



Health insurance and healthcare in Luxembourg

Affiliation



How to get health insurance?

Registration of insured persons is one of the main missions of the Joint Centre of Social Security (CCSS).

Any person working in Luxembourg has to be a member of either the CNS, the CMFEP, the CMFEC or the EMCFL, depending on their occupation. If the person starts employment in Luxembourg, their employer (or potentially the insured person, if they work independently) will declare their employment to the Joint Centre of Social Security (CCSS). The CCSS will send a declaration of entry confirming the affiliation to the Luxembourg social security scheme.

The covered risks are illness-maternity, work-related accidents or illnesses, old-age, disability as well as long-term care insurance.

The insured person receives a **social security card** bearing the 13-digit national identification number. This card has to be presented to healthcare providers and the number has to be provided in each correspondence.

When the insurance ends, the person receives a document confirming the end of their affiliation.



<http://www.ccss.lu>

Continued entitlement

When the affiliation ends, entitlement to healthcare benefits is maintained for the current month and the following 3 months, provided that the insured person has been affiliated for a continuous period of 6 months immediately preceding the disaffiliation.

Cross-border workers

If the person insured in Luxembourg lives abroad, they choose a fund in their country of residence. The CNS issues the international registration form (i.e. S1, S072, BL1, ...) necessary for registering with that fund.

For cross-border workers who live in the French departments 54 and 57,

the form S072 is sent directly to the "Caisse Primaire d'Assurance Maladie (CPAM)". Hence, the insured person does not need to request the S1 form.

Co-insurance

Co-insuring family members

Co-insurance is requested with the fund of the primarily insured person.

Children

Minors/children or persons under the age of 30 who are living in Luxembourg and are not personally insured can be co-insured with the parent who is personally insured in Luxembourg.

Spouse/partner

For the spouse (marriage) or partner (civil partnership) who is living in Luxembourg and is not personally insured, the CNS can proceed to co-insurance upon request. If the spouse or partner recently moved to Luxembourg, a form called S041 / E104 or similar issued by the former health insurance fund before relocating to Luxembourg and proving that they are no longer insured there has to be sent to the CNS. If the former country of affiliation is a country not linked by agreement with Luxembourg, the CNS sends a sworn statement form to be filled out by the spouse/partner to be co-insured.

Family members of cross-border workers

Dependent family members are determined by the legislation of the country of residence. The competent health fund in the country of residence issues a certificate indicating the family members to be co-insured in Luxembourg. If the person to be co-insured does not have a 13-digit identification number in Luxembourg, a certificate of household composition, as well as a birth certificate / marriage certificate / declaration of partnership have to be submitted to the CNS.



CNS – Service Coassurance et signalétique
coa.cns@secu.lu / Tél. (+352) 2757 4240

Medical care



Where to go if you suddenly fall ill?

An insured person should choose a **general practitioner** for themselves and a paediatrician for their child. These healthcare providers will be their first person of contact

in case of illness. As a first step, the insured person visits the GP or paediatrician, who will then guide them. If the regular doctor is not available, the insured person may contact any other doctor of their choice.

The "**maisons médicales**" were implemented to ensure a replacement service for general practitioners to provide healthcare at night (8 p.m. to 7 a.m.), on weekends and on public holidays (8 a.m. to 7 a.m.). They provide a replacement service when medical practices are closed, but they are not emergency services.



<http://www.sante.public.lu/fr/urgences-gardes/index.html>

Medical emergencies

An insured person should only go to the emergency services of a hospital if they fall seriously ill, or if they suffer an acute injury or fracture, ...

Paediatric emergencies

When a child falls ill, a **paediatric "maison médicale"** is available or, in second instance, the paediatric emergency services, which are both located within the "Kannerklinik" at the Luxembourg Hospital Centre (CHL). The primary care centre offers care provided by paediatric doctors, from Monday to Friday between 7 p.m. and 10 p.m. all year round; on weekends and on public holidays, from 9 a.m. to 9 p.m. Paediatric emergency services are open 24 hours a day. The Paediatric Policlinic manages EMERGENCIES 7 days a week from 8 a.m. to 8 p.m. It is located on the ground floor of Kirchberg Hospital.

Dental emergencies

A dental care service operates continuously at the Luxembourg Hospital Centre (CHL) in Luxembourg from Saturday 2 p.m. to Sunday 6 p.m.

DE

This document is available in German
on our website under „Insured person“.

www.cns.lu
cns@secu.lu

FR

This document is available in French
on our website under „Insured person“.



Access to healthcare

The insured person can freely choose healthcare providers. The insured person has access to a wide range of healthcare: medical care, dental care, hospital care, medications etc.

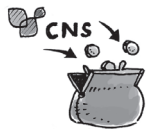
Do certain conditions apply?

For services such as consultations, visits, medical acts and services to be covered by health insurance, they have to be carried out by providers who have signed an agreement with the National Health Fund (CNS). Furthermore,

these services have to be provided for by the **CNS** and they have to be included in a **nomenclature** of acts or a list of tariffs.

Certain acts or services may only be covered with an authorisation or prior authorisation from the National Health Fund (CNS), on the advice of the Medical Board of the Social Security (CMSS).

Other acts or services have to be validated by the CNS through a certificate of coverage issued upon presentation of a medical prescription.



Health expenses

The insured pays the medical invoice

When the insured person has paid the costs upfront, they simply send the original, paid and receipted invoices to their fund. The national identification number has to be indicated. For the first reimbursement request, a bank identity statement has to be included. Letters sent to the CNS from within Luxembourg do not require a postage stamp.



CNS – Service Remboursements nationaux
L-2980 Luxembourg

Tél. (+352) 2757 - 4260 (Remboursements nationaux)
<http://cns.public.lu/en/assure/vie-privee/depenses-sante.html>

Care received in the country of residence of a cross-border worker

For cross border workers, the fund in the country of residence is responsible for covering healthcare provided in that country.

Costs directly covered through the third-party payment system

For certain types of healthcare, the costs are settled directly between the CNS and the provider/supplier. These include pharmaceutical costs, hospital costs, physiotherapy costs, laboratory costs etc.

In this case, the insured person is asked to pay only the portion of the costs not covered by health insurance, which corresponds to their personal statutory participation.

In hospitals

Hospital costs are directly paid for by health insurance.

A daily participation is payable by the insured person, except for children under the age of 18.

However, each doctor consulted issues their own medical invoices. The insured person has to pay the costs upfront and send the reimbursement request to the CNS. In certain cases, these medical fees can be covered through the third-party payment system.

Health insurance does not cover surcharges for 1st class.

If the insured person wishes to improve their health insurance coverage, they should contact a private insurer.

Medications

Medications are delivered only upon presentation of original prescriptions. Only one prescription can be issued per consultation or visit (some exceptions apply). Medications covered by health insurance are included in a **positive list**.

The need for specific care, supplies or medications

The CNS is in charge of validating prescriptions and issuing **certificates of coverage** for certain acts such as physiotherapy, speech therapy, psychomotor specialists, specific supplies or medications.



Incapacity for work

An employer has to continue to pay an employee during a sick leave due to illness or an occupational accident until the end of the month during which the 77th day of sick leave occurs, during a reference period of 18 consecutive calendar months. The financial benefits are paid by the CNS the month following the 77th day of incapacity for work. The right to financial benefits is limited to a total of 78 weeks for a reference period of 104 weeks.

The medical certificate has to be sent to the CNS before the end of the third working day that the insured has been on sick leave (the date of the post-mark serves as proof).

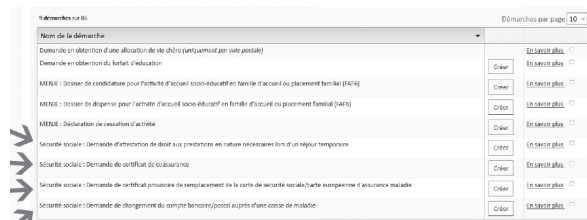


CNS – Service Gestion des indemnités pécuniaires
L-2979 Luxembourg

<http://cns.public.lu/en/assure/vie-professionnelle/arret-de-travail.html>

MyGuichet.lu

is the interactive and secure platform of Guichet.lu. It allows users to file various procedures online. It is possible to consult the remaining days of leave for family reasons, or to order various certificates such as the temporary replacement certificate of the European Health Insurance Card or the certificate of co-insurance.



Maternity

To be entitled to maternity leave, the insured person must have completed a mandatory minimum period of six months membership in the 12 months preceding the commencement of maternity leave.

Pre-natal leave is 8 weeks before the expected date of delivery.

Post-natal leave is 12 weeks after the actual date of delivery. If delivery takes place before the expected date, the part of the pre-natal leave which has not been taken will be added to the post-natal leave, to a maximum of 20

weeks total maternity leave; if delivery takes place after the expected date, the date of leave from work is prolonged correspondingly, with no prejudice to post-natal leave entitlement.

The request for maternity leave is made by submitting a medical certificate indicating the predicted date of delivery. This medical certificate has to be issued within the last 12 weeks of pregnancy.



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<http://cns.public.lu/en/assure/vie-privee/enfant-maternite.html>