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IMPORTANT

Document for internal use provided for information purposes by the Joint Sickness Insurance Scheme to its members. It relates mainly to the pages available on the website "Staff Matters/Health" on 10/10/2018.

Only the official legislation is deemed authoritative. Each file is treated individually in respect of the rules.

This brochure has been translated from the French: in the event of a discrepancy, the regulatory framework governing the JSIS (JSIS Joint Rules and the General implementing provisions) will prevail.

Preventive dental treatment

Rates and ceilings

Preventive dental treatment (consultations, descaling, fillings, root canal treatment, dental 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	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	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	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	85% with a ceiling of 735 € for the first tooth and 388 € for each of the remaining three teeth
Purely aesthetic purposes	0%	0%

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Do I have to request a prior authorisation?

No, a prior authorisation is not required for the preventive dental treatment.

Claim for reimbursement

See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- When the dentist issues the receipt/invoice and the "bill for dental treatment" (JSIS form), 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'.

Orthodontic treatment

The treatment must start 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 (serious disease of the buccal cavity, maxillofacial surgery, maxillofacial trauma or serious problems of the temporomandibular joint diagnosed by x-ray and clinical examination).

Rates and ceilings

Before the treatment

- consultations
- cephalometric analysis
- study models

prior & necessary for the establishment of the diagnosis/treatment plan/estimate

Reimbursed under "[Preventive dental treatment](#)"

Reimbursement: 80%

Ceiling: 750 €/year

During the treatment (date of beginning of prior authorisation)

- consultations/check-ups
- upper/lower appliances and retainers
- braces
- additional cephalometric analyses/assessment models

Reimbursed under "Orthodontic treatment"

Reimbursement: 80%

Ceiling: 3.300 € for the entire treatment

Before and/or during the treatment

- X-rays, panoramic X-ray and teleradiography
 - In the dentist's surgery: reimbursed under "Preventive dental treatment"
Reimbursement: 80%
Ceiling: 750 €/year
 - In a hospital: reimbursed under "X-Ray/medical imaging"
Reimbursement: 85%
No Ceiling

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Prior authorisation

A prior authorisation request, together with the dental estimate (single form for dentistry costs) filled by your orthodontist, assessment models and X-Rays must be submitted and approved in advance.

- Create a new request in the 'Prior authorisation' section of [JSIS online](#).
- Or send the form with the "estimate" part filled and the annexes by post to your settlements office – see addresses on page 19.

Claim for reimbursement

See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- 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 and the "bill for dental treatment" (JSIS form), 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**'.

Dental prostheses

Rates

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.

The reimbursement of radiological examinations and other preventive treatment/surgery during the implant treatment is included in the ceiling for [preventive dental care](#).

Ceilings

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 "[Dental Occlusion](#)".
- 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).
- Rebasings (partial or full/resin or metal plate): €150

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Prior authorisation

A prior authorisation request, together with the dental estimate (single form for dentistry costs) filled by your dentist and X-Rays must be submitted and **approved** in advance.

- Create a new request in the 'Prior authorisation' section of [JSIS online](#).
- Or send the form with the "estimate" part filled and the annexes by post to your settlements office – see addresses on page 19.

Claim for reimbursement

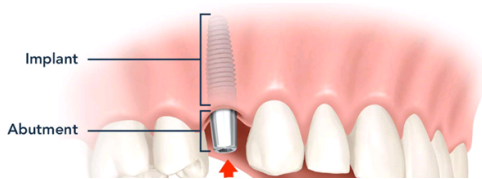
See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- 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 and the "bill for dental treatment" (JSIS form), 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 'Prostheses/Implant/Dental Crown.'

Implant treatment

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



Rates and ceilings

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, analysis)
- 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.)

Notes:

- The reimbursement of radiological examinations and other preventive 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. See the section on ["Dental Prosthesis"](#).

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Prior authorisation

A prior authorisation request, together with the dental estimate (single form for dentistry costs) filled by your dentist and X-Rays must be submitted and **approved** in advance.

- Create a new request in the 'Prior authorisation' section of [JSIS online](#).
- Or send the form with the "estimate" part filled and the annexes by post to your settlements office – see addresses on page 19.

Claim for reimbursement

See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- 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 and the "bill for dental treatment" (JSIS form), 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'.

Periodontal treatment

Rates and ceilings

The costs of periodontal treatment are reimbursed at a rate of 80 % with a ceiling 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

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.

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Prior authorisation

A prior authorisation request, together with the dental estimate (single form for dentistry costs) filled by your dentist and X-Rays must be submitted and **approved** in advance.

- Create a new request in the 'Prior authorisation' section of [JSIS online](#).
- Or send the form with the "estimate" part filled and the annexes by post to your settlements office – see addresses on page 19.

Claim for reimbursement

See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- 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 and the "bill for dental treatment" (JSIS form), 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'.

Dental occlusion

Rates and ceilings

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.

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.

Procedures

Form

Take the form with you when next visiting your dentist or dental specialist who may use it as a cost estimate or as a bill form. A copy is available on pages 17 & 18.

Prior authorisation

A prior authorisation request, together with the dental estimate (single form for dentistry costs) filled by your dentist and X-Rays must be submitted and **approved** in advance.

- Create a new request in the 'Prior authorisation' section of [JSIS online](#).

- Or send the form with the "estimate" part filled and the annexes by post to your settlements office – see addresses on page 19.

Claim for reimbursement

See on page 15 the list of supporting documents you must attach to your claim.

Good to know !

- When the dentist issues the receipt/invoice and the "bill for dental treatment" (JSIS form), 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**'.

Supporting documents

These supporting documents must be attached to your claim for reimbursement (via JSIS on line or the paper procedure):

1. Bill for dental treatment (dentistry - single form)

2. 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

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 "Dentistry – single form" provided for this purpose.

Complementary cover

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 for the JSIS officer to 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 full 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.

Form

The new "single form for dentistry costs" (on next page) replaces all the old forms (estimate, bill for dental treatment, estimate for orthodontic treatment) and can be used either as a cost estimate or as a bill form.

Take it with you when next visiting your dentist or dental specialist who, as a reminder, must complete it and attach the certificate of treatment ('attestation de soins')/receipt/invoice issued in accordance with national legislation.

- *To submit a **request for prior authorisation**, please send this form with the **'estimate' section** completed and the attachments requested to the Settlements Office.
If you use JSIS on line, go to "Create a request + Prior authorisation"*

- *To submit a **request for reimbursement**, please send this form with the **'fees' section** completed, the invoice/receipt/certificate of treatment ('attestation de soins') and the requested attachments. In the case of top-up cover, please also attach the cost breakdown or letter of refusal issued by the primary scheme.
If you use JSIS on line, go to "Create a request + Reimbursement"*

The form exists in all EU languages and is available for downloading on the Staff Matters Portal: <https://myintracomm.ec.europa.eu/staff/en/health/Pages/form.aspx>

It must be used recto/verso.

On the next page the EN version is available for photocopy.



JSIS/RCAM – DENTISTRY (SINGLE FORM)

TO BE COMPLETED BY THE JSIS MEMBER

Member's name: Personnel/pension No:

Bill/estimate for: member of the scheme spouse/recognised partner dependent child (or person treated as)

- To submit a **request for prior authorisation**, please send this form with the **'estimate' section** completed and the attachments requested to the Settlements Office.
- To submit a **request for reimbursement**, please send this form with the **'fees' section** completed, the invoice/receipt/certificate of treatment ('attestation de soins') and the requested attachments. In the case of top-up cover, please also attach the cost breakdown or letter of refusal issued by the primary scheme.

The JSIS will only undertake to provide reimbursement if all regulatory provisions are complied with.

More information: <https://myintracomm.ec.europa.eu/staff/en/health>

TO BE COMPLETED BY THE PRACTITIONER

Cost estimate*

OR

Bill* for: First name and surname:

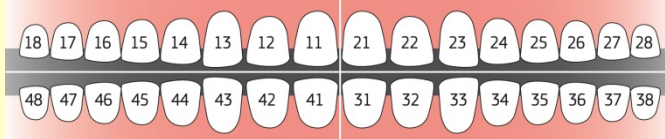
Date of birth:

* Select one option

PREVENTIVE CARE AND TREATMENT

Only use the relevant column

▼ **Diagram: mark the teeth concerned for the entire treatment**



Number(s) of tooth (teeth) per treatment

ESTIMATE

To be completed only for treatments linked to prostheses or implants

FEEs

- Consultation
- Intra-oral x-ray
- Panoramic x-ray, teleradiography, CBCT
- Fluoride treatment, sealing pits and fissures
- Scaling
- Filling
- Direct 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
- Other (please specify).....

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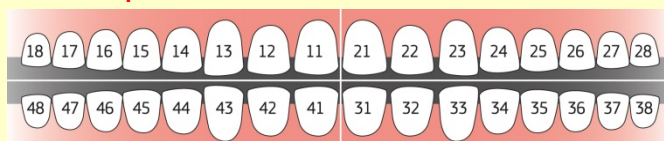
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PERIODONTAL TREATMENT

Only use the relevant column

▼ **Diagram: mark the quadrants concerned for the entire treatment**



Quadrant(s)

ESTIMATE

FEEs

▲ **For an estimate: please attach a note setting out the treatment plan**

- Periodontal examinations (DPSI).....
- Root planing
- Surgery
- Moulded periodontal retainer.....

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DENTAL OCCLUSION

Only use the relevant column

▲ **For an estimate: please attach a note setting out the treatment plan**

- Occlusal splint/night guard
- Mandibular advancement splint for OSAS

ESTIMATE

FEEs

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.....

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.....

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PROSTHESES		Only use the relevant column	
<p>▼ Diagram: mark the teeth concerned for the entire treatment</p> <p>▲ For an estimate: please attach the X-rays</p>	Number(s) of tooth (teeth) per treatment	ESTIMATE	FEES
<p>• FIXED PROSTHESES</p> <p>Inlay core, gold, ceramic or resin inlay (indirect)</p> <p>Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic or resin facet (indirect)</p> <p>Attachment (please specify)</p> <p>Temporary crown or pontic tooth (including fitting and removal)</p> <p>Removal or replacement of fixed elements, by element</p> <p>Repair of crowns or elements of bridgework, by element</p> <p>• REMOVABLE PROSTHESES</p> <p>Resin base plate</p> <p>Tooth or clasp on resin plate</p> <p>Complete upper or lower denture</p> <p>Temporary resin base plate</p> <p>Temporary tooth or clasp on resin plate</p> <p>Metal plate (including clasps)</p> <p>Tooth on metal plate</p> <p>Repair of a resin plate, addition (replacement) of one tooth or clasp on resin or metal plate</p> <p>Rebasing (partial or full/resin or metal plate)</p>			

IMPLANTOLOGY		Only use the relevant column	
<p>▼ Diagram: mark the teeth concerned for the entire treatment</p> <p>▲ For an estimate: please attach the X-rays</p>	Implant site(s)	ESTIMATE	FEES
<p>Autogenous bone graft</p> <p>Implant fitting including preliminary study, implant, abutment, synthetic bone, membrane, disposable sterile material, local anaesthetics, surgical procedure, uncovering the head of the implant, pre-prosthetic gum surgery</p> <p>Other (please specify)</p>			

ORTHODONTIC TREATMENT		Only use the relevant column	
<p>▲ For an estimate: please attach an explanatory note setting out the anomalies identified, the duration of the treatment and the treatment plan</p>		ESTIMATE	FEES
<p>Preliminary study/assessment models <i>to establish a diagnosis/treatment plan</i></p> <p>X-rays/cephalometric analyses <i>to establish a diagnosis/treatment plan</i></p> <p>Fees for the treatment including check-ups, upper/lower appliances and retainers, braces, additional cephalometric analyses/assessment models</p>			

<p>Practitioner's stamp with phone number and country (compulsory)</p> <p>Date:</p> <p>Practitioner's signature:</p>	<p>Total estimate: (specify currency and country)</p>
	<p>Total fees: (specify currency and country)</p> <p>▲ I confirm that I carried out the care/treatment indicated above from to and have received the corresponding fees*.</p> <p>▲ I attach the certificate of treatment ('attestation de soins')/receipt/invoice issued in accordance with national legislation*.</p> <p>* compulsory declaration</p>

Postal addresses

If you do not use the application JSIS on line, you can send your documents by post to your settlements office, at one of the following addresses.

Bureau liquidateur - Bruxelles

European Commission
JSIS - Brussels settlements office
B - 1049 Brussels

Bureau liquidateur – Luxembourg

European Commission
JSIS – Luxembourg settlements office
Office DRB B1 / 061
12 rue Guillaume Kroll
L – 2920 Luxembourg

Bureau liquidateur – Ispra

European Commission
JSIS – Ispra settlements office
TP 740
Via Enrico Fermi, 2749
I - 21027 Ispra (Varese)

