estimate and a detailed treatment plan must be submitted and **approved** in advance; you just need to fill out the form supplied by your dentist and create a new request in the 'Medical authorisation' section of JSIS online.

Dental estimate (copy page 29): bg- cs- da - de - el - en - es- et - fi - fr - hr - hu - it - lt - lv-mt -nl - pl - pt - ro - sk- sl -sv

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

- the patient's full name
- the date, details and cost of each medical treatment carried out by the periodontist
- the periodontist's name and official references

Please note, receipts/invoices may have the following names:

"Attestation de soins donnés" (BE), "Reçu d'honoraires/CERFA" (FR)", "Rechnung" (DE), "Fattura con bollo" (IT), "Mémoire d'honoraires" (LUX), "Regning Tandlægehjælp" (DK), …

In some countries, the treatment provider is not able to issue this type of document. Therefore, after analysing your file the JSIS may accept the reimbursement provided that you submitted the form provided for this purpose:

Bill for dental treatment (copy page 31): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv -mt -nl - pl - pt - ro - sk - sl - sv

If a member of your family is covered by a national system **and** benefits from complementary cover under the JSIS, attention must be paid with regard to the additional supporting documents which have to be attached when you submit your reimbursement claim; in fact, in order that the JSIS officer can proceed with the processing of your expenses, you need to attach:

1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if

the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the periodontist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

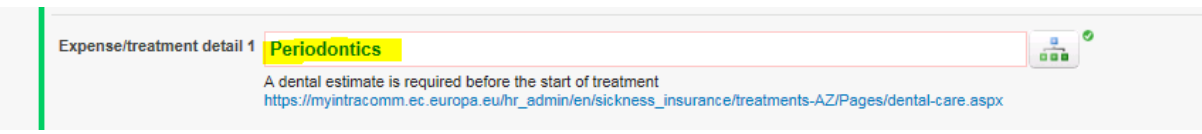
The JSIS reserves the right, when checking your reimbursement file, to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- In order to process your dental estimate more quickly, we recommend that you ask your periodontist to send you the dental X-rays by email so that you can easily upload them to JSIS online when you submit your request for medical authorisation.

- When the periodontist issues the receipt/invoice, check that the amount paid, the area treated and the date of the dental treatment are indicated and entered separately.

- When you enter your costs in **JSIS online**, please click/select **'*Periodontics*'**; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!



Legal basis

Chapter 5 – Dental care, treatment and prostheses

2. Periodontal treatment

The costs of periodontal treatment which has been authorised by the Settlements Office after presentation of a detailed estimate and consultation of the Dental Officer will be reimbursed at the rate of 80%, with a ceiling of €350 per sextant, i.e. €2 100 for the whole mouth, over a period of 10 years. A second reimbursement may be authorised under the same conditions 6 years after the end of the 10-year period.

The costs of x-rays will be reimbursed separately, in accordance with point 1 above.

Serious illness

In the case of a serious illness affecting or having repercussions on the buccal cavity, expenses associated with the treatment provided for in points 2 to 6 will be reimbursed at the rate of 100% subject to the joint approval of the Medical Officer and the Dental Officer, up to an amount of twice the ceiling provided for each treatment.

Special provisions

In the case of treatment requiring prior authorisation, the JSIS's official estimates should be used, except in emergencies or cases of *force majeure.* Except where national regulations make this impossible, bills must follow the same model as the estimates. Both bills and estimates must show the separate amounts for each treatment and the number of the teeth treated.

The estimates for orthodontic or periodontal treatment, fixed prostheses and implants must be accompanied by x-rays and/or study models. The Dental Officer may carry out or arrange for a physical examination of the patient if he or she considers this necessary.

The treatment specified in the estimates must be started within 12 months of the date on which it was authorised. This period may be extended by way of an exception, after consultation of the Dental Officer.

The costs of treatment for purely aesthetic purposes (such as tooth whitening, systematic replacement of silver amalgam fillings, veneers on intact incisors, tooth jewellery) are not reimbursed.

Dental occlusion (e.g. occlusal splint/night guard for treating bruxism, grinding one's teeth, etc.)

What are the rules on reimbursement?

The treatment costs for dental occlusion are reimbursed at a rate of 80 % with a single ceiling for life of €450 for the entire treatment.

The dental occlusion costs included under this ceiling are:

- Preliminary study
- Occlusal splint/night guard for treating bruxism (=grinding one's teeth)
- The monitoring sessions and dental adjustment of the appliance.

N.B.: Radiological examinations are reimbursed within the ceiling for preventive dental treatment (€750 per calendar year, per insured person) if they are carried out in a dental practice, and are reimbursed at a rate of 85 % if carried out in a hospital.

Please remember that tooth whitening or any other treatment for purely aesthetic purposes is not reimbursed by the JSIS.

Do I have to request a medical authorisation?

Yes, a dental estimate and a detailed treatment plan must be submitted and **approved** in advance; you just need to fill out the form supplied by your dentist and create a new request in the 'Medical authorisation' section of JSIS online.

Dental estimate (copy page 29): bg- cs- da - de - el - en - es- et - fi - fr - hr - hu - it - lt - lv-mt -nl - pl - pt - ro - sk- sl -sv

Which supporting documents do I have to attach to the reimbursement request?

A receipt/invoice that complies with the legislation of the country in which it was issued, containing the following information:

- the patient's full name

- the date, details and cost of each dental treatment
- the dentist's name and official references

Please note, receipts/invoices may have the following names:

"Attestation de soins donnés" (BE), "Reçu d'honoraires/CERFA" (FR)", "Rechnung" (DE), "Fattura con bollo" (IT), "Mémoire d'honoraires" (LUX), "Regning Tandlægehjælp" (DK), …

In some countries, the treatment provider is not able to issue this type of document. Therefore, after analysing your file the JSIS may accept the reimbursement provided that you submitted the form provided for this purpose:

Bill for dental treatment (copy page 31): bg - cs - da - de - el - en - es - et - fi - fr - hr - hu - it - lt - lv -mt -nl - pl - pt - ro - sk - sl - sv

If a member of your family is covered by a national system **and** benefits from complementary cover under the JSIS, attention must be paid with regard to the additional supporting documents which have to be attached when you submit your reimbursement claim; in fact, in order that the JSIS officer can proceed with the processing of your expenses, you need to attach:

1/ The statement of expenses issued by the national scheme (mutuelle, "Sécu", primary scheme, …) or documentary proof issued by the health care provider (if the provider receives the reimbursement directly from the primary scheme and you have only paid the part which remains at your charge) indicating:

- The name and first name of the patient who is undergoing the treatment
- The type of treatment carried out by the dentist
- The date of treatment
- The amount paid and the amount reimbursed/covered by the national system

If the national system does not reimburse anything, you must provide documentary proof which indicates the name of the patient, the date and the type of treatment.

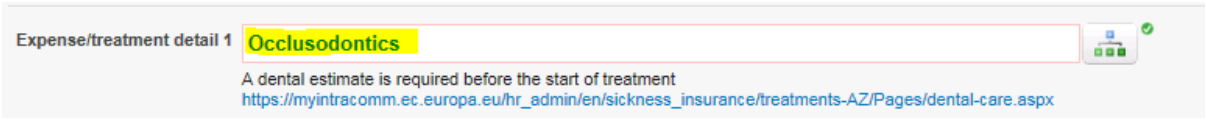
2/ A certified copy of the invoices/receipts submitted to the national system. Indeed, sometimes the amount shown on the statement corresponds to the nationally regulated price and not to the price actually paid.

The JSIS reserves the right, when checking your reimbursement file, to ask for any original/additional document from the date of submission up to 18 months following the date you receive the account sheet.

Please always keep in mind!

- When the dentist issues the receipt/invoice, check that the price paid and the date are indicated and entered separately.

- When you enter your costs in **JSIS online**, please click/select ***'Occlusodontics'***; our application provides all the useful information you need to ensure that your file is quickly and efficiently processed by our service!



Chapter 5 – Dental care, treatment and prostheses

4. Dental occlusion

The costs of treating problems of dental occlusion (bite) are reimbursed at the rate of 80% with a ceiling of €450 for the overall treatment, on condition that prior authorisation for the treatment has been obtained from the Settlements Office, on presentation of an estimate and after consultation of the Dental Officer.

Such treatment, which will be reimbursed only once, comprises:

- the preliminary study, excluding the x-rays reimbursed in accordance with point 1 above;
- occlusal splint/night guard;
- check-ups on the appliance;
- occlusal equilibration sessions.

Serious illness

In the case of a serious illness affecting or having repercussions on the buccal cavity, expenses associated with the treatment provided for in points 2 to 6 will be reimbursed at the rate of 100% subject to the joint approval of the Medical Officer and the Dental Officer, up to an amount of twice the ceiling provided for each treatment.

Special provisions

In the case of treatment requiring prior authorisation, the JSIS's official estimates should be used, except in emergencies or cases of *force majeure.* Except where national regulations make this impossible, bills must follow the same model as the estimates. Both bills and estimates must show the separate amounts for each treatment and the number of the teeth treated.

The estimates for orthodontic or periodontal treatment, fixed prostheses and implants must be accompanied by x-rays and/or study models. The Dental Officer may carry out or arrange for a physical examination of the patient if he or she considers this necessary.

The treatment specified in the estimates must be started within 12 months of the date on which it was authorised. This period may be extended by way of an exception, after consultation of the Dental Officer.

The costs of treatment for purely aesthetic purposes (such as tooth whitening, systematic replacement of silver amalgam fillings, veneers on intact incisors, tooth jewellery) are not reimbursed.

DD-A1 EN 11-2013

ESTIMATE
REQUEST FOR AUTHORISATION PRIOR TO TREATMENT

to be sent to the appropriate Settlements Office of the Joint Sickness Insurance Scheme (JSIS)

ESSENTIAL information to be filled in by member:

Surname and first name of member: Mrs/Miss/Mr:..... ..... Pers./Pension No:.....
Institution and place of employment:.....Office address: ..... Tel.:.....
Private address if you are retired:.....
Date of termination of employment/ date of end of contract:..... (for temporary staff or contract staff)
Estimate for : ☐ member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as a dependent child

Proposed treatment plan	To be completed by the practitioner **Estimate for :** Surname and first name:..... Date of birth:.....	Estimate of fees	JSIS code
DIAGRAM NECESSARY U L 18 - 17 - 16 - 15 - 14 - 13 - 12 - 11 ¦ 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 R L 48 - 47 - 46 - 45 - 44 - 43 - 42 - 41 ¦ 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38	**PREVENTIVE CARE AND TREATMENT** *(must include the numbers of the teeth)* *TO BE COMPLETED ONLY IN THE CASE OF PROSTHESES AND/OR IMPLANTOLOGY* Consultation	.....	310
	Intra-oral x-ray.....	.....	310
	Panoramic x-ray and teleradiography	.....	310
	Fluoride treatment	.....	310
	Sealing pits and fissures	.....	310
	Descaling	.....	310
	Filling	.....	310
	Reconstruction, core build-up (with screw or tenon), resin inlays and facets	.....	310
	Devitalisation and root filling	.....	310
	Normal extraction, incision of abscess, esquillectomy	.....	310
	Surgical extraction, impacted tooth, apectomy, root amputation, frenectomy	.....	310
	Other (please specify)	.....	310
	PERIODONTAL TREATMENT *(treatment plan and areas involved; attach explanatory note)*	.....	313
	DENTAL OCCLUSION *(treatment plan; attach explanatory note)* Occlusal splint/night guard (excluding bleaching guard))	.....	315
	PROSTHESIS *(must include the numbers of the teeth)* **FIXED PROSTHESIS** *(diagram and x-rays required)*: Inlay core	.....	320
	Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet gold or ceramic inlay	.....	321
	Attachment (Dolder bar: by pillar)	.....	322
	TEMPORARY crown or pontic tooth	.....	323
	Removal or replacement of fixed elements (*), by element	.....	324
	Repair of crowns or elements of bridgework (*), by element	.....	325
	REMOVABLE PROSTHESIS *(diagram required)*: Resin base plate	.....	330
	Tooth or clasp on resin plate	.....	331
	Complete upper or lower denture	.....	332
	TEMPORARY resin base plate	.....	333
	TEMPORARY tooth or clasp on resin plate	.....	334
	Metal plate (including clasps)	.....	335
	Tooth on metal plate (up to maximum of 10)	.....	336
	Repair of resin plate, addition (replacement) of one tooth or clasp on resin or metal plate	.....	337
	Rebasing (partial or full/resin or metal plate)	.....	338
	IMPLANTOLOGY *(diagram and x-rays required)*: Preliminary study	.....	.....(**)
	Autogenous bone grafts carried out by a maxillofacial surgeon	.....	350
	Material implanted: *implant, abutment, synthetic bone, membrane and disposable sterile material*	.....	.....(**)
	Local anaesthetics	.....	.....(**)
	Surgical procedure	.....	.....(**)
	Finding and uncovering the head of the implant	.....	.....(**)
	Other (please specify)	.....	.....(**)
	(*) *with the exception of temporary crowns and temporary elements* (**) *Codification to be filled in by the Dental Officer of the JSIS:* *341 – 342 – 343 – 344 / 351 – 352 – 353 - 354*		

Signature of member

.....

Date:.....

Dentist's stamp with phone number and country (compulsory)

Date : ..... Signature: .....

Total estimated fees: .....
(specify currency and country)

In the case of top-up cover, please **attach** a copy of the estimate from the primary scheme or the letter of refusal giving reasons

Approval of this estimate does not commit the Settlements Office unless all the statutory provisions have been met.
Treated in conformity with Regulation 45/2001 - https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/sources/Pages/index.aspx

DO-B1 EN Jan-2013

ESTIMATE FOR ORTHODONTIC TREATMENT
REQUEST FOR AUTHORISATION PRIOR TO TREATMENT

This form must be sent to the appropriate Settlements Office

ESSENTIAL information to be filled in by member:

Surname and first name of member: Mrs/Miss/Mr:..... Pers./pension No:.....

Institution and place of employment:..... Office address:.....Tel.:.....

Private address if you are retired:.....

Date of termination of employment/date of end of contract:.....(for temporary staff or contract staff)

Treatment for :

☐ member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as a dependent child

Date ..... Signature of member .....

(*) treatment must start before the age of 18

PROPOSED ORTHODONTIC TREATMENT
FORM TO BE COMPLETED BY THE ORTHODONTIST

Treatment for :

Surname and first name :..... Date of birth:..... (*)

Orthodontist providing treatment (name/first name and address/country – obligatory information):

.....
.....
.....
.....

Tel: .....

Orthodontist's stamp:

Date ..... Signature.....

Probable duration of treatment:

.....
.....
.....

Orthodontist's estimate of total fees:

.....
.....
.....

(specify currency and country)

Anomalies found:

.....
.....
.....
.....

For EU **Dental Officer**'s use only

.....
.....
.....
.....

Date ..... Approval .....

FOR SETTLEMENTS OFFICE USE ONLY

Grounds for refusal: .....
.....
.....
.....
.....

Date .....

In the case of top-up cover, please attach a copy from the estimate of the primary scheme or the letter of refusal giving reasons.

Approval of this estimate does not commit the Settlements Office unless all the statutory provisions have been met.
Treated in conformity with Regulation 45/2001 - https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/sources/Pages/index.aspx

HON-A2 EN 02-2015

BILL FOR DENTAL TREATMENT

To attach, if appropriate, to the receipt issued in accordance with the national legislation
To be sent to the appropriate Settlements Office of the Joint Sickness Insurance Scheme (JSIS)
with a claim for reimbursement form

ESSENTIAL information to be filled in by member:

Surname and first name of member: Mrs/Miss/Mr:..... ..... Pers./Pension No:.....
Institution and place of employment:.....Office address: ..... Tel.:.....
Private address if you are retired:.....
Date of termination of employment/ date of end of contract:..... (for temporary staff or contract staff)
Bill for : ☐ member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as a dependent child

Plan of realised treatment	**To be completed by the practitioner** **Bill for:** Surname and first name:..... Date of birth:.....	**Fees**	**JSIS code**
DIAGRAM NECESSARY U L 18 - 17 - 16 - 15 - 14 - 13 - 12 - 11 ¦ 21 - 22 - 23 - 24 - 25 - 26 - 27 - 28 R L 48 - 47 - 46 - 45 - 44 - 43 - 42 - 41 ¦ 31 - 32 - 33 - 34 - 35 - 36 - 37 - 38	**PREVENTIVE CARE AND TREATMENT** *(must include the numbers of the teeth)*		
	Consultation	.....	310
	Intra-oral x-ray.....	.....	310
	Panoramic x-ray and teleradiography	.....	310
	Fluoride treatment	.....	310
	Sealing pits and fissures	.....	310
	Descaling	.....	310
	Filling	.....	310
	Reconstruction, core build-up (with screw or tenon), resin inlays and facets	.....	310
	Devitalisation and root filling	.....	310
	Normal extraction, incision of abscess, esquillectomy	.....	310
	Surgical extraction, impacted tooth, apectomy, root amputation, frenectomy	.....	310
	Other (please specify)	.....	310
	PERIDONTAL TREATMENT *(treatment plan and areas involved; attach explanatory note)*	.....	313
	DENTAL OCCLUSION *(treatment plan; attach explanatory note)*		
	Occlusal splint/night guard (excluding bleaching guard))	.....	315
	PROSTHESIS *(must include the numbers of the teeth)*		
	FIXED PROSTHESIS *(diagram and x-rays required)*:		
	Inlay core	.....	320
	Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet		
	gold or ceramic inlay	.....	321
	Attachment (Dolder bar: by pillar)	.....	322
	TEMPORARY crown or pontic tooth	.....	323
	Removal or replacement of fixed elements (*), by element	.....	324
	Repair of crowns or elements of bridgework (*), by element	.....	325
	REMOVABLE PROSTHESIS *(diagram required)*:		
	Resin base plate	.....	330
	Tooth or clasp on resin plate	.....	331
	Complete upper or lower denture	.....	332
	TEMPORARY resin base plate	.....	333
	TEMPORARY tooth or clasp on resin plate	.....	334
	Metal plate (including clasps)	.....	335
	Tooth on metal plate (up to maximum of 10)	.....	336
	Repair of resin plate, addition (replacement) of one tooth or clasp on resin or metal plate	.....	337
	Rebasing (partial or full/resin or metal plate)	.....	338
	IMPLANTOLOGY *(diagram and x-rays required)*:		
	Preliminary study	.....	.....(**)
	Autogenous bone grafts carried out by a maxillofacial surgeon	.....	350
	Material implanted: *implant, abutment, synthetic bone, membrane and disposable sterile material*	.....	.....(**)
	Local anaesthetics	.....	.....(**)
	Surgical procedure	.....	.....(**)
	Finding and uncovering the head of the implant	.....	.....(**)
	Other (please specify)	.....	.....(**)
Opinion from the EU Dental Officer	(*) *with the exception of temporary crowns and temporary elements* (**) *Codification to be filled in by the Dental Officer of the JSIS:* *341 – 342 – 343 – 344 / 351 – 352 – 353 - 354*		

Dentist's stamp with phone number and country (compulsory)

Date : ..... Signature: .....

Total fees: .....

(specify currency and country)

I certify that, between (date) ..... and (date) ..... I provided the treatment or prosthesis described here above and have received the corresponding fees for this work

The Settlements Office will only reimburse these expenses if all the statutory provisions have been met

Treated in conformity with Regulation 45/2001 - https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/sources/Pages/index.aspx