



Joint Sickness Insurance Scheme – JSIS Our fund for everyone

The Joint Sickness Insurance Scheme is a joint fund for all agents subject to the Staff Regulations. Comprised of our contributions and those of our employers (deferred salary), it is managed by a joint management committee (CGAM), half of which is composed of our **staff representatives** appointed by the Staff Committee (1 incumbent and 1 deputy for the EP) and half by representatives of the administration of **all the institutions, bodies and agencies** subject to the Staff Regulations (again, 1 incumbent and 1 deputy for the EP). The scheme's expenditure (reimbursement of medical costs) is managed by the different Settlement Offices, while its financial reserve is managed by the DG ECFIN of the European Commission.

This scheme has been in deficit for several years, mainly due to the freeze of the indexing of salaries, encouraging some to make savings in areas that are prejudicial to our members, in particular by a more restrictive interpretation of the General Implementing Directives. U4U has always maintained that this deficit was not structural but temporary, and that these measures were detrimental to the quality of members' social cover. Time has proved us right. Since 2014, the scheme's results have been positive. We have argued against these measures, along with some of our partners within the CGAM.

Today the scheme is balanced, and even shows a surplus. The reserve enables us to cope with several decades of deficit if necessary and to contemplate the future with confidence. With this in mind, we are asking for the quality of our social cover to be maintained, and even improved, without additional cost to the scheme, or at least without costs that its financial soundness cannot guarantee.

What have we achieved within the CGAM?

- a more proactive attitude to hospital groups and the **signing of agreements** with them, in Belgium as well as in a number of Member States (Finland, France, Hungary, Spain, Italy, United Kingdom, etc.), to limit the application of prohibitive charges to our members, which also affects the amount that remains payable by them;
- the opening of **negotiations with the Luxembourg authorities** to review the overpricing carried out in Luxembourg by health care professionals in relation to members of the JSIS;
- after the depersonalisation caused by the computerisation of the scheme, the creation of **Reception Offices** at the Settlement Offices to receive colleagues having problems with their medical reimbursements/authorisations, thus improving the service provided to members;
- the creation of a complaints group within the CGAM to deal with complaints from colleagues. This group has enabled us to **halve the number of complaints** usually dealt with by the Committee **by finding solutions for members**, thereby obviating the need for their complaints;

- to guarantee **full reimbursement for follow-up examinations for an earlier serious illness** – SI - in the case of colleagues who have lost their SI status due to their recovery or an improvement in their condition;
- to **revise the modalities** for access to and reimbursement for **psychotherapy** harshly limited to two years or declared "non-functional" and not authorised since 2013 following a decision by the Medical Council based on the opinion of a single expert. If one is familiar with the need for psychotherapy, especially as regards the management of the consequences of poorly tackled **psychosocial risks**, it is possible to understand the issues surrounding this revision for both the administration and the staff;
- **better communication** to staff of the JSIS rules and developments.

What else would we like to improve?

- enable any pregnant woman over 35 (who so wishes) to take an **NIP Test**, without the authorisation for this depending on the results of a triple test;
- assess the feasibility of providing each member with a **European social security card** or something similar so that they can be recognised immediately by health care systems everywhere, particularly in view of the scheduled disappearance of paper receipts (France, Belgium, etc.);
- maintain **the "dependence" expenditures** in the JSIS that some people, including some staff representatives, would like to see leave the scheme and go private. Our scheme must stand by all generations and categories;
- the signing of **medication agreements** with certain distributors in those areas involving the greatest outlay (concentration of members);
- the **assessment** of the quality of new **preventive medicine** programmes following the withdrawal of some tests that could possibly have improved these programmes;
- request the administration to remind colleagues annually of the requirement for an **annual medical visit** stipulated in art. 72 of the Staff Regulations and **provide the medical service with the necessary resources** to conduct the examinations;
- for 2% of the portfolio constituted by the scheme's financial reserves, acquire bank bonds supporting **solidarity economy projects, for ethical investments**, with a constant return, unlike some investments that, due to the financial crisis, prove to be negative;

Do you approve our positions and our results? Support us: Vote U4U, List 5